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University Health Board

## **Urgent & Emergency Children and Young People's Services (Paediatrics) at Withybush and Glangwili Hospitals Consultation**

### **Feedback report**

**Opinion Research Services  
October 2023**



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#### Opinion Research Services

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As with all our studies, findings from this report are subject to Opinion Research Services' Standard Terms and Conditions of Contract.

Any press release or publication of the findings of this report requires the advance approval of ORS. Such approval will only be refused on the grounds of inaccuracy or misrepresentation.

This study was conducted in accordance with ISO 20252:2019, ISO 9001:2015, and ISO 27001:2013.

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# 1. Executive summary

## The consultation

### Background context

- 1.1 The current urgent and emergency children's services in the south of the Hywel Dda region were developed following a series of temporary changes made since 2016.
- 1.2 Until October 2014, a 24-hour paediatric inpatient unit was available at both Withybush and Glangwili Hospitals. Following a period of consultation, in 2014 it was decided that a 24/7 paediatric inpatient unit at Withybush Hospital was not viable due to clinical safety risks caused by a shortage of medical staff, despite recruitment efforts. A decision was made on 20 October 2014 to make the following permanent changes:
- » At Withybush Hospital, the 24-hour inpatient service was removed and instead, a 12-hour Paediatric Ambulatory Care Unit (PACU) service was introduced. It was referred to as Puffin Ward. This new PACU model offered same day care to children and young people at the hospital. Children and young people were assessed, diagnosed, treated, and able to go home on the same day, without being admitted overnight.
  - » The PACU was open 12 hours a day (10am – 10pm), seven days a week. It had beds for emergency assessment, medical day treatments, day surgery, and ongoing investigations and monitoring.
  - » The PACU had its own dedicated team of paediatric doctors, including consultants, children's nurses, and other health care professionals. If any children and young people needed overnight admission, they were transferred to Glangwili Hospital using a Dedicated Ambulance Vehicle (DAV)<sup>1</sup>. During this time, children's services at Glangwili Hospital remained the same and continued with a 24-hour inpatient unit supporting those admitted for overnight or longer-term care on the ward.

### Temporary service change 1

- 1.3 Temporary service change 1, made in response to significant recruitment challenges, involved a reduction in the operating hours of the PACU at Withybush Hospital. From 5 December 2016, the operating hours changed from 10am – 10pm, to 10am – 6pm, seven days per week. Changes were also made to the staffing rotas (shifts/times our staff work) with a temporary merger of the paediatric overnight consultant on-call rotas for Withybush Hospital and Glangwili Hospital. This meant Hywel Dda University Health Board (HDDUHB) had one

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<sup>1</sup> A DAV supports the emergency/urgent transfer of women and children whose clinical care falls within the following categories: Maternity/Obstetric; Gynaecology; Paediatric; and Neonatal. Staffed by the Welsh Ambulance Service, it is a dedicated resource that is in place to support Pembrokeshire patients who will be travelling between Withybush Hospital and Glangwili Hospital, as well as to support paediatric emergencies and emergencies during childbirth.



consultant rota for the south of the health board based at Glangwili Hospital. Some of the Withybush consultants participated in the Glangwili on-call rota following the reduction in operating hours.

## Temporary service change 2

- 1.4 From 21 March 2020, the PACU at Withybush Hospital was temporarily closed because the COVID-19 pandemic meant that the health board had to change the way it worked. For the duration of the pandemic, the PACU was converted into additional Accident and Emergency capacity for adults and children. Families with children suffering minor injuries were still able to access care at Withybush Hospital via the Minor Injury Unit, but those children with more acute illness (illnesses needing assessment at the time of becoming unwell) were directed to Glangwili Hospital in Carmarthen.

## Temporary service change 3

- 1.5 On 30 September 2021, the Board agreed to continue with the temporary closure of the PACU at Withybush Hospital because of the Welsh Government's directive to all health boards to enhance and strengthen paediatric service provision as it expected a surge in Respiratory Syncytial Virus (RSV), a common virus that causes cold-like symptoms and can lead to children needing hospital care. The health board had already started to see an increased number of children with RSV both in the community (at GP surgeries and pharmacies) and in hospitals. Public Health Wales expected this situation to last until March 2022.

## Consultation scope

- 1.6 The consultation reported here was intended to gather people's views on how HDdUHB provides urgent and emergency children and young people's (paediatric) services for people who live in, or visit, areas that are serviced by Withybush Hospital and Glangwili Hospital until the establishment of the proposed new urgent and planned care hospital in the area. A new urgent and planned care hospital is part of the Health Board's strategy to be able to provide more care in community settings, by having a sustainable hospital network fit for future generations.
- 1.7 The development of the new hospital network, including the proposed new urgent and planned care hospital, is subject to Welsh Government funding that is not yet confirmed, and if successful, would take several years to achieve. The changes to urgent and emergency children and young people's (paediatric) services are not dependent upon Welsh Government funding in the same way, and HDdUHB will introduce the changes after the Board has made a decision about these services later this year.
- 1.8 The following services were not part of this consultation: Children's hospital services (paediatric) at Prince Philip Hospital (minor injuries provision) and Bronglais Hospital (24-hour inpatient unit); and children and young people's planned care and paediatric services within the community across the HDdUHB area.

## Consultation options

- 1.9 The Health Board has undertaken a great deal of work to identify options for the provision of care for children and young people, using a methodical appraisal process, involving a mixed group of stakeholders. This work has resulted in the three options that are now part of this consultation, which are outlined overleaf. HDdUHB does not have a preferred option.

## Option 1 (previously Option C)

- 1.10 This option builds on what is currently being provided. The PACU model would remain at Glangwili Hospital, but with no PACU at Withybush Hospital. Having no PACU at Withybush Hospital means a child with an acute illness (an illness needing assessment) requiring admission (an overnight stay) would be treated at the 24-hour inpatient unit at Glangwili Hospital. Booked outpatient appointments (for children not needing immediate assessment, an overnight stay, or for those without longer term conditions) would be available at Withybush Hospital between 9am - 5pm, Monday to Friday. This is in addition to a Rapid Access Clinic, a service that would enable children and young people who have been referred by a GP/emergency department (A&E) for non-emergency care, to be seen by a paediatrician at Withybush Hospital within 72 hours.

## Option 2 (previously Option B)

- 1.11 This option builds on what existed following the 2016 temporary change, when the opening hours of PACU at Withybush Hospital were reduced to eight hours a day, seven days a week.
- 1.12 The PACU at Withybush Hospital would reopen 10am – 6pm, Monday to Friday. It would be staffed 10am – 8pm, but no referrals would be received from GPs/primary care services after 6pm. Booked outpatient appointments (for children not needing immediate assessment, an overnight stay, or for those without longer term conditions) would be available at Withybush Hospital between 9am - 5pm, Monday to Friday, but the level of activity is likely to be restricted due to the space required to deliver the PACU. This is in addition to a Rapid Access Clinic, a service that would enable children and young people who have been referred by a GP/emergency department (A&E) for non-emergency care, to be seen by a paediatrician at Withybush Hospital within 72 hours.

## Option 3 (previously Option B2)

- 1.13 Option 3 is the same as Option 2 but with some extras:
- » The provision of some non-emergency treatments such as radiology, and day care for those, for example, returning for medication or dressing change.
  - » The emergency department (A&E) at Glangwili Hospital would offer an enhanced service and give children and young people an improved experience on arrival, for example, via a dedicated waiting area.
  - » Emergency department (A&E) staff at Withybush and Glangwili hospitals would receive additional training to treat children and young people in cases where a review by a consultant paediatrician is not immediately required.
  - » Additional training would be provided to paediatric staff (based in the PACU) at Glangwili Hospital to manage emergency department (A&E) activity differently. This could include improving the initial assessment for children and young people on arrival at accident and emergency, improving the experience for emergency cases, and ensuring they are dealt with appropriately.

- 1.14 The Health Board does not have a preferred option, and in this consultation people were asked for their feedback on:
- » How suitable each of the three options are in delivering urgent and emergency children and young people's services at Withybush and Glangwili Hospitals between now and the establishment of the proposed new hospital network.
  - » The positive and negative impacts associated with each of the three options.
  - » Anything else they felt HDdUHB needs to consider.
- 1.15 Consultees<sup>2</sup> were informed that their views, as well as other evidence and considerations, could influence future decisions about the provision of services, and that a dedicated Health Board meeting will take place later in 2023 to consider this feedback (as well as other information and evidence) to choose a preferred option. In that meeting, Board members will consider all they have heard leading up to, and during, this consultation, including the Equality and Health Impact Assessment and any new information that may come to light.

## The consultation process

- 1.16 The 12-week public consultation period began on 26 May 2023 and ended on 24 August 2023, during which time members of the public, service users, HDdUHB staff members, organisations, and other stakeholders were invited to give feedback on the three options and anything else they felt the Health Board should consider in relation to services for children and young people. Opinion Research Services (ORS) was appointed to advise on and independently manage some aspects of the consultation programme, as outlined below.
- 1.17 Throughout the consultation, stakeholders were provided with paper documentation and/or signposted by direct email or communication activities, such as press releases, press, radio and social media advertising, to the dedicated consultation website. A range of bilingual information and resources was available, including the full consultation document, an Easy Read version, a child-friendly document, a BSL video, and audio version. There were also additional documents available, including the equality impact assessments (EQIAs).
- 1.18 The number of documents sent to stakeholders were: 1284 copies of the main document and questionnaire.; and 1093 copies of the child-friendly document and questionnaire.
- 1.19 Additional distribution of documents was undertaken at the following Health Board sites:
- » Withybush Hospital - Outpatients, MIU/A&E, Library, Patient Support.
  - » Glangwili Hospital - Outpatients, MIU, A&E, Library, Main Entrance Reception Area, Cilgerran Ward.
  - » Tenby Hospital.
  - » South Pembrokeshire Hospital.
  - » Llandovery and Amman Valley Hospitals.
  - » Aberaeron Integrated Care Centre.

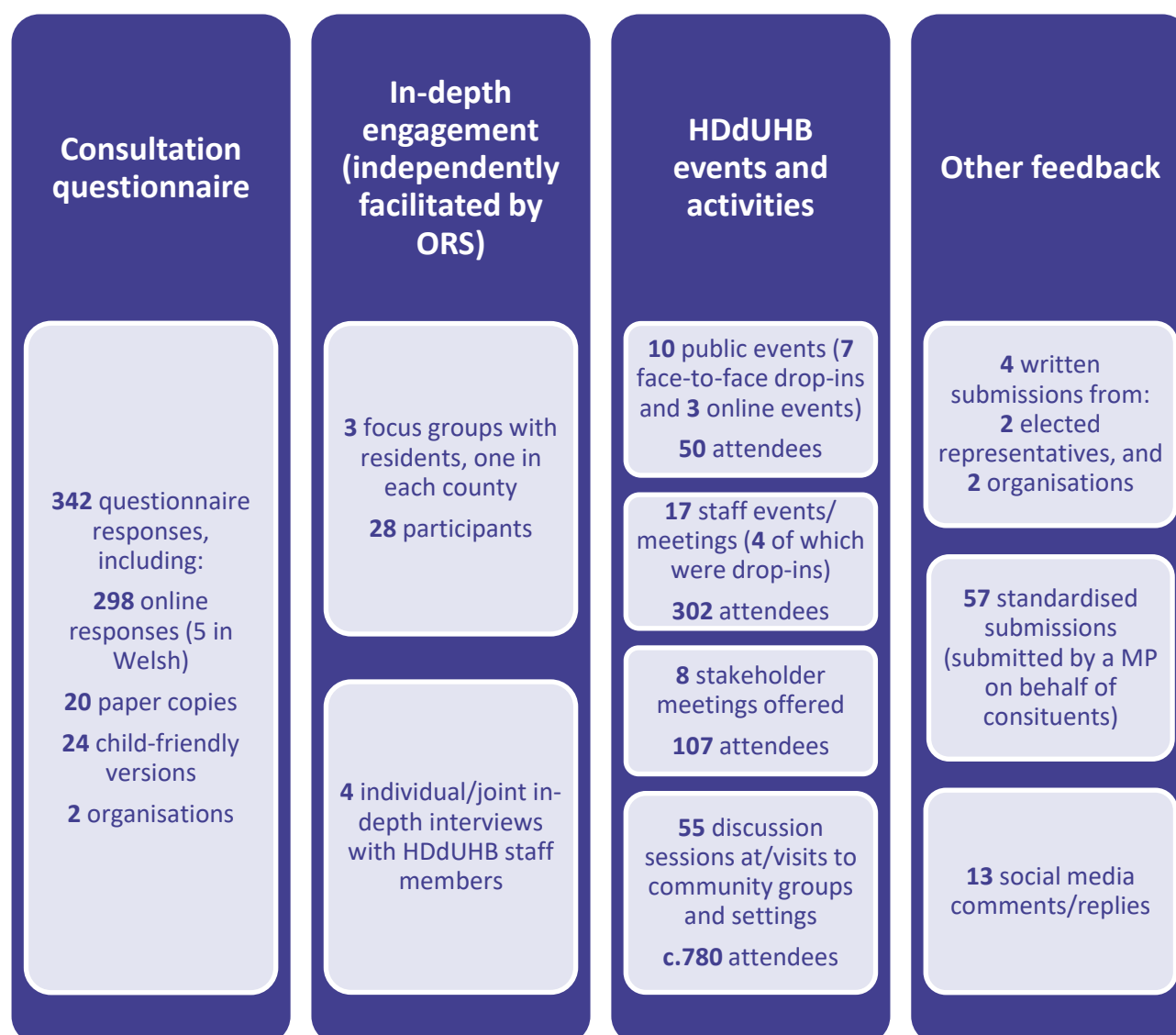
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<sup>2</sup> We have used the term consultees in this summary to incorporate those responding across multiple consultation methods. In the chapters that follow, those responding to the consultation questionnaire are 'respondents', those attending the HDdUHB-run events are 'attendees', and those participating in the ORS-run focus groups and interviews are 'participants'.

## » Cardigan Integrated Care Centre.

- 1.20 The total number of documents sent to the Health Board sites (figures not included in the stakeholder distribution above) were: 350 copies of the main document and questionnaire; 70 Easy Read documents and 35 Easy Read questionnaires; and 14 posters with a display unit. Posters were also sent to GP practices and local libraries as part of the wider distribution. In addition, 517 emails were sent to promote the two additional public drop-in events added following the mid-point review.
- 1.21 Documents were also sent, as requested, to Preseli Pembrokeshire Member of Parliament, Stephen Crabb's office, following a request by him, which included 120 copies of the main document and questionnaire; 50 Easy Read documents; 20 Easy Read questionnaires; and one poster. The offer to share copies of the consultation documents was also extended to other Members of the Senedd and Members of Parliament
- 1.22 Residents, staff, and other stakeholders were invited to provide feedback through a wide range of methods, including all of the following:
- » A consultation questionnaire which was available online (hosted by ORS) and via paper copies that were circulated widely and available on request.
  - » Engagement activities undertaken by HDdUHB, including:
    - Online and face-to-face public drop-in events
    - Staff drop-in events and meetings
    - Meetings with statutory and non-statutory stakeholders/partners
    - Attendance at/visits to existing community groups and settings
  - » Independently facilitated in-depth engagement designed and conducted by ORS (described overleaf).
  - » Written and email submissions.
  - » Social media.

1.23 The consultation response from the different research strands is summarised in the figure below.



1.24 This executive summary brings together the feedback received through each of the different feedback channels above and concisely reviews the full range of views received, bringing together the common themes that have emerged. The full report covers public, professional and stakeholder opinions and feelings in considerable detail to achieve a more comprehensive understanding. This can at times be repetitive given that similar issues emerged across the different methods – but it is important that an accurate reflection of all the feedback received is available.

1.25 With this in mind, ORS strongly recommends that this executive summary and the full report be read together. It is the journey, as well as the destination, that will matter to those wishing to understand stakeholders' views, assumptions, arguments, and conclusions around the site options. We trust that both this executive summary and full report will be helpful to all concerned.

## The nature of public consultation

1.26 Public consultation promotes accountability and assists decision making; public bodies give an account of their plans or proposals and listen to feedback. Consultation has, therefore, been described as a dialogue, based on a genuine and purposeful exchange of views.

- 1.27 It should be noted, however, that consultations are not referenda or 'votes' in which the loudest voices or the greatest numbers automatically determine the outcome. The feedback received often reflects widely varied and sometimes polarised views, and it is important to report these concerns and contrary views robustly, in order for decision-makers to be able to conscientiously take into account the issues raised.

## Summary of views from consultation feedback

### Views on the three options

#### Option 1: expanded outpatient services at Withybush Hospital

- 1.28 Almost two-fifths (38%) of those responding to the main questionnaire thought that Option 1 was either a fairly or very good choice for delivering paediatric services at Withybush Hospital. Just under a fifth (19%) thought it was neither a good nor poor choice, and over two-fifths (43%) thought it was a fairly or very poor choice.
- 1.29 Views among questionnaire respondents varied by geography: those who provided postcodes and live nearest to hospitals other than Withybush were more positive about Option 1, with under half (47%) rating this option as a good choice compared to under a third (31%) of those living nearest to Withybush Hospital. Conversely, just over half (51%) of respondents living nearest to Withybush Hospital thought Option 1 was a poor choice, compared to just under a third (32%) of those living nearest to other hospitals.
- 1.30 Over half (53% - 10 respondents) of the 19 respondents who answered this question on the child-friendly questionnaire thought that Option 1 was either great or good. One-in-twenty (5% - 1 respondent) thought Option 1 was okay and just over two-fifths (42% - 8 respondents) thought it was either poor or bad.
- 1.31 In the open text comments and across the other consultation methods, although Option 1 was the least favoured overall, there was some positivity. Consultees recognised that it is the cheapest and least complex of the three options, and is likely to be the quickest to implement. It was also said to be the least confusing model for service users.
- 1.32 Some staff consultees preferred Option 1 as the most feasible staffing-wise, highlighting that it largely reflects the current model, which is working well and mitigates the challenges that led to the temporary service changes. On a related note, in its submission, the Carmarthen Residents Action Group (CRAiG Sir Gâr) feels that this option mitigates against the issue that *"the further medical facilities are moved from the population centre and the M4 corridor the lower the patient footfall and the more difficult to obtain medical staff and fill rotas"*.
- 1.33 As for objections and concerns, many considered Option 1 to be too limited in its service provision not only for Pembrokeshire and some Ceredigion residents, but also the summertime tourist population. Despite this, comments were made along the lines of *"it's better than what we have now"*.

#### Option 2: A Paediatric Ambulatory Care Unit from 10am – 6pm with limited outpatient services (Monday to Friday)

- 1.34 Over two-fifths (43%) of those responding to the main questionnaire thought that Option 2 was either a fairly or very good choice for delivering paediatric services at Withybush Hospital. Over a fifth (22%) thought it was neither a good nor poor choice, and just over a third (35%) thought it was a fairly or very poor choice.

- 1.35 Again, respondents' views vary by geography: those who provided postcodes and live nearest to hospitals other than Withybush were more positive about Option 2, with over half (56%) rating this option as a good choice compared to over two-fifths (43%) of those living nearest to Withybush Hospital. Conversely, almost a third (32%) of respondents living nearest to Withybush Hospital thought Option 2 was a poor choice, compared to just over a fifth (21%) of those living nearest to other hospitals.
- 1.36 Two-thirds (67% - 14 respondents) of the 21 respondents who answered this question on the child-friendly questionnaire thought that Option 2 was either great or good. Just under a fifth (19% - 4 respondents) thought it was okay, and around one-in-seven (14% - 3 respondents) thought it was either poor or bad.
- 1.37 The key positive aspect of Option 2 was thought to be the return of a PACU to Withybush Hospital, which would enhance service provision and improve access to diagnostics and treatment for many families within Pembrokeshire and some areas of Ceredigion. The potential to reduce pressure on Glangwili Hospital was also cited as a positive.
- 1.38 The main concerns relating to Option 2 were around resourcing a PACU, and the potential fragility of a service split across two sites. Also, while the return of a PACU service was generally supported, there was criticism of its proposed operating hours and the lack of evening/weekend cover.
- 1.39 There was significant positivity around the proposed increase in outpatient appointments and provision of Rapid Access Clinics at Withybush Hospital. In this context, there was some confusion among questionnaire respondents as to why reinstating a PACU would impact on the space available for outpatient and rapid access appointments given their assumption that the former would be located on the former 'Puffin Ward', while the latter are undertaken in (apparently unsuitable) portacabins outside the hospital. Indeed, having sufficient space to accommodate both was considered essential. This is a point that applies equally to Option 3.

### Option 3 - A Paediatric Ambulatory Care Unit from 10am – 6pm with limited outpatient services (Monday to Friday) and provision of some non-emergency treatments such as radiology and day care

- 1.40 Around two-thirds (66%) of those responding to the main questionnaire thought that Option 3 was a fairly or very good choice for delivering paediatric services at Withybush Hospital. Under a fifth (17%) thought it was neither a good nor poor choice, and the same proportion (17%) thought it was a fairly or very poor choice.
- 1.41 Again, respondents' views vary by geography, albeit to a slightly lesser extent than for the previous options. Those who provided postcodes and live nearest to hospitals other than Withybush were more positive about Option 3, with almost four-fifths (79%) rating this option as a good choice for delivering paediatric services at Withybush Hospital compared to almost seven-in-ten (69%) of those living nearest to Withybush Hospital. Conversely, around one-in-six respondents (16%) living nearest to Withybush Hospital thought Option 3 was a poor choice, compared to just over a twentieth (6%) of those living nearest to other hospitals.
- 1.42 The vast majority (90% - 18 respondents) of the 20 respondents who answered this question on the child-friendly questionnaire thought that Option 3 was either great or good. A tenth (10% - 2 respondents) thought it was okay. No respondents thought that Option 3 was either poor or bad.
- 1.43 Option 3 was most favoured across the other consultation methods. The key positive aspect of this option was once again the return of a PACU to Withybush Hospital, but there was also widespread support for the proposed 'extras', particularly the additional staff training, the enhanced service within the Glangwili Hospital



emergency department (A&E), and the prospect of having some non-emergency treatment available at Withybush.

- 1.44 In terms of staff training, focus group participants were pleased that this would offer opportunities for existing staff to upskill, potentially improving retention. There was also hope that this would negate the need for paediatric input in many cases, thus streamlining processes and reducing waiting times.
- 1.45 Although the staff members working there were praised, consultees across all consultation methods highlighted the inappropriateness of the A&E environment at Glangwili for children and young people, who must currently wait in the same area as adults (who were frequently described as being 'drunk', 'sick', and/or 'covered in blood'). As such, the prospect of a separate waiting area for children and young people was strongly supported. It should also be noted that the Glangwili PACU area was also described as somewhat 'dilapidated', with a lack of appropriate clinical space. Any improvements HDdUHB intends to make to this would also be welcomed.
- 1.46 The main concerns relating to Option 3 were again the same as Option 2: the deliverability of a PACU, the potential fragility of a service split across two sites, and the lack of evening/weekend cover at Withybush. In relation to service fragility, staff consultees stressed that if a PACU is to return to Withybush Hospital, it must be consistently available and not liable to unexpected closure.
- 1.47 Finally in relation to Option 3, consultees across all consultation methods questioned why these additional 'extras' cannot also be offered under Option 1 (it was recognised that adding them to Option 2 effectively produces Option 3). Staff consultees also asked why additional training for PACU staff at Glangwili Hospital to manage A&E activity for children and young people differently could not also be provided to Withybush PACU staff.

## General questions and comments relating to the options

### Rapid Access Clinics and outpatients provision

- 1.48 The proposed Rapid Access Clinics and provision of outpatient services were praised in terms of improved access for residents and taking at least some pressure off Glangwili. However, public consultees asked many questions around how they would work in practice, particularly in terms of criteria and access.

### Staffing and resources

- 1.49 There was considerable concern among all consultee types about how all three of the options, but Options 2 and 3 in particular, would be staffed given the current recruitment and retention challenges within paediatric services. Potential solutions were proposed by some staff consultees, such as increasing the use of allied health professionals and physician associates; reaching out to universities that train paediatric nurses; and promoting clinical fellowships.

### The importance of signposting

- 1.50 Consultees across all consultation strands commented on the potential confusion that might arise through having a 'part-time' PACU service at Withybush, not only for residents, but also for tourists, who are unlikely to have any understanding of local care pathways.
- 1.51 This led some to reiterate their support for Option 1 in terms of providing parents and guardians with clarity about where they should take their child in an urgent or emergency situation. In the event that one of Options



2 or 3 is taken forward, clear pathways and proper signposting will, it was felt, be needed to ensure parents and caregivers know what they can access where and when. If this is not provided, there was worry that people would default to presenting at Glangwili, leading to increased pressure on services there.

- 1.52 Consultees also alleged some confusion among healthcare professionals about where children and young people should be treated, and that GPs and the 111 service tend to automatically refer children and young people to Glangwili when they could have been assessed and treated at Withybush. This, it was said, would also need to be addressed in future. Indeed, there was a strong sense that primary care services will be integral to the success of whichever option is chosen, and they will need good knowledge of what exactly is available where.

### The availability of the Dedicated Ambulance Vehicle (DAV)

- 1.53 The Dedicated Ambulance Vehicle (DAV) was generally considered an important and positive resource, but questions were asked about its availability, whether one will be sufficient to cater for future need, whether it is a 'ringfenced' resource (i.e., not used for general use when not required), and the paediatric expertise of the paramedics operating it. Staff consultees also felt that informing the public about the service is important in offering some reassurance.

### Access to primary care

- 1.54 The difficulty involved in accessing GP appointments was noted across all consultation methods. It was suggested that this might lead patients and their families to go straight to A&E rather than seeking a GP referral to a Withybush PACU or the proposed Rapid Access Clinics.

## Other considerations

### Travel and access

- 1.55 While recognising that all three options return some level of service to Withybush Hospital, many consultees remained concerned about the ease with which families from Pembrokeshire, especially west Pembrokeshire, can access Glangwili when needed. Distance was said to be compounded by the area's poor road infrastructure, frequent roadworks and accidents, and poor public transport links.
- 1.56 Another key issue for some stakeholders was that of children and young people being discharged from hospital with no means of getting home, sometimes in the early hours of the morning. Guarding against this in future was considered essential.

### Children and young-person specific services

- 1.57 The young people taking part in the consultation were also asked what they felt was important to enable any time spent in hospital to be easier for them.
- 1.58 Many participants felt that the most important thing for young people was being able to trust the staff looking after them and having good awareness of the treatment they need. This, it was felt, can be achieved through good communication from friendly and approachable staff, who recognise the importance of speaking to and engaging with the young person themselves, and not just their parents/guardians. In particular, it was agreed that trainee paediatricians should be skilled in communicating with children and young people and also trained in safeguarding issues.

- 1.59 The provision of age-appropriate activities and resources for outpatients and inpatients was considered essential. These included electronic devices and televisions with a range of channels/programmes that would appeal to various age groups; books and magazines; toys for younger patients; and food/snacks via vending machines or fast-food outlets. Furthermore, the importance of a welcoming hospital environment was highlighted by many.
- 1.60 Other requests were more comfortable hospital beds; more appropriate facilities for parents who have to stay overnight; young people-friendly menus on inpatient wards; and prioritisation of children and young people in A&E to reduce waiting times for them and their parents. Specifically, it was recommended that HDDUHB should invest in play therapists for children with disabilities.

## Alternative suggestions

- 1.61 As reported above, many consultees questioned why the additional 'extras' offered under Option 3 cannot also be offered under Option 1. They also sought to understand why additional training for PACU staff at Glangwili Hospital to manage A&E activity for children and young people differently could not also be provided to Withybush PACU staff.
- 1.62 The other most common alternative suggestion across the consultation methods was to return full 24/7 paediatric services to Withybush hospital, though there was also recognition that this is not feasible given the aforementioned staffing and resource challenges.
- 1.63 In light of concerns about out-of-hours provision at Withybush Hospital, some consultees suggested amending the proposed PACU hours in Options 2 and 3 to, say, 9am – 10pm. One questionnaire respondent felt that a Wednesday to Sunday service would be preferable to one available Monday to Friday.
- 1.64 In terms of mitigating against staffing issues, one questionnaire respondent (a staff member working in paediatric services suggested that *"Outpatient and community services could be expanded at WGH with bigger and better designed premises to provide an integrated Paediatric Community Hub"*.
- 1.65 Another staff member suggested the creation of a women's and children's centre of excellence at Glangwili Hospital.
- 1.66 A paramedic respondent felt that paediatric services could adopt the same day emergency care (SDEC) model, which *"currently works really well with the paramedic team at the moment"* (Haverfordwest).
- 1.67 Another suggestion made by a resident focus group participant was to have *"different levels of qualified personnel"* within a PACU: *"For example, a nurse walking around A&E as a sort of triage looking at cuts and bruises and that sort of thing ... Someone walking round doing customer care offering coffee and teas. ... A pharmacist that can understand what is wrong and see what medication they're already on. Rather than having to get extra doctors in all the time, people would benefit from more people on the front line ... Even taking blood pressure, you're sitting in the waiting room for an hour and a half to go through the magic doors to have your blood pressure taken"*.
- 1.68 Stephen Crabb MP submitted 57 'standardised submissions'<sup>3</sup> from constituents asking for the following amendments to the options:
- » Unrestricted Rapid Access Clinics and booked outpatient appointments at Withybush Hospital when appropriate.

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<sup>3</sup> 'Standardised submissions' are standardised letters that are signed and submitted by multiple people.

- » A PACU at Withybush Hospital between 10am and 6pm, Monday to Sunday.
- » An enhanced service and additional training for paediatric (PACU) staff at Glangwili and Withybush Hospitals.
- » A minimum of two DAVs to support emergency/urgent transfer.

1.69 Though not so much an alternative suggestion as a consideration, a few questionnaire respondents and focus groups participants suggested a greater focus on digital healthcare opportunities within children and young people's services: video triage for example.

1.70 Finally, a few participants at two of the resident focus groups suggested a phased implementation. Despite Option 1 having the least support, a couple of participants felt it would be a good 'starting point' due to its similarity to current services and potentially easier and cheaper implementation. If it proves successful, HDdUHB could then work towards implementing Option 3. Others disagreed, preferring HDdUHB to start with Option 3 and scale back if necessary.

## Views on the consultation process

1.71 Several staff and public attendees said they had found the drop-in event or meeting they attended helpful in terms of clarification and aiding their understanding of the three options. Furthermore, the breadth, inclusivity, and genuineness of the consultation process was praised in a few written submissions, including that provided by Llais<sup>4</sup>.

1.72 Others though felt they had not been well advertised, promoted, or attended (the latter point around attendance was also made by Llais); and some consultees at the public drop-in sessions were sceptical that they would be listened to, and their views taken into account. In particular, Pembrokeshire residents raised what they saw as the inherent unfairness of the county's treatment by HDdUHB.

1.73 There was also some concern about the accessibility of the consultation documentation, especially with respect to the complexity of the proposals. The child-friendly consultation document was, however, praised for its clarity and accessibility. Indeed, HDdUHB was widely praised for its efforts in engaging with children and young people throughout the consultation period.

## Equalities issues

1.74 Most concerns around equalities impacts centred on travel and access, focusing on the ease with which patients are able to travel to access paediatric care at Glangwili Hospital.

1.75 Several groups were highlighted as being particularly vulnerable to these impacts, including:

- » Single parents, especially those with no support network.
- » Parents, especially single parents, with other children to care for.
- » Families on lower incomes and/or without access to private transport.

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<sup>4</sup> On 1<sup>st</sup> April 2023, the Community Health Councils transitioned over to form a new Citizens Voice Body for Health and Social Care in Wales, called 'Llais'. Llais is an independent body established to give the people of Wales a voice in the planning and delivery of their health and social care services. It has a different role and remit to the Community Health Councils.

- » Children and young people with additional/complex needs (like neurodivergence and learning disabilities) and their families.
- » Children and young people with longer term conditions requiring repeat appointments.
- » Families living in rural isolation.
- » Families living in west Pembrokeshire, and some parts of Ceredigion.

<sup>1.76</sup> Ultimately, while it was widely acknowledged that the need to travel to Glangwili from Pembrokeshire would be mitigated by the return of some services to Withybush, many parents/caregivers anticipated that they may have to do so at certain times and in the event of certain illnesses and injuries. Moreover, visitors were also said to be incredibly important for children and young people during a hospital stay, and there was concern that having inpatient paediatrics only at Glangwili impacts the ability of family members and others (especially those living in west Pembrokeshire) to visit to visit their loved ones, potentially to the detriment of their recovery.

## 2. Consultation overview

### Introduction

- 2.1 The current urgent and emergency children's services in the south of the Hywel Dda region were developed following a series of temporary changes made since 2016.
- 2.2 Until October 2014, a 24-hour paediatric inpatient unit was available at both Withybush and Glangwili Hospitals. Following a period of consultation, in 2014 it was decided that having a 24/7 paediatric inpatient unit at Withybush Hospital was not viable due to clinical safety risks caused by a shortage of medical staff, despite recruitment efforts. A decision was made on 20 October 2014 to make the following permanent changes:
- » At Withybush Hospital, the 24-hour inpatient service was removed and instead, a 12-hour Paediatric Ambulatory Care Unit (PACU) service was introduced. It was referred to as Puffin Ward. This new PACU model offered same day care to children and young people at the hospital. Children and young people were assessed, diagnosed, treated, and able to go home on the same day, without being admitted overnight.
  - » The PACU was open 12 hours a day (10am – 10pm), seven days a week. It had beds for emergency assessment, medical day treatments, day surgery, and ongoing investigations and monitoring.
  - » The PACU had its own dedicated team of paediatric doctors, including consultants, children's nurses, and other health care professionals. If any children and young people needed overnight admission, they were transferred to Glangwili Hospital using a Dedicated Ambulance Vehicle (DAV)<sup>5</sup>. During this time, children's services at Glangwili Hospital remained the same and continued with a 24-hour inpatient unit supporting those admitted for overnight or longer-term care on the ward.

### Temporary service change 1

- 2.3 Temporary service change 1 involved a reduction in the operating hours of the PACU at Withybush Hospital.
- » From 5 December 2016, the operating hours changed from 10am – 10pm, to 10am – 6pm, seven days per week.

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<sup>5</sup> A DAV supports the emergency/urgent transfer of women and children whose clinical care falls within the following categories: Maternity/Obstetric; Gynaecology; Paediatric; and Neonatal. Staffed by the Welsh Ambulance Service, it is a dedicated resource that is in place to support Pembrokeshire patients who will be travelling between Withybush Hospital and Glangwili Hospital, as well as to support paediatric emergencies and emergencies during childbirth.

- » Changes were also made to the staffing rotas (shifts/times our staff work) with a temporary merger of the paediatric overnight consultant on-call rotas for Withybush Hospital and Glangwili Hospital. This meant HDdUHB had one consultant rota for the south of the health board based at Glangwili Hospital. Some of the Withybush consultants participated in the Glangwili on-call rota following the reduction in operating hours.

- 2.4 The change was made due to significant recruitment challenges. This had an effect on the availability of on-site consultant support and supervision for the Paediatric Ambulatory Care Unit at Withybush Hospital. This was a proactive step taken to reduce the increasing risk of closing the Paediatric Ambulatory Care Unit service at Withybush Hospital at short notice due to lack of staff. After considering the fragile nature of the staffing situation, the Board formally agreed to temporarily introduce one medical staffing rota, based at Glangwili Hospital, rather than the two separate rotas for Glangwili and Withybush hospitals.

## Temporary service change 2

- 2.5 From 21 March 2020, the PACU at Withybush Hospital was temporarily closed because the COVID-19 pandemic meant that the health board had to change the way it worked. For the duration of the pandemic, the PACU was converted into additional Accident and Emergency capacity for adults and children. Families with children suffering minor injuries were still able to access care at Withybush Hospital via the Minor Injury Unit, but those children with more acute illness (illnesses needing assessment at the time of becoming unwell) were directed to Glangwili Hospital in Carmarthen.

## Temporary service change 3

- 2.6 On 30 September 2021, the Board agreed to continue with the temporary closure of the PACU at Withybush Hospital because of the Welsh Government's directive to all health boards to enhance and strengthen paediatric service provision as it expected a surge in Respiratory Syncytial Virus (RSV), a common virus that causes cold-like symptoms and can lead to children needing hospital care. The health board had already started to see an increased number of children with RSV both in the community (at GP surgeries and pharmacies) and in hospitals. Public Health Wales expected this situation to last until March 2022.

## Consultation scope

- 2.7 The consultation reported here was intended to gather people's views on how HDdUHB provides urgent and emergency children and young people's (paediatric) services for people who live in, or visit, areas that are serviced by Withybush Hospital and Glangwili Hospital until the establishment of the proposed new urgent and planned care hospital in the area. A new urgent and planned care hospital is part of the Health Board's strategy to be able to provide more care in community settings, by having a sustainable hospital network fit for future generations.
- 2.8 The development of the new hospital network, including the proposed new urgent and planned care hospital, is subject to Welsh Government funding that is not yet confirmed, and if successful, would take several years to achieve. The changes to urgent and emergency children and young people's (paediatric) services are not dependent upon Welsh Government funding in the same way, and HDdUHB will introduce the changes after the Board has made a decision about these services later this year.

- 2.9 The following services were not part of this consultation: Children's hospital services (paediatric) at Prince Philip Hospital (minor injuries provision) and Bronglais Hospital (24-hour inpatient unit); and children and young people's planned care and paediatric services within the community across the HDdUHB area.

## Consultation options

- 2.10 Following the three temporary changes, HDdUHB now needs to implement a longer-term solution, and has asked people for help in designing options for the future of urgent and emergency children and young people's (paediatric) services. This work was done in four phases.
- 2.11 Phase 1 was completed in August 2022. HDdUHB completed an assessment of the impact of the temporary changes since 2016 on urgent and emergency children and young people's services at Withybush and Glangwili hospitals. It looked at how the services had performed, and people's experiences of the services, which included service user feedback and a survey of experience using historical data. Some general findings were as follows:
- » Internal data and research showed very few concerns about patient safety incidents and complaints. Feedback in relation to the temporary service changes and patient experience has remained largely consistent and generally positive.
  - » Internal staff feedback showed that their experience of the service was largely positive. Feedback received from service users, and the parents and guardians of service users, was also largely positive.
  - » Many responses asked that services be returned to Withybush. There were different views on what those services should be and how they should be delivered.
- 2.12 Phase 2 of the work involved a 'deliberative event' (discussion and consideration by a defined group of people in a meeting/workshop) with a mixed group of stakeholders. This took place on 16 September 2022 and was independently facilitated by the Consultation Institute (tCI)<sup>6</sup>. During the event, stakeholders provided recommendations about what should be considered by those modelling the service in the future; and their views about which 'hurdle' criteria should be used for the early discussion about developing options<sup>7</sup>. The final hurdle criteria were agreed through further engagement with all stakeholders, in order to reach a consensus. These were: financial viability; clinical viability; workforce viability; accessibility; deliverability; facilities; inter-service accessibility; and impacts on people.
- 2.13 Phase 3 of the work began on 26 September 2022. Two groups were established to work independently of one another. Keeping the hurdle criteria in mind, they were asked to develop options for the service. Both groups were tasked with producing a minimum of two options per group, and considering whether any of the original models or temporary changes could be viable options, or if there were potentially better options, and what those options might look like. In total, the group developed the following five options:
- » Option A: a return to the permanent change made in October 2014. This model would include a 12-hour PACU service at WGH alongside a dedicated on-call consultant.

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<sup>6</sup> The Consultation Institute is a not-for-profit organisation that advises on how organisations should consult with members of the public and stakeholders

<sup>7</sup> Hurdle criteria are the minimum criteria that must be met by the proposed options.



- » Option B: building on the 2016 model, a PACU would be available at Withybush Hospital from 10am – 6pm and staffed from 10am – 8pm (with no referrals from Primary care after 6pm). Outpatient appointments would be available from 9am – 5pm, Monday to Friday.
- » Option B2: the same model as Option B, but all non-emergency treatment identified and currently delivered from Glangwili Hospital would be repatriated, the Emergency Department would offer an enhanced service, and there would be robust emergency pathways at Glangwili.
- » Option C: builds on the 2021 model (the suspension of the PACU at Withybush Hospital) through the expansion of non-emergency services retained at Withybush from 9am – 5pm.
- » Option C2: the same model as Option C, with the provision of transport (e.g., healthcare taxis to include out of hours provision), and improved emergency treatment facilities and dedicated parking at Glangwili Hospital.

2.14 These five options were then reviewed as part of Phase 4, which happened in two stages. On 6 October 2022 a mixed group of stakeholders considered whether the five options presented should continue to be developed at an event independently facilitated by (tCI). Unanimous decisions were made that:

- » Option A should be dropped.
- » Options B and B2 should continue to be developed.
- » Options C and C2 should be combined as they are so similar and should continue to be developed.

2.15 This work resulted in the three options that are now part of this consultation, but they have since been renamed. Please note that within this consultation document, Option C is now known as Option 1, Option B is now Option 2, and Option B2 is now Option 3.

## Option 1 (previously Option C)

2.16 This option builds on what is currently being provided following the temporary measures introduced in 2021 due to COVID-19.

2.17 The PACU model would remain at Glangwili Hospital, but with no PACU at Withybush Hospital. Having no PACU at Withybush Hospital means a child with an acute illness (an illness needing assessment) requiring admission (an overnight stay) would be treated at the 24-hour inpatient unit at Glangwili Hospital. Booked outpatient appointments (for children not needing immediate assessment, an overnight stay, or for those without longer term conditions) would be available at Withybush Hospital between 9am - 5pm, Monday to Friday. This is in addition to a Rapid Access Clinic, a service that would enable children and young people who have been referred by a GP/emergency department (A&E) for non-emergency care, to be seen by a paediatrician at Withybush Hospital within 72 hours.

## Option 2 (previously Option B)

2.18 This option builds on what existed following the 2016 temporary change, when the opening hours of PACU at Withybush Hospital were reduced to eight hours a day, seven days a week, rather than a 12-hour, seven days a week service.



- <sup>2.19</sup> The PACU at Withybush Hospital would reopen 10am – 6pm, Monday to Friday. It would be staffed 10am – 8pm, but no referrals would be received from GPs/primary care services after 6pm. Booked outpatient appointments (for children not needing immediate assessment, an overnight stay, or for those without longer term conditions) would be available at Withybush Hospital between 9am - 5pm, Monday to Friday. This is in addition to a Rapid Access Clinic, a service that would enable children and young people who have been referred by a GP/emergency department (A&E) for non-emergency care, to be seen by a paediatrician at Withybush Hospital within 72 hours.

### Option 3 (previously Option B2)

- <sup>2.20</sup> Option 3 is the same as Option 2 but with some additions:
- » The provision of some non-emergency treatments such as radiology, and day care for those, for example, returning for medication or dressing change.
  - » The emergency department (A&E) at Glangwili Hospital would offer an enhanced service and give children and young people an improved experience on arrival, for example, via a dedicated waiting area.
  - » Emergency department (A&E) staff at Withybush and Glangwili hospitals would receive additional training to treat children and young people in cases where a review by a consultant paediatrician is not immediately required.
  - » Additional training would be provided to paediatric staff (based in the PACU) at Glangwili Hospital to manage emergency department (A&E) activity differently. This could include improving the initial assessment for children and young people on arrival at accident and emergency, improving the experience for emergency cases, and ensuring they are dealt with appropriately (including through rapid review by the paediatric team).
- <sup>2.21</sup> The table overleaf, which was included in the consultation document and questionnaire, shows the differences between the three sites.

### What is the same in all three options?

Minor Injury Units for under 16s at both Glangwili and Withybush hospitals  
 Emergency care (A&E) for under 16s still provided at Glangwili Hospital  
 No overnight/weekend paediatric care at Withybush Hospital  
 Children's services at Glangwili Hospital would remain as they are, with investment in staffing the PACU model in Carmarthen to permanently support the treatment of children and young people who would have previously attended Withybush Hospital  
 Procedures in place to ensure children and young people arriving at Withybush Hospital with a critical condition receive the best care at the most appropriate location  
 Dedicated Ambulance Vehicle (DAV) remains to support the emergency/urgent transfer of children and young people from Pembrokeshire to Glangwili Hospital  
 Improved phone/digital links between Pembrokeshire GPs and paediatric staff at Withybush Hospital

### What is different in the three options?

	Option 1	Option 2	Option 3
Rapid Access Clinic for children and young people who have been referred by a GP/emergency department (A&E) to be seen by a paediatrician at Withybush Hospital within 72 hours	Yes	Limited activity (lack of space due to PACU)	Limited activity (lack of space due to PACU)
Booked outpatient appointments (for children not needing immediate assessment, an overnight stay, or for those without longer term conditions) at Withybush Hospital	Yes	Limited activity (lack of space due to PACU)	Limited activity (lack of space due to PACU)
PACU at Withybush Hospital between 10am and 6pm, Monday to Friday	No	Yes	Yes
Provision of some non-emergency treatment such as radiology; and day care such as returning for medication or dressing change	No	No	Yes
Enhanced service at Glangwili Hospital emergency department (A&E), giving children and young people an improved experience on arrival (e.g., via a dedicated waiting area)	No	No	Yes
Additional training for emergency department (A&E) staff at both hospitals to treat children and young people when a review by a consultant paediatrician is not immediately needed	No	No	Yes
Additional training for paediatric (PACU) staff at Glangwili Hospital to manage emergency department (A&E) activity for children and young people differently (for example, improving initial treatment, improving the experience for emergency cases, and ensuring they are dealt with appropriately)	No	No	Yes
Estimated additional cost	£880,000	£1.3 million	£1.3 million + inhouse training cost

## How the options were scored

<sup>2.22</sup> While the Health Board does not have a preferred option, an initial scoring exercise was held with 25 key stakeholders, including parents and guardians of children and young people, Llais (formerly the Community Health Council), and staff. The stakeholders evaluated how well they thought each option met (or satisfied) each of the criteria, and their scores reflect this. Each option was given a score from 1 to 10 (1 being least satisfactory in meeting the criteria, and 10 fully meeting the criteria). These scores were submitted anonymously through an online platform. The results were as follows:

- » Option 1 had the highest overall score (1478) but had the lowest score for accessibility and impacts on people, and the same score as Option 2 for facilities.
- » Option 2 (1284) scored marginally higher than Option 3 (1279) overall but scored lowest for workforce viability and safe inter-hospital transport system. It received the same score as Option 3 for clinical viability.
- » Option 3, which builds upon Option 2, had the lowest overall score, with the lowest score for deliverability and facilities (including interior suitability). This option had the highest overall score for accessibility.

<sup>2.23</sup> The scoring matrix can be seen below and overleaf.

Criteria	Option 1 (previously Option C)	Option 2 (previously Option B)	Option 3 (previously Option B2)
<b>Clinical viability</b> How well do you think the option is able to meet health needs of children and young people in Pembrokeshire	213	166	166
<b>Workforce viability</b> How well do you think we will be able to staff the model to meet the health needs of children and young people in Pembrokeshire	214	143	146
<b>Safe inter-hospital transport system</b> How well could we be able to transfer children between hospitals e.g., Dedicated Ambulance Vehicle (DAV)	171	140	144
<b>Deliverability</b> How quickly can the options be put in place	213	145	134
<b>Accessibility</b> How frequently would people have to travel to Glangwili Hospital, rather than stay at Withybush Hospital	175	188	191

Criteria	Option 1 (previously Option C)	Option 2 (previously Option B)	Option 3 (previously Option B2)
<b>Facilities (including interior suitability)</b> Number of individual rooms instead of bays Play areas/children and young people friendly waiting areas Parent accommodation Accessible changing and washing areas Affordable for families to visit/stay (Meal costs, transport, etc.)	181	181	177
<b>Inter-service accessibility</b> Access to support services outside of the department to provide specialist care e.g., anaesthetics	154	159	159
<b>Impact on people</b> Are some people impacted more than others	157	162	162
<b>Totals</b>	<b>1478</b>	<b>1284</b>	<b>1279</b>

## The consultation process

- 2.24 The 12-week public consultation period began on 26 May 2023 and ended on 24 August 2023, during which time members of the public, HDdUHB staff members, organisations, and other stakeholders were invited to give feedback on the three options and anything else they felt the Health Board should consider in relation to services for children and young people. Opinion Research Services (ORS) was appointed to advise on and independently manage some aspects of the consultation programme, as outlined below.
- 2.25 Throughout the consultation, stakeholders were provided with paper documentation and/or signposted by direct email or communication activities, such as press releases and social media advertising, to the dedicated consultation website. A range of information and resources was available, including the full consultation document, an Easy Read version, a child-friendly document, a BSL video, an audio version and documents in multiple languages. There were also technical documents available, and the equality impact assessment (EIA).
- 2.26 The number of documents sent to stakeholders were:
- » 1284 copies of the main document and questionnaire.
  - » 1093 copies of the child-friendly document and questionnaire.
- 2.27 Additional distribution of documents was undertaken at the following Health Board sites:
- » Withybush Hospital - Outpatients, MIU/A&E, Library, Patient Support.
  - » Glangwili Hospital - Outpatients, MIU, A&E, Library, Main Entrance Reception Area, Cilgerran Ward.
  - » Tenby Hospital.

- » South Pembrokeshire Hospital.
- » Llandovery and Amman Valley Hospitals.
- » Aberaeron Integrated Care Centre.
- » Cardigan Integrated Care Centre.

2.28 The total number of documents sent to the Health Board sites (figures not included in the stakeholder distribution above) were:

- » 350 copies of the main document and questionnaire.
- » 70 Easy Read documents and 35 Easy Read questionnaires.
- » 14 Posters with a display unit.

2.29 Documents were also sent, as requested, to Preseli Pembrokeshire Member of Parliament, Stephen Crabb's office, following a request by him. These included 120 copies of the main document and questionnaire; 50 Easy Read documents; 20 Easy Read questionnaires; and one poster.

2.30 In addition, 517 emails were sent to promote the two additional public drop-in events added following the mid-point review.

## The nature of public consultation

2.31 Public consultation promotes accountability and assists decision making; public bodies give an account of their plans or proposals and listen to feedback. Consultation has therefore been described as a dialogue, based on a genuine and purposeful exchange of views.

2.32 It should be noted, however, that consultations are not referenda or 'votes' in which the loudest voices or the greatest numbers automatically determine the outcome. The feedback received often reflects widely varied and sometimes polarised views, and it is important to report these concerns and contrary views robustly, in order for decision-makers to be able to conscientiously take into account the issues raised.

## Consultation methodology and response

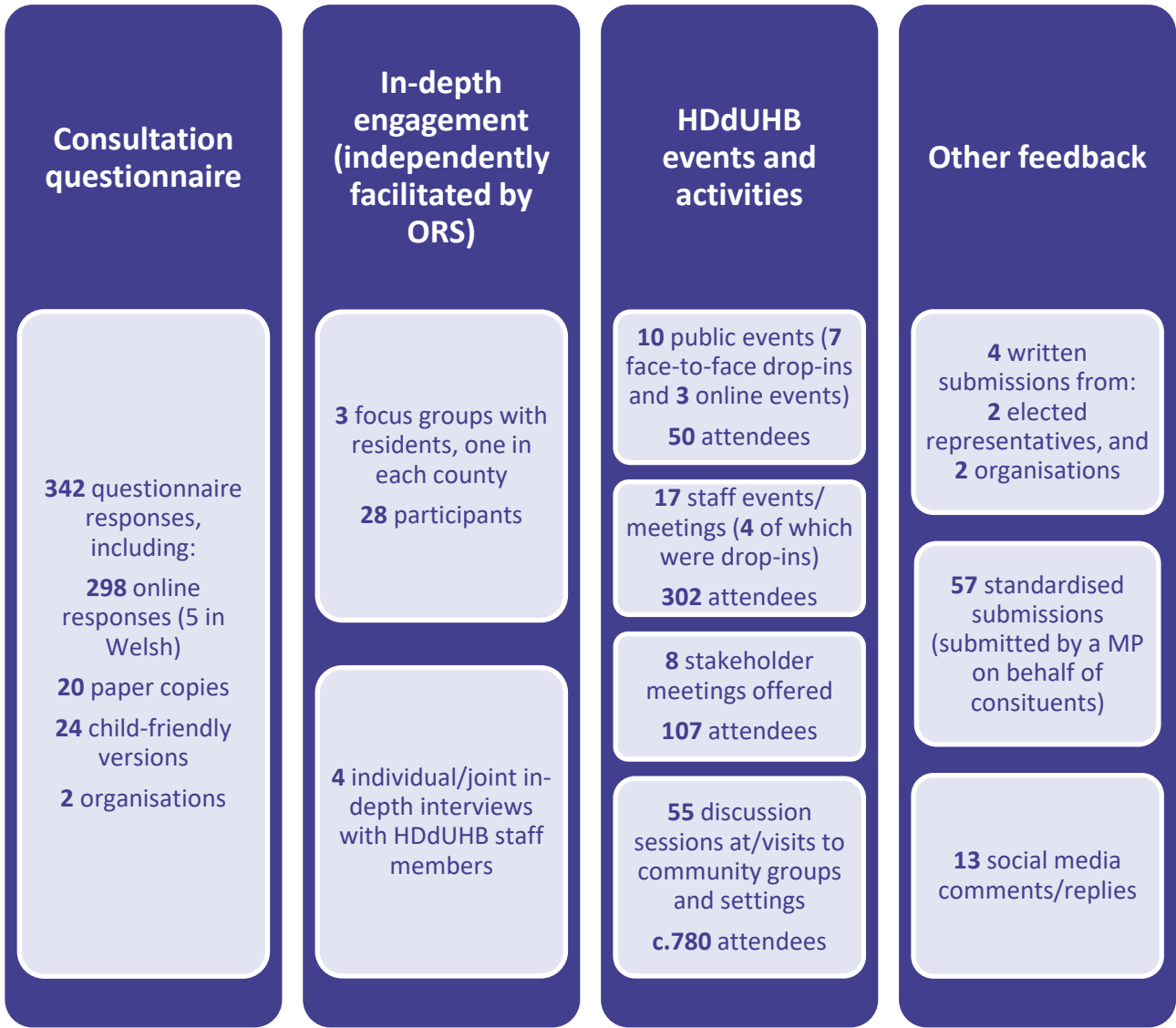
2.33 Each chapter in this report provides detailed information about the consultation activities from which feedback has been reported; the following section provides a brief overview.

2.34 To provide relevant information that might inform respondents' views, information about the three options was included in a consultation document (including in summary, Easy Read, and child-friendly form) and in the detailed documents outlined above. After being encouraged to familiarise themselves with the background information, residents, staff, and other stakeholders were invited to provide feedback through a wide range of methods, including all of the following:

- » A consultation questionnaire which was available online (hosted by ORS) and via paper copies that were circulated widely and available on request.
- » Engagement activities undertaken by HDdUHB, including:
  - Online and face-to-face public drop-in events

- Staff drop-in events and meetings
  - Meetings with statutory and non-statutory stakeholders/partners
  - Attendance at/visits to existing community groups and settings.
- » Independently facilitated in-depth engagement designed and conducted by ORS (described below).
- » Written and email submissions.
- » Social media.

2.35 The consultation response from the different consultation strands is summarised below.



‘Open’ consultation questionnaire

2.36 An open consultation questionnaire was available for anyone to complete either via the dedicated consultation website or by completing a paper version. The questionnaire was designed to be completed based on the information presented in the consultation document, with questions about the extent to which each option is a good or poor location one for the provision of children and young people’s services,

and potential equalities and health inequalities issues. Respondents were also given the opportunity to make further comments about the options, transport and access, environmental impacts and opportunities etc.

- 2.37 Open questionnaires are important, being inclusive and giving opportunity to express and explain views, including disagreement with proposals. They are not random sample surveys of a given population, however, and cannot necessarily be expected to be representative of the general balance of opinion. Furthermore, respondents from groups or geographic areas which feel most affected by change are more likely to respond. For example, the number of respondents living near to Withybush Hospital was proportionally greater than those from other areas.

## HDdUHB-led consultation activity

- 2.38 During the consultation period, HDdUHB undertook many engagement activities for members of the public, staff, and stakeholders, as outlined below.
- 2.39 ORS attended the public drop-in events as independent observers but were not present at any of the other sessions/meetings. Where discussions were had, notes were provided by HDdUHB for reporting purposes using a structured feedback template.

## Public drop-in events

- 2.40 HDdUHB hosted 10 public events (seven face-to-face drop-in sessions and three online events<sup>8</sup>) throughout the affected area<sup>9</sup> during the consultation period. These were attended by 50 people in total.
- 2.41 Several members of HDdUHB staff were available at each face-to-face drop-in session to answer people's questions, capture feedback, and distribute consultation materials. Information about the three options was also displayed on information posters and via a presentation. At the online events, attendees were given a presentation in advance of being asked to give their views on the consultation issues and, again, HDdUHB staff were available throughout the sessions to answer questions and offer clarification.

## Staff drop-in events and meetings

- 2.42 HDdUHB hosted four staff drop-in events (at Glangwili, Tenby and Withybush Hospitals and Cardigan Integrated Care Centre) and 14 meetings for specific staff groups during the consultation period. These groups comprised the following:
- » Carmarthenshire Staff Partnership Forum
  - » Ceredigion Staff Partnership Forum
  - » Women and Children's Directorate staff
  - » Health Visitors meeting (x 2)
  - » Healthcare Professionals Forum
  - » North Pembrokeshire GP Collaborative

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<sup>8</sup> Three online events were offered, but no-one registered for one of them so only two went ahead.

<sup>9</sup> This was not a HDdUHB-wide piece of work as the consultation options do not affect service users and families across the whole area. As such, the consultation was targeted toward residents in areas serviced by Glangwili and Withybush Hospitals.

- » Pembrokeshire Staff Partnership Forum
- » School Nurses
- » South Ceredigion GP Collaborative
- » Staff Partnership Forum
- » Glangwili Hospital staff
- » Withybush Hospital staff

<sup>2.43</sup> The drop-in events were all held in-person, while five of the staff meetings were face-to-face, five were online, and three took a hybrid approach. 104 staff members attended the drop-in sessions, while 167 staff members attended the meetings.

### Stakeholder engagement

<sup>2.44</sup> HDdUHB hosted or attended seven meetings with stakeholders during the consultation period. These included online Q&A sessions with each County Council in Carmarthenshire, Ceredigion, and Pembrokeshire; and a session for the Town and Community Councils in each county of Carmarthenshire, Ceredigion, and Pembrokeshire; a meeting with the Healthier Pembrokeshire Strategic Group; and a meeting with the Stakeholder Reference Group (comprising local authorities, local councillors, the third sector, patient/public representatives and Llais).

### Other community events/meetings

<sup>2.45</sup> HDdUHB either attended or visited 55 community events, meetings or settings to discuss the consultation issues with attendees and/or distribute consultation documents and questionnaires to be completed by those engaged at a later date. Approximately 797 people were engaged in this way, including:

- » Black and Minority Ethnic residents
- » Carers
- » Homeless and vulnerably housed people
- » Gypsies, Roma, and Travellers
- » Migrant workers
- » Physically and learning-disabled residents and parents of neurodiverse children
- » Refugees (Polish, Syrian and Ukrainian)
- » Veterans
- » Vulnerable and socio-economically disadvantaged residents
- » Young people

### ORS-led activity

#### Focus groups with residents

<sup>2.46</sup> To explore the consultation issues in more depth and gather informed feedback, ORS conducted three two-hour focus groups, one in each county. Overall, 28 people took part.



- 2.47 These sessions are best understood as 'deliberative'<sup>10</sup> meetings in which the options for children and young people's services were tested against residents' opinions. This provided an opportunity to explore the extent to which each of the options are acceptable or otherwise, and to understand in more detail the issues and arguments relating to them.
- 2.48 To ensure a properly deliberative approach, ORS used HDdUHB's consultation material to develop a suitable agenda and informative stimulus material for the meeting, which covered the following themes: past changes to children and young people's services; the current situation; the options development process; the three options (including the similarities and differences between them); and travel and transport issues. The topic guide has been included as Appendix III.
- 2.49 Participants were independently recruited to the sessions via ORS and its recruitment partner Acumen Field, using quota-controlled recruitment to ensure they were broadly representative of the wider community. In recruitment, care was taken to ensure that no potential participants were disqualified or disadvantaged by disabilities or cost of travel. As standard good practice, an incentive payment of £50 was paid to participants as a token of thanks and to cover childcare or travel costs. All focus group venues were accessible, and any special accessibility needs were considered during the recruitment and facilitation stages.

### Interviews with staff

- 2.50 To complement the staff drop-in events outlined above, and explore the consultation issues in more depth, the original intention was to hold four staff focus groups: one each in Glangwili, Tenby, and Withybush Hospitals and one in Cardigan Integrated Care Centre). However, despite HDdUHB's extensive internal promotion of the sessions, take up was low and so the decision was taken to cancel the focus group sessions and undertake individual or joint interviews with those who had expressed an interest in attending.
- 2.51 ORS conducted one joint face-to-face interview with two members of staff at Glangwili Hospital, and two individual interviews by telephone/videoconference with one member of staff from Glangwili and another from Withybush Hospital. Three participants were from staff bands 6+, and one was from bands 2-5. Three of the four participants work with children and young people (in paediatric services, physiotherapy, and public health), and the fourth works in IT and business analysis (with a specific interest in using data systems to streamline processes).
- 2.52 The interviews, which were undertaken either on Microsoft Teams or by telephone, provided an opportunity to explore the extent to which each of the options are acceptable or otherwise, and to understand in more detail the issues and arguments relating to them.

### Written submissions

- 2.53 During the formal consultation process, four written submissions were received, all of which have been read and summarised by ORS. These included submissions from Llais, Carmarthenshire Residents Action Group (CRAiG Sir Gâr), Paul Davies, Member of the Senedd (MS) and Stephen Crabb, Member of

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<sup>10</sup> Deliberative research gathers people's views after they have been presented with the opportunity to 'deliberate' the issues under consideration. Moderators present a range of information and encourage differing points of view to be debated, before considered final decisions are sought.

Parliament (MP). Mr Crabb also submitted 'standardised submissions'<sup>11</sup> on behalf of 57 constituents, the content of which has been reproduced in the relevant chapter of this report. No petitions were submitted as part of this consultation.

## Social media feedback

- 2.54 HDdUHB collated all the comments made on its official Facebook and X (previously Twitter) pages during the consultation period. In total, the 116 Facebook posts and 82 X posts received 13 comments or replies.
- 2.55 It is important to note that social media discussion is nowadays an important aspect of any consultation, particularly in terms of answering enquiries and directing people to resources to read and by which to become involved. While social media comments are not formal submissions, and it is not clear whether comments are a person's final views (that they would want included in the analysis/decision making) or interim thoughts and discussions that inevitably develop as people debate the issues in an online forum, they do offer a good benchmark for concerns, sentiment, issues and comments.

## The consultation report

- 2.56 In contrast to the more thematic approach in the executive summary, the full report considers the feedback from each element of the consultation in turn because it is important that the overall report provides a full evidence-base for those considering the consultation and its findings.
- 2.57 All types of consultation responses are important, and this report presents an independent analysis so that all of them may be taken into account. The report also identifies where strength of feeling may be particularly intense, either in relation to specific themes or possible outcomes, or coming from specific groups of consultees. Those with strong concerns or objections are more likely to provide these views robustly and in detail. Furthermore, ORS has an obligation to comprehensively report these concerns and contrary views, in order for decision-makers to be able to conscientiously consider the issues raised (Gunning Principle 4). It should be noted, however, that this can mean that the feedback can appear more 'negative' than was actually the case.
- 2.58 Finally, it is not ORS' role to 'make a case' for or against the options, nor to make any recommendations as to how decision makers should use the reported results. It is for the appropriate bodies to take decisions based on all of the evidence available, of which consultation feedback is one part. To this end, ORS trusts that both the executive summary and full report will be helpful to all concerned.

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<sup>11</sup> 'Standardised submissions' are similar to petitions, but instead of a list of signatories on a page, individual copies of identical letters are submitted on behalf of individuals.

## 3. Consultation questionnaire

### Introduction

- 3.1 Throughout the 12-week public consultation (which began on 26 May 2023 and ended on 24 August 2023), stakeholders were signposted to the Hywel Dda University Health Board website or provided with paper documentation. A range of information and resources were available, including the full consultation document, an Easy Read version, a child-friendly document, a British Sign Language video, and an audio version. The document was available in other languages (Arabic, Polish, Russian and Ukrainian). The questionnaire was available bilingually in English and Welsh, and there were Easy Read and child-friendly versions available, as well as copies in Arabic, Polish, Russian and Ukrainian.
- 3.2 A structured consultation questionnaire was designed to allow stakeholders to provide feedback in a consistent format. Appropriate summary information was included for each question, with additional signposting to more detailed information; feedback was invited around views on each option, any additional considerations and potential equalities impacts. Finally, a profiling section gathered response type and demographics.

### Summary of main findings

#### The options for future children's services

- 3.3 Around two-fifths of those responding (to the main questionnaire) thought that both Option 1 - expanded outpatient services at Withybush Hospital and Option 2 - a Paediatric Ambulatory Care Unit from 10am – 6pm with limited outpatient services (Monday to Friday) were good choices for delivering paediatric services at Withybush Hospital (either fairly or very good). Around two-thirds (66%) of those responding (to the main questionnaire) thought that Option 3 - a Paediatric Ambulatory Care Unit from 10am – 6pm with limited outpatient services (Monday to Friday) and provision of some non-emergency treatments such as radiology and day care was a good choice for delivering paediatric services at Withybush Hospital.
- » Option 1 (good choice) – 38%
  - » Option 2 (good choice) – 43%
  - » Option 3 (good choice) – 66%
- 3.4 Some respondents did not think that the options went far enough, with between 13% and 25% of those responding to the open text questions relating to each of the three options stating that the improvements were not comprehensive enough, and between 12% and 18% stating that they wanted more services or that services should be 24/7. This includes some respondents who thought the options were a good choice, though to a slightly lesser degree.
- 3.5 The child-friendly version of the questionnaire asked simplified versions of these questions. There were between 19 and 21 responses to each of the key questions, and respondents were typically more positive than respondents to the main questionnaire about all three options. Over half (53%) were positive about Option 1, and two-thirds (67%) were positive about Option 2. As with the main questionnaire, Option 3 was the choice they were most likely to be positive about (90%).

## Methodology and questionnaire response

- 3.6
- The questionnaire was available online (hosted by ORS), and paper questionnaires were distributed at various locations, and available on request (including an Easy Read version, child-friendly version and in different languages). All questionnaire responses submitted by the closing date, and subsequently received by ORS or the Hywel Dda University Health Board, in which at least one of the consultation questions was answered, were included in the analysis, regardless of whether or not any profile questions were answered. A total of 342 questionnaires were completed, which included 298 online responses (including five in Welsh), 20 paper copies and 24 child-friendly versions.
- 3.7
- ORS routinely monitors cookies and IP addresses to ensure that multiple completions by a small number of individuals are not submitted in an attempt to deliberately affect the outcomes. After detailed analysis of the raw dataset, ORS identified seven instances of duplicated entries; one copy of each was included in the final dataset.
- 3.8
- It is important to reiterate that while open questionnaires are inclusive and give people an opportunity to express and explain any views, the results are not generally expected to be representative of the general balance of opinion in the wider population. The results in this chapter should be interpreted in this context.

### Response type

- 3.9
- There were 24 completions of the child-friendly version of the questionnaire, of which the results are reported separately at the end of this chapter.
- 3.10
- Of the remaining 318 respondents, a profile section sought to identify the basis on which respondents completed the questionnaire. Those respondents who said that they were completing the questionnaire on behalf of organisations were asked to provide further details about the group or in which capacity they were responding. Two responses from respondents identifying as representatives of named organisations were submitted (Table 1).

Table 1: Named organisations responding via the consultation questionnaire

Community Children's Nurses
County Councillor for North Llandysul and Troedysaur Ward, South West Ceredigion

- 3.11
- Two-hundred-and-sixty-six identified themselves as completing as individuals by answering at least one of the demographic questions. A further 50 respondents did not identify how they were completing, though it is likely that the 50 respondents not identifying how they completed the questionnaire were providing a personal response.
- 3.12
- Further to this, respondents were asked about their connection with paediatric services in Hywel Dda. It should be noted the question was voluntary (i.e., respondents could choose not to answer and still complete the survey). Furthermore, it was a multiple response question so that those taking part could identify more than one connection (e.g., as an NHS staff member *and* a local resident).

3.13 Where multiple connections were provided, they have been identified in the following order of priority when reporting results by respondent type, e.g., those who identified themselves as working in Paediatrics for the NHS and as an individual, have been reported under working in Paediatrics.

Table 2: Breakdown of respondents to the main consultation questionnaire

MAIN QUESTIONNAIRE (318 RESPONSES)		
Of which...	<b>NHS Staff:</b> Work in Paediatrics for the NHS	43 Responses
	<b>NHS Staff:</b> Work for the NHS (not Paediatrics)	66 responses
	<b>Other Responder:</b> Organisation	2 responses
	<b>Other Responder:</b> Other individual	202 Responses
	Not answered	5 responses

3.14 All results from the main questionnaire have been reported together in this chapter. Where views are reported by respondent type they are generally presented in the order above, but this is not intended to suggest that the views of any group(s) are more or less important than the others.

### Demographic profile of respondents to the main questionnaire

- 3.15 All individuals providing a personal response were asked to provide some basic demographic information.
- 3.16 Table 3 (below and overleaf) summarises the key demographic information for those who provided this information, e.g., age, gender, ethnicity, disability (to the main questionnaire). Census 2021 data of Carmarthenshire, Ceredigion and Pembrokeshire counties is used as a comparator where available, to give some general indication of how well the response profile from the questionnaire results matches the wider population that might be affected by the proposed changes. Census 2021 data of those living nearest Withybush Hospital has also been provided.
- 3.17 An asterisk has been used to denote percentages greater than zero, but less than half of 1%. There was a very small proportion (2%) of questionnaire responses received from people who identified themselves as living outside of Carmarthenshire, Ceredigion and Pembrokeshire counties; nonetheless, those responses have also been included in the demographic profile tables for completeness.

Table 3: Key demographic response profile to the consultation questionnaire for those who were asked to provide this information (to the main questionnaire):– compared with the population aged 18+ of Carmarthenshire, Ceredigion and Pembrokeshire counties and with the population aged 18+ whose nearest local hospital is Withybush Hospital

Characteristic		Questionnaire Responses		Population aged 18+ (HDUHB area)	Population aged 18+ (Nearest hospital Withybush)
		Number of Respondents	%		
BY AGE	Under 25	5	2%	9%	8%
	25 to 34	58	24%	13%	13%
	35 to 44	82	34%	13%	13%
	45 to 54	49	21%	16%	16%

Characteristic		Questionnaire Responses		Population aged 18+ (HCUHB area)	Population aged 18+ (Nearest hospital Wetherbush)
		Number of Respondents	%		
	55 to 64	23	10%	18%	19%
	65 to 74	19	8%	17%	17%
	75 or over	2	1%	14%	15%
	<b>Total valid responses</b>	<b>238</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>
	<i>Not known</i>	78	-	-	-
<b>BY GENDER</b>	Male	31	13%	48%	48%
	Female	214	87%	52%	52%
	Non-binary	0	-	-	-
	<b>Total valid responses</b>	<b>245</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>
	<i>Not known</i>	71	-	-	-
<b>BY ETHNIC GROUP</b>	White British	223	94%	94%	95%
	White other (inc. travellers)	7	3%	3%	3%
	Other ethnic group	6	3%	2%	2%
	<b>Total valid responses</b>	<b>236</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>
	<i>Not known</i>	80	-	-	-
<b>BY WHETHER RESPONDENT PROVIDES HELP / SUPPORT TO OTHERS<sup>12</sup></b>	Yes	51	22%	13%	13%
	No	184	78%	87%	87%
	<b>Total valid responses</b>	<b>235</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>
	<i>Not known</i>	81	-	-	-
<b>BY WHETHER GENDER IS THE SAME AS ASSIGNED AT BIRTH</b>	Yes	246	100%	100%	100%
	No	1	*	*%	*%
	<b>Total valid responses</b>	<b>247</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>
	<i>Not known</i>	69	-	-	-
<b>BY DISABILITY</b>	Has a disability	31	13%	25%	25%
	No disability	207	87%	75%	75%
	<b>Total valid responses</b>	<b>238</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>
	<i>Not known</i>	78	-	-	-

<sup>12</sup> Defined as providing unpaid care by looking after someone (a family member, friend or neighbour) who is older, disabled or seriously ill

- 3.18 Respondents who stated that they consider themselves to have a disability were asked to state the type of disability or disabilities. Respondents were able to choose more than one option and Table 4 indicates the numbers and proportions of each.

**Table 4: Respondents to the consultation questionnaire with disabilities, by type of disability, for those who were asked to provide this information (to the main questionnaire). (Note that respondents could choose more than one option and, therefore, the percentages may sum to greater than 100%)**

Characteristic		Questionnaire Responses with Disabilities	
		Number of Responses	%
BY TYPE OF DISABILITY	Long-standing illness or health condition e.g., cancer, HIV, diabetes, chronic heart disease, epilepsy	11	37%
	A mental health difficulty	10	33%
	A physical impairment or mobility issues	16	53%
	A social/communication impairment e.g. a speech and language impairment or Asperger's syndrome/other autistic spectrum disorder	3	10%
	A specific learning difficulty e.g. dyslexia, dyspraxia or AD(H)D	5	17%
	Blind or have a visual impairment uncorrected by glasses	1	3%
	Deaf or have a hearing impairment	1	3%
	Other impairment, health condition or learning difference that is not listed above	3	10%
	<b>Total valid responses</b>	<b>30</b>	-
	<i>Not known</i>	2	-
	<i>Not asked</i>	284	-

- 3.19 Respondents who stated that they provided unpaid care were asked for whom they provide care. Respondents were able to choose more than one option and Table 5 indicates the numbers and proportions of each.

**Table 5: Respondents to the consultation questionnaire who provide unpaid care, by who they care for, for those who were asked to provide this information (to the main questionnaire). (Note that respondents could choose more than one option and therefore the percentages may sum to greater than 100%)**

Characteristic		Questionnaire Responses who Provide Unpaid Care	
		Number of Responses	%
BY WHO CARE IS PROVIDED FOR	Primary Carer of a disabled child or children	21	46%
	Primary Carer or assistant for a disabled adult or adults (aged 18+)	10	22%
	Primary Carer or assistant for an older person/people (aged 65+)	11	24%
	Secondary Carer (another person carries out main caring role)	8	17%
	<b>Total valid responses</b>	<b>46</b>	-

	Not known	5	-
	Not asked	265	-

3.20 Table 6 summarises other demographic information including sexual orientation, marital status, religion, household income and main language used<sup>13</sup>.

**Table 6: Other demographic response profile to the consultation questionnaire for those who were asked to provide this information (to the main questionnaire).**

Characteristic		Questionnaire Responses	
		Number of Respondents	%
BY SEXUAL ORIENTATION	Asexual	4	2%
	Bisexual	7	3%
	Gay man	2	1%
	Heterosexual or straight	221	94%
	<b>Total valid responses</b>	<b>234</b>	<b>100%</b>
	Not known	82	-
BY MARITAL STATUS	Married or in a Civil Partnership	175	74%
	Not Married or in a Civil Partnership	61	26%
	<b>Total valid responses</b>	<b>236</b>	<b>100%</b>
	Not known	80	-
BY PREGNANT/GIVEN BIRTH WITHIN LAST YEAR	Yes	30	13%
	No	208	87%
	<b>Total valid responses</b>	<b>238</b>	<b>100%</b>
	Not known	78	-
BY RELIGION	Buddhist	1	*%
	Christian	109	48%
	Hindu	1	*%
	Muslim	1	*%
	No religion	107	47%
	Any other religion	9	4%
	<b>Total valid responses</b>	<b>228</b>	<b>100%</b>
	Not known	88	-
BY HOUSEHOLD INCOME	Below £10,000	8	4%
	£10,001 - £20,000	26	14%
	£20,001 - £30,000	31	17%
	£30,001 - £40,000	30	16%
	Over £40,000	89	48%
	<b>Total valid responses</b>	<b>184</b>	<b>100%</b>

<sup>13</sup> If there were no responses from a particular demographic group, they have not been included in the table.



Characteristic		Questionnaire Responses	
		Number of Respondents	%
	<i>Not known</i>	132	-
BY MAIN LANGUAGE SPOKEN/USED AT HOME	English	216	91%
	Welsh	22	9%
	<b>Total valid responses</b>	<b>238</b>	<b>100%</b>
	<i>Not known</i>	78	-

- 3.21 Table 7 summarises the number of responses received by relative levels of deprivation (based on postcodes, where this information was provided as part of the questionnaire response) for those living in the county of Pembrokeshire only (the county where most respondents to the questionnaire live). The postcodes of around two-fifths of respondents (128) are unknown or outside the county, but it is reasonable to assume that the distribution of those responses is similar to those where postcodes are provided.

**Table 7: Distribution of questionnaire responses received, by deprivation (calculated using Indices of Multiple Deprivation (Pembrokeshire IMD)) for those who provided postcodes and are living in the county of Pembrokeshire only (to the main questionnaire) – compared with the population aged 18+ of Carmarthenshire, Ceredigion and Pembrokeshire counties and with the population aged 18+ whose nearest local hospital is Withybush Hospital**

Characteristic		Questionnaire Responses		Population aged 18+ (H DUHB area)	Population aged 18+ (Nearest hospital Withybush)
		Number of Responses	%		
BY DEPRIVATION (PEMBROKESHIRE IMD QUINTILE)	1 – most deprived	27	14%	20%	21%
	2	31	16%	20%	20%
	3	33	18%	21%	19%
	4	49	26%	19%	18%
	5 – least deprived	48	26%	21%	21%
	<b>Total valid responses</b>	<b>188</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>
	<i>Not known</i>	20	-	-	-

- 3.22 Table 8 (overleaf) summarises the number of responses received by county lived in and nearest hospital (based on the survey questions, 'Which county do you live in?' and postcodes, where this information was provided as part of the questionnaire response). The postcodes of three-in-ten respondents (96) are unknown, but it is reasonable to assume that the distribution of those responses is similar to those where postcodes are provided.

**Table 8: Distribution of questionnaire responses received, by county lived in and nearest hospital for those who provided postcodes (to the main questionnaire) – compared with the population aged 18+ of Carmarthenshire, Ceredigion and Pembrokeshire counties and with the population aged 18+ whose nearest local hospital is Withybush Hospital**

Characteristic		Questionnaire Responses		Population aged 18+ (HDUHB area)	Population aged 18+ (Nearest hospital Withybush)
		Number of Responses	%		
BY COUNTY	Carmarthenshire	31	13%	49%	2%
	Ceredigion	5	2%	19%	1%
	Pembrokeshire	208	85%	32%	97%
	<b>Total valid responses</b>	<b>244</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>
	<i>Other areas</i>	5	-	-	-
	<i>Not known</i>	67	-	-	-
BY NEAREST HOSPITAL	Nearest to Withybush	186	85%	31%	100%
	Nearest to another hospital	34	15%	69%	-
	<b>Total valid responses</b>	<b>220</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>
	<i>Not known</i>	96	-	-	-

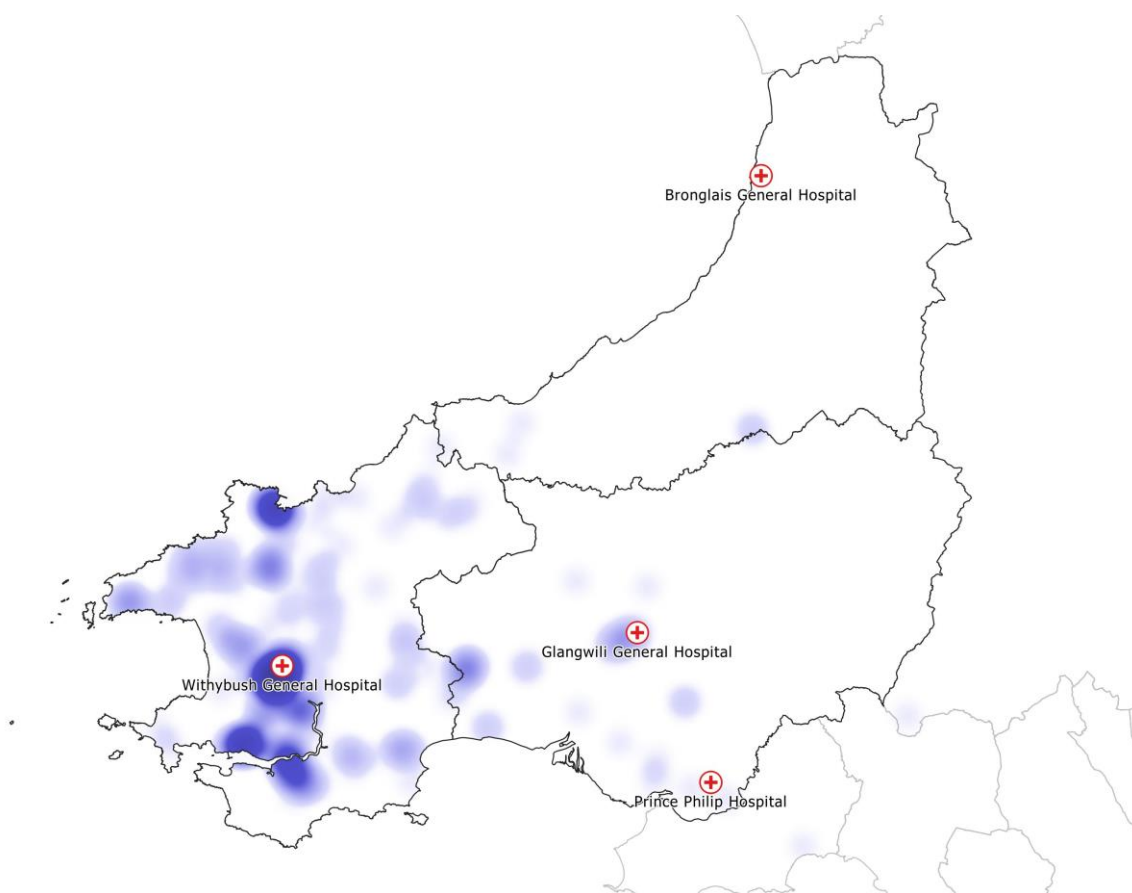
## Demographic profile of respondents to the child-friendly questionnaire

- 3.23 Of the 24 child-friendly questionnaires returned, nine were completed by the young person themselves (38%) and 15 were completed by a parent or carer (63%).
- 3.24 When we look at the key demographics, 18 were female (78%), five were male (22%) and one was unknown. There were 19 respondents who lived closest to Withybush Hospital (86%), with three respondents (14%) living closest to another hospital and two unknown.
- 3.25 Of those responding as young people themselves, six were under 18 (67%) and three were over 18 (33%). Of those responding as parents or carers, there were five respondents aged under 35 (36%), eight aged 35 to 44 (57%) and one aged 45 or over (7%), with 1 unknown.

## Distribution of Responses

- 3.26 As indicated in Table 8 above, most questionnaire respondents live nearest to Withybush Hospital (85% in the main questionnaire and 86% in the child-friendly version). Figure 1 (overleaf) illustrates the distribution of these responses collectively.

**Figure 1: Map showing distribution of responses (for questionnaire responses where a postcode was provided, to both the main questionnaire and child-friendly version) (darker blue colours indicate a higher number of respondents)**



## Interpretation of the data

- 3.27 For simplicity and ease of access, the results of the consultation questionnaire are presented in a largely graphical format. Where possible, the colours used on the charts have been standardised with a 'traffic light' system in which:
- » Green shades represent positive responses;
  - » Yellow shades represent neutral responses;
  - » Red shades represent negative responses; and
  - » Bolder shades highlight responses at the 'extremes', for example, very good or very poor.
- 3.28 The numbers on pie charts are percentages indicating the proportions of respondents giving a particular view. It should be noted that, when reporting combined percentages of poor and very poor, or good and very good, responses in the text commentary, the figure may sum differently (+/- 1%) to the figures shown on stacked bar charts due to rounding of decimal places.
- 3.29 The number of valid responses recorded for each question (base size) are reported throughout. As not all respondents answered every question, the valid responses vary between questions. Every response to every question has been taken into consideration.
- 3.30 Where percentages do not sum to 100, this may be due to computer rounding, the exclusion of "don't know" categories, or multiple answers. Throughout the report an asterisk (\*) denotes any value greater

than zero, but less than half of 1%. In some cases, figures of 2% or below have been excluded from graphs for presentational reasons. Quotes are edited using ellipses and square brackets [...] to ensure anonymity.

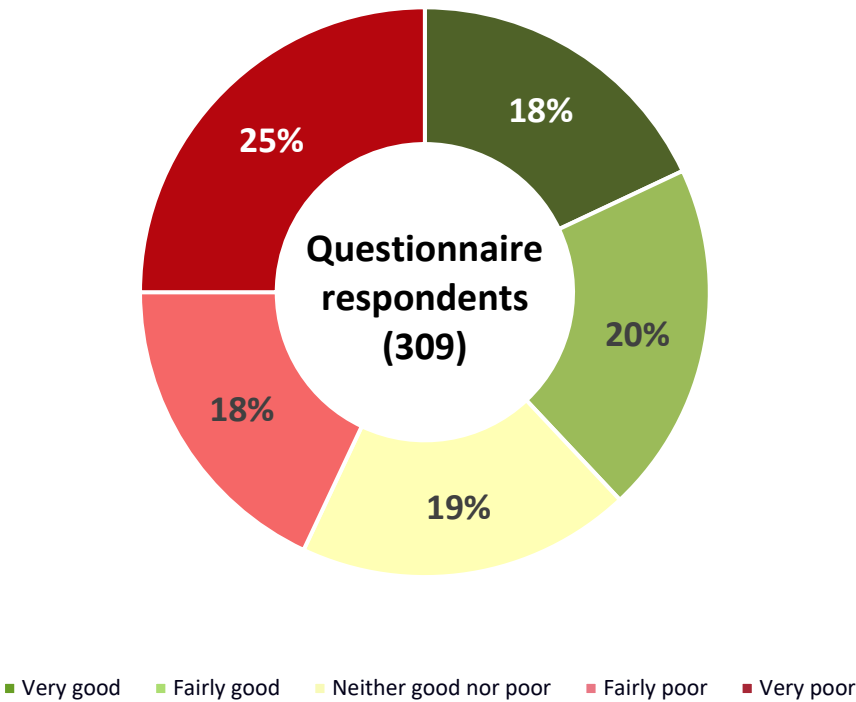
3.31 A child-friendly version of the questionnaire was available which asked slightly different, simplified versions of the questions, the results of which are reported separately at the end of the chapter.

## Questionnaire feedback

### Option 1 - Expanded outpatient services at Withybush Hospital

3.32 Opinion was divided amongst respondents as to whether Option 1 - expanded outpatient services at Withybush Hospital, was a good or poor choice for delivering paediatric services at Withybush Hospital. Almost two-fifths (38%) of those responding (to the main questionnaire) thought that Option 1 was a good choice (either fairly or very good). Just under a fifth (19%) thought Option 1 was neither a good nor poor choice. Over two-fifths (43%) thought that Option 1 was a poor choice for delivering paediatric services at Withybush Hospital (either fairly or very poor) (Figure 2).

Figure 2: To what extent is Option 1 - expanded outpatient services at Withybush Hospital - a good or poor choice for delivering paediatric services at Withybush Hospital? (to the main questionnaire)



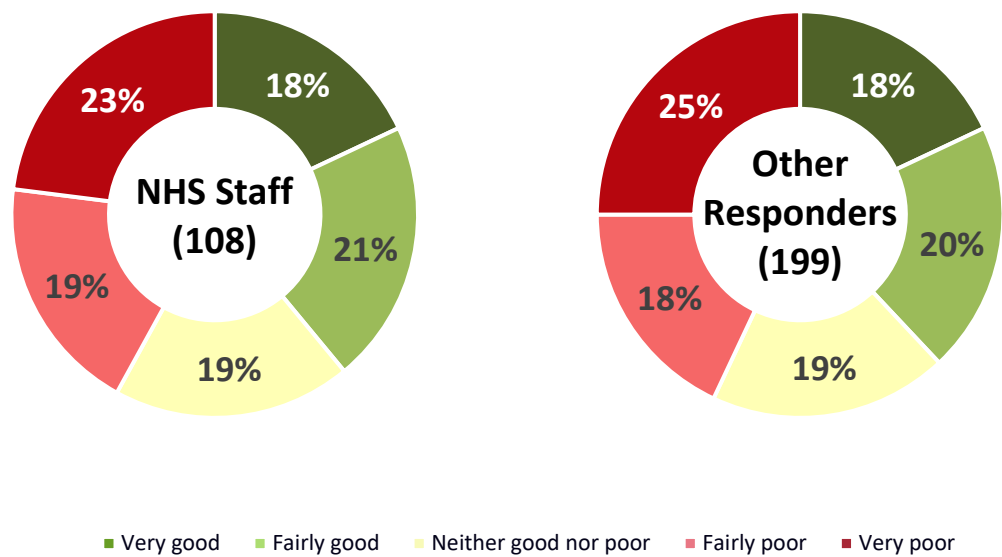
Base: Number of respondents shown in brackets (excludes ‘don’t know’ responses)

### Views on Option 1 by respondent type

3.33 Figure 3 (overleaf) shows that there wasn’t much difference in opinion by whether those responding to the main questionnaire worked for the NHS or not with just under two-fifths (39%) of those working for the NHS thinking that Option 1 was a good choice for delivering paediatric services at Withybush Hospital compared to 38% of other types of respondent. Just under a fifth (19%) of both groups thought Option 1

was neither a good nor poor choice and over two-fifths (43%) thought Option 1 was a poor choice for delivering paediatric services at Withybush Hospital (either fairly or very poor).

Figure 3: To what extent is Option 1 - expanded outpatient services at Withybush Hospital - a good or poor choice for delivering paediatric services at Withybush Hospital? BY RESPONDENT TYPE (to the main questionnaire)



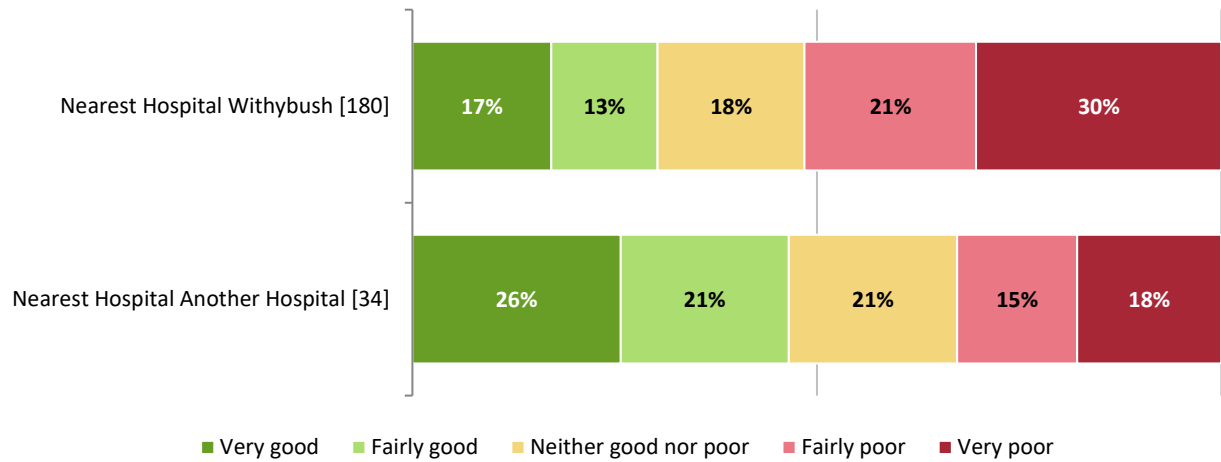
Base: Number of respondents shown in brackets (excludes ‘don’t know’ responses)

3.34 When we look at those responding who work for the NHS broken down by those working in Paediatric services and other areas of the NHS, those working for Paediatrics were more positive about Option 1 with just over half (52%) thinking that Option 1 was a good choice for delivering paediatric services at Withybush Hospital compared to three-in-ten (30%) of those working in other areas of the NHS. Conversely a greater proportion of those working in other areas of the NHS were more negative about Option 1 with over half (56%) thinking Option 1 was a poor choice for delivering paediatric services at Withybush Hospital compared to just over a fifth (21%) of those working for Paediatrics.

Views on Option 1 by area

- 3.35 Views among questionnaire respondents vary by geography; those who provided postcodes and live nearest to hospitals other than Withybush were more positive about Option 1, with under half (47%) rating this option as a good choice for delivering paediatric services at Withybush Hospital compared to under a third (31%) of those living nearest to Withybush Hospital.
- 3.36 Conversely just over half (51%) of respondents living nearest to Withybush Hospital thought Option 1 was a poor choice, and just under a third (32%) of those living nearest to other hospitals thought that Option 1 was a poor choice for delivering paediatric services at Withybush Hospital. (Figure 4 overleaf)

Figure 4: To what extent is Option 1 - expanded outpatient services at Withybush Hospital - a good or poor choice for delivering paediatric services at Withybush Hospital? BY NEAREST HOSPITAL (where postcodes were provided, to the main questionnaire)



Base: Number of respondents shown in brackets (excludes nine respondents who said they ‘didn’t know’ or did not answer the question, and a further 95 respondents where a postcode was not provided)

Views on Option 1 by deprivation

3.37 Figure 5 shows this broken down by deprivation (IMD quintiles) for those living in Pembrokeshire only. There is some variation amongst the quintile groups but no clear pattern of opinion being affected as levels of deprivation worsen or improve.

Figure 5: To what extent is Option 1 - expanded outpatient services at Withybush Hospital - a good or poor choice for delivering paediatric services at Withybush Hospital? BY INDICES OF MULTIPLE DEPRIVATION (PEMBROKESHIRE IMD) (respondents living in Pembrokeshire only, where postcodes are provided, to the main questionnaire)



Base: Number of respondents shown in brackets (excludes nine respondents who said they ‘didn’t know’ or did not answer the question, and a further 95 respondents where a postcode was not provided)

## Views on Option 1 by other demographics

3.38 Across other demographic groups (Figure 6 below), there was some variation in opinion to Option 1 as a good or poor choice for delivering paediatric services at Withybush Hospital, but definite patterns amongst sub-groups are not clear (to the main questionnaire). It should be noted that in the following figure those who stated they were of another ethnic group is only based on 13 respondents, as such the results for this group should be interpreted with caution.

**Figure 6: To what extent is Option 1 - expanded outpatient services at Withybush Hospital - a good or poor choice for delivering paediatric services at Withybush Hospital? BY KEY DEMOGRAPHICS (to the main questionnaire)**

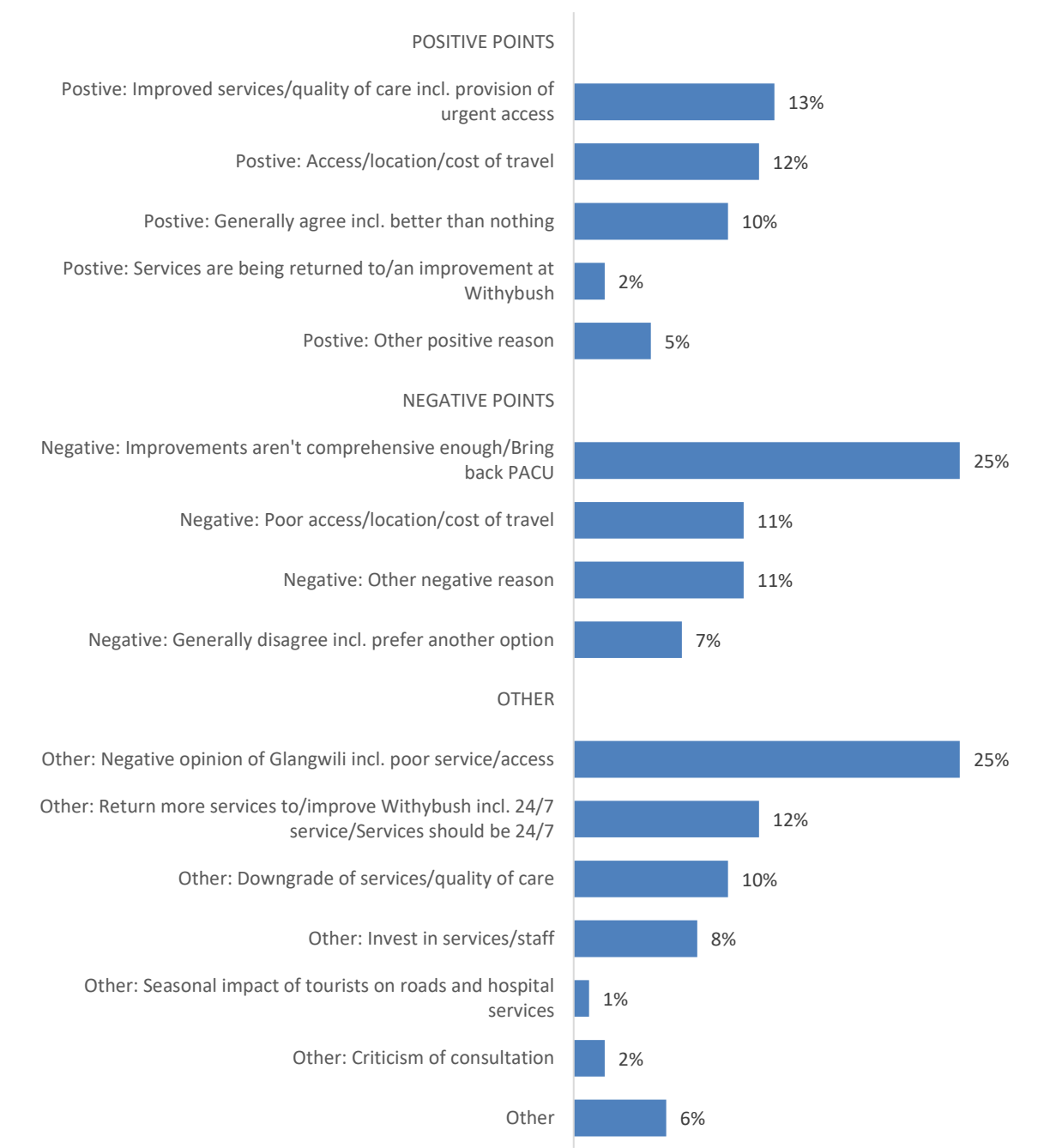


Base: Number of respondents shown in brackets (excludes 'don't know' responses)

Views on Option 1 – explanations why

3.39 Respondents were asked to explain why they thought Option 1 was either a good, poor or neither good nor poor choice for delivering paediatric services at Withybush Hospital, in an open text box. A summary of points raised from those responding is provided in Figure 7. Because respondents could provide detailed feedback, some comments cover more than one point and, therefore, the total percentages may sum to greater than 100%. In addition to this summary chart, detailed tables of coded text comments can be found in Appendix II of this report for reference.

Figure 7: Explanations why Option 1 - expanded outpatient services at Withybush Hospital – is a good, poor or neither good nor poor choice for delivering paediatric services at Withybush Hospital? (to the main questionnaire) (Percentages are of those providing a comment to this question)

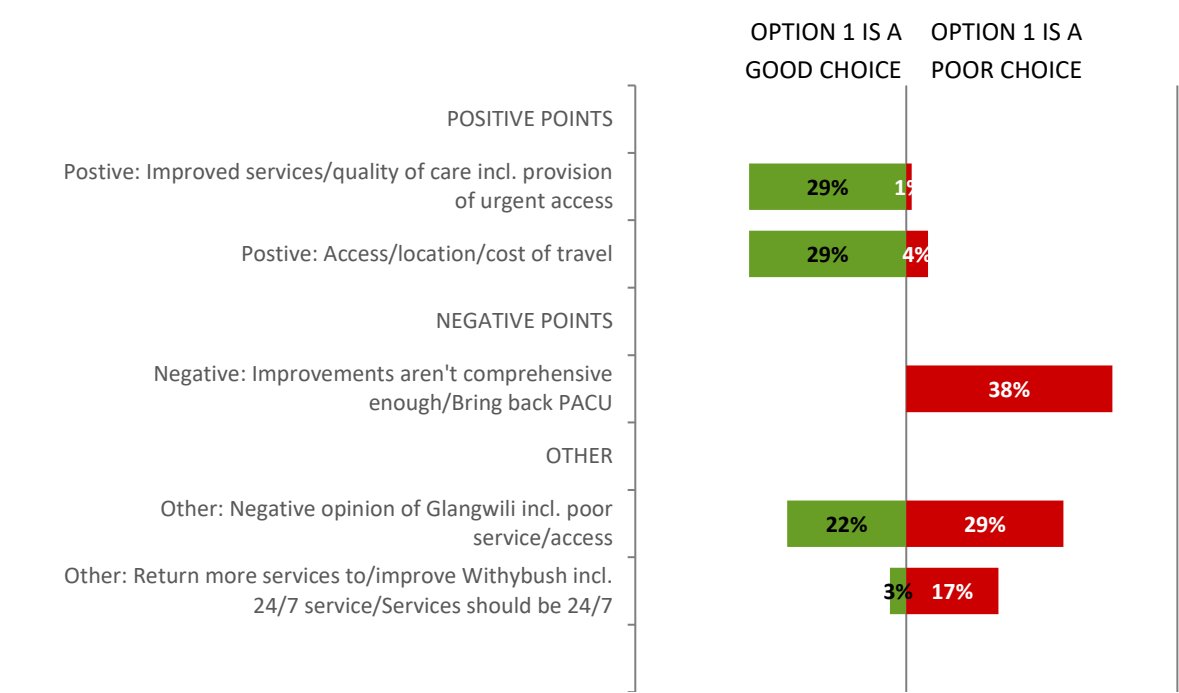


Base: Respondents to the main questionnaire (203), Points raised (332)



- 3.40 A quarter (25%) of those giving an explanation why thought that the improvements aren't comprehensive enough. The same proportion (25%) had a negative opinion of Glangwili and 12% noted that more services should be returned to Withybush/that it should be improved, including that hospital services should be 24/7.
- 3.41 Positive responses included 13% thinking that Option 1 would improve services/quality of care and 12% had something positive to say about access, location or the cost of travel.
- 3.42 Looking at the explanations given by opinion on Option 1 as a choice, Figure 8 shows that those saying Option 1 is a good choice for delivering paediatric services at Withybush Hospital are far more likely to say this will improve the services/quality of care and be positive about access/location/cost of travel, with almost three-in-ten (29%) mentioning these. This compares to less than 5% of those saying Option 1 is a poor choice.
- 3.43 Only those thinking that Option 1 is a poor choice mentioned that the improvements weren't comprehensive enough (38%).
- 3.44 However, whilst a greater proportion of those thinking that Option 1 was a poor choice were more likely to mention a negative opinion of Glangwili (29%) and that more services should be returned to Withybush/that it should be improved (17%), there were still over a fifth of those thinking Option 1 was a good choice mentioning a negative opinion of Glangwili (22%) and 3% of those giving a response mentioning that services should be 24/7.

Figure 8: Explanations why Option 1 - expanded outpatient services at Withybush Hospital – is a good, poor or neither good nor poor choice for delivering paediatric services at Withybush Hospital? BREAKDOWN OF KEY RESPONSES, BY OPINION GIVEN (to the main questionnaire) (Percentages are of those providing a comment to this question)



Base: Respondents to the main questionnaire thinking Option 1 is a good choice (72), Respondents to the main questionnaire thinking Option 1 is a poor choice (102)

- 3.45 Whilst the previous figure (Figure 7) covers the majority of points made by respondents explaining they thought that Option 1 was either a good, poor or neither good nor poor choice for delivering paediatric services at Withybush Hospital a few comments raised more specific points.

- 3.46 Comments stating general agreement or that this is better than nothing:

*Better to have expanded services rather than the same services or no services. (Work for the NHS in another area of healthcare)*

*This I believe reflects the current situation which seems to work well from all aspects mitigating the challenges that lead to merger. The staffing and clinical pathways have evolved and brings in stable service. (Work in paediatric services for the NHS)*

*... it helps more children. (Individual)*

*...I feel that option one would be the best option currently. I feel expanding outpatient services in Withybush is the way forward. I feel this should include things like dressing changes, daily IVAB ... and to develop the current outpatients services provided. (Work in paediatric services for the NHS)*

- 3.47 Comments stating reservations about Option 1/proposed changes:

*Currently the waiting lists for outpatient care are atrocious. As such, expanding services would be good. However, expanding services at the expense of lack of emergency care for children in WGH is also not acceptable. (Work for the NHS in another area of healthcare)*

*It has limitations as there is no option for requesting an assessment as outpatients are planned appointments. (Work in paediatric services for the NHS)*

*I believe outpatient services already work well in Withybush. (Work in paediatric services for the NHS)*

- 3.48 Positive comment about access to and locations of services:

*Carmarthen is a long way to travel especially with childcare issues. Having Withybush is easier for everyone and is a good hospital. Why should we have to travel nearly an hour to get to a hospital when there is one 10 minutes away. (Individual)*

- 3.49 Negative comments about access to and locations of services:

*Closer for patients for routine treatment. Cheaper and more effective for Hywel Dda. Makes emergency care remote. In a time of need people, especially in remote areas with little public transport, feel cut off from services. Most rural people like farmers can't live in towns and cities and keep the rural economy alive. The only way this option works is by strengthening services at local GP surgeries. (Individual)*

*Limited health care for children, unwell children having to travel to Carmarthen and families being stranded in GGH when taken by ambulance. (Individual)*

*No PACU, no open access. Ill children from Pembrokeshire can have a long way to go to be 'reviewed', some GPs will not see if there is history of medical problems. Pembrokeshire has poor public transport especially weekends to get to Glangwili. (Work in paediatric services for the NHS)*

*We need a PACU service at Withybush. It is insane to not have one with all the remote areas in Pembrokeshire, not to mention how the population in Pembrokeshire quadruples in the summer with families visiting. (Individual)*

*We need some care for children in Pembrokeshire even if it's just during the day ... Parents in Pembrokeshire feel lost and abandoned and terrified of their child becoming ill if option 1 continues... (Individual)*

*Withybush hospital needs PACU to lessen the risk to the children in our community. From experience, Glangwili is too far for sick children who go downhill rapidly and being so far away it's putting unnecessary strain on the ambulance service who are being called due to parents being unable/not confident to drive such a distance with an extremely poorly child. (Individual)*

3.50 Positive comment about clarity of which services could be accessed where:

*Centralises paediatric services at GGH, with only booked appointments at WGH, it is less confusing for parents to know they have to attend GGH in emergencies. (Work for the NHS in another area of healthcare)*

3.51 Comment about the impact on surrounding hospitals:

*Will make life easier for people in Withybush areas and also take pressures off Glangwili General Hospital. (Work for the NHS in another area of healthcare)*

3.52 Comments about staffing levels:

*Multidisciplinary paediatric staff based in Carmarthen, quicker, children service. (Work for the NHS in another area of healthcare)*

*Because Pembrokeshire needs full time paediatric services and Withybush Hospital is a newer hospital than Glangwili. (Individual)*

*On site paediatric nurses and doctors in a non-outpatient situation would be able to deal with acutely unwell better. (Work for the NHS in another area of healthcare)*

*Due to the downgrading of paediatric services at Withybush during the pandemic, most of the staff who worked in paediatrics at WGH, both medical and nursing, have either found other jobs or have retired. To try and reinstate a full PACU service would require major recruitment of specialist, experienced staff and I am aware of serious staffing shortages at Glangwili in paediatrics, medical and nursing, and question where all the extra staff are going to be found. Outpatient and community services could be expanded at WGH with bigger and better designed premises to provide an integrated Paediatric Community Hub. Staffing will still be an issue but not as critical as running a PACU. (Work in paediatric services for the NHS)*

*In my experience, your issue is lack of staff to carry out outpatient services for children with most clinics being run by staff from Cardiff, GGH or other areas. I therefore fail to see how you will be able to meet this objective. (Work for the NHS in another area of healthcare)*

*Since the closure of the PACU and the stopping of the paediatrics in WGH A&E, the capacity within GGH A&E & PACU has increased with no increase to staff or provision of a suitable area to accommodate. (Work in paediatric services for the NHS)*

3.53 And other comments with more specific points for consideration:

*I have a 10-year-old with severe learning disabilities and autism. We live in Haverfordwest and have recently got into a crisis with her. We had open access to Glangwili if needed. But given her behaviour could not travel that far ... There are no reasonable adjustments for children like her... (Individual)*

*...Consideration and a proper risk assessment should be done on the emotional impact for children travelling long distances, the health risks for long travel times and the huge environmental impact of families and staff travelling to Glangwili Hospital in Carmarthen... (Individual)*

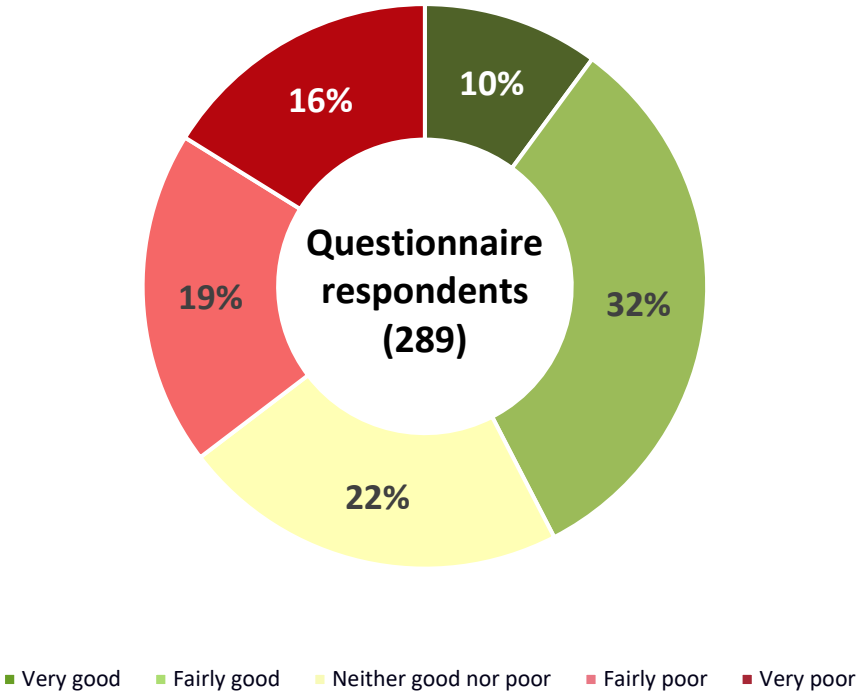
*Paediatric Outpatient appointments are held in the cabin out the back. PACU was on Puffin ward so I can't see how this impacts it. Current Puffin ward is relocating to the frailty unit. Immediate emergency care is more important and time critical. Outpatient appointments are still being held remotely in some cases this doesn't need to change. (Work for the NHS in another area of healthcare)*

*This option offers the least provision in Pembrokeshire. I also want to understand why this option does not include elements of other options which could be included, such as training for A&E staff and improvements to waiting areas at GGH which should be possible for all models? (Work for the NHS in another area of healthcare)*

## Option 2 – A Paediatric Ambulatory Care Unit from 10am – 6pm with Limited Outpatient Services (Monday to Friday)

3.54 Again, opinion was divided amongst respondents as to whether Option 2 - a Paediatric Ambulatory Care Unit from 10am – 6pm with limited outpatient services (Monday to Friday), was a good or poor choice for delivering paediatric services at Witherbush Hospital. Over two-fifths (43%) of those responding (to the main questionnaire) thought that Option 2 was a good choice (either fairly or very good). Over a fifth (22%) thought Option 2 was neither a good nor poor choice. Over a third (35%) thought that Option 2 was a poor choice for delivering paediatric services at Witherbush Hospital (either fairly or very poor) (Figure 9).

Figure 9: To what extent is Option 2 - a Paediatric Ambulatory Care Unit from 10am – 6pm with limited outpatient services (Monday to Friday) - a good or poor choice for delivering paediatric services at Witherbush Hospital? (to the main questionnaire)

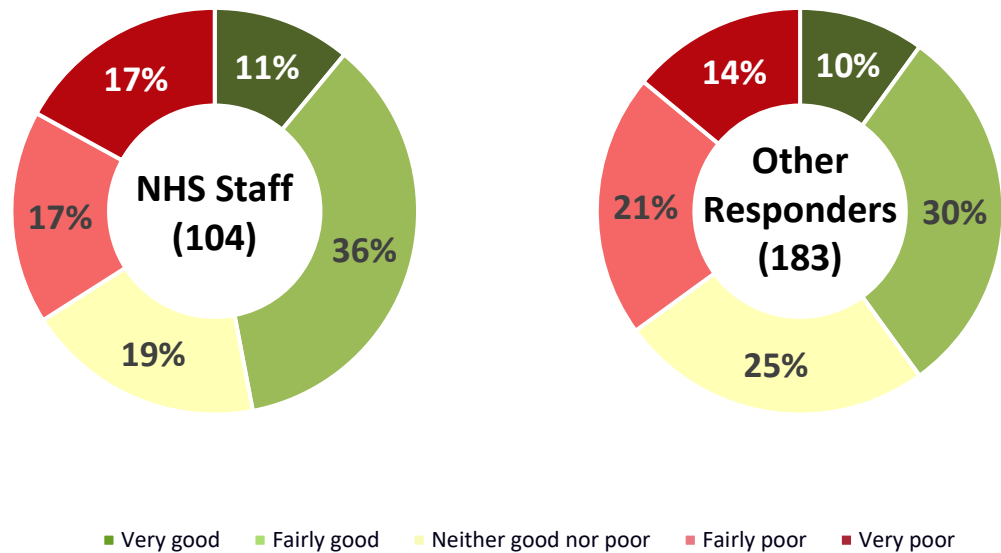


Base: Number of respondents shown in brackets (excludes ‘don’t know’ responses)

### Views on Option 2 by respondent type

3.55 Figure 10 (overleaf) shows that there was some difference in opinion by whether those responding to the main questionnaire worked for the NHS or not with over two-fifths (46%) of those working for the NHS thinking that Option 2 was a good choice for delivering paediatric services at Witherbush Hospital compared to two-fifths (40%) of other types of respondent. Just under a fifth (19%) of those working for the NHS thinking that Option 2 was neither a good nor poor choice compared to a quarter (25%) of other types of respondent. Just over a third (35%) of both groups thought Option 2 was a poor choice for delivering paediatric services at Witherbush Hospital (either fairly or very poor).

Figure 10: To what extent is Option 2 - a Paediatric Ambulatory Care Unit from 10am – 6pm with limited outpatient services (Monday to Friday) - a good or poor choice for delivering paediatric services at Withybush Hospital? BY RESPONDENT TYPE (to the main questionnaire)



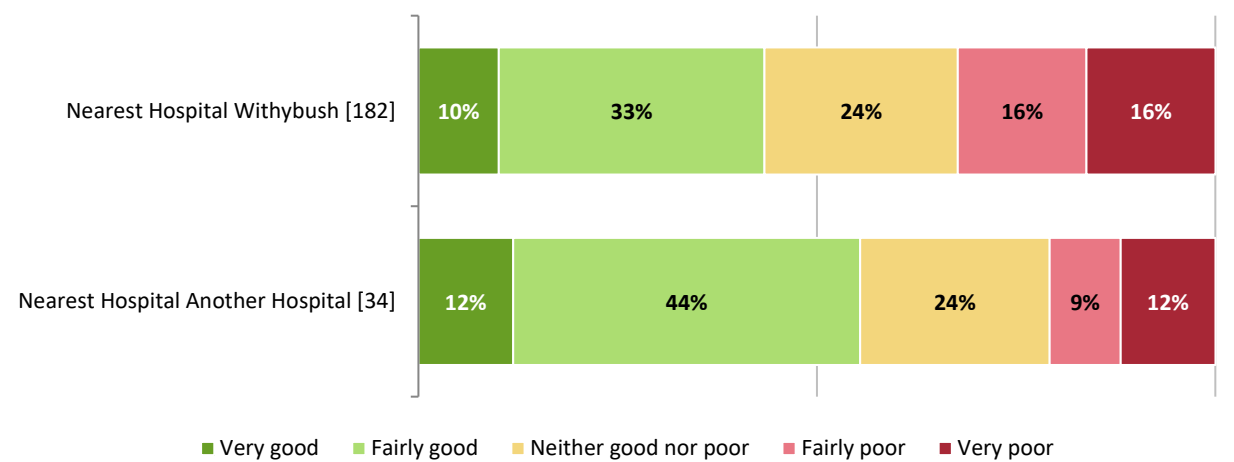
Base: Number of respondents shown in brackets (excludes ‘don’t know’ responses)

3.56 When we look at those responding who work for the NHS broken down by those working in Paediatric services and other areas of the NHS, those working for Paediatrics were again more positive about Option 2 with two-thirds (67%) thinking that Option 2 was a good choice for delivering paediatric services at Withybush Hospital compared to just over a third (34%) of those working in other areas of the NHS. Conversely a greater proportion of those working in other areas of the NHS were more negative about Option 2 with over two-fifths (46%) thinking Option 2 was a poor choice for delivering paediatric services at Withybush Hospital compared to 15% of those working for Paediatrics.

Views on Option 2 by area

- 3.57 Again, there is a clear indication that views among questionnaire respondents vary by geography; those who provided postcodes and live nearest to hospitals other than Withybush were more positive about Option 2, with over half (56%) rating this option as a good choice for delivering paediatric services at Withybush Hospital. This compares to over two-fifths (43%) of those living nearest to Withybush Hospital.
- 3.58 Conversely almost a third (32%) of respondents living nearest to Withybush Hospital thought Option 2 was a poor choice, and just over a fifth (21%) of those living nearest to other hospitals thought that Option 2 was a poor choice for delivering paediatric services at Withybush Hospital (Figure 11 overleaf).

Figure 11: To what extent is Option 2 - a Paediatric Ambulatory Care Unit from 10am – 6pm with limited outpatient services (Monday to Friday) - a good or poor choice for delivering paediatric services at Withybush Hospital? BY NEAREST HOSPITAL (where postcodes were provided, to the main questionnaire)

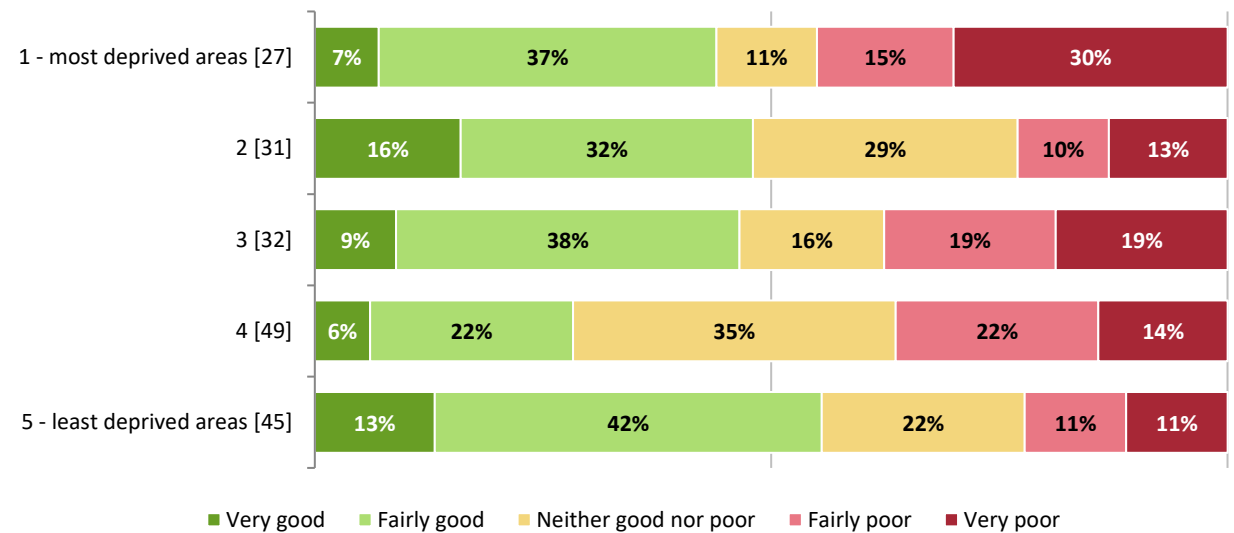


Base: Number of respondents shown in brackets (excludes 29 respondents who said they ‘didn’t know’ or did not answer the question, and a further 73 respondents where a postcode was not provided)

Views on Option 2 by deprivation

3.59 Figure 12 shows this broken down by deprivation (IMD quintiles) for those living in Pembrokeshire only. There is some variation amongst the quintile groups but no clear pattern of opinion being affected by levels of deprivation.

Figure 12: To what extent is Option 2 - a Paediatric Ambulatory Care Unit from 10am – 6pm with limited outpatient services (Monday to Friday) - a good or poor choice for delivering paediatric services at Withybush Hospital? BY INDICES OF MULTIPLE DEPRIVATION (PEMBROKESHIRE IMD) (respondents living in Pembrokeshire only, where postcodes are provided, to the main questionnaire)



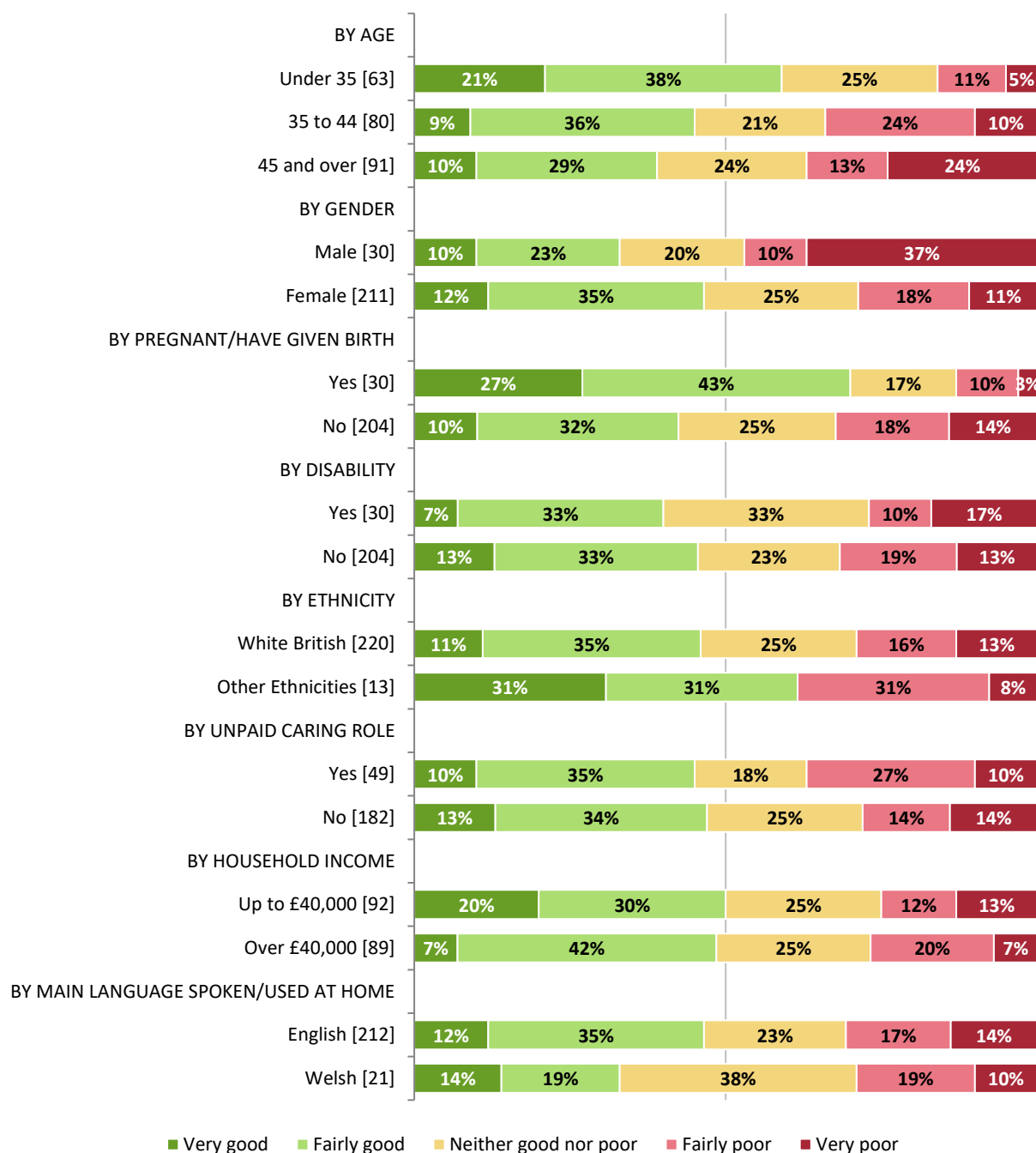
Base: Number of respondents shown in brackets (excludes 29 respondents who said they ‘didn’t know’ or did not answer the question, and a further 73 respondents where a postcode was not provided)

## Views on Option 2 by other demographics

3.60 The following Figure 13 (below), shows the key demographic breakdown of opinions by respondents (to the main questionnaire) to Option 2 as a good or poor choice for delivering paediatric services at Withybush Hospital. This appears to show some indication of differences by age, gender and whether they are currently pregnant/have given birth in the last year.

3.61 It should be noted that in the following figure those who stated they were of another ethnic group is only based on 13 respondents, as such the results for this group should be interpreted with caution.

**Figure 13: To what extent is Option 2 - a Paediatric Ambulatory Care Unit from 10am – 6pm with limited outpatient services (Monday to Friday) - a good or poor choice for delivering paediatric services at Withybush Hospital? BY KEY DEMOGRAPHICS (to the main questionnaire)**



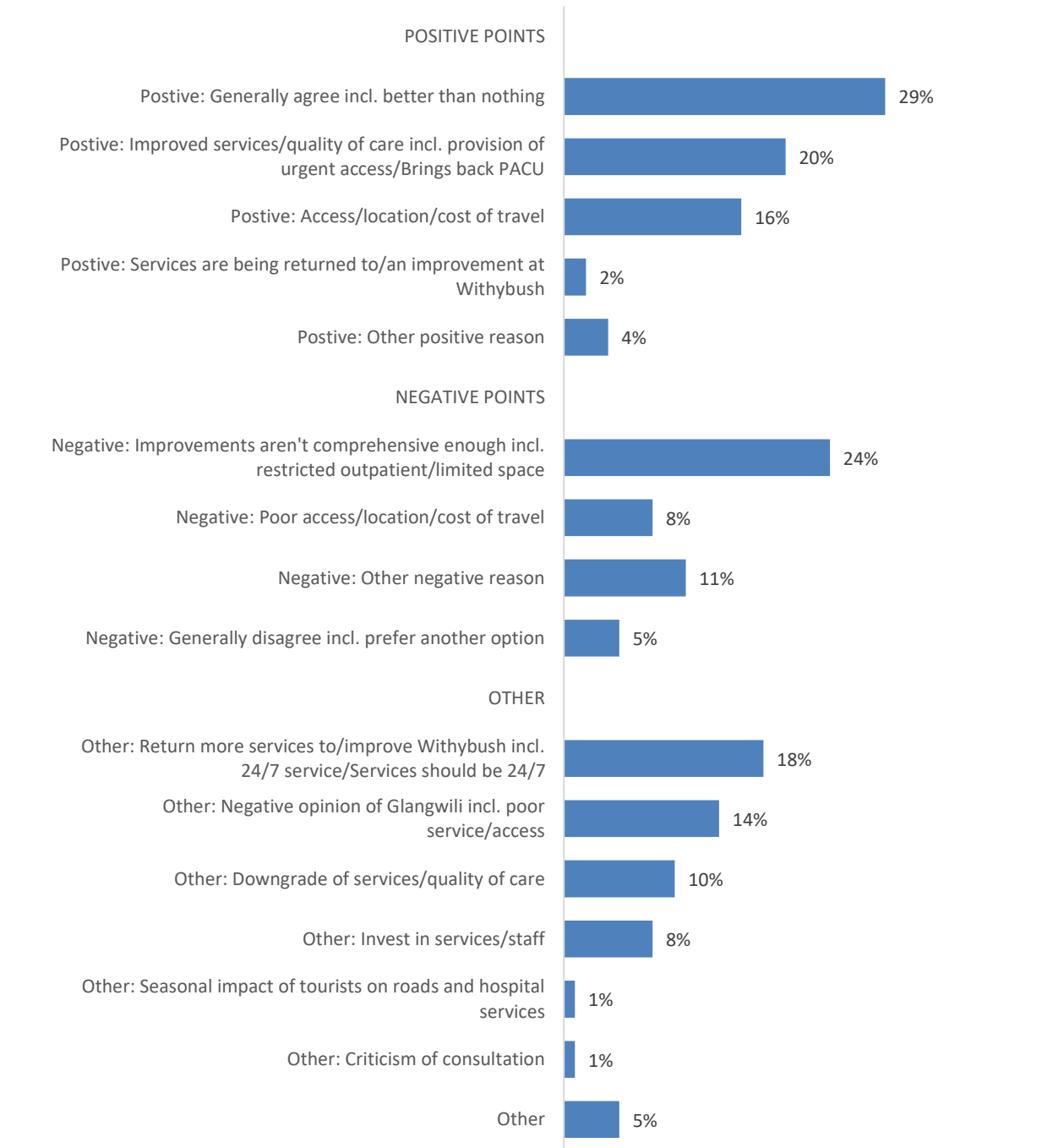
Base: Number of respondents shown in brackets (excludes 'don't know' responses)



Views on Option 2 – explanations why

3.62 Respondents were asked to explain why they thought Option 2 was either a good, poor or neither good nor poor choice for delivering paediatric services at Withybush Hospital, in an open text box. A summary of points raised from those responding is provided in Figure 14. Because respondents could provide detailed feedback, some comments cover more than one point and, therefore, the total percentages may sum to greater than 100%.

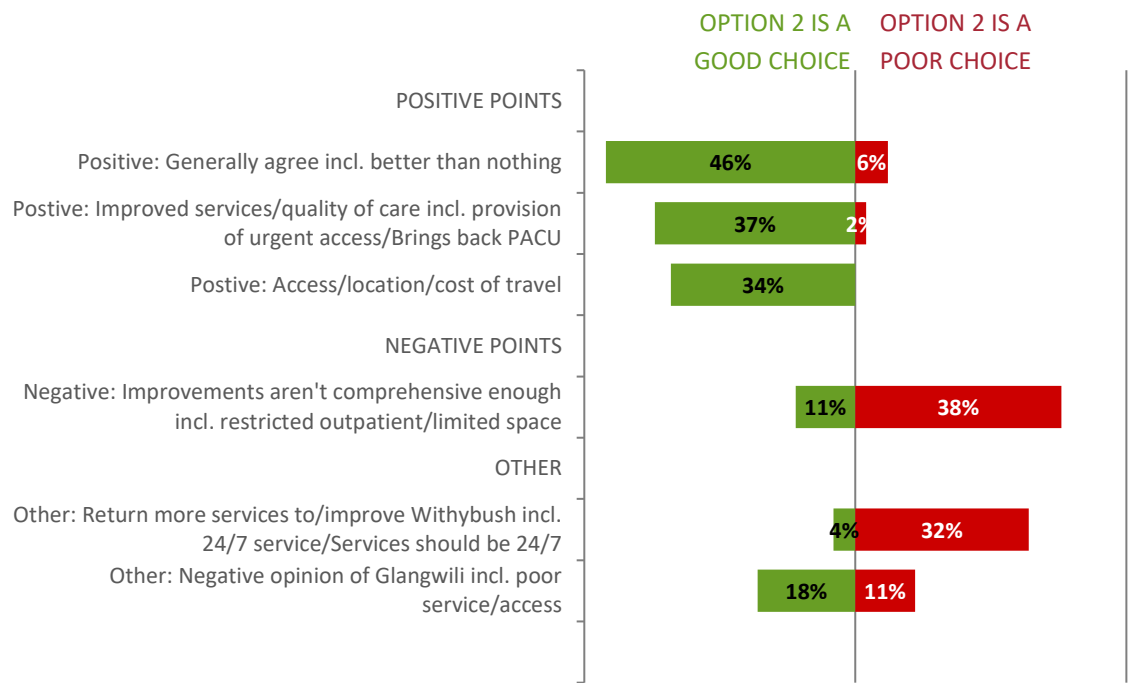
Figure 14: Explanations why Option 2 - a Paediatric Ambulatory Care Unit from 10am – 6pm with limited outpatient services (Monday to Friday) – is a good, poor or neither good nor poor choice for delivering paediatric services at Withybush Hospital? (to the main questionnaire) (Percentages are of those providing a comment to this question)



Base: Respondents to the main questionnaire (186), Points raised (328)

- 3.63 Nearly three-in-ten (29%) of those giving an explanation why were in general agreement or thought this was better than nothing, with a fifth (20%) thinking that Option 2 would improve services/quality of care and 16% had something positive to say about access, location or the cost of travel.
- 3.64 Just under a quarter (24%) thought that the improvements aren't comprehensive enough. Under a fifth (18%) noted that more services should be returned to Withybush/that it should be improved, including that hospital services should be 24/7 and 14% had a negative opinion of Glangwili.
- 3.65 Looking at the explanations given by opinion on Option 2 as a choice, Figure 15 shows that those saying Option 2 is a good choice for delivering paediatric services at Withybush Hospital are far more likely to generally agree (46%), say this will improve the services/quality of care (37%) and be positive about access/location/cost of travel (34%). This compares to 6% or less of those saying Option 2 is a poor choice.
- 3.66 However, whilst a greater proportion of those thinking that Option 2 is a poor choice mentioned that the improvements weren't comprehensive enough (38%) and that more services should be returned to Withybush/that it should be improved (32%), there were still just over a tenth (11%) of those thinking Option 2 was a good choice mentioning that the improvements weren't comprehensive enough and 4% of those thinking Option 2 was a good choice but still wanting 24/7 services.
- 3.67 Interestingly, a greater proportion of those thinking that Option 2 was a good choice mentioned a negative opinion of Glangwili (18%) than those thinking Option 2 was a poor choice (11%).

Figure 15 Explanations why Option 2 - a Paediatric Ambulatory Care Unit from 10am – 6pm with limited outpatient services (Monday to Friday) – is a good, poor or neither good nor poor choice for delivering paediatric services at Withybush Hospital? BREAKDOWN OF KEY RESPONSES, BY OPINION GIVEN (to the main questionnaire) (Percentages are of those providing a comment to this question)



Base: Respondents to the main questionnaire thinking Option 2 is a good choice (76), Respondents to the main questionnaire thinking Option 2 is a poor choice (63)

3.68 Whilst the previous figure (Figure 14) covers the majority of points made by respondents explaining they thought that Option 2 was either a good, poor or neither good nor poor choice for delivering paediatric services at Withybush Hospital a few comments raised more specific points.

3.69 Comments stating general agreement or that this is better than nothing:

*This option is better than option 1 as provides extra support. (Work in paediatric services for the NHS)*

*...Whilst it will be limited to a daytime service, it will provide some reassurance that local services are available and it is an enhancement on the current services. (Work for the NHS in another area of healthcare)*

*Better than Option 1 as at least some care available at Withybush. We live an HOUR away from Glangwili, and having to travel this much, for BASIC care (steroids, inhalers) has been very tough over the past few years. (Individual)*

3.70 Comments stating reservations about Option 2/proposed changes:

*Again, not the best option as children deserve to have access to a full service closest to their homes but it is recognised the NHS is a failing service and struggling with recruitment, staff feeling over stretched and undervalued and it is important to recognise that a new service may contribute to not having the resources as we use the same doctors between health boards. (Individual)*

*Concerns about previous model not working, what change can be made to not rely on staff goodwill to support. (Work in paediatric services for the NHS)*

3.71 Positive comment about access to and locations of services:

*Living in a large County with lots of A roads, means a 10-mile journey could make all the difference to the outcome of a poorly child receiving medical help required. It also means that Withybush is providing medical care for Pembrokeshire families, whereas if a family had to take their child to Glangwili, there are 2 or potentially 3 Counties of children and young people to provide support for in one hospital which is also faced with the same problems as Withybush-understaffed, under resourced and underfunded! And no capacity for all of the additional Counties! (Work in paediatric services for the NHS)*

3.72 Comments about the level of provision:

*Also increases paediatric services in Pembrokeshire. However, with no care offered late evenings or weekends this only creates an improvement during the week. Issues will still be there on the weekend (Work for the NHS in another area of healthcare)*

*...I do not see how it is possible to limit outpatient services any more than they already are. Everyone is fighting for rooms to do clinics now, curtailing outpatient services would just compound the problem. (Work in paediatric services for the NHS)*

*This should not result in a decline in outpatient services. This does not seem to have been explained. A return to a dedicated space, like Puffin, to house outpatient services specifically for children (i.e. Option 3) would be preferred. This could act as a base and host to all minor services (blood tests, scans, scheduled consultations etc.) providing children with a dedicated space with a waiting room. (Work for the NHS in another area of healthcare)*

*Good to have a dedicated ambulance to transfer paediatric patients to GGH, however as the service is during limited hours Monday and Friday this is not a comprehensive service during peak accident and emergency times. (Work for the NHS in another area of healthcare)*

*... Why restrict outpatient? If PACU returns to Puffin I see no restriction of space. Why should paediatric have less space than they had previously or suffer due to any other department wanting space! Children should be a priority! (Individual)*

3.73 Comment about the environment for children at Glangwili A&E department:

*...Glangwili A&E is disgusting for kids ... None of option 1 or 2 acknowledge this. ... Use Video triage from GGH To WGH so we don't have to go. Look at OBS results, blood results and let's chat online. It is more dangerous to drive children 45 minutes in snow and ice to GGH (Work for the NHS in another area of healthcare)*

3.74 Comments about clarity of which services could be accessed where:

*Limited outpatients means that there is no consistency on what clinics etc. Having PACU is great however with this limited opening time slots, time would be best spent with PACU at GGH only and everybody knows this is the central hub for this. (Work in paediatric services for the NHS)*

*This will confuse the public who will assume children will be able to be seen in WGH A&E. In an emergency, in WGH the paediatric staff will be expected to leave their roles in the clinic to attend A&E which will impact the service and put pressure on the staff who will be trying to accommodate all. (Work in paediatric services for the NHS)*

3.75 Comments about staffing levels:

*Any specialist treatment and doctor cover may be fragile if you split it between Carmarthen and Pembrokeshire. (Work for the NHS in another area of healthcare)*

*...whilst this would be a lovely option, I don't feel we will be able to staff this (medically) (Work in paediatric services for the NHS)*

3.76 Comments about staffing morale and training:

*...The removal of training for A&E staff means that staff effectiveness & morale will be reduced yet again. The emphasis should be on building dynamic teams that can enhance patient care by human contact, encouragement and professional ethics rather than environmental experience. Staff training in paediatrics care is essential to reduce risk. (Individual)*

*... train your adult A&E consultants so they are comfortable to [deal with children] would be welcome ... (Individual)*

3.77 And other comments with more specific points for consideration:

*A unit is needed to enable the A&E department to move children to specialists in a timely manner. (Work for the NHS in another area of healthcare)*

*Reduction in outpatients may result in more travelling, however a travel follow-up for a well child is less stressful than an unwell child. But repeated appointments for complex needs children travelling can have an opposing effect for the CYP/family and be very stressful having to organise lots of equipment, support for siblings etc. Alternatively, for a PACU being nearby, elicits a timely response as early intervention is crucial to outcomes potentially reducing severity of illness if treatment is received early... (Work in paediatric services for the NHS)*

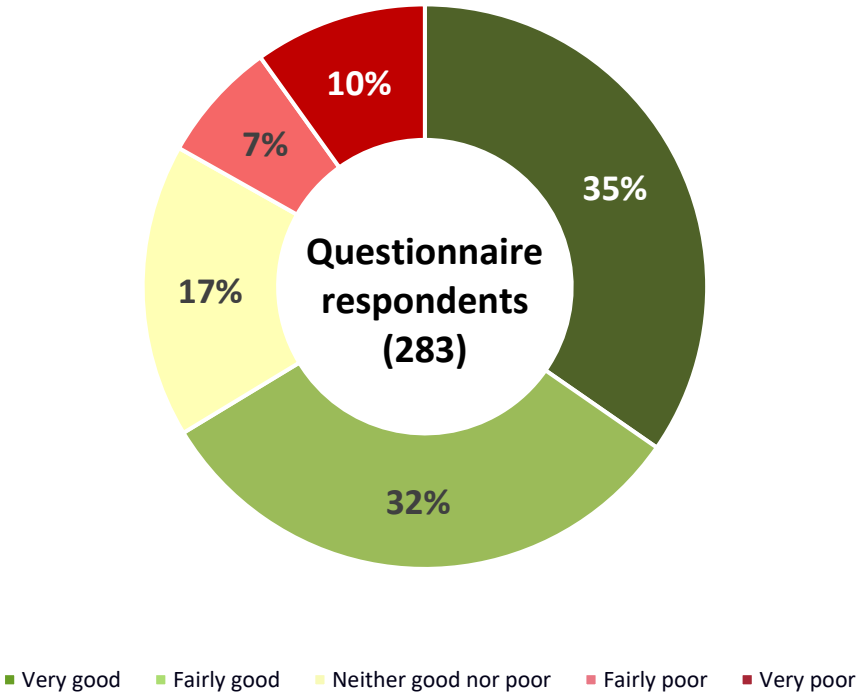
*Needs the addition of a Dedicated Ambulance Vehicle (DAV) for transport to Glangwili. (Individual)*

*PACU worked well before and gave parents peace of mind that if they were assessed there and could go home, they had been seen by the appropriate person to make that decision. If we had Pead's services back in Withybush, stock items like liquid antibiotics stock would be able to be increased and hopefully avoid situations like this winter with the strep A antibiotics shortage in the town. (Work for the NHS in another area of healthcare)*

### Option 3 - A Paediatric Ambulatory Care Unit from 10am – 6pm with Limited Outpatient Services (Monday to Friday) and Provision of some Non-emergency Treatments such as Radiology and Day Care

3.78 Respondents were more positive about whether Option 3 - a Paediatric Ambulatory Care Unit from 10am – 6pm with limited outpatient services (Monday to Friday) and provision of some non-emergency treatments such as radiology and day care, was a good or poor choice for delivering paediatric services at Withybush Hospital. Around two-thirds (66%) of those responding (to the main questionnaire) thought that Option 3 was a good choice (either fairly or very good). Under a fifth (17%) thought Option 3 was neither a good nor poor choice and the same proportion (17%) thought that Option 3 was a poor choice for delivering paediatric services at Withybush Hospital (either fairly or very poor) (Figure 16).

Figure 16: To what extent is Option 3 - a Paediatric Ambulatory Care Unit from 10am – 6pm with limited outpatient services (Monday to Friday) and provision of some non-emergency treatments such as radiology and day care - a good or poor choice for delivering paediatric services at Withybush Hospital? (to the main questionnaire)

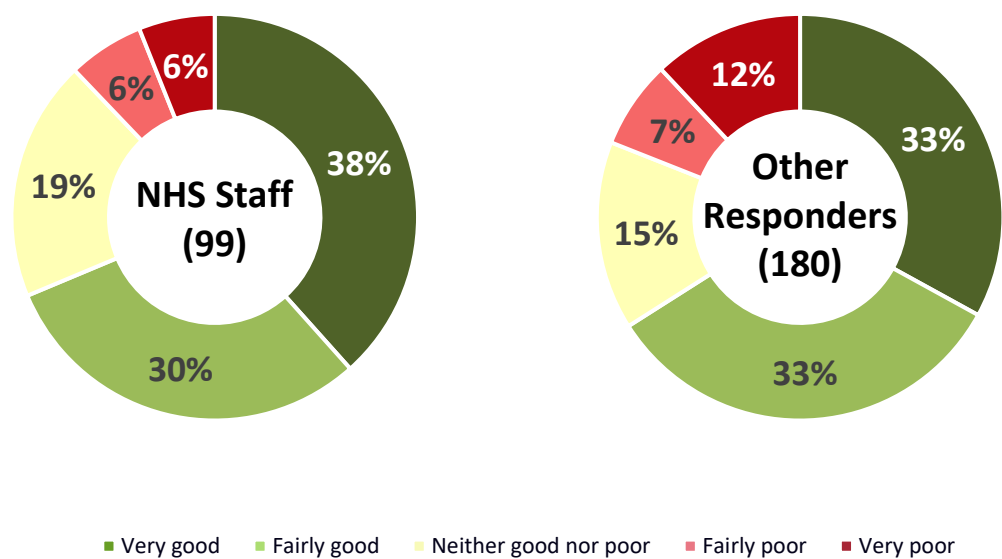


Base: Number of respondents shown in brackets (excludes ‘don’t know’ responses)

#### Views on Option 3 by respondent type

3.79 Figure 17 (overleaf) shows that there was some difference in opinion by whether those responding to the main questionnaire worked for the NHS or not with over two-thirds (69%) of those working for the NHS thinking that Option 3 was a good choice for delivering paediatric services at Withybush Hospital compared to two-thirds (66%) of other types of respondent. Just under a fifth (19%) of those working for the NHS thinking that Option 3 was neither a good nor poor choice compared to 15% of other types of respondent. Over a tenth (12%) of those working for the NHS thought that Option 3 was a poor choice for delivering paediatric services at Withybush Hospital (either fairly or very poor) compared to just under a fifth (19%) of other types of respondent.

Figure 17: To what extent is Option 3 - a Paediatric Ambulatory Care Unit from 10am – 6pm with limited outpatient services (Monday to Friday) and provision of some non-emergency treatments such as radiology and day care - a good or poor choice for delivering paediatric services at Withybush Hospital? BY RESPONDENT TYPE (to the main questionnaire)



Base: Number of respondents shown in brackets (excludes ‘don’t know’ responses)

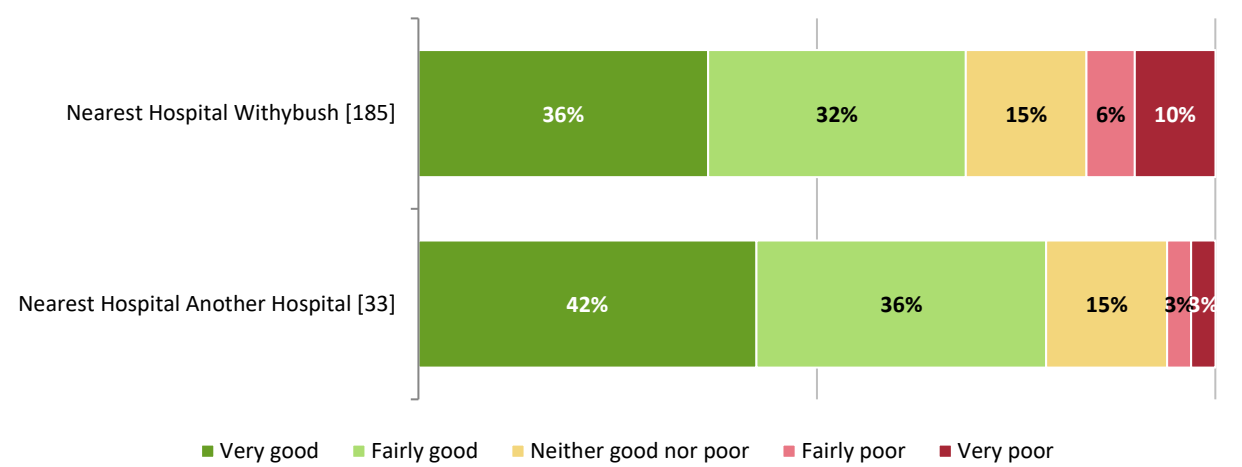
3.80 When we look at those responding who work for the NHS broken down by those working in Paediatric services and other areas of the NHS, similar proportions were positive about Option 3, with seven-in-ten (70%) of those working for Paediatrics thinking that Option 3 was a good choice for delivering paediatric services at Withybush Hospital compared to just under seven-in-ten (68%) of those working in other areas of the NHS. A greater proportion of those working in other areas of the NHS were more negative about Option 3 with 16% thinking Option 3 was a poor choice for delivering paediatric services at Withybush Hospital compared to just 5% of those working for Paediatrics.

Views on Option 3 by area

3.81 Again, there is indication that views among questionnaire respondents vary by geography, however to a slightly lesser extent than on the previous options. Those who provided postcodes and live nearest to hospitals other than Withybush were more positive about Option 3, with almost four-fifths (79%) rating this option as a good choice for delivering paediatric services at Withybush Hospital. This compares to almost seven-in-ten (69%) of those living nearest to Withybush Hospital.

3.82 Conversely around one-in-six respondents (16%) living nearest to Withybush Hospital thought Option 3 was a poor choice, and just over a twentieth (6%) of those living nearest to other hospitals thought that Option 3 was a poor choice for delivering paediatric services at Withybush Hospital (Figure 18 overleaf).

Figure 18: To what extent is Option 3 - a Paediatric Ambulatory Care Unit from 10am – 6pm with limited outpatient services (Monday to Friday) and provision of some non-emergency treatments such as radiology and day care - a good or poor choice for delivering paediatric services at Withybush Hospital? BY NEAREST HOSPITAL (where postcodes were provided, to the main questionnaire)

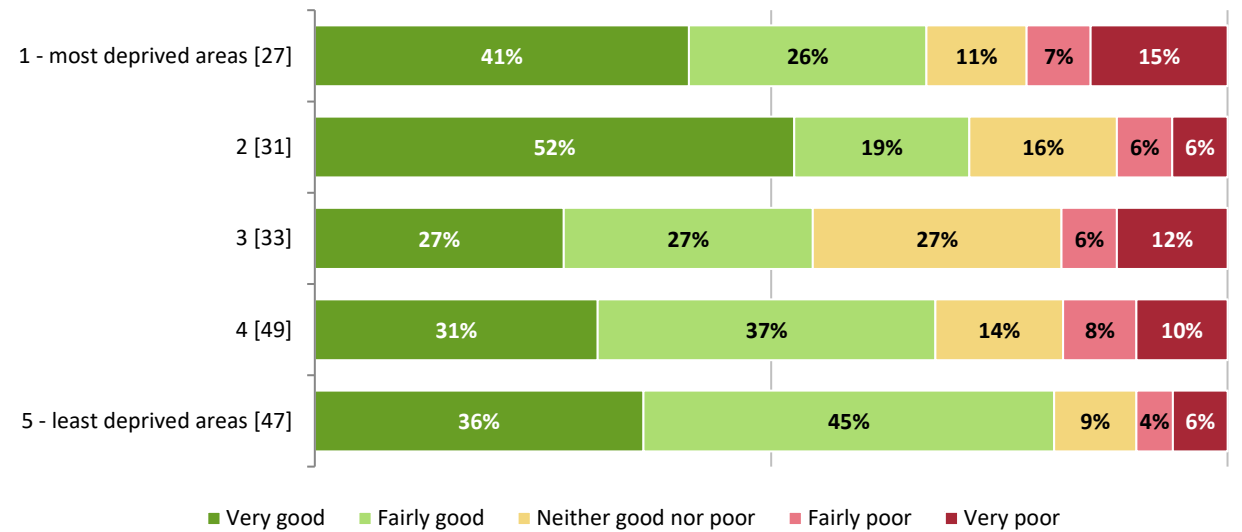


Base: Number of respondents shown in brackets (excludes 35 respondents who said they ‘didn’t know’ or did not answer the question, and a further 65 respondents where a postcode was not provided)

Views on Option 3 by deprivation

3.83 Figure 19 shows this broken down by deprivation (IMD quintiles) for those living in Pembrokeshire only. There is some variation amongst the quintile groups but no clear pattern of opinion being affected as levels of deprivation worsen or improve.

Figure 19: To what extent is Option 3 - a Paediatric Ambulatory Care Unit from 10am – 6pm with limited outpatient services (Monday to Friday) and provision of some non-emergency treatments such as radiology and day care - a good or poor choice for delivering paediatric services at Withybush Hospital? BY INDICES OF MULTIPLE DEPRIVATION (PEMBROKESHIRE IMD) (respondents living in Pembrokeshire only, where postcodes are provided, to the main questionnaire)



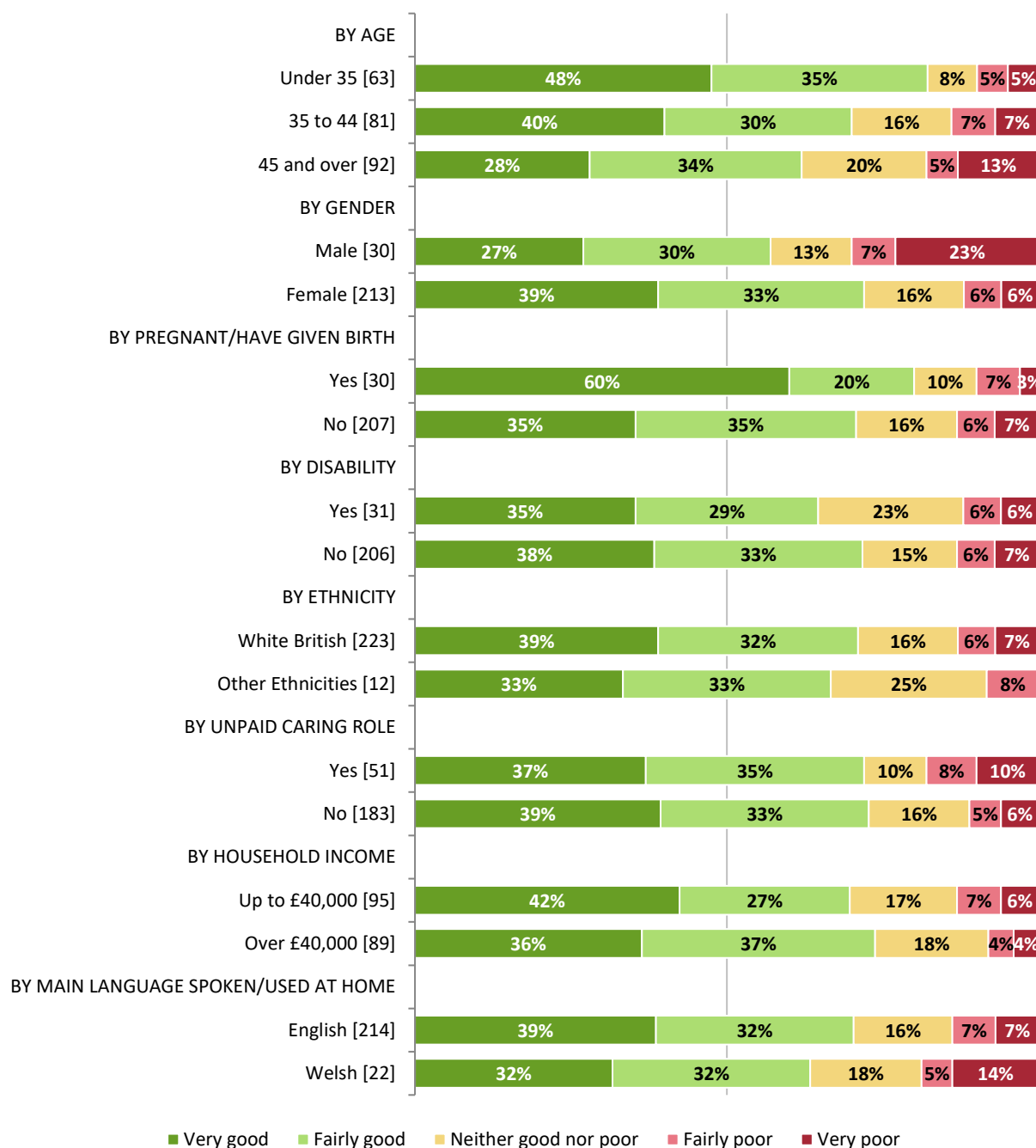
Base: Number of respondents shown in brackets (excludes 35 respondents who said they ‘didn’t know’ or did not answer the question, and a further 65 respondents where a postcode was not provided)



## Views on Option 3 by other demographics

- 3.84 The following Figure 20 (below), shows the key demographic breakdown of opinions by respondents (to the main questionnaire) to Option 3 as a good or poor choice for delivering paediatric services at Withybush Hospital. This appears to show some indication of differences by age, gender and whether they are currently pregnant/have given birth in the last year.
- 3.85 It should be noted that in the following figure those who stated they were of another ethnic group is only based on 12 respondents, as such the results for this group should be interpreted with caution.

**Figure 20: To what extent is Option 3 - a Paediatric Ambulatory Care Unit from 10am – 6pm with limited outpatient services (Monday to Friday) and provision of some non-emergency treatments such as radiology and day care - a good or poor choice for delivering paediatric services at Withybush Hospital? BY KEY DEMOGRAPHICS (to the main questionnaire)**

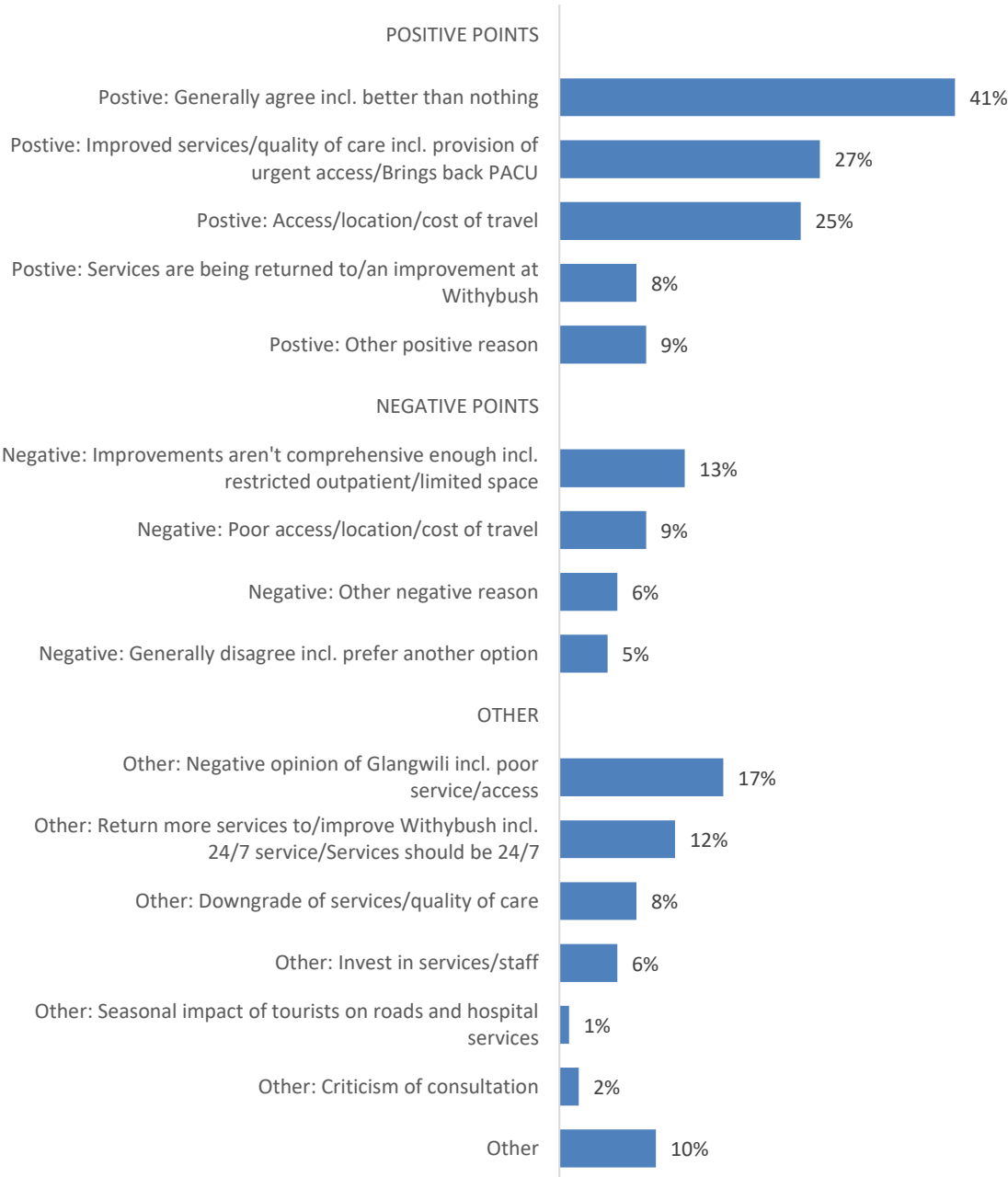


Base: Number of respondents shown in brackets (excludes 'don't know' responses)

Views on Option 3 – explanations why

3.86 Respondents were asked to explain why they thought Option 3 was either a good, poor or neither good nor poor choice for delivering paediatric services at Withybush Hospital, in an open text box. A summary of points raised from those responding is provided in Figure 21. Because respondents could provide detailed feedback, some comments cover more than one point and, therefore, the total percentages may sum to greater than 100%.

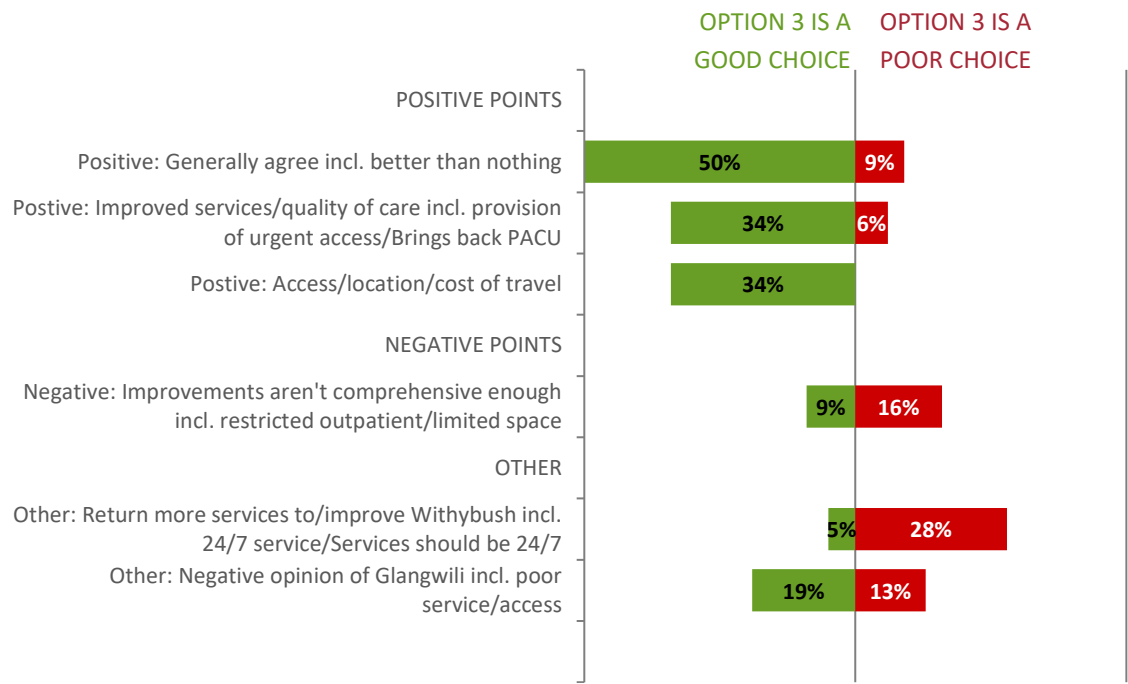
**Figure 21: Explanations why Option 3 - a Paediatric Ambulatory Care Unit from 10am – 6pm with limited outpatient services (Monday to Friday) and provision of some non-emergency treatments such as radiology and day care – is a good, poor or neither good nor poor choice for delivering paediatric services at Withybush Hospital? (to the main questionnaire) (Percentages are of those providing a comment to this question)**



Base: Respondents to the main questionnaire (187), Points raised (368)

- 3.87 Just over two-fifths (41%) of those giving an explanation why were in general agreement or thought this was better than nothing, with over a quarter (27%) thinking that Option 3 would improve services/quality of care and a quarter (25%) had something positive to say about access, location or the cost of travel.
- 3.88 Under a fifth (17%) had a negative opinion of Glangwili, 13% thought that the improvements aren't comprehensive enough and 12% noted that more services should be returned to Withybush/that it should be improved, including that hospital services should be 24/7.
- 3.89 Looking at the explanations given by opinion on Option 3 as a choice, Figure 22 shows that those saying Option 3 is a good choice for delivering paediatric services at Withybush Hospital are far more likely to generally agree (50%), compared to 9% of those saying Option 3 is a poor choice. Those saying Option 3 is a good choice are also more likely to say this will improve both the services/quality of care and mention something positive about access/location/cost of travel, with just over a third (34%) mentioning these. Only 6% of those thinking that Option 3 is a poor choice said this will improve services/quality of care and none were positive about access.
- 3.90 However, whilst a greater proportion of those thinking that Option 3 is a poor choice mentioned that that more services should be returned to Withybush/that it should be improved (28%) and that the improvements weren't comprehensive enough (16%) there were still 9% of those thinking Option 3 was a good choice mentioning that the improvements weren't comprehensive enough and 5% that services should be 24/7.
- 3.91 Interestingly, a greater proportion of those thinking that Option 3 was a good choice mentioned a negative opinion of Glangwili (19%) than those thinking Option 3 was a poor choice (13%).

Figure 22 Explanations why Option 3 - a Paediatric Ambulatory Care Unit from 10am – 6pm with limited outpatient services (Monday to Friday) and provision of some non-emergency treatments such as radiology and day care – is a good, poor or neither good nor poor choice for delivering paediatric services at Withybush Hospital? BREAKDOWN OF KEY RESPONSES, BY OPINION GIVEN (to the main questionnaire) (Percentages are of those providing a comment to this question)



Base: Respondents to the main questionnaire thinking Option 3 is a good choice (127), Respondents to the main questionnaire thinking Option 3 is a poor choice (32)

- 3.92 Whilst the previous figure (Figure 21) covers the majority of points made by respondents explaining they thought that Option 3 was either a good, poor or neither good nor poor choice for delivering paediatric services at Withybush Hospital a few comments raised more specific points.

- 3.93 Comments stating general agreement or that this is better than nothing:

*...this provides the best for Withybush with the biggest range of services available given the constraints, while also ensuring that those who still need to get to GGH get the best care and treatment with improved staff training and waiting areas, etc. This option not only benefits Pembrokeshire, but also those East of Carmarthen and South Ceredigion... (Work for the NHS in another area of healthcare)*

*Having PACU and other outpatient services together sounds like a much better use of resources, and some people who find it difficult to get to Carmarthen, can easily get their dressing changed in Haverfordwest which is a lot closer and would be a much quicker turn around for the NHS. (Individual)*

*This would be the ideal option overall for the people of Pembrokeshire in terms of accessibility and safety in reducing travelling times and speedier access to care. (Work for the NHS in another area of healthcare)*

- 3.94 Comments stating reservations about Option 3/proposed changes:

*This option is an improvement on the current set up and with the additional services it improves the patient experience for service users. However, it does not go far enough and still cannot be considered a fully safe service. (Work for the NHS in another area of healthcare)*

*The prospect of training for staff is encouraging. Patients being treated closer to home whenever possible is the ideal. As with option 2, lack of clinic space for routine Paeds is concerning and placing an additional burden onto parents to access that service. The DAV cannot be available where cases happen to clash... (Individual)*

*It's the best of these 3 options but many services are still too far away for local residents. (Individual)*

*We would take it instead of having nothing, but I think option 2 is what is needed. With 3 young children, I worry about ever being in an emergency. I would take having PACU majority of the week available to us. (Individual)*

- 3.95 Positive comments about access to and locations of services:

*At least it keeps some level of PACU service within the county. I work in child health & see many of the A&E discharge summaries that arrive from Glangwili. Many of them are what the GPs would have been dealing a few years ago but these children with minor ailments are taking up waiting time at Glangwili. At least parents would feel confident they could initially be seen locally at Withybush & then transferred if urgent etc. (Work for the NHS in another area of healthcare)*

*I feel this option is needed. Withybush is the only hospital to have a machine for DMSA/ mag 3 scans, which are happening with help of a play specialist currently. It would prevent children and families from having to travel unnecessarily. (Work in paediatric services for the NHS)*

*This will enable Pembrokeshire children to be seen close to home, if they need to be admitted to Glangwili due to health conditions then that can be arranged. However, if they are able to go home it will save families huge expense in travelling costs. (Work for the NHS in another area of healthcare)*

3.96 Negative comment about access to and locations of services:

*Again, travelling is not an option for many and using valuable ambulance resources for minor ailments seems a very ineffective use of resources. (Work for the NHS in another area of healthcare)*

3.97 Comments about the level of provision:

*Better option than the others but the hospital should run 24 hours not limited time. (Individual)*  
*Improves the availability to see a Doctor Monday to Friday... (Individual)*  
*Services for children nearer to home. I don't consider that providing these services would limit space for children's outpatient services.... they had adequate space prior to all the 2016 changes. (Individual)*  
*County is too big for it not to be fulltime. (Individual)*  
*Good to have PACU, poor to have limited outpatients. (Individual)*  
*Children should not have to travel to Glangwili just to get a dressing changed. That's ridiculous. They should have the services available in Withybush... (Individual)*

3.98 Comments about the environment for children at Glangwili A&E department:

*Improves ... the experience (which can be challenging at the best of times) in Glangwili. Having poorly children mixed with adults in an A&E Department is a daunting experience and any ways to improve that should be sought after. (Individual)*

3.99 Comments about clarity of which services could be accessed where:

*No point having a part time service. It is confusing for where to take children in emergency situations. Centralise services at GGH. (Work for the NHS in another area of healthcare)*

3.100 Comments about staffing levels:

*This is a desired outcome but recognise it may come with struggles to support the service due to staffing issues. (Individual)*  
*We need enough doctors and nurses to provide this service effectively. Being aware of the recruitment issues for both professions, this will need to be addressed first. (Work in paediatric services for the NHS)*

## 3.101 Comments about staffing morale and training:

*Depends on the level/quality of training. A&E staff are already stretched. (Work in paediatric services for the NHS)*

## 3.102 And other comments with more specific points for consideration:

*Potentially a more expensive up-front cost, however a provision locally at a sensible time (with emergency care available other hours at Glangwili); but more importantly gives key staff an opportunity to upskill, possibly leading on to specialist skills. Another facility remaining serviceable within a building asset but giving flexibility... (Organisation)*

*There are so many children in Pembrokeshire who need this service. GP's are unable to accommodate, on many occasions I was told that no appointment can be made and I should take my child to A&E. (Work for the NHS in another area of healthcare)*

*The age-old challenges around staffing and infrastructure will return and that will result in destabilising the fragile paediatric service. There is that potential confusion having a different model of service during daytime compared to night. The A&E will be vulnerable during night where most risks remains. (Work in paediatric services for the NHS)*

*Difficult staffing PACU in Withybush, often late transfers from Withybush to GGH which impacts patient care. Reduced MDT input in PACU in Withybush as AHP not funded to cover, whereas support in GGH from AHPs for PACU patients. PACU would allow some simple outpatient type assessments/treatments to be done closer to home e.g. drug trials rather than Pembrokeshire patients having to travel to GGH. (Work in paediatric services for the NHS)*

## Views across the three options

## 3.103 Twenty respondents felt that all options are either a fairly or very poor choice for delivering paediatric services at Withybush Hospital (all completing the main questionnaire).

## 3.104 A few of their comments are included below for consideration:

*As a GP, due to current ambulance delays, this has resulted in parents having to risk using their own transport in a paediatric emergency. It is even difficult to get adult patients to Withybush in an emergency in a timely fashion due to ambulance delays. The road to Carmarthen is very slow, sometimes 1.5hrs from some parts of the county. A fully functioning paediatric emergency department local to Pembrokeshire is vital. A child is going to die. (Work for the NHS in another area of healthcare)*

*We were promised PACU as a sop for the catastrophic removal of full paediatrics from Pembrokeshire in 2014. The cast iron, guaranteed assurance lasted only until 2016 and we have seen continued paring down of services ever since... (Individual)*

*Any withdrawal of service is unacceptable. The recruitment issues in 2016 were due to persistent rumours of the closure of Withybush hospital - no staff would engage with a service that they felt may close. ... The other aspect is the economic impact on Pembrokeshire - without paediatric services within the County, we could well see a decline in our holiday status & the ability to bring labour in from other areas for all industry. (Individual)*

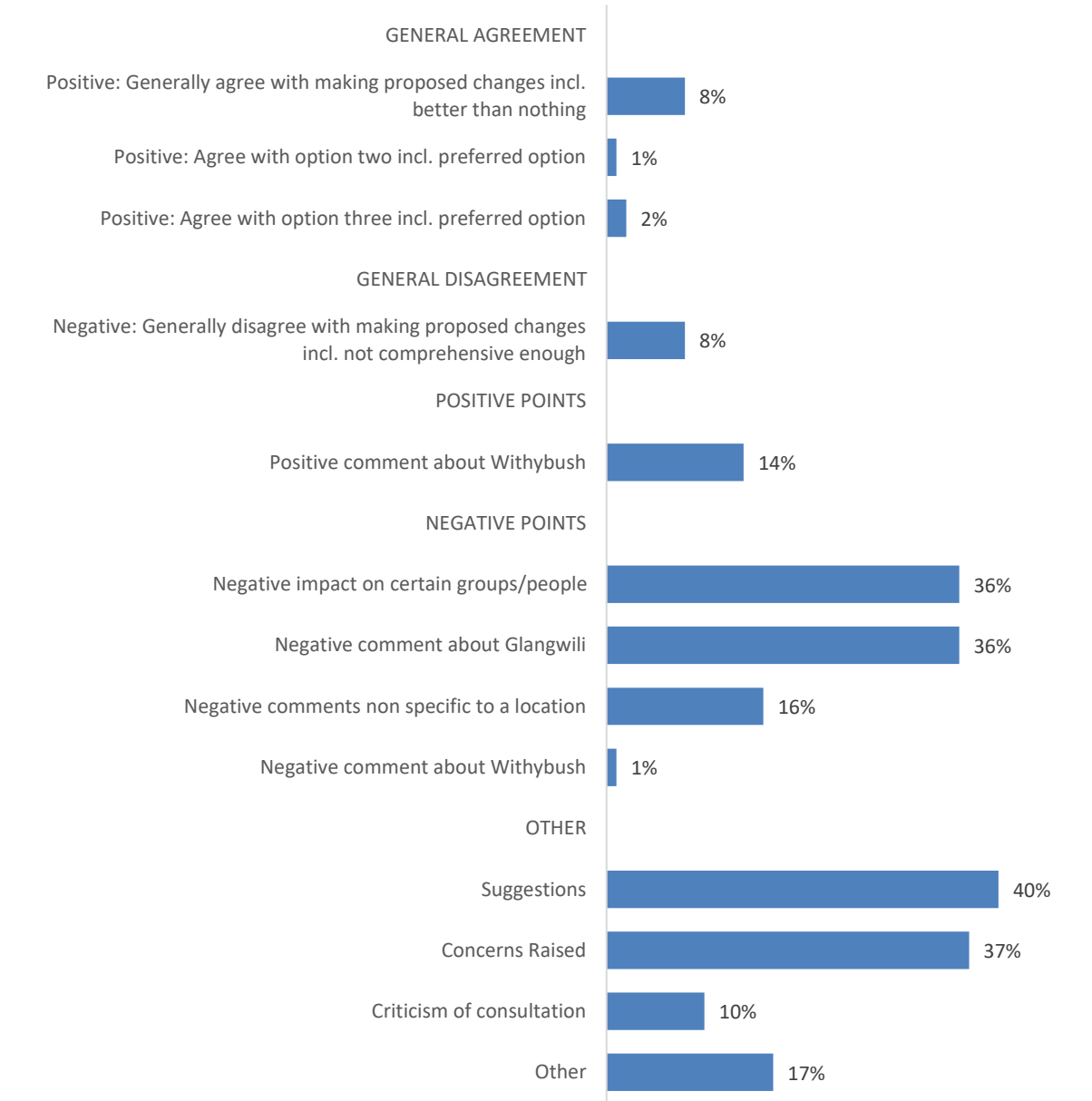
*This is limiting activity for emergency care and outpatients which is ridiculous! Withybush had plenty of room before for everything for all children. Why is there an issue now!... (Individual)*

*The Paediatric Ambulatory service needs to run from 9am -10 pm. Small children often present to the GP sick between 4-6 pm after school/work. (Work for the NHS in another area of healthcare)*

## Additional considerations

- <sup>3.105</sup> Respondents were given the opportunity to provide further comments about any of the options. A summary of points raised from those responding (to the main questionnaire) is provided in Figure 23 (overleaf). Because respondents could provide detailed feedback, some comments cover more than one point and therefore the total percentages may sum to greater than 100%. In addition to this summary chart, detailed tables of coded text comments can be found in Appendix II of this report for reference.

**Figure 23: If you have any further comments about any of the options, please explain. For example, this might include things that you think we have not considered, transport and access, environmental impacts, and opportunities (to the main questionnaire) (Percentages are of those providing a comment to this question)**



**Base: Respondents to the main questionnaire (145), Points raised (324)**

- 3.106

Two-fifths (40%) of those giving a response raised a suggestion, including restoring paediatric services to Withybush and a return of services to/improvement of Withybush including 24-hour service some of whom were asking for ALL services to be reinstated/more services than the proposed options offer (as detailed in Appendix II).
- 3.107

A slightly smaller proportion (37%) raised a concern, including concerns about the risk to patients and minor outcomes and concerns about the impact on staff or on staffing more generally.
- 3.108

Over a third (36%) mentioned negative impacts on certain groups or people, including saying it would have a negative impact on Pembrokeshire residents and saying it would have a negative impact on parents and carers.



- 3.109 Over a third (36%) gave a negative comment about Glangwili, including comments saying that accessibility to Glangwili was poor.
- 3.110 Whilst the figure on the previous page covers the majority of points made by respondents for additional considerations, a few comments raised more specific points.
- 3.111 Respondents who commented about the distance that would need to be travelled to access services and difficulties having to travel to access services:

*As a GP working in an area of high social deprivation, there is lack of transport, rurality and distance to Glangwili hospital affects attendance at outpatient as patients cannot afford to go, transport links are inadequate. Emergency ambulance transport delays are frequent, and parents find themselves in the position of transporting the sick child themselves. (Work for the NHS in another area of healthcare)*

*As a parent of a chronically ill child, I have experienced first-hand how bad the distance to Glangwili is in an emergency situation. It is vital that children have timely access to life saving care and the nearest PACU currently being 1.5hours away in Glangwili is terrifying... (Individual)*

*... From St Davids it takes over an hour to get to Carmarthen. Any appointments in Carmarthen take a huge chunk of the day to get there rather than an hour or two if they were in Haverfordwest. ... It is a two-hour trip to get home and back if you need to get things from home, it's either this or buying things or even staying in a hotel. This makes an already very stressful situation even more stressful... (Individual)*

*...At least in Withybush you have a greater chance of getting home. (Individual)*

- 3.112 Concerns that services are being downgraded or that former services should be restored:

*...I have worked in Acute Paediatrics at WGH for [many] years and have seen the service dwindle from a 24 bedded, 24 hour, 7 days a week ward, totally independent of GGH, to having 1 room in a 40-year-old portacabin that has been condemned as not fit for purpose..." (Work in paediatric services for the NHS)*

*"Re-establish all childcare facilities at Withybush 24/7 for 365 days per year. Why should children in Pembrokeshire receive a second-class service?... (Work for the NHS in another area of healthcare)*

- 3.113 Concerns about clarity of which services could be accessed where:

*At the moment the care pathway is not properly understood - it isn't acceptable to be directed to Glangwili by NHS 111 in the middle of the night, having to source fuel on the way, only to be told that you could & should have gone to Withybush... (Individual)*

*Not to have access to children's emergency services within an hour drive does concern me as a GP working in a rural practice a lot. At least equipment and one trained staff member per shift in A&E should be available especially because of Pembrokeshire being a popular holiday area. Holiday makers may not understand that A&E is not equipped for children's emergencies when they contact the hospital first without seeing a GP. (Work for the NHS in another area of healthcare)*

3.114 Comments regarding the suitability of accommodation and facilities:

*Currently the accommodation for paediatric appointments is very inadequate, with rooms unsuitable for seeing children in. This can affect safety, wellbeing and the quality of assessment. We would like a purpose-built accommodation for outpatient appointments with things like child friendly waiting area and small furniture. (Work in paediatric services for the NHS)*

*In addition to these options the A&E department in Glangwili needs significant improvement for children. ... I was blue lighted there with my child. When we arrived we had to sit in ... reception for 45 mins with drunk people being antisocial, people with blood all over and being sick. My child was 3 at the time and was really upset by this. (Individual)*

*...The Glangwili PACU and ward are dilapidated, with unfit physical space (peeling paint/ broken windows/ lack of bathrooms and toilets/ poor ability to separate adolescents from children) and lack of appropriate clinical space (not enough cubicles/ no en-suite facilities for immunosuppressed children, for example, those with cancer/ no facilities for neurodivergent children or those with disabilities). (Work in paediatric services for the NHS)*

3.115 Comment regarding staffing levels:

*Although the reopening of a PACU unit would make a huge difference to families living in Pembrokeshire, I am concerned about how the unit will be staffed from both a nursing and consultant perspective. A Monday to Friday service would require a huge recruitment of staff and potentially put pressure on the consultant staffing at Glangwili. (Work in paediatric services for the NHS)*

3.116 Comments about the options being considered and the consultation:

*...the three options not only affect Withybush but also GGH. ... I would like the Board to include the additional training and improved waiting area as part of any option considered given the importance of GGH in providing paediatric care regardless of which option is considered. (Work for the NHS in another area of healthcare)*

*Monday to Friday isn't always the best option when there are potential opportunities to see a GP. Perhaps consider Wednesday - Sunday as this would cover the weekend period. (Individual)*

*Please could paediatrics include primary care in their consultations, if properly supported many children could be seen by GPs in Withybush or in the out of hours facility. (Work for the NHS in another area of healthcare)*

*...Option 3 doesn't go far enough to restoring services. (Individual)*

## 3.117 Other comments, concerns and suggestions made by respondents:

*Rapid access clinics should not be done in PACU, this area is inappropriate due to the amount of illnesses that are seen. The risk of cross infection is high. Also, there is no area in PACU GGH to provide this service efficiently. Currently these patients could be waiting hours to be seen as emergency admissions take priority. This should be done in the Children's Centre of child health department WGH. (Work in paediatric services for the NHS)*

*The downgrading of Withybush Hospital has inevitably caused job losses and the uncertainty about its future for many years has distracted professionals from applying for posts. The transport implications of staff and patients travelling to Carmarthen shows a blatant disregard for the environment and reveals how hollow the government's policy to reduce carbon emissions in our country. (Individual)*

*For those, like myself, living in north Pembrokeshire it is an 80 mile round trip to Glangwili. ...once you get to GGH there is usually nowhere to park, and traffic queuing out onto the main road. This will often mean missed/late appointments causing issues throughout clinics... (Individual)*

*...Babies are not registered as being born in Pembrokeshire since the maternity wards were moved to Carmarthen so statistics show less children than there actually are... (Individual)*

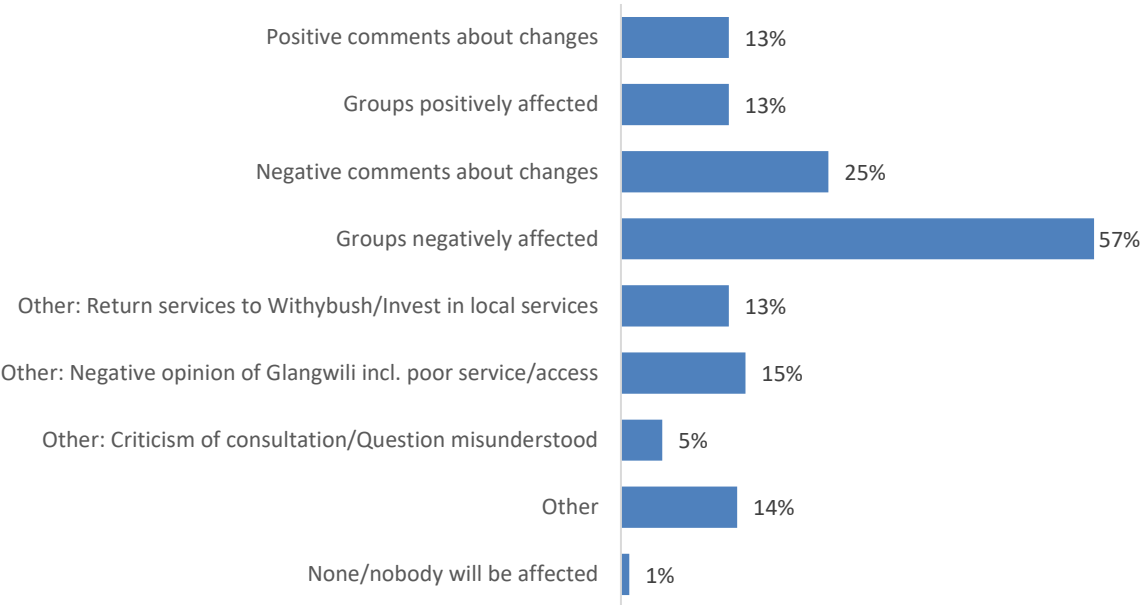
*... any new site or even GGH should have a helicopter landing site within stretcher push to the hospital, otherwise air lifted patients are transported from helicopter to ambulance to the doors of the hospital, wasting valuable time and exposing patients to inclement weather and adverse conditions. Also utilising an ambulance where the need would be greater on the roads! (Work for the NHS in another area of healthcare)*

*...Create a women's and children's hospital centre of excellence at GGH. The 3 wards are all on top of each other. Use the land at side to build OPD clinics. Use technology. This will attract clinicians. Stop thinking that we just need doctors, rubbish. We need a wider disciplinary team including nurses, IT, first responders ... Put a strong case and let's get WG and UK government funding. Who'd argue against that!!! (Work for the NHS in another area of healthcare)*

## Respondents’ views on potential equalities impacts and mitigations

3.118 All questionnaire respondents were invited to identify any groups of people that they believed might be positively or negatively affected by any of the options being considered and to explain how any positive impacts might be enhanced or negative impacts reduced. Because respondents could provide detailed feedback, some comments cover more than one point/group and therefore the total percentages may sum to greater than 100%. Figure 24 summarises all responses to this question.

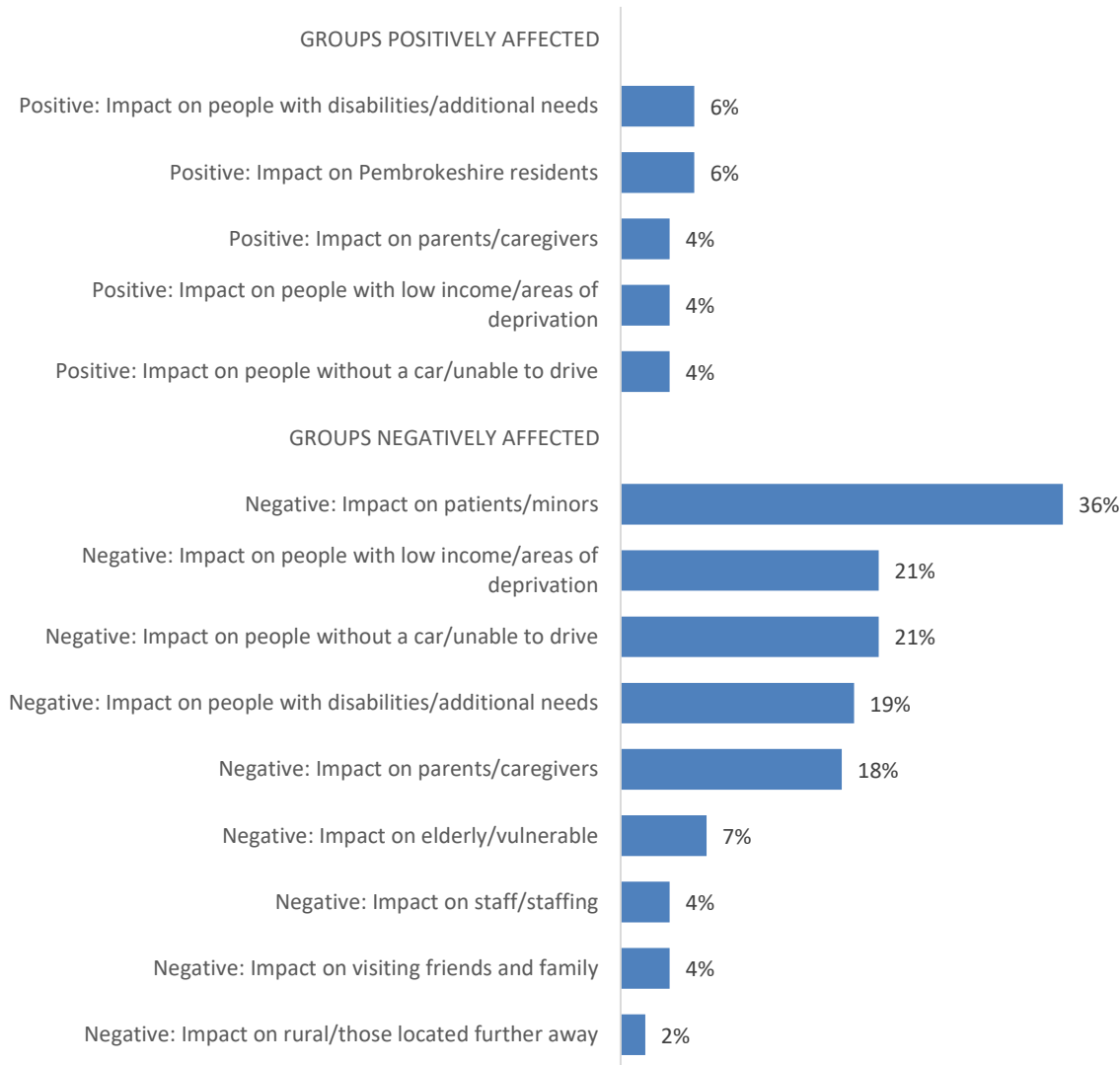
**Figure 24: Are there any particular groups of people that you believe might be positively or negatively affected by any of the options being considered? If so, what groups are these and how might any positive impacts be enhanced or any negative impacts be reduced? (to the main questionnaire) (Percentages are of those providing a comment to this question)**



**Base: Respondents to the main questionnaire (151), Points made (234)**

- 3.119 Of those who responded (to the main questionnaire) a quarter (25%) gave a comment which was negative about the changes including comments about location/access and quality of care. Over a tenth (13%) who responded gave a comment which was positive about the changes including comments about location/access (as detailed in Appendix II).
- 3.120 Over a tenth (13%) commented that they wanted to see a return of services to Withybush (some of whom were asking for ALL services to be reinstated/more services than the proposed options offer) or that there should be investment in local services. A slightly higher proportion (15%) gave a negative opinion about Glangwili.
- 3.121 Nearly six-in-ten (57%) identified a group that they thought might be negatively affected and over a tenth (13%) identified a group that they thought might be positively affected. Figure 25 (overleaf) looks at those groups identified in more detail.

**Figure 25: Groups of people that might be positively or negatively affected by any of the options being considered (to the main questionnaire) (Because respondents could provide detailed feedback, some comments cover more than one group and, therefore, the total percentages may sum to greater than 100%) (Percentages are of those who identified a group that might be positively or negatively affected)**



**Base: Respondents identifying groups that might be affected (108), Groups identified (168)**

- 3.122 Of those who identified a group who might be positively or negatively affected, most identified groups that would be negatively affected, with over a third (36%) thinking it would have a negative effect on patients/minors, just over a fifth thinking it would have a negative effect on both people with low income/living in areas of deprivation (21%) and people without a car/unable to drive (21%). Just under a fifth (19%) thought this would have an effect on people with disabilities/additional needs and 18% thought this would negatively affect parents/caregivers.
- 3.123 A few respondents raised more specific points about the groups/people they believed might be positively or negatively affected by the sites being considered.
- 3.124 Of those who mentioned particular groups of people they believed might be positively impacted:

*...It would be a huge positive for ill and premature neonates going home from SCBU. A sense of security that they can be seen close to home. (Work in paediatric services for the NHS)*

*Everyone will be positively affected as having these services back in our own county will have a positive impact on other services such as the ambulance, GPs, A&E and also the amount of traffic on our roads. (Individual)*

*People with young children will be positively affected especially people who can't drive themselves and would have to find a way to Glangwili with an ill child. (Individual)*

*Positive impacts will be for families who struggle to access services in particular the families of children with additional and complex needs. (Work in paediatric services for the NHS)*

3.125 And of those who mentioned particular groups of people they believed might be negatively impacted:

*Single parents with no family support, families that have no transport. Families with a child that has a chronic illness or complex needs, repetitive appointments can have a negative impact on them having to travel further for consecutive appointments especially if the CYP has difficulties with long journeys. (Work in paediatric services for the NHS)*

*It has hugely negatively affected my child with severe learning disabilities, autism and a number of other neurodevelopmental conditions. There are no reasonable adjustments considered and it is disgraceful. (Individual)*

*People who cannot access private transport to Carmarthen (or beyond), those who have caring responsibilities who are unable to travel and those who do not have the means to afford public transport (which is very limited) (Individual)*

*Single parent families can't afford to travel to Glangwili, same applies for people struggling with the cost of living. (Individual)*

*...You do not seem to take into consideration the effect going into hospital at a young age, miles away from home, where parents cannot visit two/three times a day, the feeling of abandonment by the family never goes away... (Individual)*

*Disabled children are particularly at risk as their travel options are much more limited in an emergency. (Individual)*

*I do think that the lack of services provides a disadvantage for our younger population. If you are 18+ then you can be seen locally, but if not then you must travel further. This is not fair and accessible services for all. (Work for the NHS in another area of healthcare)*

*Parents...Need[ing] childcare for ...their other children, travel to Carmarthen is a nightmare. Two parents will need to take time off work to accommodate travelling to Carmarthen. School will have to be missed to accommodate travelling to Carmarthen. Traffic is a nightmare during the summer and holidays as well as during bad weather in the winter. (Individual)*

3.126 Some individual respondents made suggestions to alleviate any potential negative impacts arising from the options proposed, whilst others made alternative suggestions, solutions or comments:

*Children in general, and children with disabilities will be negatively impacted by all the options. The only way to reduce the negative impacts would be to reinstate a 24-hour acute service to Withybush... (Work in paediatric services for the NHS)*

*Disabled parents - potentially negatively. We are rarely considered in any service provision. Ways to support us in accessing services must be considered. (Individual)*

*Given Puffin's current use, this would have an impact on adult services. However, this is already tipped in their favour following Puffins change of use. I would suggest that there be a greater use of SPH for frailty services with further investment in therapeutic services, possibly permanently redirecting these services from WGH to SPH. (Work for the NHS in another area of healthcare)*

*Poor families without transport in Pembrokeshire will suffer no matter what choice is made unless the Welsh Assembly Government improve public transport links and cost of transport. There needs to be a 24/7 transport link between Pembrokeshire and Glangwili (Individual)*

*...Carmarthen is too far to travel when you have a sick child. If some emergency care and beds are available in Haverfordwest it would relieve some of the stress on parents of being taken so far away from home immediately. We would like the option of having some treatments in Haverfordwest without having to go all the way to Carmarthen for everything straight away. (Individual)*

## Questionnaire feedback from child-friendly questionnaire

- 3.127 All 24 respondents completing the child-friendly questionnaire (100%) had been to hospital before. Respondents were asked to provide some words to tell us about their time in hospital, with a variety of responses ranging from descriptions of the reasons for attending, descriptive words about how they felt while there and some opinions on the service received. Some examples of comments provided included:

*Anxious (Young person)*

*Caring (Young person)*

*Efficient when seen to (Young person)*

*Long waiting time (Young person)*

*All good (A parent or carer)*

*Felt comfortable & welcomed (A parent or carer)*

*Reassured (A parent or carer)*

*Very busy (A parent or carer)*

- 3.128 Respondents were asked if they had been to hospital, how was the care you had there? 15 respondents thought the care was great (63%), 7 thought the care was good (29%) and 2 thought the care was okay (8%). A small number of respondents expanded on the reasons why:

*The wait in A&E was way too long. I feel paediatrics and adult A&E should be split to reduce waiting times. (A parent or carer)*

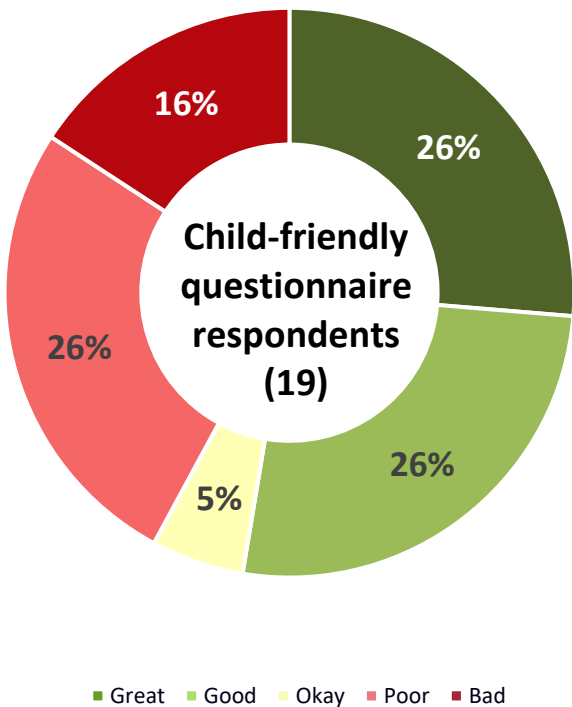
*Today in Worthybush general hospital – outpatient in child health were great (A parent or carer)*



Option 1 - Expanded outpatient services at Withybush Hospital

3.129 The child-friendly version of the questionnaire asked a simplified version of the question, ‘Option 1 would mean that all children’s health services work in the same way they do now, but with more appointments with children’s doctors or nurses provided. What do you think of this option?’ Over half (53%) of those responding to the child-friendly questionnaire thought that Option 1 was either great or good. One-in-twenty (5%) thought Option 1 was okay. Just over two-fifths (42%) thought that Option 1 was either poor or bad. (Figure 26)

Figure 26: Option 1 would mean that all children’s health services work in the same way they do now, but with more appointments with children’s doctors or nurses provided. What do you think of this option? (Child-friendly questionnaire)



Base: Number of respondents shown in brackets (excludes ‘don’t know’ responses)

- 3.130 Respondents to the child-friendly questionnaire were more positive than those to the main survey. Over half (53%) of those responding to the child-friendly questionnaire thought that Option 1 was either great or good compared to almost two-fifths (38%) of those responding to the main survey (who had stated that Option 1 - expanded outpatient services at Withybush Hospital, was a good choice for delivering paediatric services at Withybush Hospital (either fairly or very good). Though it should be noted that only 19 young persons responded to this question on the Child-friendly questionnaire.
- 3.131 A smaller proportion of responses to the child-friendly questionnaire thought Option 1 was okay, with one-in-twenty (5%) of those responding saying this compared to just under a fifth (19%) thinking Option 1 was neither a good nor poor choice in the main survey. A similar proportion to both surveys thought Option 1 was either poor or bad, just over two-fifths (42%) of those responding to the child-friendly questionnaire saying this compared to over two-fifths (43%) thinking Option 1 was either fairly or very poor in the main survey.



3.132 Respondents to the child-friendly questionnaire were asked why they think this in an open text box. A few of the comments are included below for consideration:

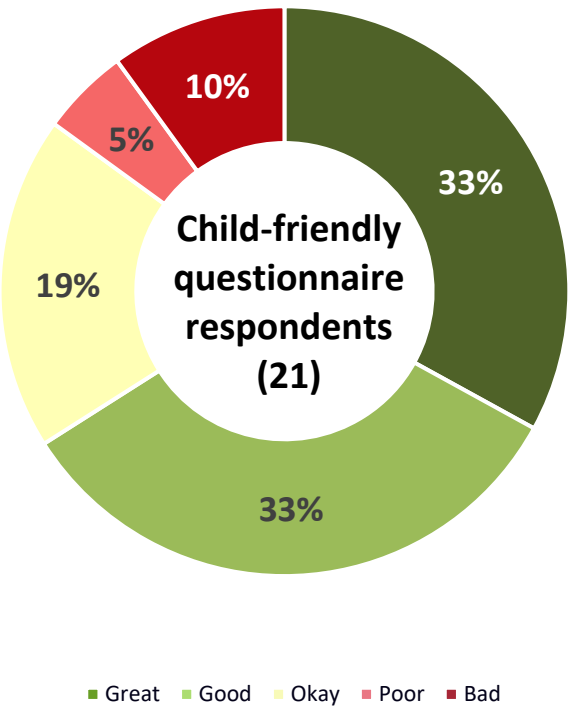
*Children need to have care closer to home, especially if you live far away from a general hospital.  
(Young person)*

*More hospital appointments are always helpful. (A parent or carer)*

Option 2 – A Paediatric Ambulatory Care Unit from 10am – 6pm with Limited Outpatient Services (Monday to Friday)

3.133 The child-friendly version of the questionnaire asked a simplified version of the question, ‘Option 2 would mean children and young people could be referred to Paediatric Ambulatory Care Unit at Withybush Hospital and Withybush Hospital would have more children’s health services available. What do you think of this option?’ Two-thirds (67%) of those responding to the child-friendly questionnaire thought that Option 2 was either great or good. Just under a fifth (19%) thought Option 2 was okay. Around one-in-seven (14%) thought that Option 2 was either poor or bad. (Figure 27)

Figure 27: Option 2 would mean children and young people could be referred to Paediatric Ambulatory Care Unit at Withybush Hospital and Withybush Hospital would have more children’s health services available. What do you think of this option? (Child-friendly questionnaire)



Base: Number of respondents shown in brackets (excludes ‘don’t know’ responses)

- 3.134 Respondents to the child-friendly questionnaire were again more positive than those to the main survey. Two-thirds (67%) of those responding to the child-friendly questionnaire thought that Option 2 was either great or good compared to over two-fifths (43%) of those responding to the main survey (who stated that Option 2 - a Paediatric Ambulatory Care Unit from 10am – 6pm with limited outpatient services (Monday to Friday), was a good choice for delivering paediatric services at Withybush Hospital (either fairly or very good)). Though it should be noted that only 21 young persons responded to this question on the child-friendly questionnaire.
- 3.135 A similar proportion of responses to the child-friendly questionnaire thought Option 2 was okay, with just under one-fifth (19%) of those responding saying this compared to over a fifth (22%) thinking Option 2 was neither a good nor poor choice in the main survey. A much smaller proportion of those responding to the child-friendly questionnaire thought Option 2 was either poor or bad with around one-in-seven (14%) of those responding saying this compared to just over a third (35%) thinking Option 2 was either fairly or very poor in the main survey.
- 3.136 Respondents to the child-friendly questionnaire were asked why they think this in an open text box. A few of the comments are included below for consideration:

*"As children seem to get ill at night and lots of families don't drive, it would be good for Paediatrics and emergency to be at both hospitals." (A parent or carer)*

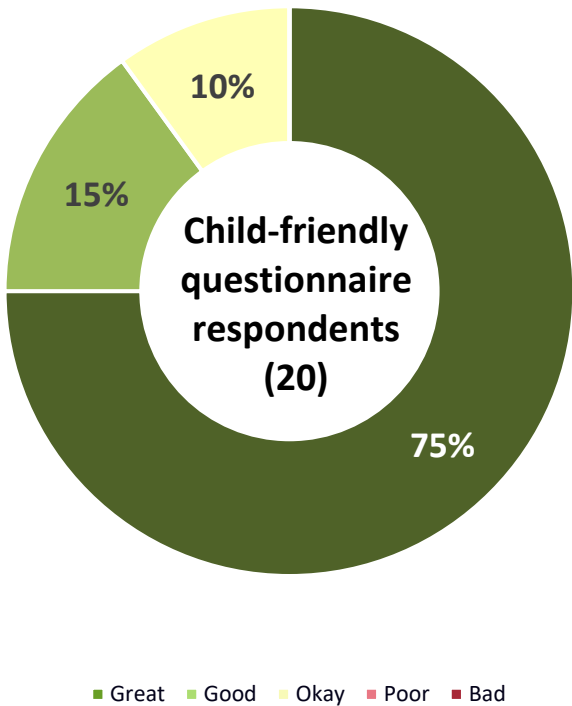
*"You wouldn't have to travel as far if your children are sick which is a huge plus. Will also decrease anxiety." (A parent or carer)*

*"Good early access to avoid travel but limited service = more likely to travel to Carmarthen." (A parent or carer)*

### Option 3 - A Paediatric Ambulatory Care Unit from 10am – 6pm with Limited Outpatient Services (Monday to Friday) and Provision of some Non-emergency Treatments such as Radiology and Day Care

- 3.137 Again, the child-friendly version of the questionnaire asked a simplified version of the question, 'Option 3 would mean children and young people could be referred to Paediatric Ambulatory Care Unit at Withybush Hospital and Withybush Hospital would have more children's health services available and staff in the emergency departments in Withybush and Glangwili hospitals would receive extra training to look after children. What do you think of this option?' The vast majority (90%) of those responding to the child-friendly questionnaire thought that Option 3 was either great or good. A tenth (10%) thought Option 3 was okay. No respondents to the child-friendly questionnaire thought that Option 3 was either poor or bad (Figure 28 overleaf).

Figure 28: Option 3 would mean children and young people could be referred to Paediatric Ambulatory Care Unit at Withybush Hospital and Withybush Hospital would have more children’s health services available and staff in the emergency departments in Withybush and Glangwili hospitals would receive extra training to look after children. What do you think of this option? (Child-friendly questionnaire)



Base: Number of respondents shown in brackets (excludes ‘don’t know’ responses)

- 3.138 As with the other options presented, respondents to the child-friendly questionnaire were more positive than those to the main survey. Nine-tenths (90%) of those responding to the child-friendly questionnaire thought that Option 3 was either great or good compared to around two-thirds (66%) of those responding to the main survey (who stated that Option 3 - a Paediatric Ambulatory Care Unit from 10am – 6pm with limited outpatient services (Monday to Friday) and provision of some non-emergency treatments such as radiology and day care, was a good choice for delivering paediatric services at Withybush Hospital (either fairly or very good). Though it should be noted that only 20 young persons responded to this question on the child-friendly questionnaire.
- 3.139 A smaller proportion of responses to the child-friendly survey thought Option 3 was Okay, with a tenth (10%) of those responding to the child-friendly questionnaire saying this compared to under a fifth (17%) thinking Option 3 was neither a good nor poor choice in the main survey. No respondents to the child-friendly questionnaire thought that Option 3 was either poor or bad, compared to under a fifth (17%) thinking Option 3 was either fairly or very poor in the main survey.

- 3.140 Respondents to the child-friendly questionnaire were asked why they think this in an open text box. A few of the comments are included below for consideration:

*It is good for children to be assessed in Withybush A&E so doctors can look after them closer to home. (Young Person)*

*Earliest access to health professionals = less travel and faster treatment. (A parent or carer)*

*This could work but in all NHS England health boards, child's A&E is separate to avoid waits. (A parent or carer)*

*If it takes the pressure off Glangwili. They are already working at capacity. Quality of care would be greatly improved. (A parent or carer)*

- 3.141 Respondents to the child-friendly questionnaire were given the opportunity to provide comments about anything else they would like to say. A few of the comments are included below for consideration:

*I believe there needs to be more care available to young people in Dyfed. It needs more funding and it needs improving which is why I picked option 3. So that all young people in Dyfed feel supported and cared for - so help is always available. Massive alterations need also to be made to young people's mental health care in Dyfed. It requires more funding and resources, so it is crystal clear to all young people that there is always someone to turn to and that they are not alone. I think you also need to consider this in your options/plan. (Young Person)*

*I would feel more comfortable staying overnight at Withybush than Glangwili because I don't have to travel so far and my family could come visit me as they are nearer. (Young Person)*

*Bring back the paediatric care at Withybush, it would put a lot of parents at ease. (A parent or carer)*

*Carmarthen is too far away and difficult to get to in an emergency... (A parent or carer)*

*I think that children's services are needed in both Counties as there is too much for one hospital to deal with... (A parent or carer)*

# 4. Staff engagement

## Staff engagement

- 4.1 This chapter brings together the findings from three strands of staff engagement: drop-in events; meetings; and in-depth interviews. The drop-in events and meetings were run by Hywel Dda and have been reported together, whereas the in-depth interviews were undertaken by ORS and have been reported separately,

## Staff drop-in events and meetings

### Introduction

- 4.2 HDdUHB hosted four staff drop-in events and 13 meetings for specific staff groups (including ‘ward walks’ at Glangwili and Withybush Hospitals) between May and August 2023. The former were all held in-person, while four of the latter were held in person, five were online and the other three were a hybrid of online and in person during a single meeting.
- 4.3 The drop-in events were attended by 104 staff members, and the meetings by 198 staff members. The distribution of events, the dates on which they were held, and the number of people engaged are presented in the table below.

Table 9: HDdUHB staff drop-in events/meetings

Event	Date (2023)	Number of people engaged
STAFF DROP-IN EVENTS		
Tenby Hospital staff drop-in event	Monday 5 June	5
Withybush Hospital staff drop-in event	Thursday 8 June	23
Cardigan Integrated Care Centre (CICC) staff drop-in event	Tuesday 13 June	4
Glangwili Hospital staff drop-in event	Wednesday 14 June	57
STAFF MEETINGS		
Pembrokeshire Staff Partnership Forum	Thursday 18 May	12
Women and Children’s Directorate: Child Health Governance meeting	Wednesday 24 May	12

Event	Date (2023)	Number of people engaged
Withybush Hospital targeted staff meeting <sup>14</sup>	Tuesday 6 June	20
Glangwili Hospital targeted staff meeting <sup>15</sup>	Friday 16 June	28
School nurses meeting	Wednesday 28 June	4
South Ceredigion GP Collaborative meeting	Thursday 29 June	15
Healthcare Professionals Forum	Thursday 29 June	5
Ceredigion Staff Partnership meeting	Thursday 4 July	14
Health Visitors meeting (1)	Wednesday 5 July	30
Health Visitors meeting (2)	Tuesday 11 July	16
Carmarthenshire Staff Partnership Forum	Tuesday 18 July	15
North Pembrokeshire GP Collaborative meeting	Thursday 20 July	15
Staff Partnership Forum	Tuesday 1 August	12

- 4.4 The key questions and themes arising from these events are reported in this chapter.

## Key findings from staff drop-in events and meetings

### Views on the three options

#### Option 1 - expanded outpatient services at Withybush Hospital

- 4.5 A couple of staff attendees preferred Option 1 as the most feasible staffing-wise.

*Option 1 is the most deliverable (Withybush Hospital Staff Drop-In)*

- 4.6 A few others felt that current difficulties around accessing GP appointments could cause issues however, with patients and their families going straight to A&E rather than seeking a GP referral to the proposed Rapid Access Clinics for example (an issue that would apply to all options).

*The hardest thing will be getting the first step done, seeing a doctor/getting an appointment.  
(Glangwili Hospital Staff Drop-in)*

<sup>14</sup> Staff from the Women and Children's Health Directorate were invited to attend two specially convened hybrid (online and in-person) meetings – on 9 June, at Withybush Conference Centre, Haverfordwest; and on 16 June, Glangwili Hospital, Carmarthen.

<sup>15</sup> As above

*I can imagine Glangwili has that issue if parents can't get through to a GP they go straight to A&E (Tenby Staff Drop-in)*

### Option 2 - a Paediatric Ambulatory Care Unit (PACU) from 10am-6pm with limited outpatient services (Monday to Friday)

- 4.7 Very few people commented specifically on Option 2. One Withybush staff member stated that: *"If I had a baby who needed an ambulance I would rather go where the services are best. Option 2 has the best services in the best place [even if you may] have to travel a bit further"*.
- 4.8 One member of staff at Withybush also commented that:

*When you look at the 3 options, Option 2 has limited activity compared to Option 1. (Withybush targeted staff meeting)*

### Option 3 - a Paediatric Ambulatory Care Unit (PACU) from 10am-6pm with limited outpatient services (Monday to Friday) and provision of some non-emergency treatments such as radiology and day care

- 4.9 Option 3 was considered the most favourable overall by those who offered an opinion, mainly as it returns most services to Pembrokeshire. This was particularly important to the North Pembrokeshire GP Collaborative, which highlighted the current difficulties involved in providing care to children and young people in their area. Withybush staff also stressed the busyness of their services in the summer, when the tourist population increases significantly.

*Considering it's 1 hour and 10 minutes from St Davids to Carmarthen, it's embarrassing to tell parents there's no service in Withybush. It's a no-brainer that Option 3 would be the best one. (North Pembrokeshire GP Collaborative)*

*This issue is very important to GPs in Pembrokeshire. It's challenging to have kids seen in Withybush without any paediatric cover. (North Pembrokeshire GP Collaborative meeting)*

*Our services are usually overrun especially in the summer, due to the influx of holidaymakers. (Withybush Staff Drop-in Event)*

- 4.10 Other stated positives were that Option 3 would enable the easier assessment of children and young people with complex needs, would lessen the pressure on the Glangwili Emergency Department, and prevent some admissions.

*Option 3 will make a huge difference to children with complex needs in Pembrokeshire as GPs don't always have the Paediatric experience. (Glangwili targeted staff meeting)*

*We have people move to the area due to the Portfield school and even visitors with a child who has complex needs. To trek down to Glangwili is not appealing. (Glangwili targeted staff meeting)*

*On either of the sites, [WGH and GGH] there are no facilities for assessing/assisting children or adults with complex needs. The PACU option will give us that (Withybush Targeted Staff Meeting)*

*Option three has a PACU in Withybush. There will be fewer patients needing to go to Glangwili (Withybush Staff Drop-in)*

*PACU would prevent a lot of admissions ... (Tenby Hospital staff drop-in)*

- 4.11 In fact, one member of the North Pembrokeshire GP Collaborative asked:

*Why not just have Option 3 as that seems to be the best one? (North Pembrokeshire GP Collaborative)*

- 4.12 While the additional training proposed in relation to this option was viewed positively, some staff questioned why this cannot also be provided under Options 1. Staff attendees also asked why additional training for PACU staff at Glangwili Hospital to manage A&E activity for children and young people differently could not also be provided to Withybush PACU staff.

*Talking about the 3 options you need to have education in there, there is only one option that has that. (Glangwili targeted staff meeting)*

*Why does only Option 3 offer additional training? Why not all three? (Withybush Staff Drop-in)*

*As I've sat on the [options appraisal] group and I work in paediatrics, why aren't the upskilling and up-resourcing in all options? As a member of the public, I wouldn't understand why you haven't put it in Options 1 and 2. (Withybush Staff Drop-in)*

*It's an underlining problem, the lack of education, the only one that covers that is Option 3. Why can't we roll out education for all the options? (Glangwili targeted staff meeting)*

*Additional training to staff in PACU in Glangwili, why not Withybush? (Withybush targeted staff meeting)*

- 4.13 In this context, a couple of staff members were concerned that these additional 'extras' would lead the public to favour Option 3, when it is, they felt, the least deliverable.

*This is where I've got an issue. Why does only Option 3 offer additional training? All three should have this training. I might be cynical, but I think the public are going to choose Option 3 because it gives more, but I think it's the least deliverable. (Withybush Staff Drop-in)*

*I think staffing will have a massive impact on all these services. As a member of staff, I think the public will choose Option 3 as it has more 'staff' but the reality is will there be the staff to do this? ... (Glangwili staff drop-in)*

- 4.14 Other questions related to what other services might be restored to Withybush, whether the hospital is currently a suitable environment for a PACU (the need for adequate space and proper decoration was stressed), what would be done with the beds currently located in the old Puffin Ward, and what the money earmarked for additional staff training would be used for if Option 3 is not taken forward.



*Our PACU model if we went with Option 3, will the environment be looked at to manage capacity? (Withybush targeted staff meeting)*

*The difference being in Puffin for a child patient due to the large space, it's important for the child and family (Withybush targeted staff meeting)*

*All the plans presented are around Puffin [PACU], but Puffin isn't empty. How are you going to manage the loss of the beds? How do we empty the beds? (Pembrokeshire Staff Partnership Forum)*

*What are you going to do with the spare half a million (if you go for option 1)? (Glangwili Staff Drop-in)*

## General questions and comments relating to the options

### The return of a PACU to Withybush Hospital

- 4.15 Generally speaking, the prospective return of a PACU to Withybush Hospital was viewed positively, at least in principle.

*Not having a PACU in Withybush is a big hole that they have really missed. (Cardigan Integrated Care Centre (CICC) staff drop-in)*

- 4.16 However, it was stressed that if a PACU is to return to Withybush Hospital, it must be consistently available and not liable to unexpected closure. In this context, there was concern about the Health Board's ability to properly staff the facility (these concerns are reported in more detail below).

*If PACU there at Withybush, it has to be there constantly and not having to close due to lack of staffing as in the past. (Cardigan Integrated Care Centre (CICC) staff drop-in event)*

*It would be bad for the health boards reputation to introduce a service only to remove it shortly afterwards. (Healthcare Professionals Forum)*

*If we can't recruit now, how will we support a PACU? ... There are concerns on staffing. (Withybush targeted staff meeting)*

- 4.17 Moreover, the proposed operating hours for a Withybush PACU (10am – 6pm, Monday to Friday) were considered inadequate by some staff attendees, who criticised the lack of evening and weekend cover.

*Still nothing overnight for patients? (Tenby Hospital Staff Drop-in)*

*There might be a public reaction to no overnight or weekend services. Why can't we offer them? (Healthcare Professionals Forum)*

### Staffing and resources

- 4.18 Staff attendees raised many concerns around staffing and resource shortfalls within HDdUHB: they considered these to be a potential 'roadblock' in enabling the implementation of any of the proposed options, but especially Options 2 and 3.

*Are the Health Board cognisant of staffing shortfalls and how will this be accounted for if running a separate service such as Option 2 and 3? (Women and Children's Directorate: Child Health Governance meeting)*

*... We now have more acute issues with recruitment. It's not just medical, there are shortfalls across all disciplines including ACP (Advanced Clinical Practitioners) (Glangwili targeted staff meeting)*

*With re-opening PACU do you have enough Paediatric Nurses for that? (Tenby Hospital staff drop-in)*

*What confidence is there to provide PACU sustainability? Staff retention could be a problem. (Healthcare Professionals Forum)*

*... will there be [enough] dedicated staff to be on hand in WGH? (Withybush Staff Drop-in Event)*

- 4.19 Potential solutions were proposed by some staff attendees, such as increasing the use of allied health professionals and physician associates; reaching out to universities that train paediatric nurses; clinical fellowships;

*It's not just about the medical model, it's looking at further enhanced models [like Physician Associates] (Withybush targeted staff meeting)*

*I will be interested in AHPs (Allied Health Professional). There is no funding in Glangwili for ANPs [Advanced Nurse Practitioners] or PAs [Physician Associates] (Glangwili targeted staff meeting)*

*Ongoing nursing crisis for paediatrics. Have they reached out to universities with the capacity for training paediatric nurses? (School nurse)*

*You've touched on staff as in departments under a lot of strain, which is difficult from a trainee perspective. So, we will need to make it attractive for staff opportunities, clinical fellowships. We need to look outside of the box ... (Glangwili targeted staff meeting)*

- 4.20 There were also specific questions and comments around anaesthetists' views on the three options, and whether they would be included in any additional training and upskilling programme.

*There were concerns from anaesthetists following the 2014 temporary changes. (Pembrokeshire Staff Partnership Forum)*

*Given the issues with anaesthetic team regarding paediatrics, will they go to Carmarthen to be trained and upskilled? (Pembrokeshire Staff Partnership Forum)*

### The importance of signposting

- 4.21 Several staff attendees asked questions around where children and young people should be taken in certain circumstances; and it was suggested that families are currently defaulting to calling an ambulance or travelling straight to Glangwili A&E as a result of not knowing where they should take their sick child. Without clear pathways and proper signposting, this could, it was felt, be compounded by further changes in future.

*If my nephew had an acute asthma attack, where would I take him? (Withybush Staff Drop-in)*

*If they called 999, would they be brought here to Withybush? (Withybush Staff Drop-in)*

*Do more families now go straight to calling an ambulance as they are not sure where to go? (Tenby Hospital Staff Drop-in)*

*The changes are confusing for the public. Once any decisions are made, can they be explained clearly so the public know what is available and where? ... (Staff Partnership Forum)*

*We have to have assurance that governance and pathways will be followed to the letter by departments and staff (Glangwili targeted staff meeting)*

- 4.22 Allegations were also made about GPs and the 111 service automatically referring children and young people to Glangwili when they could have been assessed and treated at Withybush. This, it was said, would also need to be addressed in future.

*I had two children sent to Glangwili by GPs last week. They didn't need to be sent to Glangwili; they could have been seen at Withybush. (Health Visitor)*

*If they call 111, they will direct them to GGH (Tenby Hospital staff drop-in)*

### The availability of the Dedicated Ambulance Vehicle (DAV)

- 4.23 Not all staff attendees were aware of the Dedicated Ambulance Vehicle (DAV), and while it was considered positively as a service, questions were asked about its availability, the geographical area it covers, whether it is a 'ringfenced' resource, and the paediatric expertise of the paramedics operating it. Informing the public about the service was also considered important in offering some reassurance.

*DAV is only one ambulance and they are often quite busy ... (Health Visitor)*

*... the ambulance services are already under pressure and people wait ages for one [a DAV] (Withybush staff drop-in event)*

*The DAV service is just for transport between Withybush and Glangwili? (Tenby Hospital staff drop-in)*

*... Will there be one DAV or will they also be doing Community Services? (Glangwili targeted staff meeting)*

*Who is operating the DAV at Withybush and what is their level of expertise? (South Ceredigion GP Collaboration Meeting)*

*I think that message needs to get out to the public as they don't know [DAV transport/response] (Withybush staff drop-in)*

### The importance of multi-appointment clinics

- 4.24 Regardless of which option is taken forward, the need for multi-clinic appointments was stressed to make things as easy as possible for patients and their families.

*There are lots of benefits, as parents say different things to different clinics. It will be more beneficial with us working together. (Glangwili targeted staff meeting)*

## Additional considerations

### Travel and access

- 4.25 Concerns were raised around the ease with which families from Pembrokeshire, especially west Pembrokeshire, can access Glangwili when needed.

*That is a big issue in Pembrokeshire [transport/accessibility to Glangwili] (Withybush Staff drop-in)*

*You hear of the anxiety it causes patients and need to reassure their child is safe as travelling further. (Cardigan Integrated Care Centre (CICC) staff drop-in)*

*If I think of friends with smaller/younger children, it's an issue with parking and transport to Glangwili (Withybush staff drop-in event)*

- 4.26 Health Visitors suggested that these issues could be mitigated to some extent by better provision and awareness of voluntary car services where possible.

*What about the voluntary car services, shouldn't we liaise more with them to provide transport options for families? (Health Visitors)*

*Do staff in the wards know about the provision of transport for families? Because I've had to go all the way to Carmarthen to drive a client's family member home. (Health Visitors)*

*If a family go to Withybush and they are sent to GGH for overnight stay, is there an option for the family to be provided transportation? (Health Visitors)*

### Other considerations

- 4.27 The need to ensure services are fully accessible was raised by one staff member.

*The main concern for us as a team is accessibility as we support families who would need this. How do you base services and how they can access them? (Tenby staff drop-in)*

- 4.28 Finally, health visitors highlighted the importance of better working relationships between acute and community paediatrics, and one Glangwili staff member was frustrated about the lack of resource available for the latter.

*Relationships between community staff (such as health visitors) and the consultant teams ... [are] key, especially if Withybush is covered by rotational staff. (Health Visitor)*

*... I still find there is a massive divide between community paediatrics and acute paediatrics. You get so many referrals that get lost. I don't see why that divide is there, it's should just be general paediatrics with the same referral process to cover all. (Health Visitor)*

*I find it frustrating that we are talking about children getting care closer to home. Why is there not more resources for community care? (Glangwili targeted staff meeting)*

## The consultation and decision-making process

- 4.29 Several staff attendees said they had found the drop-in event or meeting they attended helpful in aiding their understanding of the three options. They were, though, concerned about the extent to which the public would engage with the consultation, especially given the perceived complexity of the options and the consultation documentation.

*It doesn't matter what manner of communication is used with the public; it just doesn't seem to get across ... (Healthcare Professionals Forum)*

*I want the public to have their say with the right information. I don't think the public will pick that [consultation document] up. (Withybush staff drop-in)*

*Many parents aren't academic. They won't understand the information. They have learning needs. (Withybush staff drop-in)*

*We don't even know what the options are! (Withybush staff drop-in)*

*If we were hard to reach, how would you explain those three options to us? (Withybush Hospital foyer event)*

- 4.30 Staff questioned how those specifically affected by the proposals (i.e., children and young people, parents/guardians, and carers) had been consulted. In particular, they sought clarification on whether paediatric patients and their families, home educated young people, holidaymakers, and local authorities had been engaged.

*Have you had any engagement with the electively home educated? (School nurse)*

*In terms of holiday makers and caravan parks is this consultation being put out to them also? (Ceredigion Staff Partnership Meeting)*

*Are we sending documents out to known patients in Pembrokeshire? (Glangwili targeted staff meeting)*

*Have you found ways of talking to families with lived experiences? Most families do not know or are not aware of support available to them. (Health Visitor)*

*Have the local authorities and councils been involved in all this process; have they been consulted at all? (Health Visitor)*

- 4.31 In the context of consulting children and young people, the importance of doing so using clear and accessible documentation was stressed, and the child-friendly consultation document was praised in this respect.

*The child-friendly version is much better. Easier to understand than the main document. I'd read the main document after looking at the child-friendly version. (Withybush staff drop-in event)*

- 4.32 One member of the Staff Partnership Forum questioned the value of the consultation, asking: “... *If the public go for Option 2 or 3 will the public have that option? Or will we just do what suits us? Is there any point to these consultations?*”. (Staff Partnership Forum)

## Equalities issues

- 4.33 In considering equalities issues, concern was raised around explaining pathways to families who do not speak English as their first language.

*Working with families with different languages may need to understand the process (Tenby Hospital staff drop-in)*

- 4.34 The need for proper pathways for disabled children was also considered essential.

*Any pathway for children with disabilities? My son was recently brought into A&E and by the time he was seen he wouldn't let a doctor near him. (Glangwili Staff Drop-in Event)*

- 4.35 In terms of travel and transport, access to Glangwili was said to be particularly difficult for Pembrokeshire families without access to private transport.

*A lot of families I work with are majorly concerned about how they get [to Glangwili] or get back. Trains and buses etc. are a problem. A lot of families we work with don't drive and that is very stressful for them. (Tenby Hospital staff drop-in)*

*Half the parents we work with don't drive. Public transport is shocking (Withybush staff drop-in)*

## Staff interviews

### Introduction

- 4.36 To complement the staff drop-in events outlined above, and explore the consultation issues in more depth, the original intention was to hold four staff focus groups: one each in Glangwili, Tenby, and Withybush Hospitals and one in Cardigan Integrated Care Centre). However, despite HDdUHB's extensive internal promotion of the sessions, take up was low and so the decision was taken to cancel the focus group sessions and undertake individual or joint interviews with those who had expressed an interest in attending.
- 4.37 ORS conducted one joint face-to-face interview with two members of staff at Glangwili Hospital, and two individual interviews by telephone/videoconference with one member of staff from Glangwili and another from Withybush Hospital. Three participants were from staff bands 6+, and one was from bands 2-5. Three of the four participants work with children and young people (in paediatric services, physiotherapy, and public health), and the fourth works in IT and business analysis (with a specific interest in using data systems to streamline processes).

- 4.38 The interviews, which were undertaken either on Microsoft Teams or by telephone, provided an opportunity to explore the extent to which each of the options are acceptable or otherwise, and to understand in more detail the issues and arguments relating to them.

## Discussion agenda

- 4.39 ORS used HDdUHB's consultation material to develop a suitable topic guide and informative stimulus material for the interviews, which covered the following themes:

A recap of the need for change.

The options development process.

The three options (including the similarities and differences).

Whether any particular groups of people might be positively or negatively affected by any of the three options.

- 4.40 Participants were either shown the background information during the interview or sent it in advance, primarily to inform and stimulate discussion of the above issues.

## Main findings

### View on the need for change

- 4.41 There was some recognition of the need for change among staff, who highlighted the demand for acute paediatric services in Pembrokeshire. More paediatric services in Pembrokeshire could, it was said, reduce the need to travel for less serious illnesses, improving accessibility and convenience for children and their parents/caregivers.

*... We have a lot of children who get sent up from Withybush and they will then be seen by our paediatrics and be discharged within half an hour of being seen which is a frustration for parents who have travelled all the way up and then are told it's just tonsillitis and they could have been seen in Pembrokeshire and been diagnosed and treated. Withybush are fantastic and do as much as they can, but I do think there is definitely an acute service for paediatrics that is missing down there. (Staff member, Glangwili)*

### Views on the three options

#### Option 1 - expanded outpatient services at Withybush Hospital

- 4.42 Staff recognised some benefits of Option 1, not least that it would help address the current long waiting lists for outpatient paediatric appointments. It was also said that a single PACU at Glangwili would avoid confusion around what services are available where and when.



*There are definitely positives from this one. There is a big waiting list for outpatient appointments within paed and so to have that extra in Withybush would be beneficial ... They do have some staff down there in Withybush already so it's investing in staff (Staff member, Glangwili)*

*The one good thing about having PACU in one place is it's easy for people to know it is just Glangwili then at least it is clear cut. (Staff member, Glangwili)*

- 4.43 This option was also recognised for its lower cost and time saving benefits. However, there was also a sense that: "Option 1 feels like it's the same and if we are going to do change then we need to do positive change not just change for the sake of it". (Staff member, Glangwili)

### Option 2 - a Paediatric Ambulatory Care Unit (PACU) from 10am-6pm with limited outpatient services (Monday to Friday)

- 4.44 Overall, staff were positive about option two. The prospect of a PACU at Withybush Hospital was particularly welcomed by staff at Glangwili Hospital, who felt it would ease pressures there.

*... Pembrokeshire taking until 6pm would definitely take stress off Glangwili and would add services for people who live down in Pembrokeshire. (Staff member, Glangwili)*

- 4.45 Despite this, there was some scepticism. Recruitment and retention of staff was highlighted as a concern (though there were thought to be opportunities to think outside the box), as was the potential for confusion about what is provided where and when. In particular, it was said that to avoid confusion among GPs, clear information around pathways and service provision will have to be provided.

*It's staffing again and how you staff that model, but there's the opportunity for advanced roles and mixed skills, and do you really need an orthopaedic doctor to see someone with a soft tissue injury? [It's] recruitment and retention and having the time to upskill staff. (Staff member, Glangwili)*

*The only thing is that it adds some extra confusion for GPs, so there would have to be a good amount of information going to all the GP surgeries so that they are aware of opening times etc. (Staff member, Glangwili)*

### Option 3 - a Paediatric Ambulatory Care Unit (PACU) from 10am-6pm with limited outpatient services (Monday to Friday) and provision of some non-emergency treatments such as radiology and day care

- 4.46 Option 3 was considered preferable by staff interviewees. The prospect of additional staff training was noted as a vital component of this option in terms of streamlining service provision, creating more opportunities for staff and potentially improving recruitment and retention.

*... We do need to do something and if Option 3 only allows us the opportunity to do that, then that's the option we would need to choose. It's being a bit more creative and saying that we do have the staff, but they do need additional training ... (Staff member, Withybush)*



*I think doctors are just scared to discharge children and so a lot will refer anyway when it could be just a case of giving them antibiotics and go rather than having to use more services, more waiting ... Targeted paediatric training would definitely be beneficial for A&E staff with regards to initial assessment. (Staff member, Glangwili)*

- 4.47 The prospect of a dedicated children and young people's waiting area was also viewed favourably, as mixed waiting areas were said to often cause additional stress for children and their parents/caregivers.

*These poor children are around, especially on a Saturday night, drunk and aggressive people and potentially witnessing traumas coming in ... It has been happening more recently that parents will opt to wait in the car instead because they feel safer and then children get missed ... It's just a simple thing of a waiting room will make a huge difference (Staff member, Glangwili Hospital)*  
*Children and young people should be having their own space designed by and for them. It's important to have that in A&E. (Staff member, Glangwili)*

- 4.48 Some Withybush staff noted that although they supported this option in terms of convenience for local residents, staff recruitment and retention was highlighted as a possible barrier to its implementation.

*If they have capacity and appropriate staff to operate that service, then yes. In rural locations, a journey that would take someone in a suburb or city 20 minutes, it could take 60 minutes. So it's the impact of moving services further away from some of our families. (Staff member, Withybush)*

## General questions and comments relating to the options

### Staffing and resources

- 4.49 Staff recruitment and retention was raised as a concern in relation to each of the three options. More upskilling and training opportunities could, it was felt, help mitigate against this; as could investment in advance practice roles.

*...we need opportunities for staff to work to the top of their licence, otherwise they will go elsewhere, and we will be left with an even bigger problem. (Staff member, Glangwili)*

*Staff need to be given more options. It's not just about money but training, knowledge and opportunities is a massive issue as well – giving people the right opportunities. (Staff member, Glangwili)*

*... It's about people working to the top of their skill level and having a skill mix review ... It needs that investment into those skilled roles and what could be done differently ... Advance practice roles. There's loads of evidence it keeps people out of hospitals. Investing in people with the higher skills while working in the community and at the front door. (Staff member, Glangwili)*

## The importance of signposting

- 4.50 It was said that regardless of which option is chosen, HDdUHB need to ensure enough information is provided to promote any changes to paediatric services, particularly in popular destinations where tourists may not be aware of care pathways.

*Whatever decision is made needs to be explained to staff and public about the access criteria and directing them to the right place. The population of Pembrokeshire over the summer months, there are lots of visitors and they need to know what they can access ... where do people need to go for right care? (Staff member, Glangwili)*

## Digital links

- 4.51 An important consideration within any of the three options is improving digital links. For example, communication between different healthcare settings could, it was said, be improved through better technology, which could in turn positively impact the efficiency of referrals; and the increased use of e-consult was suggested to offer better access and reassurance to parents and caregivers. It was considered important, however, to consider the digitally excluded.

*... Utilising more telehealth services and improving referral routes from primary care into secondary care is important because although the world has advanced with technologies, we still use paper referrals that still have to be hand delivered, and they get lost in the system through human error. A lot of work needs to be done to make those referrals more effective so that people are seen in a more timely manner. I think the use of e-consult so that a worried parent can actually speak to somebody ... or a lot of our work can be done from a photograph. More can be done via apps and e-consult methods in improving our pathways (Staff member, Withybush)*

## Other considerations

### Engaging children and young people

- 4.52 It was argued that in order to ensure the success of changes to paediatric services, it will be important to engage with children, young people, and their families. Understanding the needs of service users can, it was said, improve the quality of, and accessibility of, service provision.

*Any decisions made and whatever changes are made, children must be part of ... paint colours and things like that. Children should be engaged from the start. (Staff member, Glangwili)*

*... It is having those open conversations with the people attending and actually working with the family rather than against them. It's about what time the appointment is and a [holistic approach]. Children who have multiple appointments on a school day, the lunchtime may be the only hot meal they have that day so it's trying to avoid a whole host of things that cause problems. (Staff member, Glangwili)*

## Welsh language provision

- 4.53 It was said that although Welsh language provision has improved in recent years, more can be done to offer this within paediatric services to improve understanding of symptoms and diagnosis.

*We have done better with the Welsh language, but I think it has been an issue for some patients when they are vulnerable, and while they may have some English, they prefer to speak in Welsh, and if they are unable to conduct their conversation or diagnosis or referral in their first language, I think it is distressing for some patients ... (Staff member, Withybush)*

## Equalities issues

- 4.54 Staff agreed that changes to services should improve access to paediatric care. Factors such as journey times, lack of transport, and deprivation can act as barriers to children receiving the appropriate paediatric care, and having more accessible services closer to home could, it was said, help alleviate some difficulties.

*I also have to consider the impact of that journey time on that child and also the family because often the family are not able to travel with a poorly child and can't get to the hospital site and they don't have their own transport, especially out of hours... (Staff member, Withybush)*

*It's the family that have difficulty accessing services as it is, whether that is due to living in areas of deprivation or that they lack certain skills or have poor access to transport. It just fuels that even more and puts more disparities between the healthcare they can access (Staff member, Withybush)*

# 5. Stakeholder engagement

## Introduction

5.1 HDdUHB hosted or attended seven meetings with stakeholders between June and August 2023. The type and distribution of events, the dates on which they were held, and the number of people engaged are presented in the table below<sup>16</sup>.

Table 10: HDdUHB stakeholder meetings

Event	Meeting type	Date (2023)	Number of people engaged
MEETINGS WITH STATUTORY STAKEHOLDERS			
Pembrokeshire Town and Community Councils	Online Q&A	Monday 12 June	6
Carmarthenshire Town and Community Councils	Online Q&A	Tuesday 13 June	4
Healthier Pembrokeshire Strategy Group	Meeting	Thursday 29 June	23
Pembrokeshire County Council	Online Q&A	Friday 30 June	17
Ceredigion County Council	Online Q&A	Tuesday 4 July	19
Carmarthenshire County Council	Online Q&A	Monday 7 August	17
MEETING WITH COMMITTEE OF THE BOARD			
Stakeholder Reference Group (local authorities, local councillors, the third sector, and Llais)	Agenda item at existing meeting	Tuesday 18 July	21

5.2 The key questions and themes arising from these events are reported in this chapter.

## Key findings from stakeholder engagement

### Views on the three options

#### Option 1 - expanded outpatient services at Withybush Hospital

5.3 A couple of councillors (a Ceredigion County Councillor and a Pembrokeshire Town or Community Councillor) felt that Option 1 is a good baseline for service provision, although the latter suggested that

<sup>16</sup> An online event was scheduled for Ceredigion Town and Community Councils, however there were no attendees.

the consultation documentation could have been more reassuring about the prospect of rapid assessment given residents' concerns about a lack of out-of-hours provision.

*If the documents emphasised that urgent paediatric assessment in Withybush outpatients could be same day but could be up to 72hrs (Fri-Mon) I would be happy with Proposal 1.  
(Pembrokeshire Town and Community Council)*

### Option 2 - a Paediatric Ambulatory Care Unit (PACU) from 10am-6pm with limited outpatient services (Monday to Friday)

- 5.4 A question was raised around the feasibility of implementing Option 2 given the Health Board's well documented recruitment challenges.

*How realistic will Option 2 be to deliver taking into account the recruitment issues? (Ceredigion County Council Meeting)*

### Option 3 - a Paediatric Ambulatory Care Unit (PACU) from 10am-6pm with limited outpatient services (Monday to Friday) and provision of some non-emergency treatments such as radiology and day care

- 5.5 Notwithstanding that the concerns around recruitment reported above in relation to Option 2 also apply to Option 3, the latter was considered a good choice because of the proposed additional training for staff.

*Option 3 is my preferred choice, due to the additional training. This will give a twofold benefit, as they might want to specialise in different fields. (Ceredigion County Council Meeting)*

- 5.6 However, one stakeholder questioned why the proposed improvements in training and to A&E services and environments cannot be implemented to the same degree at both Glangwili and Withybush hospitals. Indeed, there was consternation that none of the options show any investment in Withybush, and though it was acknowledged that investment in Glangwili will benefit Pembrokeshire residents, this was thought to need some degree of 'selling' to residents.
- 5.7 Another stakeholder was keen to understand whether the additional training and enhanced service provision would extend to mental as well as physical health "*given the Mental Health crisis with young people ... There is a massive explosion of young people with mental health issues. What is the provision for young people presenting at A&E?*" (Pembrokeshire Town and Community Councils).

## General questions and comments relating to the options

### Rapid access clinics and outpatient access

- 5.8 The proposed Rapid Access Clinics and outpatient appointment availability at Withybush Hospital were praised by stakeholders. This, it was said, would prevent some children and young people from having to travel to Glangwili, potentially missing school in the process.

*As per the 72 hours follow-up, if you've got outpatient appointments five days a week, you could have same day appointments as part of that, ensuring that not all children have to go to Glangwili. (Pembrokeshire Town and Community Council)*

*It's important that specialist clinics for treatment for ongoing illness are close to home so they don't miss school. Less disruption is needed. (Ceredigion County Council Meeting)*

*It's important that they don't miss school ... The further you need to travel it could take all day and then they are missing their schooling. (Ceredigion County Council Meeting)*

## Staffing and resources

- 5.9 Several stakeholders questioned the feasibility of staffing all three options, but especially Options 2 and 3 given the stated need for additional recruitment. There was recognition of the challenges involved in recruiting consultants in particular to the area, and many questions as to how HDdUHB aims to achieve this while also accounting for population increases in its staffing estimations.

*One of the things that disappoint me in our area is the lack of staff. It is really challenging not having enough Doctors to assess ... How are you recruiting staff for the future workforce? (Carmarthenshire Town and Community Councils)*

*How did you come to the staffing figures? ... Staffing is so hard in West Wales. Has the increased population been taken into account? (Carmarthenshire County Council)*

*There is a difficulty in recruiting consultants and specialist as they don't want to travel, they don't want to go so far West (Ceredigion County Council)*

- 5.10 In light of this, the sustainability of providing a PACU at Withybush Hospital was questioned.

*How sustainable is it to keep PACU at Pembrokeshire? ... What are the costings and the confidence to staff the service? (Carmarthenshire County Council)*

## The importance of signposting

- 5.11 Stakeholders highlighted that if some services are to return to Withybush Hospital, parents, guardians and others must be fully informed about what they can access there and when – and what they would need to go to Glangwili for. Indeed, there was some concern that the complexity of the proposed changes will lead to confusion for parents/guardians, who will default to presenting at Glangwili Hospital as a result, leading to increased pressure on services there.

*I acknowledge the difficulty for parents with a sick or injured child. I'm wondering about unintended consequences; if a child needs care, as a parent you're not equipped to know where to go. They will go to Glangwili and put more pressure there. The three options are complicated ... (Pembrokeshire County Council)*

- 5.12 Stakeholders also commented on the need to fully involve GP and 111 services in the implementation of the chosen option given they will be integral to its success and will need good knowledge of what exactly is available where.

*GP out-of-hours need to be fully involved in this proposal because a primary care assessment may well be all that is needed. (Pembrokeshire Town and Community Council)*

*At weekends, if 111 direct parents to go to A&E, it's quite important that they are sent to the right A&E or get the GPs to make an assessment first. (Pembrokeshire Town and Community Councils)*

*I went through the 111 service before taking my [child] to Withybush. We were waiting two hours at Withybush, they looked at her briefly and said, 'I'm not paediatrics'. We were told if she gets unwell to take her to Glangwili. So, 111 telling us to go to Withybush and then you get there and don't get the appropriate care. (Pembrokeshire Town and Community Council)*

### The availability of the Dedicated Ambulance Vehicle (DAV)

- 5.13 Many questions were asked about the operation of the DAV, with stakeholders seeking reassurance that the facility is ringfenced (i.e., not used for general use when not required); is not held up at the respective hospitals as a result of handover delays;

*... If it's not required, will it be put to general use? This is a risk as it might be on a call when it's needed for paediatric services. (Ceredigion County Council)*

*Does the DAV respond to any 999 call? Or is it directly allocated for young children? If parents have child that is ill or injured and they can't get to Glangwili, if they call 999, is the DAV available and dedicated to children? (Pembrokeshire County Council)*

*It's good to know the DAV is released quickly [in response to being told that the DAV is never delayed at hospital once the patient has been transferred] (Pembrokeshire County Council)*

- 5.14 There was concern about having only one dedicated ambulance vehicle to transport children to and from Glangwili.

*How does the DAV work, is there only one vehicle to cover all these areas? (Ceredigion County Council)*

## Additional considerations

### Travel and access

- 5.15 While there was positivity about the return of some paediatric services to Withybush Hospital, there was also significant concern about the distance to Glangwili Hospital for those – especially those from Pembrokeshire - needing to travel there if services at Withybush are unavailable or inappropriate. This issue was considered especially acute for parents/guardians who must make multiple journeys back and forth as their children require lengthier inpatient stays and/or regular treatment for an ongoing condition.



*... If a child is picked up in Pembrokeshire by the DAV and then taken to Glangwili what is the provision for the parents whilst their child is in hospital. I know that this is an issue for some parents and a concern whilst their child is in hospital. (Ceredigion County Council Meeting)*

*People who need regular treatment are having to travel to Glangwili. If this is a significant number travelling, it's quite a burden on the parent to be doing that on a regular basis ... (Pembrokeshire Town and Community Councils)*

- 5.16 Another key issue for the Pembrokeshire Town and Community Councillors was that of patients (including children and young people) being discharged from hospital with no means of getting home, sometimes in the early hours of the morning. Guarding against this in future was considered essential.

*Will there be new guidelines on discharging children during the night? I have heard of a number of cases where children are having to travel home in the middle of the night which for parents who don't drive is very difficult, and even for those that can drive this is very unsatisfactory. (Pembrokeshire Town and Community Councils)*

*I have been told that some people have been told to get a taxi home at one or two in the morning despite not having a diagnosis or even medication. (Pembrokeshire Town and Community Council)*

*I completely understand why seriously ill children need to be in one big unit at Glangwili, but there is going to be a significant number of children from south Pembrokeshire that are going to go to GGH and only to be told they can go home. There are transport issues getting to Glangwili and back home. (Pembrokeshire Town and Community Council)*

## Services at Bronglais Hospital

- 5.17 Some Ceredigion-based stakeholders sought reassurance that paediatric services at Bronglais will be maintained.

*I need to bring in Bronglais in, as there is a history of creating specialist areas in Carmarthen but not in Bronglais. How secure is Bronglais and will it retain the same services? (Ceredigion County Council)*

## A full paediatrics service at Withybush?

- 5.18 While there was acceptance that a full paediatrics service at Withybush is no longer feasible, some Pembrokeshire-based stakeholders felt that it is needed. They also commented on the residual anger among many Pembrokeshire residents about the gradual loss of services from Withybush over the years.

*I agree that we need full services at Withybush but having spoken with the Chief Executive of the Health Board on a few occasions, I have accepted the reasons why that can't happen. But I still don't agree. (Pembrokeshire County Council)*



*Pembrokeshire is being pushed around. We have to go all around to access services. If Withybush provided first class services that would be fantastic. We're being pushed to go further east. This adds further pressures on GGH. Our residents care about Withybush; they want to see it being improved not downgraded. I'm struggling with this push east ... I understand you're doing your best. But as long as our children are receiving best care, I support that. (Pembrokeshire County Council)*

## The consultation and decision-making process

- 5.19 While confident that the Health Board would undertake a thorough consultation programme, stakeholders were keen to understand who had been consulted about the potential changes to paediatric service provision, and specifically whether children and young people had been engaged via schools, family centres etc.

*Are you linking with Youth Councils? (Healthier Pembrokeshire Strategic Group)*

*Have you received comments from Education Services particular children and young people?  
(Carmarthenshire County Council)*

*Has there been consultation/dissemination of the consultation through the schools?  
(Pembrokeshire Town and Community Council)*

- 5.20 There was some concern around the accessibility of the consultation documentation, both in terms of people knowing where to find it and the complexity of the proposals. Stakeholders asked about and were pleased to learn that simpler, Easy Read versions were available for those requiring them.

*The three options are complicated to get your head around. I've contacted the community councils in my area and promoted the consultation via social media, and I find it hard to explain ... Clarification is needed so people know what they're choosing ... (Pembrokeshire County Council)*

*It's a huge communications mission for the Health Board to explain to parents and professionals for them to understand the best pathways; knowing where is the best place for treatment. Have you developed Easy Read version of the consultation documents? (Pembrokeshire County Council)*

## Equalities issues

- 5.21 Groups mentioned in the context of equalities (especially the complexities and cost of travel) were those who are economically disadvantaged and those without access to private transport. Moreover, those in rural areas with poor internet coverage were thought to be at a disadvantage inasmuch as they cannot access digital healthcare opportunities.

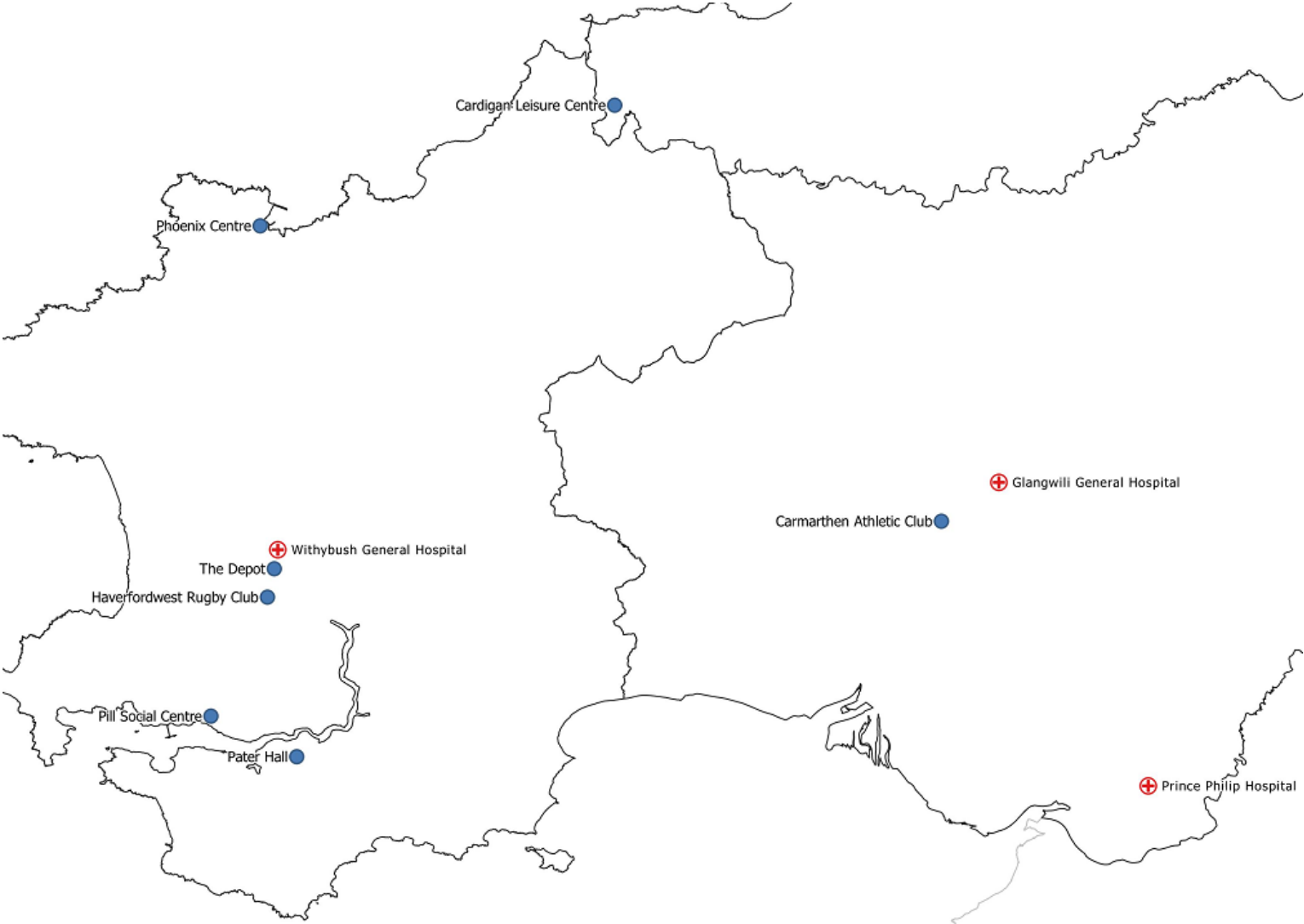
*Transport is an issue for some people, and also access to digital services. (Pembrokeshire Town and Community Council)*

# 6. Public engagement: drop-in events

## Introduction

6.1 HDdUHB hosted seven face-to-face and one online public drop-in events across the affected area between June and August 2023 (while three online events were offered, no-one registered for one of them, so only two went ahead). While anyone was welcome to attend the events, the locations in which the face-to-face sessions were held, shown as blue dots on the map below, reflect the fact they were targeted toward those likely to be affected by the consultation options.

Figure 29: Map showing event locations



6.2 The drop-in sessions were attended by 50 people in total. The distribution of events, the dates on which they were held, and the number of people engaged are presented in the table overleaf.

Table 11: HDdUHB public drop-in events

Event	Date (2023)	Number engaged
Online Drop-in event	10am – 11:30pm Monday 19 June	0
Carmarthen Drop-in event (Carmarthen Athletic Club)	1pm – 6pm Tuesday 20 June	1
Online Drop-in event	6:30pm – 8pm Thursday 22 June	4
Goodwick Drop-in event (Phoenix Centre)	1pm – 6pm Friday 23 June	20
Online Drop-in-event	1pm – 2:30pm Monday 26 June	3
Cardigan Drop-in event (Cardigan Leisure Centre)	1pm – 6pm Tuesday 27 June	1
Milford Haven Drop-in event (Pill Social Centre)	1pm – 6pm Thursday 29 June	3
Haverfordwest Drop-in event (1) (Haverfordwest Rugby Club)	1pm – 6pm Monday 3 July	9
Haverfordwest Drop-in event (2) (The Depot)	5pm – 8:30pm Tuesday 1 August	4
Pembroke Dock Drop-in-event (Pater Hall)	5pm – 8:30pm Thursday 10 August	7

- 6.3 The key questions and themes arising from these events are reported in this chapter.

## Key findings from public drop-in events

### Views on the three options

#### Option 1 - expanded outpatient services at Withybush Hospital

- 6.4 While few comments were made on the merits and drawbacks of Option 1, questions were asked around how it might work in practice, particularly in relation to accessing the proposed rapid access clinics.
- 6.5 Moreover, several participants questioned why the additional services under Option 3 (i.e., additional staff training and an enhanced service for children and young people within A&E) cannot be provided under Option 1. Some felt that if these could be provided, Option 1 would be preferable.

*If Option 1 goes through, surely we can still train staff up at Withybush anyway? (Goodwick)*

*... Why couldn't you have the training option with, say, option 1? (Online)*

*By linking training with Option 1, it could be the win-win option. (Online)*

## Option 2 - a Paediatric Ambulatory Care Unit (PACU) from 10am-6pm with limited outpatient services (Monday to Friday)

- 6.6 One consultee explicitly felt that Option 2 is the best choice of the three, while others expressed concern about the limited hours proposed for a PACU at Withybush Hospital and the prospect of adequately staffing it (issues that apply equally to Option 3).

*Apprehensive about Option 2 as if something happens after 6pm we'll be down in Glangwili. (Haverfordwest)*

*Will it be a new consultant? Not one that is already there with a huge caseload. (Haverfordwest)*

- 6.7 Similar to Option 1, it was again questioned why the additional services under Option 3 (i.e., additional staff training and an enhanced service for children and young people within A&E) cannot be provided under Option 2.

## Option 3 - a Paediatric Ambulatory Care Unit (PACU) from 10am-6pm with limited outpatient services (Monday to Friday) and provision of some non-emergency treatments such as radiology and day care

- 6.8 Option 3 was considered the best option by the most drop-in attendees because it “offers the most” at both Glangwili and Withybush Hospitals.

*Option 3 is the better option as there is more with it. (Haverfordwest)*

*Went over the options and its option three because it offers the most. (Milford Haven)*

- 6.9 Indeed, attendees at the online public drop-in questioned why the other two options were on the table given what they considered the superiority of Option 3.

*I'm a bit confused. You give three options, but it would seem the third option is superior to the other two. Why aren't we just going for the third option or is there more to it than that? (Online public meeting)*

- 6.10 Some issues of concern were raised however, some of which have been outlined above in relation to Option 2 (the limited hours proposed for a PACU at Withybush Hospital and the prospect of adequately staffing it). Furthermore, questions were asked about how consultants would decide on appropriate pathways, and why this option scored lowest during the options appraisal process when it provides more services to Pembrokeshire residents.

*So, you have to be ill between 10 and 6? (Goodwick)*

*That's a good idea as you have GP Monday to Friday, but it's the weekend we need cover for emergencies. (Goodwick)*

*Option 3 has the lowest score even though it's bringing more back to Withybush? (Haverfordwest)*

- 6.11 It should be noted here that many comments were made about the inappropriateness of the A&E environment at Glangwili for children and young people, even though several people praised the staff themselves for their attentiveness and attempts to prioritise where possible.

*A&E in Glangwili at night, that's a hostile place to be!! (Goodwick)*

*A&E in Glangwili is cold, there are no drink/food machines. It's not the place for a sick child at 2am. (Goodwick)*

*[Child] was seen at the local surgery by a lovely GP who then advised we go to Glangwili A&E. There were no spaces, so we were advised to stay in the car and would be called and eventually called in at 2am. So much noise, baby screaming and drunks there. Had blood test and had to wait even longer. We had to leave and went home ... (Goodwick)*

*My ... grandson had broken his arm ... and because [he was so young] he was prioritised by staff in A&E so not in that environment too long. (Carmarthen)*

*... All the staff were amazing in Withybush and in Glangwili; they were all lovely. (Milford Haven)*

*The staff have always been passionate, kind and they always give their best. Even with the ambulances, we've had no complaints. (Cardigan)*

- 6.12 The pressures on Glangwili's A&E department were also frequently noted, and it was said that reinstating as many services as possible to Withybush and providing training to A&E staff there would relieve at least some of this pressure.

*We went to A&E at 2pm and we were there till the following morning. This is Carmarthen A&E. It was packed. He ended up in a nurse's office. (Goodwick)*

*I had to sit in my car with my poorly son until we could get seen as it was so busy. (Goodwick)*

## General questions and comments relating to the options

### All options are an improvement on current provision

- 6.13 There was some feeling that all three options are an improvement on the current provision of children and young people's services.

*All of these are better than what we have now. (Haverfordwest)*

*From my point of view, all the options are going to be an improvement in a way to the current situation, so that's a good thing. (Cardigan)*

- 6.14 Drop-in attendees were particularly pleased with the prospect of a PACU returning to Withybush Hospital under Options 2 and 3. They highlighted the difficulties involved in travelling to Glangwili for some families which, they felt, would be overcome to a large extent by having this facility available more locally. It was also said to be more difficult for parents/guardians and their children to build a rapport with staff at a distant hospital than it was when paediatric services were available at Withybush. Some of the many typical comments are overleaf.

*Certainly, if you bring PACU back, there would be a great sigh of relief, people will be much happier in Pembrokeshire. (Haverfordwest)*

*Bringing something back to Withybush would be a big improvement, because I know families that struggle to go to Glangwili. (Haverfordwest)*

*It would be nice to have PACU back and for people not having to drive a long way only to be told they look ok and to get sent home. (Goodwick)*

*When we had PACU at Withybush, it was great and more practical for us having to get our children seen and back home in good time. (Haverfordwest)*

*Need a service close to home. Need care close to home; so important to families. Will always go closest hospital. (Haverfordwest)*

*When PACU was in Withybush it seemed easier all-round. Staff knew [my child], it was fifteen minutes away. (Goodwick)*

*You could build up a rapport, relationship with staff in WGH but since going to GGH there isn't that familiarity now (Milford Haven)*

- 6.15 Moreover, the Goodwick event was attended by a GP, who said that *"I do miss PACU in other circumstances when you aren't sure. Sometimes as a GP you do worry if you don't know what's wrong"* (Goodwick).

- 6.16 While there was acceptance that a full paediatrics service at Withybush is neither feasible nor warranted, some attendees at Haverfordwest and Goodwick said they would not be content with anything less than this.

*I understand that we can't have everything here in Pembrokeshire but let's get what we can ... (Goodwick)*

*As far as I'm concerned anything less than what we had before at Withybush won't be good enough. (Haverfordwest)*

*I know it's good, but it's a 50% service. I feel that Pembrokeshire deserves a full service ... (Goodwick)*

*Without community paediatrics [my child] wouldn't have survived. Having that on your doorstep is what's needed and there should be someone there 24 hours. (Milford Haven)*

*I don't see why anybody has to travel outside their shire to receive services. (Goodwick)*

*If I have something critical that I need, I want it on my doorstep. (Haverfordwest)*

- 6.17 Indeed, there appears to be considerable residual anger among many Pembrokeshire residents about the gradual loss of services from Withybush over the years, as illustrated by the following typical comments.

*Every time there is staffing issues, its Pembrokeshire and Withybush that suffers, Glangwili then benefit. Withybush always have to suffer the brunt of the staffing issues. (Haverfordwest)*

*Glangwili is better now because you've ripped out everything else from Withybush over the years. (Haverfordwest)*

- 6.18 The proposed Rapid Access Clinics were praised by attendees, though, as mentioned, there were some questions about how they would be accessed.

*A rapid access clinic at Withybush would be helpful so closer to home. (Goodwick)*

### Staffing and resources

- 6.19 Many drop-in attendees questioned the feasibility of staffing all three options, but especially Options 2 and 3 given the stated need for additional recruitment. There was recognition of the challenges involved in recruiting consultants in particular to the area, and many questions as to how HDdUHB aims to achieve this.

*Sufficient staffing is the key thing for services for the future. (Carmarthen)*

*How difficult would Options 2 and 3 be with recruitment? (Goodwick)*

*The problem is you don't have enough consultants here! (Haverfordwest)*

*How do you feel you are going to attract those consultants back to Withybush? (Goodwick Public Drop In)*

*Understand recruitment challenges currently in Withybush ... it's a 'dead end' for training opportunities for consultants. (Haverfordwest)*

*I understand that the issue with Withybush is getting staff for that end... (Carmarthen)*

- 6.20 There was some feeling that, looking to the future, centralising paediatric services at the proposed new hospital for the south of Hywel Dda would help overcome current recruitment challenges to an extent (and one consultee was of the view that the option chosen should be that which best eases the transition between current provision and that planned for a new hospital). The service provided at the Grange Hospital in Cwmbran was given as a positive example of this. Others, though, were concerned about being able to access services easily, especially from west Pembrokeshire, and the prospect of a new unit quickly becoming overrun.

*My personal view is if you centralise services, you end up with the most experienced clinicians in that service area which could be a good thing. (Haverfordwest)*

*I know it's a few years away, but would there be any significant difference between option1, 2, and 3 with regard to the development of the new hospital? (Online)*

*We've seen what it's like in the Grange. There's more staff at the Grange. It felt like one-to-one, and the nurses and doctors seemed more relaxed in intensive care. We were spoilt. (Goodwick)*

*Problem with centralising things is cramming people into the same place, from Fishguard, Haverfordwest and all over. (Carmarthen)*

- 6.21 On a related note, there was worry about the ability to recruit specialists to Withybush in the interim period, given the proposal to repurpose it into a community hospital in future. Indeed, several attendees commented that they were concerned about the Health Board's ability to provide a safe and sustainable service in the period up until the new hospital is operational.



*They'll never get staff down there if they're going to close Withybush. (Haverfordwest)*

*We've got this plan for a fantastic super hospital, but we are worried about the here and now and how we can access better quality of care for our children. (Haverfordwest)*

- 6.22 Attendees also questioned whether GP services would buy in to whichever option was implemented, particularly given the pressure they are already under. Indeed, it was said that none of the options can be successfully implemented without improvements to GP access.

*Are the GPs on board with this? (Goodwick)*

*It is impossible to get doctors' appointments locally. How can we fix this? ... This is key; resolving the access to GPs and improving whole system (Pembroke Dock)*

### The importance of signposting

- 6.23 Attendees highlighted that if some services are to return to Withybush Hospital, parents, guardians and others must be fully informed about what they can access there and when – and what they would need to go to Glangwili for. Furthermore, more information was thought to be needed in relation to what is available at other facilities like Minor Injury Units.

*If [it] can be very obvious, signposting where to go for what ... [that] would make a massive difference. (Haverfordwest Public Drop In event)*

*It is a minefield trying to understand the pathways and navigate (Pembroke Dock)*

*Parents went to Glangwili and were told they should have gone to Withybush Hospital. Very confusing. (Pembroke Dock)*

*So, if you have a child that is ill at 11pm, is it straight to Glangwili ... Can you still go to A&E if its serious? (Haverfordwest)*

*Parents don't realise they can take children to MIU in Tenby and elsewhere (Pembroke Dock)*

- 6.24 This was highlighted by the number of questions asked and comments made around current and future pathways, such as:

*At the moment, if a child needs resuscitating, the ambulance crew can take the child to Withybush. Is that still going to happen? (Haverfordwest)*

*So, when you say 24 hours, it's not child specific, so if one of them breaks their arm, I would take them to Withybush? There is an x-ray facility there? (Goodwick)*

*It's still unclear when families can go to Withybush and what is classed as minor injury. Families as a default just go straight to Glangwili. (Haverfordwest)*

*So say something like if they started throwing up, in pain in the middle of the night, where would I go? (Haverfordwest)*

*So even with [a child with] breathing issues, I would still have to go to Glangwili, nothing in Withybush? (Goodwick)*



- 6.25 Moreover, a few drop-in attendees alleged that even some of those within the healthcare system are confused as to what is available where for children and young people.

*I've been sat outside Withybush whilst they argued about what do with her. (Goodwick)*

*Told by the GP there were no Paeds services in Withybush, but online it said there were Paeds services in Withybush. The doctor was so rude and adamant there was no service. (Milford Haven)*

*A&E are not aware that they are supposed to see children because I've been turned away. (Haverfordwest)*

### The availability of the Dedicated Ambulance Vehicle (DAV)

- 6.26 There was significant concern at the two Haverfordwest drop-in events (Haverfordwest) about the availability of, and ease of access to, the DAV for children needing emergency care. Particular worries were around insufficient numbers of DAVs, and the area's poor road infrastructure affecting travel times.

*The only thing that bothered me is the DAV services. Obviously, there are roadworks etc. How will they get to them if there is another call? (Haverfordwest)*

*When the DAV is engaged, what are the backup options? (Haverfordwest)*

*If you're in Carmarthen and something happens in Withybush, how many ambulances do you have? (Haverfordwest)*

- 6.27 Moreover, while the DAV was considered an important resource, some parents/guardians complained about being unable to get home after travelling to Glangwili by ambulance, sometimes in the early hours of the morning.

*We've gone to Glangwili before in an ambulance and then can't get home at 2am (Haverfordwest)*

*[A child was] taken straight to Glangwili [and their parent] didn't even know how she would get back to Fishguard. (Goodwick)*

- 6.28 In terms of offering reassurance to worried parents/guardians, it was said that more information is required about the DAV in order to raise awareness that it is available in an emergency situation. Additional training for all existing paramedics in paediatric care was also suggested.

*People just need to know they've got a quick, safe way to get to Glangwili. More awareness of DAVs. (Haverfordwest)*

*Paediatric training for existing paramedics in the county (Pembroke Dock)*

## Additional considerations

### Travel and access

- 6.29 While there was widespread positivity about the return of some paediatric services to Withybush Hospital, there was also significant concern about the distance to Glangwili Hospital for those – especially those from western Pembrokeshire - needing to travel there if services at Withybush are unavailable or inappropriate, and especially in an emergency. Accessing care was said to be difficult because of the distance, poor traffic infrastructure, travel costs, and restricted access to transport.

*If it's an emergency, Carmarthen is too far away! (Haverfordwest)*

*Parents feel they have been forgotten and, regardless, if from Fishguard, Solva or St Davids there is a lot of travelling. (Goodwick)*

*We live five miles down the road. It's a one hour plus drive to Glangwili. From St David's at least one hour 15 minutes. In an ambulance from Haverfordwest it's an hour. That's what people don't think about. Haverfordwest is not far from Carmarthen, but St Davids and Fishguard are half an hour from Haverfordwest. (Goodwick)*

*Cost of travel to Glangwili is a problem. Taken over an hour to get there every time we've gone. (Pembroke Dock)*

*Concerned only two roads in and out of Pembrokeshire - often an accident (Pembroke Dock)*

- 6.30 Visitors were said to be incredibly important for children and young people during a hospital stay, and there was concern that having inpatient paediatrics only at Glangwili impacts the ability of family members and others (especially those living in west Pembrokeshire) to visit to visit their loved ones, potentially to the detriment of their recovery.

*Being 47 miles away, my other daughter and husband couldn't just pop in to see us, it seemed unfair... (Goodwick)*

*Do people realise how traumatic it is for children to end up in a hospital they don't know? (Goodwick)*

- 6.31 There was also considerable resentment among Pembrokeshire residents about having to drive past a "perfectly good hospital" to access care at Glangwili.

*They are driving past a perfectly good hospital, Withybush, on the way to Glangwili ... (Goodwick)*

*I rang the GP [on behalf of my child], and no emergency appointments were available. They called back and told me to dial 999. Withybush is about 20mins away, but we were blue lighted past it to Glangwili which was 47 miles away (Goodwick)*

- 6.32 In light of all this, a few attendees were keen to see as many paediatric services as possible being offered in community facilities like the new Integrated Care Centre in Cardigan.

*It can work well if you can make an appointment locally rather than wait in Glangwili, such as for a blood test. (Carmarthen)*

## The consultation and decision-making process

- 6.33 Opinions varied on the consultation process. For some attendees, the drop-in events had been helpful and informative, and had allayed some of their concerns. They also stressed the importance of engaging with the consultation.

*It's useful to know as people may worry that there is nothing else. (Haverfordwest)*  
*I'm passionate about being involved. People need to come and give their views. (Goodwick)*

- 6.34 Others, though, felt they had not been well advertised, promoted, or attended.

*It would be good to ... get the message out there. Only way I found out was I saw something about in the Paediatric clinic (Goodwick)*  
*This and the land consultation have been very poorly advertised. (Haverfordwest)*  
*You haven't got enough people at these consultation events. (Haverfordwest)*  
*I saw one post on Facebook. I don't know who's going to come down here (Goodwick)*

- 6.35 There were also comments around the accessibility of the information provided at the events, and the Health Board's communications around the consultation more generally. In particular, there was a definite sense that more positive communication and reassurance is required for the people of Pembrokeshire especially.

*A lot of our parents can't read and write so they need something simple to understand about the options for the children's services. (Goodwick)*  
*[There's] nothing in large print which excludes people; size 18 needed (Goodwick)*  
*... Lots of words and abbreviations in the documents ... (Haverfordwest)*  
*Some of the issues comes down to communication. The health board need to do better in their communication to the public. (Haverfordwest)*  
*The general public are concerned and scared. Perception is we are losing an hospital and everything getting downgraded. We need to get proper messaging out ... [And] we need to promote fact that this is about urgent and emergency illness not general. Need to have better Comms (Pembroke Dock)*  
*You will need some sensitivity in Pembrokeshire. The more services that go from Withybush makes it difficult for us, but we need what's easier for you guys [staff]. (Goodwick)*

- 6.36 Furthermore, some attendees were sceptical that they would be listened to, and their views taken into account. In particular, Pembrokeshire residents raised what they saw as the inherent unfairness of the county's treatment by HDdUHB.

*The turnout here is low because the confidence in the health board is pretty low. People are fed up giving their views and not seeing any improvement. (Haverfordwest)*

*People say it's a waste of time to come here to engage (Pembroke Dock)*

*Scepticism about the consultation. It is hard for us to believe (the NHS is listening). Been to previous consultations which were farcical (Pembroke Dock)*

*I still have huge issues the way the whole process has been managed. The people of Pembrokeshire have not been treated fairly. (Haverfordwest)*

*You're not kind to the people of Pembrokeshire and we've been left behind. We had an excellent paediatric unit at Withybush that you took away. (Haverfordwest)*

- 6.37 However, there was praise for HDdUHB's efforts in engaging with children and young people.

*It's good that you're going to schools (Goodwick Public Drop In)*

*It's good to know that you've been taking to young people. (Haverfordwest)*

## Alternative suggestions

- 6.38 One consultee suggested that any paediatric provision at Withybush should be available be "from when the GP shuts till 10:30pm for example, as driving to GGH with a poorly child is hard and worrying" (Goodwick).
- 6.39 Another, a paramedic, felt that paediatric services could adopt the same day emergency care (SDEC) model, which "currently works really well with the paramedic team at the moment" (Haverfordwest).

## Equalities issues

- 6.40 Parents/guardians reported difficulties accessing care for a child at a hospital some distance away when they have other children to care for. This issue was considered especially acute for single parents. While it was acknowledged that the need to travel to Glangwili from Pembrokeshire would be mitigated by the return of some services to Withybush, many parents/guardians anticipated that they may have to do so at certain times and in the event of certain illnesses and injuries.

*It can be hard for parents, especially single parents, to juggle everything especially if they need to travel further (Goodwick)*

*... it's "oh it's a child then take them straight to Glangwili" [but] if you have another child at home, driving to Glangwili isn't always practical (Goodwick)*

- 6.41 Additionally, accessing appropriate care for children with disabilities at Glangwili was mentioned as an issue for some parents.

*We had to get a taxi and had to leave her wheelchair there and then had to come back for it in the morning after attending A&E in Glangwili via ambulance (Haverfordwest)*

*The bed didn't work, wouldn't go up or down. There was no hoist ... My son had been sedated and it was wearing off. The room was the smallest room in the world, it was awful. There was no room for the wheelchair. I ended up lifting him myself and getting on with it... (Goodwick)*

- 6.42 One parent at the Goodwick event highlighted that having to travel to Carmarthen could prove problematic for their disabled child as, "what might be normal for a kid, mine will be deteriorate quicker than most kids [and] with nonverbal kids its sometimes difficult to get any early notification that they are poorly" (Haverfordwest).
- 6.43 Other groups mentioned in the context of equalities (and especially the complexities and cost of travel) were those who are economically disadvantaged and those without access to private transport.

*... I particularly worry about those not on benefits with cost-of-living crisis. (Goodwick)*

*A lot of our mums in Fishguard and Letterston don't drive, they depend on public transport. (Goodwick)*

*From a community service point of view, it broke my heart when the ward at Worthybush closed. We have some families in the patch who have high needs. It was an hour to Worthybush for some and now even further. (Goodwick)*

# 7. Other community events/ meetings

## Introduction

- 7.1 HDdUHB either attended or visited 55 community events, meetings or settings to discuss the consultation issues with attendees and/or distribute consultation documents and questionnaires to be completed by those engaged at a later date. Approximately 780 people were engaged in this way, including 107 children and young people at events designed specifically for them.
- 7.2 The distribution of events, the dates on which they were held, and the number of people engaged are presented in the table below.

Table 12: Other community events/meetings attended or visited by HDdUHB

Event	Date (2023)	Number of people engaged
Office of West Wales Domestic Abuse Service	Tuesday 6 June	2 (including domestic abuse survivors, homeless and vulnerably housed, and socio-economically disadvantaged residents)
Milford Haven Mosque	Saturday 10 June	1 (Muslim community)
Llangrannog	Sunday 11 June	20 (Syrian and Ukrainian communities)
Cardigan Islamic Centre	Friday 16 June	2 (Muslim community)
New Life Church	Friday 16 June	3 (including socio-economically disadvantaged residents)
Llanybydder meat packing factory	Monday 19 June	30 (including Polish and Romanian communities)
Outpatients Children’s Clinic, Glangwili Hospital	Thursday 22 June	9
VC Gallery, Haverfordwest	Thursday 22 June	4 (including veterans, disabled, and socio-economically disadvantaged residents)
Pop up shop Haverfordwest	Friday 23 June	8 (including socio-economically disadvantaged

Event	Date (2023)	Number of people engaged
		residents, disabled residents, and parents)
VC Gallery, Haverfordwest	Friday 23 June	20 (including veterans, disabled residents, and socio-economically disadvantaged residents )
Gypsy & Traveller Site - Under the Hills, Haverfordwest	Tuesday 27 June	3
Gypsy & Traveller site – Castle Quarry, Monkton	Wednesday 28 June	2
Solva carers' event	Thursday 29 June	3
Gypsy & Traveller site – Pen y Bryn, Llanelli	Thursday 29 June	3
Sunny Vale Holiday Park	Friday 30 June	4 (Ukrainian community)
Saundersfoot Wellbeing Walk	Wednesday 5 July	12 (including disabled residents, unpaid carers, and socio-economically disadvantaged residents)
Engagement with family refugee worker for South Ceredigion	Wednesday 5 July	n/a
Ivy Bush Hotel, Welcome Accommodation, Carmarthen	Wednesday 5 July	12 (Ukrainian community)
Newquay fish factory	Thursday 6 July	12 (Polish community)
Milford Haven mosque	Friday 7 July	40 (Muslim community)
Llanybydder meat packing factory	Wednesday 12 July	4 (including Romanian community and Welsh speaking residents)
ESOL Classes, Carmarthen	Monday 17 July	9 (including Polish and Ukrainian communities)
Llanelli Multicultural Network	Tuesday 18 July	18 (including Polish and Ukrainian communities)
Milford Haven mosque	Friday 21 July	50 (Muslim community)
Community Café Tenby	Sunday 23 July	15 (including socio-economically disadvantaged residents, and unpaid carers)

Event	Date (2023)	Number of people engaged
The Table drop-in, Carmarthen	Tuesday 25 July	2 (parents of neurodiverse children)
Gypsy & Traveller site – Kingsmoor, Kilgetty	Wednesday 26 July	2
Gypsy & Traveller site – Castle Quarry, Monkton	Wednesday 26 July	2
Gypsy & Traveller Site – Under the Hills, Merlins Bridge, Haverfordwest	Thursday 27 July	3
Gypsy & Traveller Site - Withybush, Haverfordwest	Thursday 27 July	2
Salvation Army Centre, Carmarthen	Thursday 27 July	8 (Including socio-economically disadvantaged residents, neurodiverse residents, and the homeless and vulnerably housed)
Llanybydder meat packing factory	Tuesday 1 August	140 (including Polish, Romanian, Hungarian, and Arabic speaking communities)
Community Café Tenby	Tuesday 1 August	3 (including socio-economically disadvantaged residents, and unpaid carers)
Aberaeron family event	Wednesday 2 August	12 (including socio-economically disadvantaged residents, Syrian community, and Black community)
Cardigan family event	Thursday 3 August	10 (including socio-economically disadvantaged residents, and Black community)
VC Gallery, Pembroke Dock	Friday 4 August	4 (including socio-economically disadvantaged residents, and veterans)
Traveller site	Friday 4 August	3
Lampeter Mosque	Friday 4 August	10 (Muslim community)
Myrtle House Community Food Bank	Friday 4 August	8 (including socio-economically disadvantaged residents)



Event	Date (2023)	Number of people engaged
Play Day, Tyisha, Llanelli	Monday 7 August	c. 40 (including socio-economically disadvantaged residents, and young people)
Parent and Toddler Group (Pembroke)	Tuesday 8 August	13
Recovery gathering, Narberth	Tuesday 8 August	10 (including socio-economically disadvantaged residents)
Meads Dreams event, Mead leisure centre	Monday 14 August	20 (including socio-economically disadvantaged residents)
Syrian Families Day, Llanelli	Tuesday 15 August	6 (Syrian and Kurdish communities)
Pembrokeshire County Show (Day 1)	Wednesday 16 August	13
Pembrokeshire County Show (Day 2)	Thursday 17 August	54
The Nelson Trust	Wednesday 18 August	0
Ateb Group Housing event	Wednesday 23 August	23
The Salvation Army Centre, Carmarthen	Thursday 24 August	5 (including socio-economically disadvantaged residents, vulnerably housed, residents with chronic health issues linked to drugs and alcohol)
<b>SESSIONS WITH CHILDREN AND YOUNG PEOPLE</b>		
Ysgol Caer Elen	Thursday 3 July	30 (plus 1 staff member)
Pembrokeshire Youth Assembly	Wednesday 5 July	11 (plus 1 staff member)
Ysgol Penrhyn Dewi	Thursday 6 July	16 (plus 1 staff member)
Ysgol Harri Tudur / Henry Tudor School - meeting with school council (x 2)	Tuesday 11 July	13 (plus 1 staff member)
Ysgol Harri Tudur / Henry Tudor School - meeting with school council	Thursday 13 July	15 (plus 2 staff members)
The Point, Fishguard	Friday 14 July	16 (plus 3 staff members)

Event	Date (2023)	Number of people engaged
Ysgol Dyffryn Taf – meeting with school council	Wednesday 19 July	7 (plus 1 staff member)

- 7.3 The key questions and themes arising from these events are reported in this chapter.

## Key findings from other community events/meetings

### Views on the three options

#### Option 1 - expanded outpatient services at Withybush Hospital

- 7.4 A few people felt that Option 1 was the best choice because of the benefits centralisation would bring.

*Option 1 sounds good, bringing everything in one place ... You need to centralise in one area.  
(Parent and Toddler Group, Pembroke)*

- 7.5 The difficulties involved in taking time off for multiple appointments was noted by one participant. As such, the prospect of more outpatient appointments available locally was welcomed by Pembrokeshire residents.

*It's hard trying to get the time off work [discussion on multi-clinic appointments] (Withybush Gypsy & Traveller Site, Haverfordwest)*

#### Options 2 (a PACU from 10am-6pm with limited outpatient services (Monday to Friday)) and 3 (a PACU from 10am-6pm with limited outpatient services (Monday to Friday) and provision of some non-emergency treatments such as radiology and day care)

- 7.6 Some participants liked Options 2 and 3 as they offer more services locally to the people of Pembrokeshire and have the potential to reduce pressure on A&E departments at both hospitals.

*Option 2 or 3 is best as it gives more services. (Kingsmoor Gypsy & Traveller Site, Kilgetty)*  
*That will be nice [having PACU back in Withybush]. (Outpatients Childrens Clinic, Glangwili Hospital)*  
*We don't want to have to go the Glangwili unnecessarily. (Parent and Toddler Group. Pembroke)*  
*It would be nice if [my child's] appointments were in Withybush just because of the travelling. (Ateb Group Housing event)*  
*Is it going to reduce pressure on A&E? Anything would be good to reduce that. They are under such pressure. (Parent and Toddler Group, Pembroke)*  
*There's a gap in services between GPs and A&E. If the GP can't see you the only option is A&E, but the doctor needs to refer you. There needs to be something in between .... (Parent and Toddler Group (Pembroke)*

- 7.7 However, although the return of a PACU to Pembrokeshire and the provision of rapid access clinics was welcomed, the lack of out-of-hours cover was a concern.

*Isn't it better to have [day clinics] weekends, not in the week? (Withybush Gypsy & Traveller Site, Haverfordwest)*

*But with those hours ... we need more out-of-hours. (Under the Hills Gypsy & Traveller Site, Haverfordwest)*

- 7.8 It should be noted here that many comments were made about the inappropriateness of the A&E environment at Glangwili for children and young people, even though several people praised the staff themselves for their quality of care. The prospect for improvements under Option 3 was thus welcomed.

*The environment at Glangwili is horrible for children ... (Parent and Toddler Group, Pembroke)*

*[My baby] was sent to A&E and it was late! ... I was waiting ages; they need a designated area for children. There was nothing for the kids to do, no changing facilities for the baby .. The older kids were bored as they were with me, nothing for them to do to keep them occupied. (Under the Hills Gypsy & Traveller Site, Haverfordwest)*

*[It would be a good idea [to have a specialist area for children in A&E] (Withybush Gypsy & Traveller Site, Haverfordwest)*

*I'd rather not go to Glangwili at all but if we have to, they need to have a separate waiting room or area for the kids in A&E (Under the Hills Gypsy & Traveller Site, Haverfordwest)*

*The care you get when you're seen is great. (Parent and Toddler Group, Pembroke)*

*Glangwili is great ... every time I have been there the staff are really good, patient and good with our son who is scared of everything! (Pembrokeshire County Show)*

*We took [our child] straight to A&E in Withybush, but he needed an operation, so we were taken to Glangwili in the (DAV) really quickly. They were so good there... (Under the Hills Gypsy & Traveller site, Haverfordwest)*

## General questions and comments relating to all three options

### The importance of signposting

- 7.9 Questions were asked about the make-up of existing service provision at both Glangwili and Withybush Hospitals, and about why changes had been made in the past. Furthermore, attendees were somewhat confused about what would be provided in where in future under each of the options, suggesting a need for clarity around pathways and proper signposting for patients.

*What have we got at the moment? (Withybush Hospital foyer event)*

*Why did they stop [PACU] at Withybush? (Kingsmoor Gypsy & Traveller Site, Kilgetty)*

*We thought we couldn't bring our children to A&E at Withybush (Parent and Toddler Group, Pembroke)*

*Day admission; would that still be at Glangwili? (Withybush Hospital foyer event)*

- 7.10 There was also said to be some confusion among healthcare professionals about where children and young people should be treated, with specific reference to 16-year-olds.

*[My child] was batted between Withybush and Glangwili. There was confusion over where was the most appropriate place for a 16-year-old. [public] (Withybush Hospital foyer event)*

- 7.11 The prospect for confusion over where they should take their child for what (as well as some poor personal experiences of care at Withybush) led some attendees to suggest wholly centralising paediatric services at Glangwili.

*It would be better to just cut out the middleman and go straight to Glangwili ... (Kingsmoor Gypsy & Traveller site, Kilgetty)*

*Take them straight to Glangwili rather than wait, but it depends on what was wrong (Castle Quarry Gypsy & Traveller Site, Monkton)*

*I haven't really much faith in Withybush as I have had some bad experiences with family members ... Glangwili know what they are doing! (Under the Hills Gypsy & Traveller Site, Haverfordwest)*

## Staffing and resources

- 7.12 There was some recognition of HDdUHB's staffing issues among attendees.

*... It's not the hospital, there are no doctors in Withybush (Castle Quarry Gypsy & Traveller site, Monkton)*

- 7.13 In the context of staffing and resources more generally, there was some concern that little improvement will be possible without further government investment in the NHS.

*If the government treated the NHS better, it would be easier to recruit. (Castle Quarry Gypsy & Traveller Site, Monkton)*

*We can sit here and do a consultation every month, but nothing will change until the Government fund the NHS properly. (Castle Quarry Gypsy & Traveller Site, Monkton)*

## Additional considerations

### Travel and access

- 7.14 The main issues raised at the other community events and meetings centred on travel and access. In particular, Glangwili Hospital was considered to be too far for children and young people (and of course their parents/guardians) from Pembrokeshire to have to travel, especially in an emergency situation.

*I think generally ... the travel time is the biggest issue from St Davids, with Withybush only about 30 mins away and Glangwili a further 40 mins. (Pembrokeshire County Show)*

*The distance worries me, in the main. If we have to get to Glangwili in an emergency and with the new 20mph limits, it just worries me. Especially for those that live further like in Angle or Dale. (Pembrokeshire County Show (Day 2))*

*People living in St Davids it a long way to travel to Glangwili. (Outpatients Childrens Clinic, Glangwili Hospital)*

*[Going] to Withybush was far enough. [My child] could have died if I had to go to Glangwili. (Withybush Hospital foyer event)*

*[When my child was unwell] they said he wouldn't have made it to Carmarthen! (Ateb Group Housing event)*

- 7.15 Many comments were also made around distance issues being compounded by the area's poor road infrastructure and frequent roadworks.

*Do they realise how far it is to drive to Glangwili, the roads are terrible?! (Gypsy & Traveller Sites - Under the Hills, Haverfordwest)*

*What if there was a roadblock or an accident? It could take you ages to get through (Castle Quarry Gypsy & Traveller Site, Monkton)*

### The future of Withybush Hospital

- 7.16 Many of the comments received at the other community events and meetings were around the need to 'save Withybush Hospital'. In the context of this consultation, there was some desire for the return of full paediatric services.

*Will this help the Hospital (Withybush) stay open ... ? As we need to think about people who live in Dale or Angle (Kingsmoor Gypsy & Traveller Site, Kilgetty)*

*If we don't do something nothing will change, we need to save Withybush! (Pembrokeshire County Show)*

*Pembrokeshire is surround by oil refineries, beaches, tourists and with accidents all the time and roads being closed how do we get to Carmarthen! It crazy what's going on! (Pembrokeshire County Show)*

*Need full paediatric services back at Withybush [public] (Withybush Hospital foyer event)*

### Accessing primary care

- 7.17 Other comments centred on the difficulties accessing primary care, lengthy waits for follow-up appointments, and access to neurodevelopmental services.

*I find it really difficult to make appointments in [my] Surgery. [My child was] sent away by the receptionist as she said they can't treat him as he is under 2yrs. I ended up calling 111 for advice... (Ateb Group Housing event)*

... They have been so slow in [my child's] follow up appointments. He is supposed to be seen every 12 months, but he is already six months late for it this year and they don't communicate with us. (Pembrokeshire County Show)

... there are concerns around how to access the [Neuro developmental] services. (Kingsmoor Gypsy & Traveller Site, Kilgetty)

It's disgusting that children have to wait! Especially (for the) Neurodevelopment team ... I understand it takes time for additional testing to come back via other departments but due to the lack of communication this could be sped up. (Pembrokeshire County Show)

## Equalities issues

- 7.18 Parents/guardians reported difficulties accessing care for a child at a hospital some distance away when they have other children to care for. This issue was considered especially acute for single parents. While it was acknowledged that the need to travel to Glangwili from Pembrokeshire would be mitigated by the return of some services to Withybush, many parents/guardians anticipated that they may have to do so at certain times and in the event of certain illnesses and injuries.

*I was sent to Glangwili because I couldn't be seen at Withybush. It's hard as a single parent of a five-year-old to keep them occupied when driving to Glangwili (Withybush Hospital foyer event)*

- 7.19 It was also said that the apparent inappropriateness of the A&E departments at both Glangwili and Withybush for children and young people can be especially difficult for single parents, who must care for their sick child at the same time as keeping their other children occupied.

*I've got to take both children. I'm on my own but there's nothing for the older one to do [at Withybush], and I've got a poorly baby to look after. (Parent and Toddler Group, Pembroke)*

- 7.20 Other groups mentioned in the context of equalities (and especially the complexities and cost of travel) were those without access to private transport.

*Something has to change; I dread my child being poorly as I don't drive so I can't get to Glangwili. (Pembrokeshire County Show)*

## Key findings from meetings with young people

- 7.21 HDdUHB hosted seven meetings with children and young people in July 2023. All were held in-person (in schools and youth groups) and included 107 young people. The feedback received at these sessions is reported below.

## Views on the three options

- 7.22 There were very few comments on the three consultation options. Only at Ysgol Dyffryn Taf were they discussed in detail: some young people considered Option 1 to be a good choice (though no reasons for

this were recorded), while Options 2 and 3 were praised in enabling people to be treated in their county of residence.

- 7.23 Some more general comments were made about having services available at Withybush, suggesting that the return of a PACU there would be welcomed.

*Knowing you can still go to Withybush is more reassuring. (Pembrokeshire Youth Assembly meeting)*

*If something is wrong, say I had an accident and broke my arm, my parent might think twice before taking me anywhere far. Withybush is perfect for us ... (Ysgol Penrhyn Dewi)*

## General questions and comments relating the options

### The importance of signposting

- 7.24 Many young people were unsure as to which hospital they would attend in an emergency: they were concerned that it would be confusing for parents and guardians.

*Part of the problem is where you go for what. Where would you go if your hurt your elbow in a fall? (Pembrokeshire Youth Assembly)*

*Understanding pathways is important (Pembrokeshire Youth Assembly)*

*If you had acute stomach pain and you're seven [years old], cannot move, where are you taking them? (Pembrokeshire Youth Assembly meeting)*

*It's confusing; if you've got a sick child and you can't see a GP, where do you go? (Ysgol Harri Tudur/Henry Tudor School Council)*

*... If you live in St Davids, would you drive to Withybush? It's not clear where you go. (Pembrokeshire Youth Assembly meeting)*

- 7.25 There was recognition though, that, in cases where an ambulance has been called, paramedics would make that decision.

- 7.26 There were also questions around what services and staff would be available at a PACU in Withybush, and what would happen when the new urgent and emergency hospital is operational.

*Will there be a multi-disciplinary team on Puffin Ward? (Pembrokeshire Youth Assembly meeting)*

*So, will the services eventually go to the new hospital? Will PACU be centralised? (Pembrokeshire Youth Assembly meeting)*



## Additional considerations

### Travel and access

- 7.27 While some young people described positive experiences of being treated at Glangwili Hospital, those in Pembrokeshire noted the often long and complex journeys to get there (especially by public transport). This was a concern given parents and children will still have to make those journeys in certain circumstances and at certain times.

*If you are sending people to Glangwili you need better transport. Not all parents drive. You can't expect parents to take the whole day off or sacrifice annual leave or lose pay. It's unacceptable and it contravenes their rights. (Pembrokeshire Youth Assembly meeting)*

*From St Davids and Fishguard, it's quite difficult to get to Glangwili. It's relatively good from here [Pembroke]. (Ysgol Harri Tudur / Henry Tudor School Council members)*

*The distance is really tricky if you can't get transport. The station is a mile-and-a-half away [from Glangwili]. (Pembrokeshire Youth Assembly meeting)*

- 7.28 There was specific worry about how parents might travel to or return home from Glangwili if their child was taken to hospital in the Dedicated Ambulance Vehicle (DAV).

*If a child is taken to Glangwili from Withybush in the DAV, how does the parent get home from Glangwili or get to Glangwili if they cannot drive? (Ysgol Penrhyn Dewi)*

*How will the parents get home from Glangwili if they are in the ambulance with their children, or if they are single parents and have other children. (Ysgol Caer Elen)*

*I [needed treatment], but no transport was put in place to get us home. (Pembrokeshire Youth Assembly meeting)*

- 7.29 There was some feeling, however, that parents/guardian would (and indeed should) be prepared to travel for the best and more seamless care for their child – especially if that care is more specialist.

*I don't mind if its far if I get seen quicker ... That's what is more important to me. (Ysgol Penrhyn Dewi)*

*I need to go to Morriston for outpatients' appointments. They are really good there. It's a long way to travel but for my care it's the only place. (Ysgol Harri Tudur / Henry Tudor School Council)*

*I understand that for specialist care you need to go further away. (Ysgol Harri Tudur / Henry Tudor School Council)*

### Moving forward

- 7.30 Ultimately, some young people (particularly the Pembrokeshire Youth Assembly) recognised that it will be impossible to please everyone regardless of which option is taken forward, but that concerns and fears can be mitigated to an extent by careful and reassuring messaging.



*It's not going to please everyone. Help the most, not the minority, even if they're not happy. (Pembrokeshire Youth Assembly meeting)*

*Messaging is key. (Pembrokeshire Youth Assembly meeting)*

*[In Pembrokeshire] experience of change isn't good. People would be more open to change if they had a positive experience of change. (Pembrokeshire Youth Assembly meeting)*

*It's understanding that going to Withybush could be more detrimental than going further ... you want the best person to look after you realistically. (Pembrokeshire Youth Assembly meeting)*

- 7.31 It should be noted, too, that there was much praise for the NHS and its staff within some of the young persons' groups, as well as concern about 'fearmongering' by the media nationally contributing to the worry felt about services locally.

*The NHS itself is amazing, it's just sad that it's really underfunded. (Ysgol Penrhyn Dewi)*

*We have a duty to look after the NHS ... (Pembrokeshire Youth Assembly meeting)*

*Fearmongering in the media is an issue ... Maybe there could be consequences if newspapers put people on edge (Pembrokeshire Youth Assembly meeting)*

## What is important to children and young people when in hospital?

- 7.32 Those taking part in the consultation were also asked what they felt was important to enable any time spent in hospital to be easier for them. Several suggestions were made.
- 7.33 Many participants felt that the most important thing for young people was being able to trust the staff looking after them and having good awareness of the treatment they need. This, it was felt, can be achieved through good communication from friendly and approachable staff, who recognise the importance of speaking to and engaging with the young person themselves, and not just their parents/guardians.

*Trust is really important. (Ysgol Caer Elen)*

*They need to make me feel safe and in control of my treatment. (Ysgol Caer Elen)*

*I've been to A&E before and they explained stuff to my mum which I didn't understand and then they just started doing stuff (Ysgol Caer Elen)*

*Staff don't involve the child but speak to the parents. I didn't know what was happening ... (Ysgol Harri Tudur / Henry Tudor School Council)*

*I would like to be spoken to directly, not what my parents are saying is wrong with me but be asked myself. (Ysgol Harri Tudur / Henry Tudor School Council)*

*I ... didn't speak to them [the doctors]; mum and dad did all the talking. (The Point, Fishguard)*

- 7.34 In this respect, the provision of a non-medical staff member to ensure children and young people simply have someone to talk to and distract them was suggested.

*Someone to talk to as if your parents are not visiting it is really boring. (Ysgol Caer Elen)*

*Somebody, not a nurse or doctor, who is specifically employed to help distract us. (Ysgol Dyffryn Taf School Council)*

- 7.35 Being treated by trainee doctors was discussed by one group, some members of which were concerned about a less experienced clinician being involved in their care, especially if their illness or injury is serious. It was agreed that trainee paediatricians should be skilled in communicating with children and young people and also trained in safeguarding issues. The same group also agreed that a parent should always be able to stay with their child during their time in hospital.

*Got to be comfortable with what [trainee doctors] are doing to me. (Ysgol Dyffryn Taf – School Council meeting)*

*You might feel more confident with an experienced doctor rather than a trainee. (Ysgol Harri Tudur / Henry Tudor School Council)*

*[Trainee doctors] all need safeguarding training. (Ysgol Dyffryn Taf School Council)*

- 7.36 The provision of age-appropriate activities and resources for outpatients and inpatients was considered essential. These included electronic devices and televisions with a range of channels/programmes that would appeal to various age groups; books and magazines; toys for younger patients; and food/snacks via vending machines or fast-food outlets.

*They should have more toys for younger children in A&E ... (Ysgol Caer Elen)*

*iPads when you are in hospital ... (Ysgol Caer Elen)*

*Netflix would be good so you could relax and not be concerned ... the stuff on the TV in waiting rooms, it's really boring, usually the news. (Ysgol Caer Elen)*

*TV is a good distraction; I would want to watch something that interests me though, not just anything. (Ysgol Dyffryn Taf School Council)*

*It would be good to have distractions when you are waiting, like books, PlayStation etc. (Ysgol Harri Tudur / Henry Tudor School Council)*

*KFC/McDonalds, takeaways. (The Point, Fishguard)*

- 7.37 The importance of a welcoming hospital environment was highlighted by many. Several participants stated that hospital 'can be scary' and that the current lack of colour and decoration contributes to this perception.

*Colourful and comfortable environment to put you at ease, as hospital can be scary. (Ysgol Harri Tudur / Henry Tudor School Council)*

*You don't want to feel like you are in hospital. (Ysgol Caer Elen)*

*Hospital can be scary; it needs to look friendly and welcoming to children. (Ysgol Caer Elen)*

- 7.38 Other requests were more comfortable hospital beds; more appropriate facilities for parents who have to stay overnight; young people-friendly menus on inpatient wards; and prioritisation of children and young people in A&E to reduce waiting times for them and their parents.

*Make the beds more comfortable (The Point, Fishguard – group meeting)*

*The beds were so uncomfortable when I had to stay overnight at GGH ... (Ysgol Penrhyn Dewi)*

*...a separate menu for the children wards. (Ysgol Harri Tudur / Henry Tudor School Council)*

*When I stayed overnight at GGH, my mum had to sleep on a recliner chair, it wasn't comfortable for her. There should be a designated facility where parents can go and stay. (Ysgol Penrhyn Dewi)*

*The amount of time it takes for doctors to come and see you (Ysgol Dyffryn Taf School Council)*

*So, for me what's important is the amount of time to wait for treatment. The quicker the better. (Ysgol Penrhyn Dewi)*

- 7.39 Indeed, in relation to the latter point, several young people had experienced long waits both for ambulances, and to be seen at A&E – as well as frustrating experiences of being transferred between hospitals.

*I had to phone for an ambulance, and they told me it was six hours for one, and I was only down the road from WGH (Ysgol Caer Elen)*

*I needed an ambulance it came quite quickly and took me to GGH... [but I] had to wait three hours to see someone. (Ysgol Caer Elen)*

*[I] waited at WGH for one and half hours, I was in agony, then got sent to GGH. It was lovely at GGH, but it was annoying to have to wait that long at WGH before being sent to GGH. (Ysgol Penrhyn Dewi)*

- 7.40 Specifically, it was recommended that HDdUHB should invest in play therapists for children with disabilities.

*If you want to develop Withybush, invest in play therapists especially for children with disabilities. It's difficult if you need an injection, and it's distressing for children to hear other distressed children. You need to understand the experience of disabled children. (Pembrokeshire Youth Assembly meeting)*

# 8. Public engagement: focus groups with residents

## Introduction

- 8.1 To explore the consultation issues in more depth and gather informed feedback, ORS conducted three two-hour focus groups with residents, one in each of HDdUHB’s three counties. These sessions are best understood as ‘deliberative’ meetings in which the three options for urgent and emergency children and young people’s services at Withybush and Glangwili Hospitals were tested against residents’ opinions.
- 8.2 This provided an opportunity to explore the extent to which each of the options are acceptable or otherwise, and to understand in more detail the issues and arguments relating to them. The feedback received provides valuable insights to be considered, alongside all other evidence, by those making decisions.

## Attendance and representation

- 8.3 In total, there were **28** participants at the focus groups. The aim was to achieve between eight and 12 participants for each group, which was achieved in all cases. The number of participants at each focus group varies due to unexpected ‘on the day’ dropouts, which is normal for sessions of this nature. The table below outlines brief details of each meeting.

Table 13: Resident focus group dates and attendance

Group	Date (2023)	Number of attendees
Ceredigion (Cardigan)	Monday 3 July	9
Pembrokeshire (Pembroke Dock)	Tuesday 11 July	11
Carmarthenshire (Whitland)	Wednesday 12 July	8

- 8.4 Participants were recruited using quota-controlled recruitment in one of two ways. Some were accessed via random-digit telephone dialling from ORS’ Social Research Call Centre, which is an effective way of ensuring participants are independent and broadly representative of the wider community. Others were recruited by Acumen Field, a specialist recruitment agency, who initially sent out a screening questionnaire as an online survey to a database of contacts and, more widely, on social media platforms. They then collated the responses to establish a pool of potential recruits, which was ‘sifted’ to establish a contact list. People were then contacted by telephone, asked to complete a more detailed screening questionnaire and either recruited or not to match the required quotas. All those recruited were sent all the necessary details in a confirmation email and telephoned a day or two before the events to confirm their attendance.

- 8.5 In recruitment, care was taken to ensure that no potential participants were disqualified or disadvantaged by disabilities or cost of travel. As standard good practice, an incentive payment of £50 was paid to participants as a token of thanks and to cover childcare or travel costs. All focus group venues were accessible, and any special accessibility needs were considered during the recruitment and facilitation stages.
- 8.6 The groups were designed to include those who are or could be directly affected by the consultation issues (i.e., parents, guardians, and carers), and the recruitment process was monitored to ensure diversity in terms, for example, gender, age, working status, and number of children. Participants’ demographics are shown in the table below.

GENDER	AGE	WORKING STATUS	RESPONDENT TYPE	NUMBER OF CHILDREN
Male: 9 Female: 19	16-34: 6 35-54: 19 55-74: 3	Working full- or part-time: 20 Not working/retired: 8	Parent/Guardian: 25 Grandparent: 3	One: 10 Two: 10 Three: 5 Four: 2 Five: 1

- 8.7 Although, like all other forms of qualitative engagement, deliberative focus groups cannot be certified as statistically representative samples of public opinion, the three meetings reported here gave people the opportunity to participate actively. Because the meetings were inclusive, the outcomes are broadly indicative of how informed opinion would incline based on similar discussions.

### Discussion agenda

- 8.8 ORS used HDDUHB’s consultation material to develop a suitable agenda and informative stimulus material for the meeting, which covered the following themes:
- A recap of the need for change.
  - The options development process.
  - The three options (including the similarities and differences).
  - Whether any particular groups of people might be positively or negatively affected by any of the three options.
- 8.9 The sessions were structured around a presentation devised primarily to inform and stimulate discussion of the above issues. In all groups, participants were encouraged to interject with queries or comments.
- 8.10 The topic guide has been included as Appendix III.

## Main findings

### Views on the need for change

- 8.11 Across the focus groups, there was recognition that change is required within HDdUHB's urgent and emergency children and young people's services. Several participants at the focus groups noted negative personal experiences of current services to highlight this, one of which is included below.

*... On arrival at Glangwili, we were told to wait in reception of A&E because they weren't ready to accept us in. That's a worry in itself because they knew we were coming, and we were blue lighted from Withybush ... We were only sat in there for 45 minutes, but you are sat in the main area with everybody else. I've got my three-year-old child who can't breathe and is really unwell sat on my lap because there were no seats for anybody. We were sat on one seat, with a person in the corner who was either drunk, had fallen, or been punched with blood down their face. There was another in the corner spewing up. It was really distressing for a child to see all that while they're unwell (Pembrokeshire resident)*

- 8.12 Despite some sharing negative experiences to support the need for change, others shared positive experiences of current paediatric services at Glangwili Hospital in support of the proposals to enhance services there.

*... If my kids are ill or injured, then they get seen straight away, so my opinion of them has been really good. They go in, they get treated, they stay the night in hospital, and they come home. They are fantastic. (Ceredigion resident)*

*I can't fault Glangwili, Cilgerran Ward, and PACU. I think my decision as to 'am I going to Withybush or Glangwili' is very much based on positive experience at Glangwili. I know the care I'm going to get there ... (Ceredigion resident)*

- 8.13 There was some concern around the ability to see significant change within a reasonable timeline and budget; and HDdUHB's staff recruitment and recruitment challenges were also raised in the context of the need for change.

*If they are going to reinstate a paediatric unit of sorts, they need recruitment in place before October if they are planning on opening that unit up again at that point ... We are in July already. So, if they are not advertising now, the likelihood of that actually happening sounds pretty remote, doesn't it? (Pembrokeshire resident)*

### Views on the three options

#### Option 1 - expanded outpatient services at Withybush Hospital

- 8.14 Overall, Option 1 was least favoured across the three focus groups, with participants highlighting possible challenges that may undermine its success.

- 8.15 Several participants noted that Option 1 is to a large extent a continuation of current paediatric provision at Glangwili and Withybush Hospitals. This was a concern for those who supported the need for change, and especially for Pembrokeshire residents.

*Option 1 is no different to how it is now, and there's nothing there now. Why would people vote for nothing? I don't understand. (Pembrokeshire resident)*

- 8.16 Some people did support this option, however. With fewer significant changes, they felt that it could be easier, quicker, and cheaper to implement, and less complicated for residents.

*I think for urgency, Option 1 is probably better just because it is more achievable and quicker (in a shorter space of time), and also cheaper. So, with the business mind you would probably go for Option 1. (Ceredigion resident)*

*It will happen more quickly and less expensive. (Carmarthenshire resident)*

*Unless they do a 24-hour PACU in Withybush and had a proper hospital there really with all the services, that's what would be the ideal option but if they can't afford that, well you've got to keep it all in one place in Glangwili. (Ceredigion resident)*

- 8.17 In light of this, there was some feeling that HDdUHB would end up taking the easiest path and implementing this option.

*Can I guess which one they're going to go for? I'm looking at the fact they haven't got to do much for one of the options ... They'll just keep it comfy and keep things as they are now. (Carmarthenshire resident)*

### Option 2 - a Paediatric Ambulatory Care Unit (PACU) from 10am-6pm with limited outpatient services (Monday to Friday)

- 8.18 Several Pembrokeshire residents were supportive of Option 2, as it would reinstate the services available before the Covid-19 pandemic.

*I think this is more sensible. Until they closed it, this is personal experience now, we used it weekly when my little one was born and when she was two weeks old, until they closed it (Pembrokeshire resident)*

- 8.19 However, others were doubtful about its achievability in practice, especially in terms of staffing and resources.

*That sounds better. Whether it's feasible in regard to staffing, because it seems like they'll be booked up even more (Carmarthenshire resident)*

*If they can't recruit, how are they going to do Option 2? (Pembrokeshire resident)*

- 8.20 Furthermore, a few participants rejected this option as the possibility of being moved from one hospital to another could be a traumatic experience for a sick child. Others felt that it offers fewer benefits than Option 3 for largely the same cost, and thus questioned its inclusion in the consultation.

*... Suddenly that child is panicking because it's got worse, now its panicking because it has to be moved to a different hospital. That would have really scared me as a child. To stay in the same place would be quite reassuring to me (Carmarthenshire resident)*

*I don't really understand why Option 2 is on the table ... Why not just go to Option 3 straight away anyway? (Pembrokeshire resident)*

### Option 3 - a Paediatric Ambulatory Care Unit (PACU) from 10am-6pm with limited outpatient services (Monday to Friday) and provision of some non-emergency treatments such as radiology and day care

- 8.21 Across the focus groups, Option 3 was typically considered preferable to Options 1 and 2. For many, this option makes the most positive change to paediatric services in HDdUHB, resulting in better experiences and outcomes for patients.

*There's only one option that ticks all the boxes basically. (Pembrokeshire resident)*

*For me, Option 1 is no change and no benefit for the people that live in Pembrokeshire. Option 2 is an improvement, but why you would choose Option 2 over Option 3? ... (Pembrokeshire resident)*

- 8.22 The needs of Pembrokeshire residents were highlighted by participants in all groups as a reason to support Option 3. Indeed, most participants in the Ceredigion and Carmarthenshire groups supported this option, even if they themselves would use services at Glangwili.

*Option 3, I think. Just for Pembrokeshire more than anything as it's not going change anything for me. I will always go to Glangwili ... (Ceredigion resident)*

*If you need anything locally, at least you've got access. You can pick things up. Whereas if you are in Carmarthen, you can't do that. People can drop things in, so if you do get transferred, you've got the stuff there for the child and for yourself and you haven't got to wait around to go. It just makes things so much easier and less stress (Pembrokeshire resident)*

- 8.23 The additional training opportunities proposed under this option were consistently praised, not least in offering opportunities for existing staff to upskill, potentially improving retention. There was also hope that this would negate the need for paediatric input in many cases, thus streamlining processes and reducing waiting times.

*Option 3 [is] the only one that does additional training in paediatrics for all the A&E staff in Glangwili. So, they would have to go with Option 3 to have competent staff there for the out-of-hours care ... (Pembrokeshire resident)*



*One of excuses that's been heard time and again about the lack of people wanting to come this way is that there isn't the chance to enhance the roles that the staff are taking. Well, this in itself is taking staff that are here and giving them the chance to advance/upskill ... (Pembrokeshire resident)*

*I can see a lot of sense in the extra training. It's that ... do they actually need to go and see the paediatrician or get some intervention at that point in a designated waiting room? It just makes the process more streamlined and efficient ... (Ceredigion resident)*

- 8.24 As previously noted, the A&E environment at Glangwili Hospital was considered inappropriate for children and young people, and any improvements made to its suitability would be welcomed. A couple of participants highlighted other hospitals with designated paediatric waiting rooms in London and Cardiff as potential models .

*I think the waiting room is crucial. There's nothing worse than taking a poorly child to A&E and you know there will be a couple of hours to wait and there's some really sick or really drunk people in the main waiting area, its just traumatic. (Carmarthenshire resident)*

*That's the situation in the Heath A&E department. You are registered at the same point, but then if you are an adult, you turned left and if you are a child you went to the right, and they had a dedicated paediatric team there. Amazing. (Ceredigion resident)*

*In London hospitals, they do have their own areas ... It's run so differently to the hospitals here and it does make a big difference because the nurses are very child friendly which is fabulous. (Ceredigion resident)*

- 8.25 There were, though, questions around why these 'extras' cannot also be provided as part of the other two options.

*Why can't in house training go in Option 1 as well. It needs to happen more often that it is currently happening. (Carmarthenshire resident)*

- 8.26 As with Option 2, there was concern around how Option 3 would be resourced given HDdUHB's current recruitment and retention challenges. It was also said that: *The more complex the solution, the more time it will take and the more it will cost. And the recruitment will take longer.* (Carmarthenshire resident)

## General questions and comments relating to the options

### The return of a PACU to Withybush Hospital

- 8.27 Acknowledging that 80% of paediatric cases could be seen there on a day case basis, Pembrokeshire residents strongly supported the return of a PACU to Withybush Hospital for diagnostics and certain procedures. Convenience was the strongest reason for this support, but it was also said that having an Unit in Pembrokeshire would take at least some of the pressure off Glangwili.

*In an emergency, yes, they are transferred ... but the majority of the time, bloods can be taken, you get results back, you've got x-rays. Everything that needed to be done is done in those hours and then you are home ... To take it from Monday to Friday, it's definitely a better change than nothing at all. (Pembrokeshire resident)*

*In Winter, that would be an invaluable resource for parents. When you start hitting those flu symptoms, bacterial infections, that kind of thing, people who live that end of the area, they'll benefit so much from this because they can get given fast antibiotics and then four hours later, they will be well enough to go home on oral antibiotics ... (Ceredigion resident)*

*... You are taking pressure off the services in Glangwili so people will be seen quicker... (Ceredigion resident)*

- 8.28 A few discussed the importance of out-of-hours PACU provision however, as GP and other services are available during working hours. The challenges that come with travelling to Carmarthenshire during the night could, it was said, be relieved by having out-of-hours paediatric services in Pembrokeshire. It was again stressed, though, that 80% of paediatric cases could be treated at a PACU in Withybush, perhaps negating the need for overnight and weekend services at both hospitals.

*Access hours should be 5pm - 9am because you can get seen in Pembrokeshire by a doctors surgery in those times. It's usually after 5pm that you're rushing to Glangwili because you can't get into the doctors. I think it would be more beneficial to have maybe an evening/night-time one than the daytime option (Pembrokeshire resident)*

*I think that's the main issue here for down here, the out-of-hours care rather than the in-hours (Pembrokeshire resident)*

*... if you look at percentages of babies and children that need PACU services, most of them will only need to be a day case anyway ... So, if you look at it from that point of view, most of these people don't need to make that massive travel distance because they wouldn't need that overnight service ... 80% of people would benefit from Withybush ... (Ceredigion resident)*

- 8.29 Accessing the PACU via a GP was also said to be potentially problematic inasmuch as: *To get onto the PACU side of things, you have to go through the GP and everything else. Can you do that through the phone? (Carmarthenshire resident)*

- 8.30 It should be noted that several Ceredigion participants said they would continue to attend Glangwili in future if needed, even though a PACU at Withybush would be closer to them. Their reasoning was based on minimising the likelihood of being sent from one hospital to another. They recognised, however, that the additional distance to Glangwili is relatively small for them, and that a Withybush PACU would be much more attractive to someone in west Pembrokeshire for example.

*... Withybush is slightly closer for me, but I don't even consider it anymore based on past experience – I have been down there just to be told I had to go to Glangwili, so why would I bother to go there and double my journey, plus the waiting time at Withybush and that's because of where I live. But if you live in the south of Pembrokeshire, it is not quite as clear cut. It is very dependent on your postcode. (Ceredigion resident)*

## Rapid access clinics and outpatient access

- 8.31 Many questions were asked, especially at the Pembrokeshire and Ceredigion groups, about the proposed Rapid Access Clinics. While acknowledging their potential benefits of these, some again highlighted current challenges in accessing GP appointments and questioned whether this would impact pathways. There was also concern that these challenges would continue to result in parents/guardians going straight to Glangwili, rather than trying to access care in Withybush.

*... How would we even get onto that at my doctor's surgery because they literally don't see anyone. I quite like the idea because then you are not sitting in Glangwili for hours. I can see the positive of that, but you'd have to get a GP referral first ... The amount of times I've not been able to with my kids, how do you get through to that service? (Pembrokeshire resident)*

*... You can't get into the doctor's surgery, so it wouldn't be any more use than driving to Glangwili out of GP hours anyway? (Pembrokeshire resident)*

- 8.32 Participants were also critical of the proposed 72-hour window between initial assessment and seeing a paediatrician. It was said that waiting 72 hours is unacceptable when a child is unwell. Again, it was said that this would lead some parents/guardians to travel straight to Glangwili.

*The only issue that you run into there is when they say, 'You are a bit poorly now but see how it goes'. Children decline so rapidly that before those 72 hours are up, then you are up in Carmarthen anyway (Pembrokeshire resident)*

- 8.33 Others felt that 72-hours is an unrealistic timeline to set for a paediatric assessment. Ongoing staff availability across the NHS, specifically in the Hywel Dda area, could, it was felt, impact the speed at which a child can be assessed by a paediatrician. There was also a great confusion about the criteria that would be used to decide which children would need to be seen within the 72-hour window, and the need for clarity around this was stressed.

*Are they leading us to believe here that every child who is referred to a paediatrician is going to be seen within that time? Because that cannot be the case, so it would be really interesting to know what [parameters there are] ... We are all told the NHS is under a big strain, so we don't want to put extra pressure on and don't want to throw our toys out of the pram, but I have been waiting with my little one almost since he was born and he's approaching four now ... From past experience, there's no way that that is achievable (Ceredigion resident)*

*It needs to be really clear about how it would be. The Rapid Access Clinic would have a very specific criteria that they are allowed to refer to and if you don't fit in that criteria, you won't be referred to it, so you need to know what that criteria is ... (Ceredigion resident)*

- 8.34 One Ceredigion participant was worried that community-based services would be scaled back to resource the proposed Rapid Access Clinics. They highlighted the convenience of the outreach services currently being provided at the Cardigan Integrated Care Centre, and would not want to see them 'sacrificed' to provide more services at Withybush.

*... At the moment, with no services at Withybush, they are doing this outreach service to Cardigan. But if that is going to be sacrificed to Withybush ... A lot of parents here; like myself, wouldn't want it ... To have appointments here is a godsend, because it is also the thing about taking them out of school for a day, if you have got to go to Glangwili or Withybush your whole day is gone and that impacts their attendance. (Ceredigion resident)*

### Availability of the Dedicated Ambulance Vehicle (DAV)

- 8.35 While the DAV was considered a valuable resource, there was significant concern about its availability for all the children and young people who need it.

*I think one of the main issues as well is they do need more than one DAV (Pembrokeshire resident)*

*I think that's going to put a stress on that side of the service, just having one vehicle ... My question is 'why isn't there more put in place?' Having changes has a knock-on effect not just on Withybush Hospital itself (that's a positive) but on that service as well. I think they may need to have something else in place to support the ambulance staff (Pembrokeshire resident)*

- 8.36 Another issue raised in the context of the DAV was that it can be difficult for those who are taken to Glangwili in it to get home once discharged, although one Carmarthenshire resident outlines a positive experience of being assisted to do so.

*My son was in the hospital overnight and they discharged him at 4am ... we've got another three kids at home with my husband, and it was like, 'What do we do, I can't get home at that time in the night'. So, they arranged a taxi to pick us up from the hospital at 5am. It was all NHS funded (Carmarthenshire resident)*

## Additional considerations

### Travel and access

- 8.37 Despite the widespread positivity about returning some paediatric services to Withybush Hospital, there was also significant concern about the distance to Glangwili Hospital for those – especially those from western Pembrokeshire - needing to travel there. Accessing care was said to be difficult because of the distance, poor traffic infrastructure, travel costs, and restricted access to transport.

*... The people that I feel sorry for are those who are right down in the south at Pembroke Dock, St David's. You want to centralise everything in Glangwili, that's almost like a two hours' drive. If you are stuck in traffic in the middle of the day, whatever, diversions, that can be a really traumatic drive for someone if their child is not poorly enough for an ambulance, but they need to be seen. (Ceredigion resident)*

*So, if you have a child with Meningitis and you're in St Davids, you'd have to put that child in an ambulance and be driven all the way to Glangwili. That's frightening. It doesn't affect us, but to think we could be in that situation, that's frightening. (Carmarthenshire resident)*

## Staffing and resources

- 8.38 All groups wondered how the options, Options 2 and 3 in particular, would be staffed given HDdUHB's current recruitment challenges.

*... They would have to have an enormous recruitment drive and it would have to be sustained to support this ... Glangwili is dying underneath the amount of people that are being sent there that could go to Withybush so that would help massively, but where are the staff going to come from? (Ceredigion resident)*

*I finished working in the hospital in 2009 and it was a struggle then to get doctors because they were either coming here to retire because of where we are, or it was young doctors on their first rotation to get a bit of experience before going off to the cities. That's not going to change ... It's where people come to finish their careers rather than start them because the opportunities aren't the best down here ... (Pembrokeshire resident)*

- 8.39 The Ceredigion group was also concerned about how any changes to paediatric services would be funded. In particular, they questioned HDdUHB's ability to provide any of the three options for the costs provided; worried about whether other services might be impacted as a result of the proposed investment; and requested further transparency around finances generally.

*So, they are going to do that on top of what we've got now for less than a million pound per year?... I can't believe any of these numbers to be honest... ? (Ceredigion resident)*

*What will we lose to gain these options?... Where is this money coming from? We need transparency on where this money is going to come from and what we are going to sacrifice to get it (Ceredigion resident)*

## Transitioning from paediatric to adult services

- 8.40 Some Carmarthenshire residents discussed the transition from paediatric to adult services and the subsequent impact on young people. It was said that the transition can significantly change the type of support a person receives and should therefore be considered within any options for change. More communication between the two services could, it was said, improve the process and outcomes.

*Children's services are so much better than the adults. That's a massive problem. When being cared for, that crossover is awful ... They need to look at the transition between services (Carmarthenshire resident)*

## Welsh language provision

- 8.41 A couple of participants in the Ceredigion group highlighted the importance of Welsh language provision within paediatric children's services. Without this, it was said, there is a barrier in terms of staff communicating with children about their health. This is particularly prevalent in Ceredigion, where many children are first language Welsh speakers.

*My daughter used to have seizures when she was little, and we used to be seen a lot by various people. Not one person spoke Welsh and I would have to translate everything. She would get frustrated and upset. One person said to me, 'Well, she's going to have to learn English isn't she?' I said 'Listen, I'm going to have to translate, because she doesn't understand English, we don't speak it'. She was that young. He wouldn't say that for any other language, so I don't understand why he would say that about Welsh. (Ceredigion resident)*

## Alternative suggestions

- 8.42 Some participants recognised the benefits of more than one option and suggested the possibility of phased implementation.
- 8.43 Despite Option 1 having the least support, a couple of participants felt it would be a good 'starting point' due to its similarity to current services and potentially easier and cheaper implementation. If it proves successful, HDdUHB could then work towards implementing Option 3. Others considered this a little naïve however, suggesting that, "Once they take services away, you don't get them back". (Pembrokeshire resident). As such, they would prefer HDdUHB to start with Option 3 and scale back if necessary. It seems a sensible thing to do; introduce the cheapest option, see how that works, and if it's working then do you upgrade? Do you fix it? (Ceredigion resident)

*... Why can't they do a phased option. Option 1 is part of all of three options. Why can't they introduce that, see how well that goes and then introduce Option 3? (Ceredigion resident)*

*If you go in at Option 1 then there is never going to be that focus to go any further with it whereas at least in Option 3 if it doesn't work, they can scale it back if they have to rather than just making do with Option 1... (Pembrokeshire resident)*

- 8.44 Another participant suggested a phased approach from Option 2 to Option 3.

*Option 2 is kind of bringing back what used to be there to an extent. Wouldn't it make more sense to ... start at Option 2 to work towards Option 3? (Pembrokeshire resident)*

- 8.45 Overall, there was a sense that a phased approach would be problematic in terms of timescales and the finality of the decision taken as a result of this consultation and other considerations.



*The thing is if this is the decision that's made ... it sounds like it's not going to be reviewed again. It sounds like this is going to be put in place until the (new) hospital is built. So, as much as Option 2 with an aim to develop to Option 3 would be ideal, if it's not going to be reviewed in that ten-year period, you are never going to reach Option 3. You are going to have to aim for Option 3 otherwise it's not going to be readdressed in that interim period (Pembrokeshire resident)*

- 8.46 Though not so much an alternative suggestion as a consideration, a Carmarthenshire resident suggested a greater focus on digital healthcare opportunities within children and young people's services.

*They haven't mentioned any remote services so any online consultation, that kind of thing. they could take the pressure off physical services and have almost a virtual triage (Carmarthenshire resident)*

- 8.47 Another suggestion was to have "different levels of qualified personnel" within a PACU, as outlined below.

*... For example, a nurse walking around A&E as a sort of triage looking at cuts and bruises and that sort of thing. That would be really cool. Someone walking round doing customer care offering coffee and teas. Kids are starving. Plus, the idea of a pharmacist that can understand what is wrong and see what medication they're already on. Rather than having to get extra doctors in all the time, people would benefit from more people on the front line. It would become less of a volatile situation. So, looking at alternative ways of breaking it down. Even taking blood pressure, you're sitting in the waiting room for an hour and a half to go through the magic doors to have your blood pressure taken. (Carmarthenshire resident)*

## Equalities issues

- 8.48 In terms of positive equalities impacts, participants felt that improved accessibility for those in Pembrokeshire and some parts of Ceredigion could help people with other important responsibilities, such as having to care for other children. This was considered particularly applicable to single parents or parents whose partners are unable to share caring duties due to work commitments or illness.

*I think people with young children will be positively impacted by it because that's a hell of a lot of stress when you are trying to work out, 'Oh my god, I've got to get to Carmarthen'. My husband doesn't finish work until a certain time. I've got to wait for my mum to get home so I can drop the other two kids off or I've got to call him out of work ... That's a lot of stress on top of then worrying about the fact that the little one is not well. It doesn't just impact you then it impacts your whole family (Pembrokeshire resident)*

*People like single mums, they'll benefit from it being closer to home, certainly in Pembrokeshire. Families where, like myself, you have a husband with a chronic illness ... I'm not a single mum, but it feels that way when there's an emergency. People who don't have support networks either, no parents who can help out. People in rural communities, villages and stuff like that, because it's that much harder to get transport all the time. (Pembrokeshire resident)*

*... Driving to Carmarthen at 1am, especially if you've got other children at home, or you don't have your own transport, that's where you hit the barrier ... (Pembrokeshire resident)*

- 8.49 As noted in the second quotation above, having more services closer would also benefit those without support networks and/or access to private transport – as well as those on lower incomes who cannot afford travel costs or overnight stays close to Glangwili (or even further afield in some cases).

*It's the poverty around here that makes it strikingly different like people not driving, not being able to afford cars. Public services around here as well are just terrible ... There are like three buses that go through the village. (Ceredigion resident)*

*... a lot of people down that area rely on buses. I know a few people that don't drive, never will drive, and they've got kids ... That's the people that suffer the most. (Ceredigion resident)*

*There are certain areas in Pembrokeshire ... where people aren't as well off to be able to afford to be footing the bill to have nights away or there are single parents who have got other children at home that aren't going to be able to travel all that way with one poorly child and they've got others at home ... They won't have the funds to travel that far or anyone to watch the other children ... (Pembrokeshire resident)*

- 8.50 Some Carmarthenshire residents noted the unique tourism factor in areas like Pembrokeshire. The influx of family tourism was thought to be an important consideration when considering paediatric provision, as the number of children in the area significantly increases in the summer months. It was suggested that tourists may be especially confused about where and when to access services.

*... It probably is going to be tourists because they're not going to know what's going on (Carmarthenshire resident)*



## 9. Written submissions

### Introduction

- 9.1 During the formal consultation process, written submissions were received from:
- » Llais
  - » Carmarthenshire Residents Action Group (CRAiG Sir Gâr)
  - » Paul Davies, Member of the Senedd (MS)
  - » Stephen Crabb, Member of Parliament (MP)
- 9.2 Stephen Crabb, MP also submitted 'standardised submissions' on behalf of 57 constituents, the statement from which is reproduced later in this chapter.
- 9.3 ORS has read all the submissions and reported them in this chapter. They have been summarised individually for accessibility and to highlight their main arguments and any alternative proposals.

*It is important to note that the following section is a report of the views expressed by submission contributors. In some cases, views may not always be fully supported by the available evidence - and while ORS has not sought to highlight or correct incorrect statements or assumptions, this possibility should be borne in mind when considering the submissions.*

### Summaries of submissions

#### Llais

Llais commended the Health Board's careful and inclusive approach to the consultation and also said that *"public involvement in the early stages of design prior to consultation was meaningful"*. Overall, the process was considered *"well designed and well executed with a genuine commitment to listening"*.

The public events were said to be welcoming, and the staff present to support and discuss the options said to be generally excellent. Llais particularly praised the inclusion of front-line clinicians who were able to walk people through the detail of why services had changed and how the options will affect local paediatric services.

Llais welcomed the flexibility and commitment shown in providing additional events where they were asked for. However, it considered it notable that *"participation in local events was generally quite limited compared to previous public engagement around paediatric services"*.

Llais said that it was often difficult to discern a clear view amongst the public, particularly *"as the options were more subtle in their make-up"*. On balance, it saw more support for Option 3 on the basis that people felt this returned the greatest breadth of service to Withybush. Indeed, Llais considered it clear that people would value the return of services to Withybush hospital accepting that pre-2014 levels were currently impossible.

## Themes coming through the events

### Services closer to home

Llais said that the overwhelming theme from Pembrokeshire families at the events was the sense of distance from services after recent temporary changes to PACU and the original service changes in 2014. Transport was highlighted as a particular concern, *“particularly as some families have had to rely on others to help get poorly children to hospital for unscheduled care particularly if there isn't access to a car in some households or when the car is unavailable due to a working partner”*.

Llais described also hearing from people who have sometimes found paediatric unscheduled care very busy and uncomfortable in Glangwili, and said that *“when PACU was functioning in Withybush we spoke to families who told us how much they valued it as a service”*.

#### **Recommendation 1**

*We saw that Option 2 and 3 were most popular as these bring services back to people in Pembrokeshire who feel geographically isolated from the current system. Visits to PACU showed it was valued. We feel that the Health Board's “care closer to home” vision should be applied here where it is clinically safe to do so.*

### Uncertainty and decision-making for families

Llais said that, when speaking to families, one of the hallmarks of the system post-2014 was complexity around where to take a child. Additionally, advice from some primary care clinicians was apparently not always accurate, leading to confusion and wasted journeys.

As such, Llais stressed that, whichever option the Health Board favours, there must be clear guidance for families (particularly in Pembrokeshire) around where to go, and all GPs including locums should be clear around which location is most appropriate. Public information produced during the Covid period was said to be helpful in that it was widely circulated, and Llais *“would be happy to work with the Health Board to ensure that communication plans are effective and clear”*.

## Recommendation 2

*Clear communication with the public will be crucial after the Health Board decides which option is to be pursued. Although Pembrokeshire people will welcome the return of some services, the picture of paediatrics remains somewhat fragmented across the organisation at different times of day or days of the week with different clinical needs. People deserve the clearest possible picture of how and when to access services.*

Llais concluded by acknowledging that the provision of services for children and young people remains a contentious issue, particularly in Pembrokeshire where families have genuine and understandable worries about ease of access at the heart of the matter. It felt that there was *"an empathy and respect for this whilst discussing future services"*.

### Carmarthen Residents Action Group (CRAiG Sir Gâr)

CRAiG Sir Gâr agreed with the first option of retaining the PACU model at Glangwili with additional services at Withybush. However, it noted that the recent discovery of Reinforced Autoclaved Aerated Concrete (RAAC) at Withybush *"may have a bearing on the options under consideration if services or departments need to be moved wholesale from affected parts of Withybush"*.

CRAiG Sir Gâr noted that Option 1 received most stakeholder support during the options appraisal process and expressed concern about the Health Board's subsequent *"complex and convoluted consultation model which makes the changes envisaged difficult to understand and opaque to many residents"*. It also said that the outcome of the options scoring has *"seemingly come to a statement of the obvious"*:

*Given the location of the residential population and medical professionals and reducing road speed limits, a service based primarily at Carmarthen's Glangwili Hospital is the best option for the most residents in Carmarthenshire and beyond.*

CRAiG Sir Gâr welcomed this change of emphasis in recognising that the bulk of Carmarthenshire's residential population live in the east of Carmarthenshire, and that those who live in Llanelli and Ammanford can access alternative services at the Swansea hospitals or Prince Philip. Consequently, *"the further medical facilities are moved from the population centre and the M4 corridor the lower the patient footfall and the more difficult to obtain medical staff and fill rotas"*. The group thus suggested that *"Hywel Dda needs to learn the lessons from this consultation and re-examine its previous consultation exercises"*, including that recently undertaken on the site location for a new urgent and planned care hospital in the south of the Health Board area.

### Stephen Crabb, MP

Mr Crabb recognised HDdUHB's *"sincere effort to engage with the local community to inform their plans for the future"*. He was concerned, however, that the options provided, and the accompanying information may not be accessible for the local demographic in his area, and that *"the resulting responses may not be accurately representative of what people really think"*.

After conversations with concerned parents and other constituents, the feedback received by Mr Crabb was that the document and options provided are confusing. He asks if HDdUHB would be open to him

creating a petition supporting Option 3 plus an increased DAV service, and whether it would accept those signing it in support as an alternative to the 3 options already provided<sup>17</sup>.

### Stephen Crabb, MP (2)

In addition to the submission reported above, Mr Crabb submitted 57 of the following 'standardised submissions' on behalf of his constituents.

Dear Mr Moore,

#### **CONSULTATION ON THE CHANGES TO URGENT AND EMERGENCY CARE SERVICES FOR CHILDREN AND YOUNG PEOPLE'S (PAEDIATRIC) SERVICES AT WITHYBUSH AND GLANGWILI HOSPITALS**

I am responding to the current consultation in respect of urgent and emergency care services for children and young people, which closes on Thursday 24<sup>th</sup> August 2023. I do not believe that the three options currently offered by Hywel Dda University Health Board provide the care and services that our children and young people deserve.

I support the provision of:

1. **Unrestricted** Rapid Access Clinic for children and young people who have been referred by a GP/emergency department (A&E) to be seen by a paediatrician at Withybush Hospital within 72 hours
2. **Unrestricted** booked outpatient appointments (for children not needing immediate assessment, an overnight stay, or for those without longer term conditions) at Withybush Hospital
3. PACU facility at Withybush Hospital between 10am and 6pm, Monday to **Sunday (7 days a week)**
4. Non-emergency treatment such as radiology; and day care such as returning for medication or dressing change **available at Withybush Hospital**
5. Enhanced service at **Withybush Hospital emergency department (A&E) and Glangwili Hospital emergency department (A&E)** giving children and young people an improved experience on arrival (e.g. via a dedicated waiting area **which already exists in Withybush Hospital**)
6. Additional training for emergency department (A&E) staff at both hospitals to treat children and young people when a review by a consultant paediatrician is not immediately needed.
7. Additional training for paediatric (PACU) staff at **Withybush Hospital and Glangwili Hospital** to manage emergency department (A&E) activity for children and young people differently (for example, improving initial assessment, improving the experience for emergency cases, and ensuring they are dealt with appropriately)
8. **A minimum of TWO Dedicated Ambulance Vehicles (DAVs) to support the emergency/urgent transfer of children and young people from Pembrokeshire to Glangwili Hospital.**

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<sup>17</sup> A petition of this nature was not received during the formal consultation period.

## Paul Davies, MS

Mr Davies holds the view that Withybush Hospital should retain its current provision and that there should be investment to return to a full-time Paediatric Ambulatory Care Unit (PACU). Nonetheless, he was pleased that a Minor Injuries Unit for children and young people (under 16 years old) will remain at Withybush regardless of which option is chosen.

Mr Davies noted the consultation's emphasis on the fact that the temporary changes made to paediatric services in west Wales was down to recruitment challenges, the Covid-19 pandemic, and because of the expected rise in the number of Respiratory Syncytial Virus (RSV) cases until May 2022. Given the pandemic is over and the point at which RSV cases were anticipated to rise has passed, Mr Davies suggested that it is vital that services are returned to Withybush Hospital.

Mr Davies has highlighted in previous consultations that the Health Board will struggle to attract health care workers to Withybush Hospital if more services are transferred further eastwards. He also highlighted concerns over Pembrokeshire's public transport network and the ongoing cost-of living crisis that makes travelling further for health services difficult. He suggested that *"the consultation doesn't provide enough reassurance to families that the Health Board has suitably addressed these challenges"*.

For these reasons, Mr Davies asked the Health Board to reconsider any proposals that result in services being taken away from Withybush Hospital.

# 10. Social media feedback

## Introduction

- <sup>10.1</sup> HDdUHB has collated all the comments made on its official Facebook and X (formerly Twitter) pages during the consultation period (see Appendix IV for a list of posts by date, reach, and impressions). In total, the posts received 13 comments or replies.
- <sup>10.2</sup> ORS has read all the social media comments and collated and reported them in this chapter. None of the comments referred to any of the three options under consultation, rather covered wider issues and concerns. All have been reviewed in a thematic, summary format.

*It is important to note that the following section is a report of the views expressed by commenters on social media, usually commenting on posts publicising the consultation or an upcoming public drop-in session. In some cases, views may not always be fully supported by the available evidence - and while ORS has not sought to highlight or correct incorrect statements or assumptions, this possibility should be borne in mind when considering the points made.*

## Main findings

- <sup>10.3</sup> Most of the comments were made in support of the reinstatement of services (including a full paediatric service) to Withybush Hospital.

*Are the Board not capable of seeing the bigger picture? That we need a hospital for ALL, in Pembrokeshire. Why do you need to spend money asking opinions? ... You don't need more input from the public, you need to put more financial support BACK into Withybush, for maternity and paediatric services.*

*Don't waste money in this, just pay attention to what people have been saying for the last ten or twelve years. We all know what Pembrokeshire needs.*

*You need to stop messing with people's lives. Reinstatement children's ward at WITHYBUSH.*

*They have been told often enough to return these services to Withybush. They don't need to waste more money on this sort of useless CONsultation.*

*Reinstatement WITHYBUSH GENERAL HOSPITAL back to what it was. The finance is there as the money was allocated to WGH for maintenance and its upkeep over the years. Since you last asked for our comments the service has got even worse in Pembrokeshire we are not only having to leave the county to get hospital appointments and or operations we now have to leave the UK completely which is causing a lot of unnecessary stress...*

- <sup>10.4</sup> A couple of people complained about the number of consultations undertaken by HDdUHB in recent years with what they considered to be a lack of resolution; and another questioned the timing of the consultation drop-in events.

*So many CONsultations, questionnaires etc. and never any independent feedback, just what this Health Board says ....*

*So many consultations. When they should be building this new hospital that [they have been] promising since 2005.*

*People will be in work, what's the point?!*

- <sup>10.5</sup> Other comments were unrelated to the consultation, mainly around complaints to HDdUHB going unanswered.

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# Appendix II: Tables of coded questionnaire text comments

The tables below provide a more detailed account of text comments by individuals responding to the open-ended questions to the main consultation questionnaire and discussed in chapter three of this report. Note that respondents could provide detailed comments which covered more than one code; therefore, the percentages sum to more than 100%. An asterisk (\*) denotes any value greater than zero, but less than half of one per cent.

## Views on Option 1

**Table 14: Explanations why Option 1 - expanded outpatient services at Withybush Hospital – is a good, poor or neither good nor poor choice for delivering paediatric services at Withybush Hospital? (to the main questionnaire) (Percentages are of those providing a comment to this question)**

Summary of comments		No. of respondents	%
Positive Points	<b>Positive: Improved services/quality of care inc provision of urgent access:</b> Positive: Improved services/quality of care	22	11%
	<b>Positive: Improved services/quality of care inc provision of urgent access:</b> Positive: Provides urgent access	4	2%
	<b>Positive: Improved services/quality of care inc provision of urgent access:</b> Positive: PACU is needed/bring back PACU	1	*%
	<b>Positive: Access/location/cost of travel:</b> Positive: Improved access incl. better location/cost	25	12%
	<b>Positive: Generally agree incl. better than nothing:</b> Positive: Generally agree incl. better than nothing	21	10%
	<b>Positive: Services are being returned to/an improvement at Withybush:</b> Positive: Services are being returned to/an improvement at Withybush	5	2%
	<b>Positive: Other reason:</b> Positive: Will ease pressure/help surrounding hospitals	3	1%
	<b>Positive: Other reason:</b> Positive: Impact on staff incl. improved training	3	1%
	<b>Positive: Other reason:</b> Positive: Other reason	4	2%
Negative Points	<b>Negative: Improvements aren't comprehensive enough/Bring back PACU:</b> Negative: Improvements aren't comprehensive enough	32	16%
	<b>Negative: Improvements aren't comprehensive enough/Bring back PACU:</b> Negative: PACU is needed/bring back PACU	20	10%
	<b>Negative: Improvements aren't comprehensive enough/Bring back PACU:</b> Negative: Restricted outpatient/limited space	1	*%
	<b>Negative: Poor access/location/cost of travel:</b> Negative: Poor access incl. poor location/cost	20	10%
	<b>Negative: Poor access/location/cost of travel:</b> Other: Poor public transport currently	5	2%
	<b>Negative: Other reason:</b> Negative: Impact on vulnerable people	9	4%
	<b>Negative: Other reason:</b> Negative: Will increase pressure on surrounding hospitals	5	2%
	<b>Negative: Other reason:</b> Negative: Impact on staff/training	5	2%
	<b>Negative: Other reason:</b> Negative: Other reason	7	3%
	<b>Negative: Generally disagree incl. prefer another option:</b> Negative: Generally disagree incl. prefer another option	14	7%
Other	<b>Other: Negative opinion of Glangwili incl. poor service/access:</b> Other: Negative opinion of Glangwili incl. poor service/access	51	25%

<b>Other: Return services to/improve Withybush incl. 24/7 service/Services should be 24/7:</b>	16	8%
Other: Return more services to/improve Withybush incl. 24/7 service		
<b>Other: Return services to/improve Withybush incl. 24/7 service/Services should be 24/7:</b>	9	4%
Other: Hospital services should be 24/7 incl. paediatrics		
<b>Other: Downgrade of services/quality of care:</b>	21	10%
Other: Downgrade of services/quality of care		
<b>Other: Invest in services/staff:</b>	9	4%
Other: Invest in local services incl. obtain funding		
<b>Other: Invest in services/staff:</b>	6	3%
Other: Improve staff training and retention		
<b>Other: Invest in services/staff:</b>	4	2%
Other: Poor working conditions for current staff		
<b>Other: Seasonal impact of tourists on roads and hospital services:</b>	3	1%
Other: Seasonal impact of tourists on roads and hospital services		
<b>Other: Criticism of consultation:</b>	5	2%
Other: Criticism of consultation		
<b>Other:</b>	13	6%
Other: Other		

Base: Respondents to the main questionnaire (203), Points raised (343)

## Views on Option 2

**Table 15: Explanations why Option 2 - a Paediatric Ambulatory Care Unit from 10am – 6pm with limited outpatient services (Monday to Friday) – is a good, poor or neither good nor poor choice for delivering paediatric services at Withybush Hospital? (to the main questionnaire) (Percentages are of those providing a comment to this question)**

Summary of comments		No. of respondents	%
Positive Points	<b>Positive: Generally agree incl. better than nothing:</b> Positive: Generally agree incl. better than nothing	54	29%
	<b>Positive: Improved services/quality of care inc provision of urgent access/Brings back PACU:</b> Positive: Improved services/quality of care	22	12%
	<b>Positive: Improved services/quality of care inc provision of urgent access/Brings back PACU:</b> Positive: PACU is needed/bring back PACU	16	9%
	<b>Positive: Improved services/quality of care inc provision of urgent access/Brings back PACU:</b> Positive: Provides urgent access	3	2%
	<b>Positive: Access/location/cost of travel:</b> Positive: Improved access incl. better location/cost	30	16%
	<b>Positive: Services are being returned to/an improvement at Withybush:</b> Positive: Services are being returned to/an improvement at Withybush	3	2%
	<b>Positive: Other reason:</b> Positive: Impact on staff incl. improved training	4	2%
	<b>Positive: Other reason:</b> Positive: Will ease pressure/help surrounding hospitals	2	1%
	<b>Positive: Other reason:</b> Positive: Other reason	2	1%
Negative Points	<b>Negative: Improvements aren't comprehensive enough inc restricted outpatient/limited space:</b> Negative: Improvements aren't comprehensive enough	31	17%
	<b>Negative: Improvements aren't comprehensive enough inc restricted outpatient/limited space:</b> Negative: Restricted outpatient/limited space	14	8%
	<b>Negative: Improvements aren't comprehensive enough inc restricted outpatient/limited space:</b> Negative: PACU is needed/bring back PACU	2	1%
	<b>Negative: Poor access/location/cost of travel:</b> Negative: Poor access incl. poor location/cost	14	8%
	<b>Negative: Poor access/location/cost of travel:</b> Other: Poor public transport currently	3	2%
	<b>Negative: Other reason:</b> Negative: Impact on staff/training	13	7%
	<b>Negative: Other reason:</b> Negative: Impact on vulnerable people	4	2%
	<b>Negative: Other reason:</b> Negative: Will increase pressure on surrounding hospitals	2	1%
	<b>Negative: Other reason:</b> Negative: Other reason	5	3%
	<b>Negative: Generally disagree incl. prefer another option:</b> Negative: Generally disagree incl. prefer another option	9	5%
Other	<b>Other: Return services to/improve Withybush incl. 24/7 service/Services should be 24/7:</b> Other: Hospital services should be 24/7 incl. paediatrics	19	10%

<b>Other: Return services to/improve Withybush incl. 24/7 service/Services should be 24/7:</b> Other: Return more services to/improve Withybush incl. 24/7 service	15	8%
<b>Other: Negative opinion of Glangwili incl. poor service/access:</b> Other: Negative opinion of Glangwili incl. poor service/access	26	14%
<b>Other: Downgrade of services/quality of care:</b> Other: Downgrade of services/quality of care	18	10%
<b>Other: Invest in services/staff:</b> Other: Improve staff training and retention	7	4%
<b>Other: Invest in services/staff:</b> Other: Invest in local services incl. obtain funding	6	3%
<b>Other: Invest in services/staff:</b> Other: Poor working conditions for current staff	3	2%
<b>Other: Seasonal impact of tourists on roads and hospital services:</b> Other: Seasonal impact of tourists on roads and hospital services	1	1%
<b>Other: Criticism of consultation:</b> Other: Criticism of consultation	2	1%
<b>Other:</b> Other	10	5%

Base: Respondents to the main questionnaire (186), Points raised (340)

## Views on Option 3

**Table 16: Explanations why Option 3 - a Paediatric Ambulatory Care Unit from 10am – 6pm with limited outpatient services (Monday to Friday) and provision of some non-emergency treatments such as radiology and day care – is a good, poor or neither good nor poor choice for delivering paediatric services at Withybush Hospital? (to the main questionnaire)**  
(Percentages are of those providing a comment to this question)

Summary of comments		No. of respondents	%
Positive Points	<b>Positive: Generally agree incl. better than nothing:</b> Positive: Generally agree incl. better than nothing	76	41%
	<b>Positive: Improved services/quality of care inc provision of urgent access/Brings back PACU:</b> Positive: Improved services/quality of care	34	18%
	<b>Positive: Improved services/quality of care inc provision of urgent access/Brings back PACU:</b> Positive: PACU is needed/bring back PACU	15	8%
	<b>Positive: Improved services/quality of care inc provision of urgent access/Brings back PACU:</b> Positive: Provides urgent access	4	2%
	<b>Positive: Access/location/cost of travel:</b> Positive: Improved access incl. better location/cost	46	25%
	<b>Positive: Services are being returned to/an improvement at Withybush:</b> Positive: Services are being returned to/an improvement at Withybush	15	8%
	<b>Positive: Other reason:</b> Positive: Impact on staff incl. improved training	12	6%
	<b>Positive: Other reason:</b> Positive: Will ease pressure/help surrounding hospitals	5	3%
Negative Points	<b>Negative: Improvements aren't comprehensive enough inc restricted outpatient/limited space:</b> Negative: Improvements aren't comprehensive enough	20	11%
	<b>Negative: Improvements aren't comprehensive enough inc restricted outpatient/limited space:</b> Negative: Restricted outpatient/limited space	4	2%
	<b>Negative: Improvements aren't comprehensive enough inc restricted outpatient/limited space:</b> Negative: PACU is needed/bring back PACU	1	1%
	<b>Negative: Poor access/location/cost of travel:</b> Negative: Poor access incl. poor location/cost	13	7%
	<b>Negative: Poor access/location/cost of travel:</b> Other: Poor public transport currently	4	2%
	<b>Negative: Other reason:</b> Negative: Impact on staff/training	5	3%
	<b>Negative: Other reason:</b> Negative: Will increase pressure on surrounding hospitals	1	1%
	<b>Negative: Other reason:</b> Negative: Other reason	7	4%
	<b>Negative: Generally disagree incl. prefer another option:</b> Negative: Generally disagree incl. prefer another option	9	5%
Other	<b>Other: Return services to/improve Withybush incl. 24/7 service/Services should be 24/7:</b> Other: Hospital services should be 24/7 incl. paediatrics	13	7%

<b>Other: Return services to/improve Withybush incl. 24/7 service/Services should be 24/7:</b> Other: Return more services to/improve Withybush incl. 24/7 service	10	5%
<b>Other: Negative opinion of Glangwili incl. poor service/access:</b> Other: Negative opinion of Glangwili incl. poor service/access	32	17%
<b>Other: Downgrade of services/quality of care:</b> Other: Downgrade of services/quality of care	15	8%
<b>Other: Invest in services/staff:</b> Other: Invest in local services incl. obtain funding	7	4%
<b>Other: Invest in services/staff:</b> Other: Improve staff training and retention	5	3%
<b>Other: Invest in services/staff:</b> Other: Poor working conditions for current staff	1	1%
<b>Other: Seasonal impact of tourists on roads and hospital services:</b> Other: Seasonal impact of tourists on roads and hospital services	2	1%
<b>Other: Criticism of consultation:</b> Other: Criticism of consultation	3	2%
<b>Other:</b> Other	18	10%

Base: Respondents to the main questionnaire (187), Points raised (377)

## Additional considerations

Table 17: If you have any further comments about any of the options, please explain. For example, this might include things that you think we have not considered, transport and access, environmental impacts, and opportunities (to the main questionnaire) (Percentages are of those providing a comment to this question)

Summary of comments		No. of respondents	%
General Agreement	<b>Positive: Generally agree with making proposed changes incl. better than nothing:</b> Positive: Generally agree with making proposed changes incl. better than nothing	11	8%
	<b>Positive: Agree with option two incl. preferred option:</b> Positive: Agree with option two incl. preferred option	1	1%
	<b>Positive: Agree with option three incl. preferred option:</b> Positive: Agree with option three incl. preferred option	3	2%
General Disagreement	<b>Negative: Generally disagree with making proposed changes incl. not comprehensive enough:</b> Negative: Generally disagree with making proposed changes incl. not comprehensive enough	11	8%
Positive Points	<b>Positive comment about Withybush:</b> Positive: Withybush: Good location incl. easily accessible	11	8%
	<b>Positive comment about Withybush:</b> Positive: Withybush: Good/improved quality of care and outcomes	8	6%
	<b>Positive comment about Withybush:</b> Positive: Withybush: Benefits those living in Pembrokeshire	4	3%
	<b>Positive comment about Withybush:</b> Positive: Withybush: Good parking availability	1	1%
Negative Points	<b>Negative Impact on certain groups/people:</b> Negative impact: Pembrokeshire residents	17	12%
	<b>Negative Impact on certain groups/people:</b> Negative impact: Parents and carers	16	11%
	<b>Negative Impact on certain groups/people:</b> Negative impact: People without a car/unable to drive	11	8%
	<b>Negative Impact on certain groups/people:</b> Negative Impact: People with low income/ from deprived areas	9	6%
	<b>Negative Impact on certain groups/people:</b> Negative impact: Rural areas	8	6%
	<b>Negative Impact on certain groups/people:</b> Negative Impact: People with disabilities	5	3%
	<b>Negative comment about Glangwili:</b> Negative: Glangwili: Poor accessibility incl. longer travel times/cost of travel (non-specific)	45	31%
	<b>Negative comment about Glangwili:</b> Negative: Glangwili: Poor road links/infrastructure	11	8%
	<b>Negative comment about Glangwili:</b> Negative: Glangwili: Lack of car parking	9	6%
	<b>Negative comment about Glangwili:</b> Negative: Glangwili: Poor opinion of care/services	8	6%
	<b>Negative comment about Glangwili:</b> Negative: Glangwili: Poor public transport	6	4%

	<b>Negative comments non specific to a location:</b> Negative (non-specific): Poor accessibility incl. longer travel times/cost of travel (non-specific)	17	12%
	<b>Negative comments non specific to a location:</b> Negative (non-specific): Poor public transport	6	4%
	<b>Negative comments non specific to a location:</b> Negative (non-specific): Poor road links/infrastructure	3	2%
	<b>Negative comments non specific to a location:</b> Negative (non-specific): Poor opinion of care/services	3	2%
	<b>Negative comment about Withybush:</b> Negative: Withybush: Poor accessibility incl. longer travel times/cost of travel (non-specific)	1	1%
	<b>Negative comment about Withybush:</b> Negative: Withybush: Lack of car parking	1	1%
	<b>Negative comment about Withybush:</b> Negative: Withybush: Poor public transport	1	1%
Other	<b>Suggestions:</b> Suggestion: Restore paediatric services to Withybush	24	17%
	<b>Suggestions:</b> Suggestion: Return services to/improve Withybush (non-specific) incl. 24 hour service	17	12%
	<b>Suggestions:</b> Suggestion: Invest in local services incl. obtain funding	9	6%
	<b>Suggestions:</b> Suggestion: Hospital access should be 24/7 (non-specific)	5	3%
	<b>Suggestions:</b> Suggestion: Improve staff training	4	3%
	<b>Suggestions:</b> Suggestion: Improve waiting areas	2	1%
	<b>Suggestions:</b> Suggestion: Improve public transport provision incl. hospital buses	1	1%
	<b>Concerns Raised:</b> Concern: Risk to patient/minors outcomes	19	13%
	<b>Concerns Raised:</b> Concern: Impact on staff/staffing	14	10%
	<b>Concerns Raised:</b> Concern: Increased ambulance response times	10	7%
	<b>Concerns Raised:</b> Concern: Impact on the environment incl. increased pollution	8	6%
	<b>Concerns Raised:</b> Concern: Seasonal impact of tourists on roads and hospital services	6	4%
	<b>Concerns Raised:</b> Concern: Will increase pressure on surrounding hospitals	5	3%
	<b>Concerns Raised:</b> Concern: Impact on families/friends to visit	4	3%
	<b>Concerns Raised:</b> Concern: Growing population in Pembrokeshire	2	1%
	<b>Other: Criticism of consultation:</b> Criticism of consultation: More information needed	6	4%
	<b>Other: Criticism of consultation:</b> Criticism of consultation: Mind's already made up/consultation is a waste of money	6	4%
	<b>Other: Criticism of consultation:</b> Criticism of consultation: Misleading information/questions	3	2%
	<b>Other: Criticism of consultation:</b> Criticism of consultation: Poor options proposed	3	2%
	<b>Other:</b> Other	24	17%

Base: Respondents to the main questionnaire (145), Points raised (399)

## Groups of people who might be positively or negatively affected by any of the options being considered

Table 18: Are there any particular groups of people that you believe might be positively or negatively affected by any of the options being considered? If so, what groups are these and how might any positive impacts be enhanced or any negative impacts be reduced? (to the main questionnaire) (Percentages are of those providing a comment to this question)

Summary of comments		No. of respondents	%
Positive Comments About Changes	<b>Positive comments about changes:</b> Positive: Good/improved accessibility incl. better location	11	7%
	<b>Positive comments about changes:</b> Positive: Generally agree incl. better than nothing	6	4%
	<b>Positive comments about changes:</b> Positive: Improved quality of care	2	1%
	<b>Positive comments about changes:</b> Positive: Less demand on surrounding services/hospitals	2	1%
	<b>Positive comments about changes:</b> Positive: Other reason	3	2%



<b>Groups Positively Affected</b>	<b>Groups positively affected:</b> Positive: Impact on people with disabilities/additional needs	7	5%
	<b>Groups positively affected:</b> Positive: Impact on Pembrokeshire residents	6	4%
	<b>Groups positively affected:</b> Positive: Impact on parents/caregivers	4	3%
	<b>Groups positively affected:</b> Positive: Impact on people with low income/areas of deprivation	4	3%
	<b>Groups positively affected:</b> Positive: Impact on people without a car/unable to drive	4	3%
<b>Negative Comments About Changes</b>	<b>Negative comments about changes:</b> Negative: Poor accessibility incl. poor location/cost	19	13%
	<b>Negative comments about changes:</b> Negative: Increased risk/lower quality of care	9	6%
	<b>Negative comments about changes:</b> Negative: Generally disagree incl. improvements not comprehensive enough	6	4%
	<b>Negative comments about changes:</b> Negative: Impact on the environment incl. increased pollution	2	1%
	<b>Negative comments about changes:</b> Negative: Other reason	8	5%
<b>Groups Negatively Affected</b>	<b>Groups negatively affected:</b> Negative: Impact on patients/minors	39	26%
	<b>Groups negatively affected:</b> Negative: Impact on people with low income/areas of deprivation	23	15%
	<b>Groups negatively affected:</b> Negative: Impact on people without a car/unable to drive	23	15%
	<b>Groups negatively affected:</b> Negative: Impact on people with disabilities/additional needs	21	14%
	<b>Groups negatively affected:</b> Negative: Impact on parents/caregivers	19	13%
	<b>Groups negatively affected:</b> Negative: Impact on elderly/vulnerable	8	5%
	<b>Groups negatively affected:</b> Negative: Impact on visiting friends and family	4	3%
	<b>Groups negatively affected:</b> Negative: Impact on staff/staffing	4	3%
<b>Other: Return Services to Withybush/Invest in Local Services</b>	<b>Other: Return services to Withybush/Invest in local services:</b> Other: Return services to/improve Withybush incl. 24/7 service	10	7%
	<b>Other: Return services to Withybush/Invest in local services:</b> Other: Invest in local services incl. obtain funding	9	6%
<b>Other: Negative Opinion of Glangwili incl. Poor Service/Access</b>	<b>Other: Negative opinion of Glangwili incl. poor service/access:</b> Other: Negative opinion of Glangwili incl. poor service/access	23	15%
<b>Other: Criticism of Consultation/Question Misunderstood</b>	<b>Other: Criticism of consultation/Question misunderstood:</b> Question misunderstood: Treat everyone equally	5	3%
	<b>Other: Criticism of consultation/Question misunderstood:</b> Other: Criticism of consultation	3	2%
<b>Other</b>	<b>Other: Other</b>	21	14%
<b>None/Nobody will be Affected</b>	<b>None/nobody will be affected:</b> None/nobody will be affected	2	1%

Base: Respondents to the main questionnaire (151), Points raised (309)



# Appendix III: Focus group topic guide and presentation

## Urgent and Emergency Children and Young People's Services (Paediatrics) at Withybush and Glangwili Hospitals

### Introduction [10 minutes]

---

Thank for coming and make introductions...

- Xxx and xxx from Opinion Research Services (ORS) – introduce ORS as independent organisation specialising in statutory consultation
- Here to gather views on options for Urgent and Emergency Children and Young People's Services (Paediatrics) at Withybush and Glangwili Hospitals
  - Which of three options you prefer and why
  - Concerns you may have about any of the three potential options
  - Anything else you think needs to be considered

Practicalities...

- Can everyone see/hear ok?
- Alarms planned
- Mobiles – off/on silent
- Refreshments/toilets
- Finish by 8:00pm
- Forms

Conduct of meeting...

- Consultative – to listen to your views
- Deliberative meeting
  - Look at evidence, arguments
  - No right or wrong answers
- Anger - stated not demonstrated
- Respect for others' views
  - Listen and don't talk over people

Data protection

- Everything said in this room is confidential
- We produce a report, but no-one is identified
- Recording session - but only to help write report
- Recordings kept (securely) and then disposed of in accordance with current Data Protection legislation no later than 1 year after any decision taken

Introductions - your name, where you live; how long you've lived there and, just for our interest, why you agreed to take part tonight?

### The need for change [20 minutes]

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#### FACILITATOR INSTRUCTIONS

**Facilitator: show slides 8-11...**

*Slide 8 – Current situation*

*Slide 9 – Terminology*

*Slide 10 – Past changes to services*

*Slide 11 – Further temporary service changes*

**Facilitator: ask for any questions/comments around the need for change**

### The journey so far [15 minutes]

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#### FACILITATOR INSTRUCTIONS

**Facilitator: run through slide 14**

*Slide 12: What has happened so far?*

**Facilitator: ask for any questions/comments around the journey so far**

### Three options [60 minutes]

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#### FACILITATOR INSTRUCTIONS

**Facilitator: run through slides 17 - 23**

*Slide 17: The three options*

*Slide 18: Similarities between the options*

*Slide 19: Option 1*

*Slide 20: Option 2*

*Slide 21: Option 3*

*Slides 22 and 23: Option 'scores' and key issues raised*

**Facilitator: split group into pairs/threes and (using worksheets) ask them to discuss the 'good' and 'poor' aspects of each option for 10 minutes.**

**In plenary session, take each site in turn and discuss:**

- **How suitable each of the three options are in delivering urgent and emergency children and young people's services at Withybush and Glangwili Hospitals between now and the establishment of the proposed new hospital network**
- **The 'good' and 'bad' aspects of each option**
- **Anything else participants think HDdUHB needs to consider – any other ideas they may have**

## **Equalities impacts [15 minutes]**

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### **FACILITATOR INSTRUCTIONS**

**Facilitator: ask...**

- **Are there any particular groups of people that might be positively or negatively affected by any of the three options?**
- **What, if any, mitigations are there for negative impacts?**

**ANYTHING TO ADD? [5 MINUTES]**

**THANK AND CLOSE**

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## Urgent and Emergency Children and Young People's Services (Paediatrics) at Withybush and Glangwili Hospitals

Public Focus Groups  
July 2023



### Who are we?

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Independent social research company

UK-wide reputation – mainly work for public sector

Specialise in sensitive, often controversial issues

Here to gather views on proposed options for urgent and emergency children and young people's (paediatric) services in Hywel Dda (until establishment of proposed new urgent and planned care hospital in the area)

### Practicalities

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**Can everyone see/hear ok?**

**Alarms planned – none**

**Mobiles – off/on silent**

**Refreshments/toilets**

**Finish by 8:00pm**

**Forms**



## Conduct of the meeting

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- **Consultative – to listen to your views**
- **Deliberative meeting**
  - Look at evidence, arguments
  - No right or wrong answers
- **Anger - stated not demonstrated**
- **Respect for others' views**
  - Listen
  - Don't talk over people
- **Everything said in this room is confidential**
  - We produce a report, but no-one is identified
  - Recording session - but only to help write report
  - Recordings kept (securely) and then disposed of in accordance with current Data Protection legislation no later than 1 year after any decision taken



## Agenda

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### Purpose of the meeting - to hear your views on:



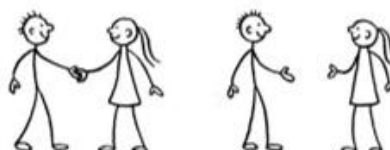
- Which of three options you prefer and why
- Concerns you may have about any of the three potential options
- Anything else you think needs to be considered

## Let's introduce ourselves...

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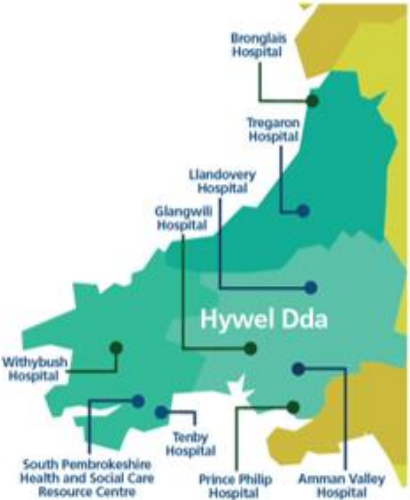
### Briefly round the room...

Name?  
Where do you live?  
How long have you live there?  
What made you want to come along tonight?





### Current situation



24-hour inpatient access to paediatric services at Bronglais (Aberystwyth) and Glangwili (Carmarthen)







Also emergency department facilities on same site

Worthybush (Haverfordwest) and Prince Philip (Llanelli) have 24-hour Minor Injury Units, which children can access

Treat minor injuries in children 12 months+

Outpatient services for children at Bronglais, Worthybush, Glangwili

Children and young people’s services also provided locally through:

 48 General Practices (GP surgeries)	 49 Dental Practices	 98 Community Pharmacies (over-the-counter)
 44 General Ophthalmic Practices (including eye health and low vision services)	 38 Other providing mental health and learning disability services	 Care within your own home

### Some terminology...

**What do we mean by Paediatric Ambulatory Care Unit (PACU)?**

A Paediatric Ambulatory Care Unit offers same day care to children and young people at a hospital. This means they are assessed, observed, diagnosed, treated, and return home on the same day, without being admitted and needing to stay overnight. There are clear procedures for access, discharge, or transfer to and from the service. You cannot access the PACU without a referral from a health professional such as a GP.



**What do we mean by a Dedicated Ambulance Vehicle (DAV)?**

A Dedicated Ambulance Vehicle supports the emergency/urgent transfer of women and children whose clinical care falls within the following categories:

- Maternity/Obstetric • Gynaecology • Paediatric • Neonatal

Staffed by the Welsh Ambulance Service, this is a dedicated resource that is in place to support Pembrokeshire patients who will be travelling between Worthybush Hospital and Glangwili Hospital, as well as to support paediatric emergencies and emergencies during childbirth.



### Past changes to services

Until October 2014, 24-hour paediatric inpatient units available at Worthybush and Glangwili Hospitals



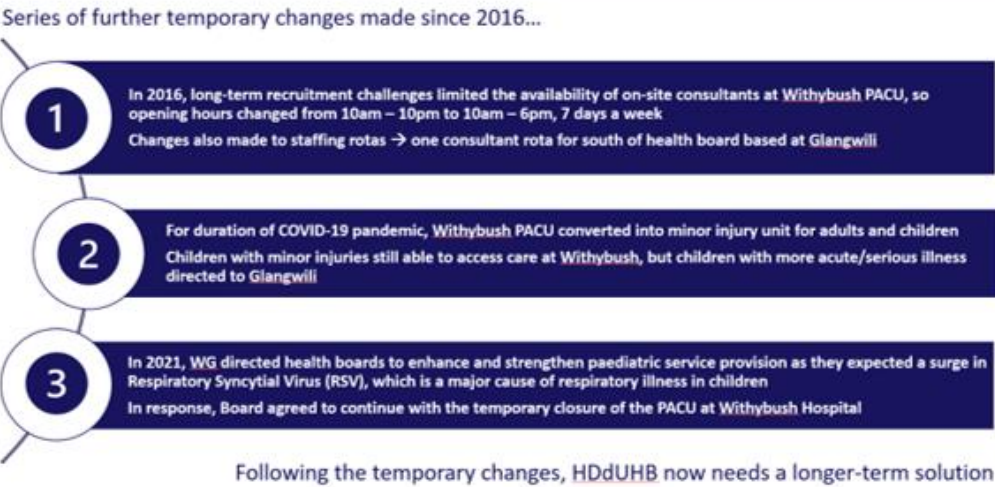
Following consultation → decided that a 24/7 paediatric inpatient unit at Worthybush was not viable

Clinical safety risks caused by a shortage of medical staff, despite recruitment efforts

Decision made to make the following permanent changes:

- At Worthybush, 24-hour inpatient service removed and 12-hour PACU service introduced (known as Puffin Ward)
  - Same day care to children/young people → assessed, diagnosed, treated, able to go home on the same day
  - Open 12 hours a day (10am – 10pm), 7 days a week
  - Beds for emergency assessment, medical day treatments, day surgery, and ongoing investigations/ monitoring
  - Dedicated team of paediatric doctors, including consultants, children’s nurses, other health care professionals
- If child/young person needed overnight admission → transferred to Glangwili via Dedicated Ambulance Vehicle
- Children’s services at Glangwili remained the same → 24-hour inpatient unit for overnight or longer-term care on the ward

### Further temporary service changes...



### The journey so far



### What has happened so far?

Options for how HDdUHB provides urgent and emergency children and young people's services developed by key stakeholders including children and young people, parents and guardians, and staff

Work done in 4 phases:





# The three options



## The three options

HDdUHB has developed 3 options for how they think services can be provided in the future, up until the development of the proposed new urgent and planned care hospital

- Option 1:** Some additional outpatient services for children and young people at Withybush Hospital but no PACU there
- Option 2:** PACU at Withybush Hospital from 10am – 6pm, Monday to Friday. More limited outpatient activity due to space needed for PACU
- Option 3:** Same as Option 2, but with some extra services e.g. non-emergency treatments like radiology; day care for those, for example, returning for medication/dressing change

## Similarities between the options

What is the same in all three options:
There would be a Minor Injury Unit for children and young people (under 16 years old) at both Glangwili Hospital and Withybush Hospital
Emergency care (accident and emergency) for children and young people (under 16 years old) remains at Glangwili Hospital
No overnight or weekend paediatric care would be provided at Withybush Hospital
Children's services at Glangwili Hospital would remain as they are now, with investment in staffing the PACU model in Carmarthen to permanently support the treatment of children and young people who would have previously attended Withybush Hospital
The Dedicated Ambulance Vehicle (DAV) would remain. The DAV supports the emergency/urgent transfer of children and young people from Pembrokeshire, including Withybush Hospital
Procedures are already in place to ensure any children and young people with a critical condition that arrive at Withybush Hospital have the best care available, at the most appropriate location
Improved telephone/digital links between Pembrokeshire GP surgeries and paediatric staff at Withybush Hospital





## Option 1

Builds on what is currently provided

PACU model would remain at Glangwili, with no PACU at Withybush

Child with acute illness needing admission (an overnight stay) would be treated at 24-hour inpatient unit at Glangwili

What is unique/new?

Booked outpatient appointments (for children not needing immediate assessment, an overnight stay, or without longer term conditions) available at Withybush from 9am – 5pm, Monday to Friday

Rapid Access Clinic at Withybush, allowing a child or young person to be seen by a paediatrician within 72 hours of an initial assessment by a GP or by the emergency department (A&E)



Whilst playing with friends Huw falls and injures his arm

He is taken to the MIU at Withybush, where he is assessed and x-rayed. He is diagnosed with a soft tissue injury and sent home. If a follow-up appointment is needed, this would be with Huw's GP, an orthopaedic doctor, or the A&E team

A few days later Huw develops a wheeze, and is seen by his GP who decides he needs further assessment by a paediatrician



## Option 2

PACU at Withybush Hospital would reopen 10am – 6pm, Monday to Friday

Would be staffed 10am – 8pm, but no referrals would be received from GPs/primary care services after 6pm

What else is unique/new?

Booked outpatient appointments available at Withybush from 9am – 5pm, Monday to Friday

Rapid Access Clinic at Withybush, allowing a child or young person to be seen by a paediatrician within 72 hours of an initial assessment by a GP or by the emergency department (A&E)

**BUT**

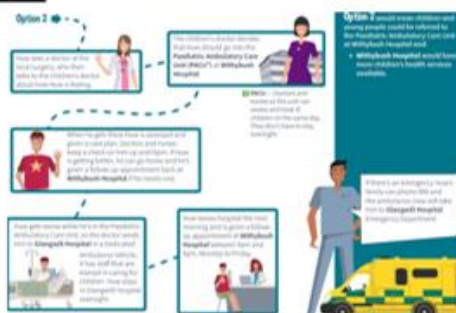
Level of activity likely to be restricted due to space required to deliver PACU



Whilst playing with friends Huw falls and injures his arm

He is taken to the MIU at Withybush, where he is assessed and x-rayed. He is diagnosed with a soft tissue injury and sent home. If a follow-up appointment is needed, this would be with Huw's GP, an orthopaedic doctor, or the A&E team

A few days later Huw develops a wheeze, and is seen by his GP who decides he needs further assessment by a paediatrician



## Option 3

Same as Option 2 but with extra services

What is unique/new in addition to Option 2?

Emergency department at Glangwili → enhanced service/give children and young people an improved experience on arrival, e.g., via dedicated waiting area

Emergency department staff at Withybush and Glangwili would receive additional training to treat children and young people when a review by a consultant paediatrician is not immediately needed

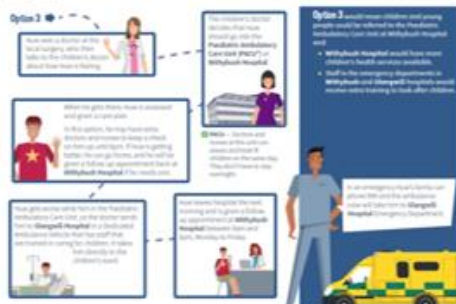
Additional training for PACU staff at Glangwili to e.g., improve initial assessment and general A&E experience for children and young people, and ensure they are dealt with appropriately



Whilst playing with friends Huw falls and injures his arm

He is taken to the MIU at Withybush, where he is assessed and x-rayed. He is diagnosed with a soft tissue injury and sent home. If a follow-up appointment is needed, this would be with Huw's GP, an orthopaedic doctor, or the A&E team

A few days later Huw develops a wheeze, and is seen by his GP who decides he needs further assessment by a paediatrician



## Option 'scores'

Criteria	Option 1	Option 2	Option 3
<b>Clinical viability</b> Able to meet health needs of CYP in Pembrokeshire	213	166	166
<b>Workforce viability</b> Able to staff the model	214	143	146
<b>Safe inter-hospital transport system</b> Transfer of children between hospitals e.g., via DAV?	171	140	144
<b>Deliverability</b> How quickly can the options be put in place?	213	145	134
<b>Accessibility</b> Frequency of travel to Glangwili	175	188	191
<b>Facilities (including interior suitability)</b> Number of individual rooms; play areas/suitable waiting areas; parent accommodation; accessible changing/washing areas; affordable for families to visit/stay	181	181	177
<b>Inter-service accessibility</b> Access to support services outside the department for specialist care e.g., anaesthetics	154	159	159
<b>Impact on people</b> Are some people impacted more than others?	157	162	162
<b>TOTALS</b>	<b>1478</b>	<b>1284</b>	<b>1279</b>

**Option 1** scored highest overall, but lowest for accessibility and impacts on people

**Option 2** scored marginally higher than Option 3 overall, but lowest for workforce viability and safe inter-hospital transport system. It received the same score as Option 3 for clinical viability

**Option 3** had the lowest overall score, and for deliverability and facilities (including interior suitability). This option had the highest overall score for accessibility

## Option 'scores': key issues raised

	+	-
<b>Option 1</b>	Minimal additional recruitment No major structural changes Some care closer to home for Pembs/south Ceredigion residents (i.e. outpatients/follow-up appointments)	Additional travelling for acute care for CYP in Pembs and South Ceredigion Lack of availability of appropriately trained medical staff for enhanced care during transfers
<b>Options 2 and 3</b>	More care closer to home for routine and urgent (not emergency) care PACU service could eliminate some additional travel time during operating hours Opportunity for remodelling and recruitment	Success depends on significant recruitment Increased clinical risk to patients needing transfer to inpatient care in Glangwili Additional travelling for acute care for CYP in Pembs and South Ceredigion Lack of availability of appropriately trained medical staff for enhanced care during transfers

## Sharing your views...

- Completing the questionnaire available and posting it to: **Opinion Research Services, FREEPOST SS1018, PO Box 530, Swansea, SA1 1ZL**
- Online at: [hduhb.nhs.wales/future-children-services](https://hduhb.nhs.wales/future-children-services)
- Emailing: [hyweldda.engagement@wales.nhs.uk](mailto:hyweldda.engagement@wales.nhs.uk)
- By telephoning **0300 303 8322** (local call rates)
- Through social media using **#FutureChildrenServices**
- Twitter **@HywelDdaHB**
- Facebook **Hywel Dda Health Board**



The deadline to tell us what you think, so your opinions can be included in the consultation, is **Friday 24 August 2023**.

Thank you for coming, have a safe journey home ☺



## Appendix IV: Social media reach

### Consultation Post Overview / Analytics – Facebook

Page	Date Posted	Post	Reach	Impressions
HywelDda HB	26/05/2023	Consultation Introduction <a href="#">Hywel Dda UHB on Twitter</a>	1852	Reactions: 7 Comments: 0 Shares: 8
HywelDda HB	30/05/2023	Consultation overview <a href="#">Hywel Dda UHB on Twitter</a>	1224	Reactions: 2 Comments: 0 Shares: 5
HywelDda HB	01/06/2023	Consultation overview <a href="#">Hywel Dda UHB on Twitter: "We're proposing changes to our children and young people's services and we need your input. Join our public consultation to share your thoughts. Find out more   <a href="https://t.co/5o9bs9dyWr">https://t.co/5o9bs9dyWr</a> <a href="https://t.co/E0MXjxsXDY">https://t.co/E0MXjxsXDY</a>" / Twitter</a>	731	Reactions: 0 Comments: 0 Shares: 4
HywelDda HB	13/06/2023	Carmarthen event post <a href="#">(1) Hywel Dda UHB on Twitter: "We want to hear from you! Join us on Tuesday, 20 June from 1-6pm at Carmarthen Athletic RFC to Share your views on the future of paediatric services in our local area. More information on our consultation can be found here: <a href="https://t.co/5o9bs9dyWr">https://t.co/5o9bs9dyWr</a> <a href="https://t.co/W3BCemOVok">https://t.co/W3BCemOVok</a>" / Twitter</a>	1275	Reactions: 3 Comments: 0 Shares: 4
HywelDda HB	14/06/2023	Online Event 19 June Post <a href="#">Hywel Dda UHB on Twitter: "Want to have your say on the future of children and young people's services in Hywel Dda? Join us at our online event on the 19th June, from 10-11:30am and have your say! <a href="https://t.co/jl3XGIMc3D">https://t.co/jl3XGIMc3D</a> You can find out more about our consultation here: <a href="https://t.co/5o9bs9dyWr">https://t.co/5o9bs9dyWr</a> <a href="https://t.co/k3kwLqu32s">https://t.co/k3kwLqu32s</a>" / Twitter</a>	860	Reactions: 2 Comments: 0 Shares: 3



HywelDda HB	15/06/2023	Goodwick event post <a href="#">(1) Hywel Dda UHB on Twitter: "Mark your calendars! Your opinions are vital in shaping the future of children and young people's services. Please come along to our next drop in event at the Phoenix Centre in Goodwick, on Friday, 23 June from 1-6pm and have your say. Find out more here https://t.co/5o9bs9dyWr https://t.co/9i9XSrPJiP" / Twitter</a>	680	Reactions: 0 Comments: 0 Shares: 1
HywelDda HB	16/06/2023	Online Event 22 June Post <a href="#">Hywel Dda UHB on Twitter: "Want to have your say on the future of children and young people's services in Hywel Dda? Join us at our online event on the 26th June, from 1-2pm and have your say! Register for the event here: https://t.co/2zIjKhGS5 Find out more here: https://t.co/5o9bs9e6LZ https://t.co/63LmeGbMIL" / Twitter</a>	802	Reactions: 2 Comments: 0 Shares: 2
HywelDda HB	17/06/2023	Carmarthen event reminder <a href="#">Hywel Dda UHB on Twitter: "***Reminder** Our next drop in event in Carmarthen to discuss the future of urgent and emergency children's services at Withybush and Glangwili hospital is coming up! Come along from 1-6pm on 20/06 and have your say! https://t.co/g9ErvO1orO" / Twitter</a>	729	Reactions: 3 Comments: 1 Shares: 5
HywelDda HB	20/06/2023	Carmarthen day of reminder <a href="#">Hywel Dda UHB on Twitter: "***Reminder** Today we are at Carmarthen Athletic RFC to discuss the future of children's urgent and emergency care services at Glangwili and Withybush hospitals. Come along between 1-6pm and have your say! https://t.co/IuDIa0TzAp" / Twitter</a>	412	Reactions: 1 Comments: 0 Shares: 1
HywelDda HB	20/06/2023	Cardigan Event post <a href="#">(1) Hywel Dda UHB on Twitter: "Save the date! On Tuesday, 27 June we will be at Cardigan Leisure Centre to get your opinions on the future of urgent and emergency children's services in Withybush and Glangwili hospitals. Come along between 1-6pm and have your say! Find out more here: https://t.co/5o9bs9e6LZ https://t.co/1M5uz6bVQz" / Twitter</a>	817	Reactions: 3 Comments: 0 Shares: 3
BIHywelDda	20/05/2023	Consultation Introduction <a href="#">BIP Hywel Dda on Twitter: "Rhwyng 26 Mai a 24 Awst eleni, rydym yn ymgynghori ag aelodau o'n cymunedau ynghylch newidiadau arfaethedig i Wasanaethau Brys ac Argyfwng Plant ac Ieuencid (Pediatrig) yn Ysbytai Llwynhelyg a Glangwili. Darganfyddwch fwy yma: https://t.co/h5AbHLe44y https://t.co/S8YDwl79ip" / Twitter</a>	47	Reactions: 0 Comments: 0 Shares: 0
BIHywelDda	30/05/2023	Consultation overview <a href="#">BIP Hywel Dda on Twitter: "Rydym angen eich barn. Rydym yn cynnig newidiadau i wasanaethau plant ac rydym eisiau gwybod beth yw eich barn. Ewch i'n gwefan i gymryd rhan yn ein hymgyngoriad cyhoeddus a dweud eich dweud. 📺📱🗨️ Darganfyddwch fwy 🗨️👉 https://t.co/xnQT0pmtnU" / Twitter</a>	87	Reactions: 0 Comments: 0 Shares: 0

BIHywelD da	01/06/2023	Consultation overview <a href="#">BIP Hywel Dda on Twitter: "Rydym yn cynnig newidiadau i'n gwasanaethau plant ac ieuencid ac rydym angen eich mewnbwn. Ymunwch â'n hymgyngoriad cyhoeddus i rannu eich barn: darganfyddwch fwy</a> <a href="#">https://t.co/xnQTOpmtnU</a> <a href="#">https://t.co/ToCMKBZXL4"</a> / Twitter	69	Reactions: 1 Comments: 0 Shares: 0
BIHywelD da	13/06/2023	Carmarthen event post <a href="#">BIP Hywel Dda on Twitter: "Dewch i ddweud eich dweud! Ymunwch â ni dydd Mawrth, 20 Mehefin rhwng 1pm a 6pm yng Nghlwb Rygbi'r Athletic, Caerfyrddin i rannu eich barn ar ddyfodol gwasanaethau pediatreg yn yr ardal leol. Mae mwy o wybodaeth ar yr ymgynghoriad ar gael yma: https://t.co/xnQTOpn1ds https://t.co/2Db8avkzG2"</a> / Twitter	56	Reactions: 0 Comments: 0 Shares: 0
BIHywelD da	14/06/2023	Online Event 19 June Post <a href="#">BIP Hywel Dda on Twitter: "A ydych chi am ddweud eich dweud ar ddyfodol gwasanaethau plant ac ieuencid yn Hywel Dda? Dewch i'r digwyddiad ar-lein ar 19 Mehefin, rhwng 10am a 11:30am i rannu eich barn! Cofrestrwch ar gyfer y digwyddiad yma: https://t.co/mzaLCHLami Dysgu mwy yma: https://t.co/xnQTOpn1ds https://t.co/H8Cij2Fb1z"</a> / Twitter	36	Reactions: 0 Comments: 0 Shares: 0
BIHywelD da	15/06/2023	Goodwick event post <a href="#">BIP Hywel Dda on Twitter: "I'r dyddiadur! Mae eich barn o bwys i lunio dyfodol gwasanaethau plant ac ieuencid. Galwch heibio ein digwyddiad nesaf yng Nghanolfan Phoenix, Wdig, ddydd Gwener, 23 Mehefin rhwng 1pm a 6pm. Dewch i ddweud eich dweud. Dysgu mwy yma: https://t.co/xnQTOpn1ds https://t.co/Raqf7VUTKz"</a> / Twitter	44	Reactions: 0 Comments: 0 Shares: 0
BIHywelD da	16/06/2023	Online Event 22 June Post <a href="#">BIP Hywel Dda on Twitter: "A ydych chi am ddweud eich dweud ar ddyfodol gwasanaethau plant ac ieuencid yn Hywel Dda? Dewch i'r digwyddiad ar-lein ar 22 Mehefin, rhwng 6:30pm ac 8:00pm i rannu eich barn! Cofrestrwch ar gyfer y digwyddiad yma: https://t.co/GV6Z8WNR7v Dysgu mwy yma: https://t.co/xnQTOpn1ds https://t.co/XdAEwUhblk"</a> / Twitter	37	Reactions: 0 Comments: 0 Shares: 1
BIHywelD da	17/06/2023	Carmarthen event reminder <a href="#">BIP Hywel Dda on Twitter: "***Cofiwch** Mae ein digwyddiad galw heibio nesaf yn Caerfyrddin i drafod dyfodol gwasanaethau brys i blant yn Ysbyty Llwynhelyg a Glangwili ar ddod! Galwch heibio rhwng 1pm a 6pm ar 20/06 i ddweud eich dweud! https://t.co/I3UTwdsy8d"</a> / Twitter	94	Reactions: 1 Comments: 0 Shares: 1
BIHywelD da	20/06/2023	Carmarthen day of reminder <a href="#">BIP Hywel Dda on Twitter: "***Cofiwch** Heddiw rydyn ni yn Caerfyrddin Clwb Rygbi Athletic i drafod dyfodol gwasanaethau brys plant yn ysbytai Glangwili a Llwynhelyg. Galwch heibio rhwng 1pm a 6pm i ddweud eich dweud! https://t.co/o75HF4ykT4"</a> / Twitter	44	Reactions: 1 Comments: 0 Shares: 0

BIHywelDda	20/06/2023	Cardigan Event post <a href="#">BIP Hywel Dda on Twitter: "I'r dyddiadur! Ddydd Mawrth, 27 Mehefin byddwn yng Nghanolfan Hamdden Aberteifi i gael eich barn ar ddyfodol gwasanaethau brys i blanta ieunectid yn ysbytai Llwynhelyg a Glangwili. Galwch heibio rhwng 1pm a 6pm i ddweud eich dweud! Dysgu mwy yma: <a href="https://t.co/xnQTOpn1ds">https://t.co/xnQTOpn1ds</a> <a href="https://t.co/yhnV2RVTRU">https://t.co/yhnV2RVTRU</a>" / Twitter</a>	31	Reactions: 0 Comments: 0 Shares: 0
HywelDda HB	21/06/2023	Online Event Reminder <a href="#">(2) Hywel Dda UHB on X: "**Reminder* Want to have your say on the future of children and young people's urgent and emergency services in Glangwili and Withybush Hospital? Join us at our online event on the 22nd June, from 6:30-8:00pm and have your say! Register for the event: <a href="https://t.co/Rvrm14BfWz">https://t.co/Rvrm14BfWz</a> <a href="https://t.co/iYs3M2tWH2">https://t.co/iYs3M2tWH2</a>" / X (twitter.com)</a>	903	Reactions: 2 Comments: 0 Shares: 1
HywelDda HB	22/06/2023	Online event reminder <a href="#">(2) Hywel Dda UHB on X: "**Reminder* Don't miss our next online event tonight between 6:30-8:00pm! We want to hear your opinions on the future of children and young people's urgent and emergency services in Withybush and Glangwili hospitals. Registration here: <a href="https://t.co/Rvrm14BNM7">https://t.co/Rvrm14BNM7</a> <a href="https://t.co/f5urOrjtid">https://t.co/f5urOrjtid</a>" / X (twitter.com)</a>	531	Reactions: 0 Comments: 0 Shares: 0
HywelDda HB	22/06/2023	Goodwick event reminder <a href="https://twitter.com/HywelDdaHB/status/1671880739326144515">https://twitter.com/HywelDdaHB/status/1671880739326144515</a>	465	Reactions: 0 Comments: 0 Shares: 1
HywelDda HB	23/06/2023	Milford Haven event post <a href="https://twitter.com/HywelDdaHB/status/1672152510344077319">https://twitter.com/HywelDdaHB/status/1672152510344077319</a>	356	Reactions: 0 Comments: 0 Shares: 0
HywelDda HB	23/06/2023	Goodwick day of post <a href="#">(2) Hywel Dda UHB on X: "***Reminder** Today we are in Goodwick to discuss the future of children's urgent and emergency care services at Glangwili and Withybush hospitals. Come along between 1-6pm and have your say! <a href="https://t.co/txJlqQTSdO">https://t.co/txJlqQTSdO</a>" / X (twitter.com)</a>	438	Reactions: 1 Comments: 0 Shares: 0
HywelDda HB	23/06/2023	Online event reminder <a href="#">(2) Hywel Dda UHB on X: "Want to have your say on the future of children and young people's urgent and emergency services in Glangwili and Withybush Hospital? Join us at our online event on the 26th June, from 1:00-2:30pm and have your say! Register for the event here: <a href="https://t.co/2zJnKh92x">https://t.co/2zJnKh92x</a> <a href="https://t.co/mGZET00FB0">https://t.co/mGZET00FB0</a>" / X (twitter.com)</a>	713	Reactions: 4 Comments: 0 Shares: 2

HywelDda HB	24/06/2023	Cardigan event reminder (2) Hywel Dda UHB on X: <a href="#">***Reminder** Our next drop in event in Cardigan to discuss the future of urgent and emergency children's services at Withybush and Glangwili hospital is coming up! Come along from 1-6pm on 27/06 and have your say! https://t.co/3d6HM0A3Ym" / X (twitter.com)</a>	679	Reactions: 2 Comments: 0 Shares: 1
HywelDda HB	25/06/2023	Online event reminder (2) Hywel Dda UHB on X: <a href="#">"Don't miss our next online event tomorrow at 1pm! We want to hear your views on the future of children and young people's urgent and emergency services in Withybush and Glangwili hospitals. Come along and have your say. Sign up here: https://t.co/2zIjKh92x https://t.co/p9WJJR4Eji" / X (twitter.com)</a>	877	Reactions: 0 Comments: 0 Shares: 2
HywelDda HB	25/06/2023	Haverfordwest event post (2) Hywel Dda UHB on X: <a href="#">"We want to hear from you and get your opinion on the future of children's urgent and emergency services in Withybush and Glangwili Hospitals. We will be holding an event at Haverfordwest Rugby Club on July 3rd from 1-6pm. Come along and have your say! https://t.co/5o9bs9dyWr https://t.co/U65zDZCFQu" / X (twitter.com)</a>	811	Reactions: 1 Comments: 0 Shares: 1
HywelDda HB	26/06/2023	Online event reminder (2) Hywel Dda UHB on X: <a href="#">"Don't miss our online event today at 1pm! We want to hear your opinions on the future of children and young people's urgent and emergency services in Withybush and Glangwili hospitals. Come along and have your say. Registration closes soon, sign up here: https://t.co/2zIjKh92x https://t.co/AnVuSE8jFy" / X (twitter.com)</a>	414	Reactions: 0 Comments: 0 Shares: 0
HywelDda HB	26/06/2023	Cardigan event reminder (2) Hywel Dda UHB on X: <a href="#">***Reminder** Our next drop in event in Cardigan to discuss the future of urgent and emergency children's services at Withybush and Glangwili hospital is coming up! Come along from 1-6pm on 27/06 and have your say! https://t.co/JXGY1F7MU0" / X (twitter.com)</a>	677	Reactions: 1 Comments: 0 Shares: 2
HywelDda HB	28/06/2023	Milford Haven reminder (2) Hywel Dda UHB on X: <a href="#">"Please come along to Pill Social Centre on Thursday, 29 June from 1-6pm to voice your opinion, share your experiences and contribute to the shaping of urgent and emergency children's services in Withybush and Glangwili hospitals. Find out more here: https://t.co/5o9bs9e6LZ https://t.co/xKMplBMuOR" / X (twitter.com)</a>	471	Reactions: 2 Comments: 0 Shares: 3
HywelDda HB	29/06/2023	Milford Haven day of post <a href="https://twitter.com/HywelDdaHB/status/1674397034927779841">https://twitter.com/HywelDdaHB/status/1674397034927779841</a>	439	Reactions: 1 Comments: 0 Shares: 0

HywelDda HB	30/06/2023	Haverfordwest event post (2) Hywel Dda UHB on X: <a href="#">***Reminder** Our next drop in event in Haverfordwest to discuss the future of urgent and emergency children's services at Withybush and Glangwili hospital is coming up! Come along from 1-6pm on 03/07 and have your say! https://t.co/1uOUDZF2kl" / X (twitter.com)</a>	710	Reactions: 1 Comments: 0 Shares: 6
HywelDda HB	02/07/2023	Haverfordwest event post (2) Hywel Dda UHB on X: <a href="#">**TOMORROW* Calling all Haverfordwest residents! Our next drop in event in Haverfordwest to discuss the future of urgent and emergency children's services at Withybush and Glangwili hospital is coming up! Find out more about our consultation here: https://t.co/5o9bs9e6LZ https://t.co/IWpvl6m50G" / X (twitter.com)</a>	1177	Reactions: 3 Comments: 0 Shares: 4
HywelDda HB	24/07/2023	1 Month Left reminder (2) Hywel Dda UHB on X: <a href="#">***1 Month Remaining** There is one month left to have your say on the future of children's urgent and emergency care services in Withybush and Glangwili hospitals! Make sure to answer our questionnaire here: https://t.co/mziej4ppZK https://t.co/h24n7BhHFi" / X (twitter.com)</a>	1376	Reactions: 5 Comments: 0 Shares: 10
HywelDda HB	29/07/2023	Haverhub event post (2) Hywel Dda UHB on X: <a href="#">"Join us on 1 August from 5-8:30pm at HaverHub in Haverfordwest. We are consulting on the future of children and young people's urgent and emergency care services in Withybush and Glangwili Hospitals and would like you to have your say! Find out more: https://t.co/5o9bs9dyWr https://t.co/PHywUbjDkU" / X (twitter.com)</a>	1052	Reactions: 4 Comments: 0 Shares: 5
HywelDda HB	31/07/2023	Haverhub event reminder <a href="https://twitter.com/HywelDdaHB/status/1685953459789721600">https://twitter.com/HywelDdaHB/status/1685953459789721600</a>	588	Reactions: 0 Comments: 0 Shares: 3
HywelDda HB	02/08/2023	Pembroke dock event post (2) Hywel Dda UHB on X: <a href="#">"On Thursday, 10 August we will be at Pater Hall in Pembroke Dock to get your opinions on the future of urgent and emergency children's services in Withybush and Glangwili hospitals. Please drop by after work from 5:00-8:30pm and have your say! https://t.co/drVK9Eo9y6" / X (twitter.com)</a>	614	Reactions: 1 Comments: 0 Shares: 3
HywelDda HB	03/08/2023	Withybush foyer post (2) Hywel Dda UHB on X: <a href="#">"The consultation team are in the foyer of Withybush General Hospital today from 12-5pm, and would really like to hear your views about the future of children and young people's urgent and emergency care services in Withybush and Glangwili Hospitals. Please stop by for a chat! https://t.co/oyMKri6P2v" / X (twitter.com)</a>	782	Reactions: 4 Comments: 0 Shares: 3



HywelDda HB	03/08/2023	BSL post (2) Hywel Dda UHB on X: "At Hywel Dda, we want our consultations accessible to all. For those with hearing difficulties, we have created a British Sign Language version of our consultation document and questionnaire. Find out more here: <a href="https://t.co/eH4sM18gzJ">https://t.co/eH4sM18gzJ</a> <a href="https://t.co/q1Nxx0dk3h">https://t.co/q1Nxx0dk3h</a> " / X (twitter.com)	414	Reactions: 0 Comments: 0 Shares: 0
HywelDda HB	04/08/2023	Pembroke dock event post (2) Hywel Dda UHB on X: "On Thursday, 10 August we will be at Pater Hall in Pembroke Dock to get your opinions on the future of urgent and emergency children's services in Withybush and Glangwili hospitals. Please drop by after work from 5:00-8:30pm and have your say! <a href="https://t.co/LtFAB0Eq36">https://t.co/LtFAB0Eq36</a> " / X (twitter.com)	544	Reactions: 0 Comments: 0 Shares: 0
HywelDda HB	07/08/2023	Pembroke dock event post (2) Hywel Dda UHB on X: "On Thursday, 10 August we will be at Pater Hall in Pembroke Dock to get your opinions on the future of urgent and emergency children's services in Withybush and Glangwili hospitals. Please drop by after work from 5:00-8:30pm and have your say! <a href="https://t.co/iqYyaUsUDP">https://t.co/iqYyaUsUDP</a> " / X (twitter.com)	573	Reactions: 0 Comments: 0 Shares: 0
HywelDda HB	08/08/2023	Child friendly documents Hywel Dda UHB on X: "Interested in taking part in our consultation? We want to get your children's perspective on the future of urgent and emergency paediatric services in Glangwili and Withybush hospitals. Take a look at our child friendly document! Click the link here: <a href="https://t.co/eH4sM18gzJ">https://t.co/eH4sM18gzJ</a> <a href="https://t.co/l9HrniMDMt">https://t.co/l9HrniMDMt</a> " / X (twitter.com)	660	Reactions: 0 Comments: 0 Shares: 2
HywelDda HB	09/08/2023	Pembroke dock event reminder Hywel Dda UHB on X: "On Thursday, 10 August we will be at Pater Hall in Pembroke Dock to get your opinions on the future of urgent and emergency children's services in Withybush and Glangwili hospitals. Please drop by after work from 5:00-8:30pm and have your say! <a href="https://t.co/yktbSoF22u">https://t.co/yktbSoF22u</a> " / X (twitter.com)	745	Reactions: 2 Comments: 0 Shares: 2
HywelDda HB	10/08/2023	Pembroke dock day of post Hywel Dda UHB on X: "Today we're at Pater Hall, Pembroke Dock to discuss the future of children and young people's urgent and emergency care services in Glangwili and Withybush hospitals. Drop in before 8:30pm to share your views for the future of this service: <a href="https://t.co/5o9bs9dyWr">https://t.co/5o9bs9dyWr</a> <a href="https://t.co/WT9fbwx6Hb">https://t.co/WT9fbwx6Hb</a> " / X (twitter.com)	955	Reactions: 3 Comments: 0 Shares: 1
HywelDda HB	21/08/2023	Four days left reminder Hywel Dda UHB on X: "***4 Days Left** There are 4 days left to have your say about the proposed changes to children and young people's urgent and emergency care services at Withybush and Glangwili hospitals! The link to the questionnaire is here: <a href="https://t.co/mziej4oSac">https://t.co/mziej4oSac</a> <a href="https://t.co/jAxPP7SyTS">https://t.co/jAxPP7SyTS</a> " / X (twitter.com)	845	Reactions: 0 Comments: 0 Shares: 1
HywelDda HB	22/08/2023	Three days left reminder Hywel Dda UHB on X: "***3 Days Left** There are 3 days left to have your say about the proposed changes to children and young people's urgent and emergency care services at Withybush and Glangwili hospitals! The link to the questionnaire is here: <a href="https://t.co/mziej4ppZK">https://t.co/mziej4ppZK</a> <a href="https://t.co/LQCSHM1ASx">https://t.co/LQCSHM1ASx</a> " / X (twitter.com)	573	Reactions: 0 Comments: 0 Shares: 2

HywelDda HB	23/08/2023	Two days left reminder <a href="https://twitter.com/HywelDdaHB/status/1694258176970182878">https://twitter.com/HywelDdaHB/status/1694258176970182878</a>	885	Reactions: 3 Comments: 0 Shares: 5
HywelDda HB	24/08/2023	Last day reminder <a href="https://twitter.com/HywelDdaHB/status/1694620564764156278">https://twitter.com/HywelDdaHB/status/1694620564764156278</a>	617	Reactions: 2 Comments: 0 Shares: 3
HywelDda HB	11/09/2023	Conclusion pr <a href="https://twitter.com/HywelDdaHB/status/1694620564764156278">Hywel Dda UHB on X: "Hywel Dda's public consultation on Paediatric Services at Withybush and Glangwili Hospitals has concluded. Opinion Research Services (ORS), an independent social research organisation, will analyse the response to the consultation questions. ↗ https://t.co/gy7LdDRUtQ https://t.co/QtsRv18x2N" / X (twitter.com)</a>	536	Reactions: 0 Comments: 0 Shares: 0
BIHywelDda	21/06/2023	Online event reminder <a href="https://twitter.com/BIHywelDda/status/1671457944066727936">https://twitter.com/BIHywelDda/status/1671457944066727936</a>	48	Reactions: 0 Comments: 0 Shares: 0
BIHywelDda	22/06/2023	Online event reminder <a href="https://twitter.com/BIHywelDda/status/1671850520762531840">https://twitter.com/BIHywelDda/status/1671850520762531840</a>	28	Reactions: 0 Comments: 0 Shares: 0
BIHywelDda	22/06/2023	Goodwick event reminder <a href="https://twitter.com/BIHywelDda/status/1671880721018003456">https://twitter.com/BIHywelDda/status/1671880721018003456</a>	24	Reactions: 0 Comments: 0 Shares: 0
BIHywelDda	23/06/2023	Milford Haven event post <a href="https://twitter.com/BIHywelDda/status/1672152519496069122">https://twitter.com/BIHywelDda/status/1672152519496069122</a>	19	Reactions: 0 Comments: 0 Shares: 0
BIHywelDda	23/06/2023	Goodwick day of post <a href="https://twitter.com/BIHywelDda/status/1672230085129019393">https://twitter.com/BIHywelDda/status/1672230085129019393</a>	24	Reactions: 0 Comments: 0 Shares: 0
BIHywelDda	23/06/2023	Online event reminder <a href="https://twitter.com/BIHywelDda/status/1672243115887919105">https://twitter.com/BIHywelDda/status/1672243115887919105</a>	28	Reactions: 0 Comments: 0 Shares: 0

BIHywelDda	24/06/2023	Cardigan event reminder <a href="https://twitter.com/BIHywelDda/status/1672590405484019712">https://twitter.com/BIHywelDda/status/1672590405484019712</a>	29	Reactions: 0 Comments: 0 Shares: 0
BIHywelDda	25/06/2023	Online event reminder <a href="https://twitter.com/BIHywelDda/status/1672877293830799363">https://twitter.com/BIHywelDda/status/1672877293830799363</a>	44	Reactions: 0 Comments: 0 Shares: 0
BIHywelDda	25/06/2023	Haverfordwest event post <a href="https://twitter.com/BIHywelDda/status/1672960333865172992">https://twitter.com/BIHywelDda/status/1672960333865172992</a>	55	Reactions: 0 Comments: 0 Shares: 0
BIHywelDda	26/06/2023	Online Event Reminder <a href="https://twitter.com/BIHywelDda/status/1673239682677899264">https://twitter.com/BIHywelDda/status/1673239682677899264</a>	30	Reactions: 0 Comments: 0 Shares: 0
BIHywelDda	26/06/2023	Cardigan event reminder <a href="https://twitter.com/BIHywelDda/status/1673360479228686337">https://twitter.com/BIHywelDda/status/1673360479228686337</a>	36	Reactions: 0 Comments: 0 Shares: 0
BIHywelDda	28/06/2023	Milford Haven reminder <a href="https://twitter.com/BIHywelDda/status/1673964454621396993">https://twitter.com/BIHywelDda/status/1673964454621396993</a>	36	Reactions: 0 Comments: 0 Shares: 0
BIHywelDda	29/06/2023	Milford Haven day of post <a href="https://twitter.com/BIHywelDda/status/1674397427665629184">https://twitter.com/BIHywelDda/status/1674397427665629184</a>	52	Reactions: 0 Comments: 0 Shares: 0
BIHywelDda	30/06/2023	Haverfordwest event post <a href="https://twitter.com/BIHywelDda/status/1674719429786062853">https://twitter.com/BIHywelDda/status/1674719429786062853</a>	37	Reactions: 0 Comments: 0 Shares: 0
BIHywelDda	02/07/2023	Haverfordwest event post <a href="https://twitter.com/BIHywelDda/status/1675414004934537216">https://twitter.com/BIHywelDda/status/1675414004934537216</a>	54	Reactions: 0 Comments: 0 Shares: 0

BIHywelDda	24/07/2023	1 Month Left reminder <a href="https://twitter.com/BIHywelDda/status/1683499780792524802">https://twitter.com/BIHywelDda/status/1683499780792524802</a>	36	Reactions: 0 Comments: 0 Shares: 0
BIHywelDda	29/07/2023	Haverhub event post <a href="https://twitter.com/BIHywelDda/status/1685213576724672513">https://twitter.com/BIHywelDda/status/1685213576724672513</a>	28	Reactions: 0 Comments: 0 Shares: 0
BIHywelDda	31/07/2023	Haverhub event reminder <a href="https://twitter.com/BIHywelDda/status/1685953453972217856">https://twitter.com/BIHywelDda/status/1685953453972217856</a>	21	Reactions: 1 Comments: 0 Shares: 0
BIHywelDda	02/08/2023	Pembroke dock event post <a href="https://twitter.com/BIHywelDda/status/1686678231087497216">https://twitter.com/BIHywelDda/status/1686678231087497216</a>	50	Reactions: 0 Comments: 0 Shares: 0
BIHywelDda	03/08/2023	Withybush foyer post <a href="https://twitter.com/BIHywelDda/status/1687077752569024512">https://twitter.com/BIHywelDda/status/1687077752569024512</a>	39	Reactions: 0 Comments: 0 Shares: 0
BIHywelDda	03/08/2023	BSL post <a href="https://twitter.com/BIHywelDda/status/1687101014682578945">https://twitter.com/BIHywelDda/status/1687101014682578945</a>	36	Reactions: 0 Comments: 0 Shares: 0
BIHywelDda	04/08/2023	Pembroke dock event post <a href="https://twitter.com/BIHywelDda/status/1687433201093124097">https://twitter.com/BIHywelDda/status/1687433201093124097</a>	24	Reactions: 0 Comments: 0 Shares: 0
BIHywelDda	07/08/2023	Pembroke dock event post <a href="https://twitter.com/BIHywelDda/status/1688475071583580161">https://twitter.com/BIHywelDda/status/1688475071583580161</a>	43	Reactions: 0 Comments: 0 Shares: 0
BIHywelDda	08/08/2023	Child friendly documents <a href="https://twitter.com/BIHywelDda/status/1688897857087258625">https://twitter.com/BIHywelDda/status/1688897857087258625</a>	43	Reactions: 0 Comments: 0 Shares: 1

BIHywelDda	09/08/2023	Pembroke dock event reminder <a href="https://twitter.com/BIHywelDda/status/1689214947996188672">https://twitter.com/BIHywelDda/status/1689214947996188672</a>	39	Reactions: 0 Comments: 0 Shares: 0
BIHywelDda	10/08/2023	Pembroke dock day of post <a href="https://twitter.com/BIHywelDda/status/1689687018815594497">https://twitter.com/BIHywelDda/status/1689687018815594497</a>	33	Reactions: 0 Comments: 0 Shares: 0
BIHywelDda	21/08/2023	Four days left reminder <a href="https://twitter.com/BIHywelDda/status/1693548494588669973">https://twitter.com/BIHywelDda/status/1693548494588669973</a>	37	Reactions: 0 Comments: 0 Shares: 0
BIHywelDda	22/08/2023	Three days left reminder <a href="https://twitter.com/BIHywelDda/status/1693895791880905090">https://twitter.com/BIHywelDda/status/1693895791880905090</a>	41	Reactions: 0 Comments: 0 Shares: 1
BIHywelDda	23/08/2023	Two days left reminder <a href="https://twitter.com/BIHywelDda/status/1694258178265903266">https://twitter.com/BIHywelDda/status/1694258178265903266</a>	116	Reactions: 1 Comments: 0 Shares: 2
BIHywelDda	24/08/2023	Last day reminder <a href="https://twitter.com/BIHywelDda/status/1694620563426132440">https://twitter.com/BIHywelDda/status/1694620563426132440</a>	38	Reactions: 0 Comments: 0 Shares: 0
BIHywelDda	11/09/2023	Conclusion pr <a href="https://twitter.com/BIHywelDda/status/1701269663546568712">https://twitter.com/BIHywelDda/status/1701269663546568712</a>	27	Reactions: 0 Comments: 0 Shares: 0
HUHB Facebook	26/05/2023	Consultation Introduction (2) <a href="#">Between 26 May and 24 August this year,... - Hywel Dda Health Board   Facebook</a>	4314	Reactions: 2 Comments: 4 Shares: 34
HUHB Instagram	30/05/2023	Consultation Introduction <a href="#">BIP Hywel Dda UHB on Instagram</a>	260	Reactions: 5 Comments: 0 Shares: 0

HDUHB Facebook	30/05/2023	Animation post <a href="#">Watch   Facebook</a>	1722	Reactions: 1 Comments: 0 Shares: 8
HDUHB Facebook	01/06/2023	General overview post <a href="https://www.facebook.com/HywelDdaHealthBoard/posts/pfbid0BZqh8YoSC4QFjA3R6LiK8pcp3PpuG1YDdwGS2d91ctZCMWJLayLQRa6q9kWDB8yFI">https://www.facebook.com/HywelDdaHealthBoard/posts/pfbid0BZqh8YoSC4QFjA3R6LiK8pcp3PpuG1YDdwGS2d91ctZCMWJLayLQRa6q9kWDB8yFI</a>	1431	Reactions: 1 Comments: 0 Shares: 0
HDUHB Facebook	13/06/2023	Carmarthen event post <a href="#">We want to hear from you! Join us on... - Hywel Dda Health Board   Facebook</a>	2035	Reactions: 2 Comments: 0 Shares: 11
HDUHB Facebook	14/06/2023	Online Event 19 June post <a href="#">Want to have your say on the future of... - Hywel Dda Health Board   Facebook</a>	1537	Reactions: 3 Comments: 6 Shares: 6
HDUHB Facebook	15/06/2023	General overview post <a href="#">Calling all parents, carers and young... - Hywel Dda Health Board   Facebook</a>	2003	Reactions: 2 Comments: 2 Shares: 6
HDUHB Facebook	16/06/2023	Online Event 19 June post <a href="#">Want to have your say on the future of... - Hywel Dda Health Board   Facebook</a>	665	Reactions: 1 Comments: 1 Shares: 2
HDUHB Facebook	17/06/2023	Carmarthen event reminder <a href="#">**Reminder** Our next drop in event in... - Hywel Dda Health Board   Facebook</a>	600	Reactions: 0 Comments: 0 Shares: 1
HDUHB Facebook	18/06/2023	Online Event 19 June post <a href="#">*Reminder* Don't miss our next online... - Hywel Dda Health Board   Facebook</a>	416	Reactions: 0 Comments: 0 Shares: 0
HDUHB Facebook	19/06/2023	Online Event 19 June post <a href="#">*Reminder!* Don't miss our next online... - Hywel Dda Health Board   Facebook</a>	345	Reactions: 0 Comments: 0 Shares: 0

HDUHB Facebook	19/06/2023	Online Event 22 June post <a href="#">Want to have your say on the future of... - Hywel Dda Health Board   Facebook</a>	269	Reactions: 0 Comments: 0 Shares: 0
HDUHB Facebook	19/06/2023	Carmarthen event reminder <a href="#">We want to hear from you! Join us on... - Hywel Dda Health Board   Facebook</a>	280	Reactions: 0 Comments: 0 Shares: 0
HDUHB Facebook	20/06/2023	Carmarthen day of reminder <a href="#">**Reminder** Today our team is in... - Hywel Dda Health Board   Facebook</a>	1133	Reactions: 0 Comments: 0 Shares: 0
HDUHB Facebook	20/06/2023	Cardigan event post <a href="#">Save the date! On Tuesday, 27 June we... - Hywel Dda Health Board   Facebook</a>	896	Reactions: 0 Comments: 0 Shares: 0
BIPHDD Facebook	26/05/2023	Consultation Introduction <a href="#">(4) Rhwng 26 Mai a 24 Awst eleni, rydym yn... - Bwrdd Iechyd Hywel Dda   Facebook</a>	127	Reactions: 0 Comments: 0 Shares: 0
BIPHDD Facebook	30/05/2023	Animation post <a href="#">(4) Watch   Facebook</a>	66	Reactions: 0 Comments: 0 Shares: 0
BIPHDD Facebook	01/06/2023	General overview post <a href="#">(4) Rydym yn cynnal digwyddiadau anffurfiol... - Bwrdd Iechyd Hywel Dda   Facebook</a>	151	Reactions: 0 Comments: 0 Shares: 0
BIPHDD Facebook	13/06/2023	Carmarthen event post <a href="#">(4) Dewch i ddweud eich dweud! Ymunwch â ni... - Bwrdd Iechyd Hywel Dda   Facebook</a>	128	Reactions: 0 Comments: 0 Shares: 0
BIPHDD Facebook	14/06/2023	Online Event 19 June post <a href="#">(4) A ydych chi am ddweud eich dweud ar... - Bwrdd Iechyd Hywel Dda   Facebook</a>	119	Reactions: 0 Comments: 0 Shares: 0



BIPHDD Facebook	15/06/2023	General overview post <a href="#">(4) Yn galw rhieni, gofawyr ac ieuencid!... - Bwrdd Iechyd Hywel Dda   Facebook</a>	78	Reactions: 0 Comments: 0 Shares: 0
BIPHDD Facebook	16/06/2023	Online Event 19 June post <a href="https://www.facebook.com/bwrddiechydhyweldda/posts/pfbid02w6Li1Rzenh7YatCcC5sb7J13wQj3mNdLEDnRFseQFKe81ZC7Rs9bQSsxZwibTDdl">https://www.facebook.com/bwrddiechydhyweldda/posts/pfbid02w6Li1Rzenh7YatCcC5sb7J13wQj3mNdLEDnRFseQFKe81ZC7Rs9bQSsxZwibTDdl</a>	75	Reactions: 0 Comments: 0 Shares: 0
BIPHDD Facebook	17/06/2023	Carmarthen event reminder <a href="#">(4) **Cofiwch** Mae ein digwyddiad galw... - Bwrdd Iechyd Hywel Dda   Facebook</a>	45	Reactions: 0 Comments: 0 Shares: 0
BIPHDD Facebook	18/06/2023	Online Event 19 June post <a href="#">(4) A ydydych chi am ddweud eich dweud ar... - Bwrdd Iechyd Hywel Dda   Facebook</a>	40	Reactions: 0 Comments: 0 Shares: 0
BIPHDD Facebook	19/06/2023	Online Event 19 June post <a href="#">(4) *Cofiwch* Mae'r digwyddiad ar-lein nesaf... - Bwrdd Iechyd Hywel Dda   Facebook</a>	42	Reactions: 0 Comments: 0 Shares: 0
BIPHDD Facebook	19/06/2023	Online Event 22 June post <a href="https://www.facebook.com/bwrddiechydhyweldda/posts/pfbid02H27ThVFhA23sBkyfPJxxeDvTn3qky5YoQY2pVsfUp5d8RPtpLhGqTxZofGXEuwX4l">https://www.facebook.com/bwrddiechydhyweldda/posts/pfbid02H27ThVFhA23sBkyfPJxxeDvTn3qky5YoQY2pVsfUp5d8RPtpLhGqTxZofGXEuwX4l</a>	70	Reactions: 0 Comments: 0 Shares: 0
BIPHDD Facebook	19/06/2023	Carmarthen event reminder <a href="#">(4) Dewch i ddweud eich dweud! Ymunwch â ni... - Bwrdd Iechyd Hywel Dda   Facebook</a>	32	Reactions: 0 Comments: 0 Shares: 0
BIPHDD Facebook	20/06/2023	Carmarthen day of reminder <a href="#">(4) **Cofiwch** Heddiw rydyn ni yn... - Bwrdd Iechyd Hywel Dda   Facebook</a>	46	Reactions: 0 Comments: 0 Shares: 0
BIPHDD Facebook	20/06/2023	Cardigan event post <a href="#">(4) I'r dyddiadur! Ddydd Mawrth, 27 Mehefin... - Bwrdd Iechyd Hywel Dda   Facebook</a>	92	Reactions: 0 Comments: 0 Shares: 0

HDUHB Facebook	21/06/2023	Online Event 22 June post <a href="https://www.facebook.com/HywelDdaHealthBoard/posts/pfbid01PZxeJXnnp92Xnaw6QfBdcCGjFgsAUTY7SXBGLiN4t3KFz3faM5FABDrSPWPWTxvI">https://www.facebook.com/HywelDdaHealthBoard/posts/pfbid01PZxeJXnnp92Xnaw6QfBdcCGjFgsAUTY7SXBGLiN4t3KFz3faM5FABDrSPWPWTxvI</a>	829	Reactions: 0 Comments: 0 Shares: 0
HDUHB Facebook	22/06/2023	Online Event 22 June post <a href="https://www.facebook.com/HywelDdaHealthBoard/posts/pfbid0hmMv87K7rNJRrDiM2DBnLzG3cnpIQDXqzAdmDKzCkkAYy9eR3uJJEDCqaPmcGdztl">https://www.facebook.com/HywelDdaHealthBoard/posts/pfbid0hmMv87K7rNJRrDiM2DBnLzG3cnpIQDXqzAdmDKzCkkAYy9eR3uJJEDCqaPmcGdztl</a>	2	Reactions: 0 Comments: 0 Shares: 0
HDUHB Facebook	22/06/2023	Milford Haven event post <a href="https://facebook.com/HywelDdaHealthBoard/posts/pfbid02EAMWBWUNv3rzgog6mVhasupsRwF27e47wTdsosQ8iEeYBXbtQaBqkxHwjMcGpl">https://facebook.com/HywelDdaHealthBoard/posts/pfbid02EAMWBWUNv3rzgog6mVhasupsRwF27e47wTdsosQ8iEeYBXbtQaBqkxHwjMcGpl</a>	1739	Reactions: 4 Comments: 0 Shares: 8
HDUHB Facebook	22/06/2023	Goodwick Event Reminder <a href="https://facebook.com/HywelDdaHealthBoard/posts/pfbid0tEMKkY8VjG4WhsKKppzoBqd3bPgZMqGQThqPixtjVBLFP7fTUhKEgonuruivVCBoI">https://facebook.com/HywelDdaHealthBoard/posts/pfbid0tEMKkY8VjG4WhsKKppzoBqd3bPgZMqGQThqPixtjVBLFP7fTUhKEgonuruivVCBoI</a>	2155	Reactions: 0 Comments: 0 Shares: 9
HDUHB Facebook	23/06/2023	Goodwick day of reminder <a href="https://facebook.com/HywelDdaHealthBoard/posts/pfbid02uMYkP5AghGoK6dRB2Wjm7LCUEsAztBH9bUNCAqiNWWhsJp9wvahgQWhbwijTzYiuGI">https://facebook.com/HywelDdaHealthBoard/posts/pfbid02uMYkP5AghGoK6dRB2Wjm7LCUEsAztBH9bUNCAqiNWWhsJp9wvahgQWhbwijTzYiuGI</a>	1414	Reactions: 1 Comments: 0 Shares: 0
HDUHB Facebook	23/06/2023	Online Event 26 June post <a href="https://facebook.com/HywelDdaHealthBoard/posts/pfbid02o4Etu9aZJJ8soKggNyuSXUKm9JgxaPXqGuLbWkv61Bgt3B9NXX7Ya5sKjtqnij7I">https://facebook.com/HywelDdaHealthBoard/posts/pfbid02o4Etu9aZJJ8soKggNyuSXUKm9JgxaPXqGuLbWkv61Bgt3B9NXX7Ya5sKjtqnij7I</a>	1623	Reactions: 3 Comments: 0 Shares: 5
HDUHB Facebook	23/06/2023	Questionnaire reminder <a href="https://facebook.com/HywelDdaHealthBoard/posts/pfbid0q4LCHom9b1VBn6VkmNxM1KKkchaAfJf9C5kNJAZ9tWizvxTpNqe3CCWiLY7gJek2I">https://facebook.com/HywelDdaHealthBoard/posts/pfbid0q4LCHom9b1VBn6VkmNxM1KKkchaAfJf9C5kNJAZ9tWizvxTpNqe3CCWiLY7gJek2I</a>	1953	Reactions: 0 Comments: 0 Shares: 8
HDUHB Instagram	23/06/2023	Questionnaire reminder <a href="https://www.instagram.com/p/Ct1oTQ2oUGi/">https://www.instagram.com/p/Ct1oTQ2oUGi/</a>	229	Reactions: 0 Comments: 0 Shares: 0
HDUHB Facebook	24/06/2023	Cardigan event reminder <a href="https://facebook.com/HywelDdaHealthBoard/posts/pfbid0q4LCHom9b1VBn6VkmNxM1KKkchaAfJf9C5kNJAZ9tWizvxTpNqe3CCWiLY7gJek2I">https://facebook.com/HywelDdaHealthBoard/posts/pfbid0q4LCHom9b1VBn6VkmNxM1KKkchaAfJf9C5kNJAZ9tWizvxTpNqe3CCWiLY7gJek2I</a>	1266	Reactions: 0 Comments: 0 Shares: 0

HDUHB Facebook	25/06/2023	Online Event 26 June post <a href="https://facebook.com/HywelDdaHealthBoard/posts/pfbid0M4bYBn16Rjfy6Mghe4SS54drTfXCvP5wpXTHeZKXeLWdzUgmUj3bHNpWvx8XnWwI">https://facebook.com/HywelDdaHealthBoard/posts/pfbid0M4bYBn16Rjfy6Mghe4SS54drTfXCvP5wpXTHeZKXeLWdzUgmUj3bHNpWvx8XnWwI</a>	1155	Reactions: 0 Comments: 0 Shares: 0
HDUHB Facebook	25/06/2023	Haverfordwest event post <a href="https://facebook.com/HywelDdaHealthBoard/posts/pfbid02LDLm59iaJU2k9YEj8cC9WQmMWVqEz9GXCS2cuA8t4xwyVJPbo1v978YDvxfXnWaZl">https://facebook.com/HywelDdaHealthBoard/posts/pfbid02LDLm59iaJU2k9YEj8cC9WQmMWVqEz9GXCS2cuA8t4xwyVJPbo1v978YDvxfXnWaZl</a>	1626	Reactions: 0 Comments: 0 Shares: 2
HDUHB Facebook	26/06/2023	Cardigan event reminder <a href="https://facebook.com/HywelDdaHealthBoard/posts/pfbid0WDo29Z2t1xoiXTSiyEFngguHz1fjpsxRM9B9UsWt43K4hpKzWWBwJeXw7gjyhBLQl">https://facebook.com/HywelDdaHealthBoard/posts/pfbid0WDo29Z2t1xoiXTSiyEFngguHz1fjpsxRM9B9UsWt43K4hpKzWWBwJeXw7gjyhBLQl</a>	2696	Reactions: 2 Comments: 2 Shares: 5
HDUHB Facebook	26/06/2023	Online Event 26 June reminder <a href="https://facebook.com/HywelDdaHealthBoard/posts/pfbid031QSWmUmfPNiXSKMApruKj1yggc5zKfSZDxsE5G4W1dNGeGVGVFU3SQcgZUnN12ul">https://facebook.com/HywelDdaHealthBoard/posts/pfbid031QSWmUmfPNiXSKMApruKj1yggc5zKfSZDxsE5G4W1dNGeGVGVFU3SQcgZUnN12ul</a>	1141	Reactions: 0 Comments: 0 Shares: 0
HDUHB Facebook	27/06/2023	Cardigan day of reminder <a href="https://facebook.com/HywelDdaHealthBoard/posts/pfbid0Rw85W5W47sBekRAT2uysNGA7H2Yz9q6HzB6ZdRRNoDr4QZnd3rbnn8y6EPo9mfhl">https://facebook.com/HywelDdaHealthBoard/posts/pfbid0Rw85W5W47sBekRAT2uysNGA7H2Yz9q6HzB6ZdRRNoDr4QZnd3rbnn8y6EPo9mfhl</a>	1357	Reactions: 0 Comments: 0 Shares: 0
HDUHB Facebook	28/06/2023	Milford Haven event reminder <a href="https://facebook.com/HywelDdaHealthBoard/posts/pfbid02ndZNPM1VVGRebmfmEwr891MGLvS5KW2xzFvRU9akrZSRUZtnBZ2Fvdjs3YBy7nAFI">https://facebook.com/HywelDdaHealthBoard/posts/pfbid02ndZNPM1VVGRebmfmEwr891MGLvS5KW2xzFvRU9akrZSRUZtnBZ2Fvdjs3YBy7nAFI</a>	1069	Reactions: 1 Comments: 0 Shares: 1
HDUHB Facebook	29/06/2023	Milford Haven day of reminder <a href="https://facebook.com/HywelDdaHealthBoard/posts/pfbid02qtiCqbrFG8j1YKqKFQwddR6qnbBdkGfN45voiPs a5WmWX5CYi5oX5E1JmJbfw8WYI">https://facebook.com/HywelDdaHealthBoard/posts/pfbid02qtiCqbrFG8j1YKqKFQwddR6qnbBdkGfN45voiPs a5WmWX5CYi5oX5E1JmJbfw8WYI</a>	1454	Reactions: 0 Comments: 0 Shares: 0
HDUHB Facebook	30/06/2023	Haverfordwest event reminder <a href="https://facebook.com/HywelDdaHealthBoard/posts/pfbid02pP8Bq4YziGHeeNCsAgebhrcPf9orJgZKb7hpkhxcAB4LWwDderiCmwJGidQCe3snI">https://facebook.com/HywelDdaHealthBoard/posts/pfbid02pP8Bq4YziGHeeNCsAgebhrcPf9orJgZKb7hpkhxcAB4LWwDderiCmwJGidQCe3snI</a>	1424	Reactions: 0 Comments: 0 Shares: 1
HDUHB Facebook	02/07/2023	Haverfordwest event reminder <a href="https://facebook.com/HywelDdaHealthBoard/posts/pfbid05CPgg6c5zASNAKK4enPZGjKt4dLoPnQeZPcB7KveuxQbnVZpD9Hzao6YVo5dzX4bl">https://facebook.com/HywelDdaHealthBoard/posts/pfbid05CPgg6c5zASNAKK4enPZGjKt4dLoPnQeZPcB7KveuxQbnVZpD9Hzao6YVo5dzX4bl</a>	2104	Reactions: 1 Comments: 0 Shares: 10

BIPHDD Facebook	21/06/2023	Online Event 22 June post <a href="https://facebook.com/bwrddiechydhwyeldda/posts/pfbid02z6sFsEVcxLDhPfDV7g4LGKBeMXiepdbePH2zvA3c2xDuT4HFD8zkBzKiEBuUCnz2I">https://facebook.com/bwrddiechydhwyeldda/posts/pfbid02z6sFsEVcxLDhPfDV7g4LGKBeMXiepdbePH2zvA3c2xDuT4HFD8zkBzKiEBuUCnz2I</a>	108	Reactions: 0 Comments: 0 Shares: 0
BIPHDD Facebook	22/06/2023	Online Event 22 June post <a href="https://facebook.com/bwrddiechydhwyeldda/posts/pfbid087feazof7tBvdfxHghSB5i9bBkLqV2YPGk6kyTdcTtjoWG2GiJsSZiHfidM6CTGdI">https://facebook.com/bwrddiechydhwyeldda/posts/pfbid087feazof7tBvdfxHghSB5i9bBkLqV2YPGk6kyTdcTtjoWG2GiJsSZiHfidM6CTGdI</a>	134	Reactions: 0 Comments: 0 Shares: 0
BIPHDD Facebook	22/06/2023	Milford Haven event post <a href="https://facebook.com/bwrddiechydhwyeldda/posts/pfbid02zReji6JrdmH3fnfoeJuUxZe5y5pjpHMGmvaYo4UKnw3uxar9EkczhhFwM6ifsrCFI">https://facebook.com/bwrddiechydhwyeldda/posts/pfbid02zReji6JrdmH3fnfoeJuUxZe5y5pjpHMGmvaYo4UKnw3uxar9EkczhhFwM6ifsrCFI</a>	125	Reactions: 0 Comments: 0 Shares: 0
BIPHDD Facebook	22/06/2023	Goodwick event reminder <a href="https://facebook.com/bwrddiechydhwyeldda/posts/pfbid0ZHNP9rbKi1nWrw6gymDugYnwYM4ZAqQsPPNbYr3iun3Pa1tBbdkaxktnQ51fwR6tI">https://facebook.com/bwrddiechydhwyeldda/posts/pfbid0ZHNP9rbKi1nWrw6gymDugYnwYM4ZAqQsPPNbYr3iun3Pa1tBbdkaxktnQ51fwR6tI</a>	129	Reactions: 0 Comments: 0 Shares: 0
BIPHDD Facebook	23/06/2023	Goodwick day of reminder <a href="https://facebook.com/bwrddiechydhwyeldda/posts/pfbid02fLv4w2BghUmVnLKg7BcS1NyG8T4wKLFrTDxhk3pP6Y5qW47JLsyj524PBrk8dqZHI">https://facebook.com/bwrddiechydhwyeldda/posts/pfbid02fLv4w2BghUmVnLKg7BcS1NyG8T4wKLFrTDxhk3pP6Y5qW47JLsyj524PBrk8dqZHI</a>	300	Reactions: 1 Comments: 0 Shares: 0
BIPHDD Facebook	23/06/2023	Online Event 26 June post <a href="https://facebook.com/bwrddiechydhwyeldda/posts/pfbid02j3d5XTzbsRc38qT2uW58Pm4ay75FBj8N3iQBLkPmhqC9pnEKvZ2jGHrq7B9A89Mkl">https://facebook.com/bwrddiechydhwyeldda/posts/pfbid02j3d5XTzbsRc38qT2uW58Pm4ay75FBj8N3iQBLkPmhqC9pnEKvZ2jGHrq7B9A89Mkl</a>	156	Reactions: 0 Comments: 0 Shares: 0
BIPHDD Facebook	24/06/2023	Cardigan event reminder <a href="https://facebook.com/bwrddiechydhwyeldda/posts/pfbid034SPC4ytHYFsxDv4PbcgKrp2SsbC9bbVvZmWC6MnKaRBebeKwz4uXg1duFYm1Zq3I">https://facebook.com/bwrddiechydhwyeldda/posts/pfbid034SPC4ytHYFsxDv4PbcgKrp2SsbC9bbVvZmWC6MnKaRBebeKwz4uXg1duFYm1Zq3I</a>	148	Reactions: 0 Comments: 0 Shares: 0
BIPHDD Facebook	25/06/2023	Online Event 26 June post <a href="https://facebook.com/bwrddiechydhwyeldda/posts/pfbid02rHyPNmcf1KVSDCVkFFRFRaM3n7o1QZzfAU24EHvdZVdHkaYQhACMDHHj5RZo1AxI">https://facebook.com/bwrddiechydhwyeldda/posts/pfbid02rHyPNmcf1KVSDCVkFFRFRaM3n7o1QZzfAU24EHvdZVdHkaYQhACMDHHj5RZo1AxI</a>	181	Reactions: 0 Comments: 0 Shares: 0
BIPHDD Facebook	25/06/2023	Haverfordwest event post <a href="https://facebook.com/bwrddiechydhwyeldda/posts/pfbid02U3eyYFR2KZ16TCHvjYJRiig6Mrn3AeXGwVWgUCYDZ1caayqphAJrKzzezYzJqRyoI">https://facebook.com/bwrddiechydhwyeldda/posts/pfbid02U3eyYFR2KZ16TCHvjYJRiig6Mrn3AeXGwVWgUCYDZ1caayqphAJrKzzezYzJqRyoI</a>	164	Reactions: 0 Comments: 0 Shares: 0

BIPHDD Facebook	26/06/2023	Cardigan event reminder <a href="https://facebook.com/bwrddiechydyweldda/posts/pfbid03GtTPwP6HGzQUifzPtb9WRCzKcn8VXjguR8bZWkc4do2mxUGRMXmtFLSr298NbRTI">https://facebook.com/bwrddiechydyweldda/posts/pfbid03GtTPwP6HGzQUifzPtb9WRCzKcn8VXjguR8bZWkc4do2mxUGRMXmtFLSr298NbRTI</a>	153	Reactions: 0 Comments: 0 Shares: 0
BIPHDD Facebook	26/06/2023	Online Event 26 June reminder <a href="https://facebook.com/bwrddiechydyweldda/posts/pfbid02QxsutUuxaTVqdWqT4dWmGE4pcwT42njTBw8aKNb91dJz29vheumY5wJZ2gvxYaD4I">https://facebook.com/bwrddiechydyweldda/posts/pfbid02QxsutUuxaTVqdWqT4dWmGE4pcwT42njTBw8aKNb91dJz29vheumY5wJZ2gvxYaD4I</a>	165	Reactions: 0 Comments: 0 Shares: 0
BIPHDD Facebook	27/06/2023	Cardigan day of reminder <a href="https://facebook.com/bwrddiechydyweldda/posts/pfbid02mwNQwzuXgqnpqLpfS96PgCkHsmKrzKNoSjabPh2pCx6mrtGQPTn2XD8LHpBkyc31I">https://facebook.com/bwrddiechydyweldda/posts/pfbid02mwNQwzuXgqnpqLpfS96PgCkHsmKrzKNoSjabPh2pCx6mrtGQPTn2XD8LHpBkyc31I</a>	197	Reactions: 0 Comments: 0 Shares: 0
BIPHDD Facebook	28/06/2023	Milford Haven event reminder <a href="https://facebook.com/bwrddiechydyweldda/posts/pfbid0mrtmiurw4HWepQdAYjnCPEvf7AMqNknazyCLhpW3YGk5iNVjeF4tsfdgJ9e7ZJfYI">https://facebook.com/bwrddiechydyweldda/posts/pfbid0mrtmiurw4HWepQdAYjnCPEvf7AMqNknazyCLhpW3YGk5iNVjeF4tsfdgJ9e7ZJfYI</a>	180	Reactions: 0 Comments: 0 Shares: 1
BIPHDD Facebook	29/06/2023	Milford Haven day of reminder <a href="https://facebook.com/bwrddiechydyweldda/posts/pfbid0LJNC9hLNSNhUKHX7D7nQiKrV2S4nTmYMY4eNZ EhqGBKp5XSaPewSZKozfR3p3GnhI">https://facebook.com/bwrddiechydyweldda/posts/pfbid0LJNC9hLNSNhUKHX7D7nQiKrV2S4nTmYMY4eNZ EhqGBKp5XSaPewSZKozfR3p3GnhI</a>	160	Reactions: 0 Comments: 0 Shares: 0
BIPHDD Facebook	30/06/2023	Haverfordwest event reminder <a href="https://facebook.com/bwrddiechydyweldda/posts/pfbid02SWKcQU3Nur7rJnERe1BFZ5XATVuBME3myRifdXwKU4Z7D6FroCKdNudGfbC1ma5I">https://facebook.com/bwrddiechydyweldda/posts/pfbid02SWKcQU3Nur7rJnERe1BFZ5XATVuBME3myRifdXwKU4Z7D6FroCKdNudGfbC1ma5I</a>	152	Reactions: 0 Comments: 0 Shares: 0
BIPHDD Facebook	02/07/2023	Haverfordwest event reminder <a href="https://facebook.com/bwrddiechydyweldda/posts/pfbid0sthAr4H4d2RJRSSKPyFS2aGdam9JwKu3aipzJfSSU3unDFPHqy6jcidhDAk9L9gl">https://facebook.com/bwrddiechydyweldda/posts/pfbid0sthAr4H4d2RJRSSKPyFS2aGdam9JwKu3aipzJfSSU3unDFPHqy6jcidhDAk9L9gl</a>	246	Reactions: 1 Comments: 0 Shares: 1
HDUHB Facebook	24/07/2023	New Events Added post <a href="#">From the 26 May this year, and continuing... - Hywel Dda Health Board   Facebook</a>	1520	Reactions: 0 Comments: 0 Shares: 4
HDUHB Facebook	24/07/2023	1 Month remaining reminder <a href="#">**1 Month Remaining** There is one month... - Hywel Dda Health Board   Facebook</a>	2977	Reactions: 2 Comments: 1 Shares: 21

HDUHB Facebook	27/07/2023	HaverHub event post <a href="#">We want to hear from you! Join us on... - Hywel Dda Health Board   Facebook</a>	1985	Reactions: 0 Comments: 0 Shares: 9
HDUHB Facebook	29/07/2023	HaverHub event reminder <a href="#">We want to hear from you! Join us on... - Hywel Dda Health Board   Facebook</a>	1141	Reactions: 0 Comments: 0 Shares: 3
HDUHB Facebook	31/07/2023	HaverHub event reminder <a href="#">We want to hear from you! Join us on... - Hywel Dda Health Board   Facebook</a>	958	Reactions: 1 Comments: 0 Shares: 1
HDUHB Facebook	01/08/2023	HaverHub event reminder <a href="#">**TODAY** Join us on Tuesday, 1 August... - Hywel Dda Health Board   Facebook</a>	1231	Reactions: 1 Comments: 0 Shares: 2
HDUHB Facebook	01/08/2023	HaverHub venue post <a href="#">Today our team is at HaverHub to discuss... - Hywel Dda Health Board   Facebook</a>	1872	Reactions: 1 Comments: 0 Shares: 3
HDUHB Facebook	02/08/2023	Pembroke Dock event post <a href="#">Save the date! On Thursday, 10 August... - Hywel Dda Health Board   Facebook</a>	1595	Reactions: 1 Comments: 0 Shares: 10
HDUHB Facebook	03/08/2023	Withybush Foyer post <a href="#">The consultation team are in the foyer of... - Hywel Dda Health Board   Facebook</a>	1504	Reactions: 0 Comments: 0 Shares: 4
HDUHB Facebook	03/08/2023	BSL Document reminder <a href="#">Video   Facebook</a>	619	Reactions: 1 Comments: 0 Shares: 1
BIPHDD Facebook	24/07/2023	New Events Added post <a href="#">(4) O 26 Mai eleni, ac yn parhau tan 24 Awst... - Bwrdd Iechyd Hywel Dda   Facebook</a>	144	Reactions: 0 Comments: 0 Shares: 0

BIPHDD Facebook	24/07/2023	1 Month remaining reminder <a href="#">(4) **1 Mis ar ôl** Mae un mis yn weddill i... - Bwrdd Iechyd Hywel Dda   Facebook</a>	210	Reactions: 0 Comments: 0 Shares:0
BIPHDD Facebook	27/07/2023	HaverHub event post <a href="#">(4) Rydyn ni eisiau clywed gennych chi!... - Bwrdd Iechyd Hywel Dda   Facebook</a>	204	Reactions: 0 Comments: 0 Shares:0
BIPHDD Facebook	29/07/2023	HaverHub event reminder <a href="#">(4) Rydyn ni eisiau clywed gennych chi!... - Bwrdd Iechyd Hywel Dda   Facebook</a>	194	Reactions: 0 Comments: 0 Shares:0
BIPHDD Facebook	31/07/2023	HaverHub event reminder <a href="#">(4) Rydyn ni eisiau clywed gennych chi!... - Bwrdd Iechyd Hywel Dda   Facebook</a>	172	Reactions: 0 Comments: 0 Shares:0
BIPHDD Facebook	01/08/2023	HaverHub event reminder <a href="#">(4) **HEDDIW** Ymunwch â ni ddydd Mawrth, 1... - Bwrdd Iechyd Hywel Dda   Facebook</a>	138	Reactions: 0 Comments: 0 Shares:0
BIPHDD Facebook	01/08/2023	HaverHub venue post <a href="#">(4) Heddiw rydyn ni yn HaverHub i drafod... - Bwrdd Iechyd Hywel Dda   Facebook</a>	174	Reactions: 0 Comments: 0 Shares:0
BIPHDD Facebook	02/08/2023	Pembroke Dock event post <a href="#">(4) Dyddiad i'ch dyddiadur! Ar ddydd Iau, 10... - Bwrdd Iechyd Hywel Dda   Facebook</a>	135	Reactions: 0 Comments: 0 Shares:0
BIPHDD Facebook	03/08/2023	Withybush Foyer post <a href="#">(4) Mae tîm yr ymgynhorïad yng nghyntedd... - Bwrdd Iechyd Hywel Dda   Facebook</a>	265	Reactions: 0 Comments: 0 Shares:0
HUHB Facebook	04/08/2023	Pembroke Dock event post <a href="#">(8) Save the date! On Thursday, 10 August... - Hywel Dda Health Board   Facebook</a>	1385	Reactions: 0 Comments: 0 Shares:4



HDUHB Facebook	07/08/2023	Pembroke Dock event reminder <a href="#">(8) Save the date! On Thursday, 10 August... - Hywel Dda Health Board   Facebook</a>	1372	Reactions: 1 Comments: 0 Shares:1
HDUHB Facebook	08/08/2023	Child friendly document post <a href="#">(8) Interested in taking part in our... - Hywel Dda Health Board   Facebook</a>	3647	Reactions: 2 Comments: 0 Shares:9
HDUHB Facebook	09/08/2023	Pembroke Dock event reminder <a href="#">(8) Save the date! On Thursday, 10 August... - Hywel Dda Health Board   Facebook</a>	1686	Reactions: 0 Comments: 0 Shares:7
HDUHB Facebook	10/08/2023	Pembroke Dock day of post <a href="#">(8) Today our team is at Pater Hall in... - Hywel Dda Health Board   Facebook</a>	3294	Reactions: 2 Comments: 0 Shares:4
HDUHB Facebook	11/08/2023	Alternative language doc post <a href="#">(8) We want to hear everybody's views about... - Hywel Dda Health Board   Facebook</a>	1241	Reactions: 0 Comments: 1 Shares:0
HDUHB Facebook	14/08/2023	Audio version reminder <a href="#">(8) We want our consultation around children... - Hywel Dda Health Board   Facebook</a>	2595	Reactions: 0 Comments: 2 Shares:8
HDUHB Facebook	15/08/2023	Alternate versions post <a href="#">(8) Do you want to provide your feedback on... - Hywel Dda Health Board   Facebook</a>	1371	Reactions: 0 Comments: 0 Shares:0
HDUHB Facebook	16/08/2023	Easy Read versions post <a href="#">(8) Do you want to get involved and share... - Hywel Dda Health Board   Facebook</a>	1201	Reactions: 0 Comments: 0 Shares:0
HDUHB Facebook	17/08/2023	Questionnaire reminder <a href="https://www.facebook.com/HywelDdaHealthBoard/posts/pfbid02RcGTQX6oghtHWUyp2hCsJtCD4nLYCgLWWRffuKjwpsPdJ7UCYLpccRY1To7qtDbAl">https://www.facebook.com/HywelDdaHealthBoard/posts/pfbid02RcGTQX6oghtHWUyp2hCsJtCD4nLYCgLWWRffuKjwpsPdJ7UCYLpccRY1To7qtDbAl</a>	1839	Reactions: 0 Comments: 0 Shares:1

HDUHB Facebook	18/08/2023	BSL Document reminder <a href="#">(8) Video   Facebook</a>	1705	Reactions: 0 Comments: 0 Shares:0
HDUHB Facebook	21/08/2023	4 Days Left reminder <a href="#">**4 Days Left** There are 4 days left to... - Hywel Dda Health Board   Facebook</a>	4142	Reactions: 2 Comments: 0 Shares:27
HDUHB Facebook	22/08/2023	3 Days Left reminder <a href="#">**3 Days Left** There are 3 days left to... - Hywel Dda Health Board   Facebook</a>	3692	Reactions: 2 Comments: 0 Shares:24
HDUHB Facebook	23/08/2023	2 Days Left reminder <a href="#">**2 Days Left** There are 2 days left to... - Hywel Dda Health Board   Facebook</a>	2884	Reactions: 1 Comments: 0 Shares:14
HDUHB Facebook	23/08/2023	Ateb group event reminder <a href="#">Pop down to Isambard Gardens in Neyland,... - Hywel Dda Health Board   Facebook</a>	2507	Reactions: 0 Comments: 0 Shares:0
HDUHB Facebook	24/08/2023	Last day reminder <a href="#">** Last day to have your say! ** Today... - Hywel Dda Health Board   Facebook</a>	1446	Reactions: 0 Comments: 0 Shares:5
HDUHB Facebook	11/09/2023	Concluding PR <a href="#">Hywel Dda University Health Board has... - Hywel Dda Health Board   Facebook</a>	944	Reactions: 0 Comments: 0 Shares:1
BIPHDD Facebook	04/08/2023	Pembroke Dock event post <a href="#">(3) Dyddiad i'ch dyddiadur! Ar ddydd Iau, 10... - Bwrdd Iechyd Hywel Dda   Facebook</a>	159	Reactions: 0 Comments: 0 Shares:0
BIPHDD Facebook	07/08/2023	Pembroke Dock event reminder <a href="#">(3) Dyddiad i'ch dyddiadur! Ar ddydd Iau, 10... - Bwrdd Iechyd Hywel Dda   Facebook</a>	149	Reactions: 1 Comments: 0 Shares:0

BIPHDD Facebook	08/08/2023	Child friendly document post <a href="#">(3) Diddordeb mewn cymryd rhan yn ein... - Bwrdd Iechyd Hywel Dda   Facebook</a>	158	Reactions: 0 Comments: 0 Shares:0
BIPHDD Facebook	09/08/2023	Pembroke Dock event reminder <a href="#">(3) Dyddiad i'ch dyddiadur! Ar ddydd Iau, 10... - Bwrdd Iechyd Hywel Dda   Facebook</a>	146	Reactions: 0 Comments: 0 Shares:0
BIPHDD Facebook	10/08/2023	Pembroke Dock day of post <a href="#">(3) Heddiw rydyn ni yn Neuadd Pater, Doc... - Bwrdd Iechyd Hywel Dda   Facebook</a>	222	Reactions: 1 Comments: 0 Shares:0
BIPHDD Facebook	11/08/2023	Alternative language doc post <a href="#">(3) Rydym am glywed barn pawb am ddyfodol... - Bwrdd Iechyd Hywel Dda   Facebook</a>	151	Reactions: 0 Comments: 0 Shares:0
BIPHDD Facebook	14/08/2023	Audio version reminder <a href="#">(3) Rydym am i'n hymgyngoriad ynghylch... - Bwrdd Iechyd Hywel Dda   Facebook</a>	159	Reactions: 0 Comments: 0 Shares:0
BIPHDD Facebook	15/08/2023	Alternate versions post <a href="#">(3) A ydych am roi adborth ar ddyfodol... - Bwrdd Iechyd Hywel Dda   Facebook</a>	179	Reactions: 0 Comments: 0 Shares:0
BIPHDD Facebook	16/08/2023	Easy Read versions post <a href="#">(3) Ydych chi eisiau cymryd rhan a rhannu... - Bwrdd Iechyd Hywel Dda   Facebook</a>	133	Reactions: 0 Comments: 0 Shares:0
BIPHDD Facebook	17/08/2023	Questionnaire reminder <a href="#">(3) Os hoffech ddweud eich dweud ar ddyfodol... - Bwrdd Iechyd Hywel Dda   Facebook</a>	148	Reactions: 0 Comments: 0 Shares:0
BIPHDD Facebook	18/08/2023	BSL Document reminder <a href="#">(3) Video   Facebook</a>	90	Reactions: 0 Comments: 0 Shares:0

BIPHDD Facebook	21/08/2023	4 Days Left reminder <a href="#">(3) **4 diwrnod ar ôl** Mae 4 diwrnod yn... - Bwrdd Iechyd Hywel Dda   Facebook</a>	159	Reactions: 0 Comments: 0 Shares:0
BIPHDD Facebook	22/08/2023	3 Days Left reminder <a href="#">(3) **3 diwrnod ar ôl** Mae 3 diwrnod yn... - Bwrdd Iechyd Hywel Dda   Facebook</a>	252	Reactions: 0 Comments: 0 Shares:1
BIPHDD Facebook	23/08/2023	2 Days Left reminder <a href="#">(3) **2 ddiwrnod ar ôl** Mae 2 diwrnod yn... - Bwrdd Iechyd Hywel Dda   Facebook</a>	147	Reactions: 0 Comments: 0 Shares:0
BIPHDD Facebook	23/08/2023	Ateb group event reminder <a href="#">(3) Dewch draw i Erddi Isambard yn Neyland,... - Bwrdd Iechyd Hywel Dda   Facebook</a>	224	Reactions: 0 Comments: 0 Shares:0
BIPHDD Facebook	24/08/2023	Last day reminder <a href="#">(3) ** Diwrnod la fi ddweud eich dweud! **... - Bwrdd Iechyd Hywel Dda   Facebook</a>	174	Reactions: 0 Comments: 0 Shares:0
BIPHDD Facebook	11/09/2023	Concluding PR <a href="#">(3) Mae Bwrdd Iechyd Prifysgol Hywel Dda wedi... - Bwrdd Iechyd Hywel Dda   Facebook</a>	117	Reactions: 0 Comments: 0 Shares:0