

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

DYDDIAD Y CYFARFOD: DATE OF MEETING:	30 November 2023
TEITL YR ADRODDIAD: TITLE OF REPORT:	Consideration of the Public Consultation on Urgent and Emergency Children and Young People's Services (Paediatrics) at Withybush and Glangwili Hospitals
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Professor Philip Kloer, Deputy Chief Executive and Executive Medical Director
SWYDDOG ADRODD: REPORTING OFFICER:	Yvette Pellegrotti, Principal Programme Manager and Conrad Hancock, Senior Project Manager Transformation Programme Office

Pwrpas yr Adroddiad (dewiswch fel yn addas)

Purpose of the Report (select as appropriate)

Ar Gyfer Penderfyniad/For Decision

ADRODDIAD SCAA

SBAR REPORT

Sefyllfa / Situation

This paper sets out the findings of the consultation for Urgent and Emergency Children and Young People's Services (Paediatrics) at Withybush and Glangwili Hospitals, along with other evidence and considerations heard up to and during the consultation process.

The Board is asked to consider the information and decide on the best option for the provision of urgent and emergency children and young people's (paediatric) services for people who live in, or visit, areas that are serviced by Withybush and Glangwili hospitals. The expectation is that any changes made following the consultation would remain in place until the establishment of the proposed new urgent and planned care hospital in the area.

The background contained within the paper sets out:

- The series of temporary changes that have occurred
- How the options for a longer-term solution were developed
- A summary of the three options
- The quality assurance process undertaken

The assessment within the paper is presented in six parts, as follows:

Part 1: Why temporary service changes have been undertaken

Part 2: How the options were scored

Part 3: Findings of consultation

Part 4: Review of the consultation findings

Part 5: Equality Impact Assessments (EQIAs)

Part 6: Moving forward

The paper is supported by the following appendices:

- Appendix 1: Urgent and Emergency Children and Young People's Services Consultation Feedback Report
- Appendix 2: Urgent and Emergency Children and Young People's Services Consultation Presentation
- Appendix 3: Urgent and Emergency Children and Young People's Services Consultation Summary
- Appendix 4: Review of alternative suggestions
- Appendix 5: Conscientious consideration of feedback report
- Appendix 6a: Equality Impact Assessment Option 1
- Appendix 6b: Equality Impact Assessment Option 2
- Appendix 6c: Equality Impact Assessment Option 3
- Appendix 7: Certificate of Best Practice
- Appendix 8: PowerPoint Presentation Public Board 30 November 2023
- Appendix 9: Quality Assurance process

The Board is asked to consider the following in order to decide on the best option for the provision of Urgent and Emergency Children and Young People's Services (Paediatrics) at Withybush and Glangwili Hospitals:

- The reasons for previous services changes
- How the options were scored by the key stakeholders who developed the options
- The key themes from the Urgent and Emergency Children and Young People's Services (Paediatrics) consultation closing report
- Feedback from the stakeholders who have reviewed the consultation findings
- The Equality Impact Assessments (EQIAs)

Cefndir / Background

Until October 2014, a 24-hour paediatric inpatient unit was available at both Withybush and Glangwili Hospitals. A permanent change was made on 20 October 2014, following a period of consultation, from a 24-hour inpatient unit to a 12-hour Paediatric Ambulatory Care Unit (PACU) service at Withybush Hospital (WH); Glangwili Hospital (GH) remained a 24-hour inpatient unit.

Since then, three temporary changes have been made to the service (with the first temporary change occurring in 2016), including the suspension of the PACU at WH in March 2020 as part of the response to the COVID-19 pandemic.

In 2022, to implement a longer-term solution, the Board agreed to establish a process to develop the options for urgent and emergency children and young people's (paediatric) services. Advice on the process was provided by the Consultation Institute (tCI), a not-for-profit organisation which advises on how organisations should consult with members of the public and stakeholders. A number of the events held to shape options for the future of the service were independently facilitated by the Consultation Institute.

The process followed to shape the options was undertaken by key stakeholders, including children and young people, parents and guardians, and staff. This work was conducted in four phases:

Phase 1 of the work was completed in August 2022. An assessment was undertaken of the impact of the temporary changes since 2016 on urgent and emergency children and young people's services at Worthybush and Glangwili hospitals. The findings around the reasons for the temporary changes, their impacts, and associated issues, were set out in a document called an 'Issues Paper'. This considered how the services had performed, and people's experiences of the services. It included service user feedback and a survey of experience using historical data. This helped inform the process of developing options. More information on the process can be found via the following link: hduhb.nhs.wales/about-us/your-health-board/board-meetings-2022/board-agenda-and-papers-29th-september-2022/english/item-34-interim-paediatrics-review1/

Phase 2 of the work involved holding a discussion and consideration workshop, known as a 'deliberative event', with a defined group of people and a mixed group of stakeholders. This took place on 16 September 2022 and was independently facilitated by the Consultation Institute. During the event, stakeholders provided:

- Recommendations about what should be considered by those modelling the service in the future. This was based on the findings of the Issues Paper
- Their views about which criteria should be used for the early development of options. These are termed 'hurdle' criteria and are the minimum criteria that must be met by the proposed options. The final hurdle criteria were agreed through further engagement with all stakeholders in order to reach a consensus

More information on the process can be found via the following link: hduhb.nhs.wales/about-us/your-health-board/board-meetings-2022/board-agenda-and-papers-24th-november-2022/agenda-and-papers-24-november-2022/3-6-paediatrics-review-pdf/

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
- 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 groups developed five options. More information on the process can be found via the following link: hduhb.nhs.wales/about-us/your-health-board/board-meetings-2022/board-agenda-and-papers-24th-november-2022/agenda-and-papers-24-november-2022/3-6-paediatrics-review-pdf/. These five options were then reviewed as part of Phase 4.

Phase 4 of the work happened in two stages. On 6 October 2022 a mixed group of stakeholders considered whether the five options presented (at this point they were referred to as options A, B1, B2, C1, and C2), should continue to be developed. This event was independently facilitated by the Consultation Institute. A unanimous decision was made that:

- Option A should be dropped
- Options B1 and B2 should continue to be developed
- Options C1 and C2 should be combined as they were so similar, and should continue to be developed

This work resulted in the three options which form the basis for the consultation, but they have since been renamed. **Please note that: Option C is now known as Option 1, Option B is now Option 2, and Option B2 is now Option 3.**

More information on the process can be found via the following link: hduhb.nhs.wales/about-us/your-health-board/board-meetings-2022/board-agenda-and-papers-24th-november-2022/agenda-and-papers-24-november-2022/3-6-paediatrics-review-pdf/

A summary of the three options is outlined below:

Option 1 (previously Option C):

Some additional outpatient services for children and young people at Withybush Hospital but no Paediatric Ambulatory Care Unit (PACU) at Withybush Hospital.

Option 2 (previously Option B):

Paediatric Ambulatory Care Unit (PACU) at Withybush Hospital from 10am – 6pm, Monday to Friday. The level of outpatient activity is likely to be restricted due to the space required to deliver the PACU.

Option 3 (previously Option B2):

Same as Option 2, Paediatric Ambulatory Care Unit (PACU) at Withybush Hospital from 10am – 6pm, Monday to Friday. The level of outpatient activity is likely to be restricted due to the space required to deliver the PACU, but with some extra services such as provision of some non-emergency treatments such as radiology, and day care for those, for example, returning for medication or dressing change.

A full breakdown of the options can be found within the consultation document via the following link: hduhb.nhs.wales/about-us/healthier-mid-and-west-wales/future-children-services/future-children-services-consultation-document/document-images/paediatric-consultation-document/

Following the Board's decision to proceed to consultation in November 2022, the public consultation on the three options was launched on 26 May 2023 and ended on 24 August 2023. The key findings from the consultation are presented within this paper and the feedback report produced by Opinion Research Services (ORS) provided in Appendix 1 and a summary report provided in Appendix 3.

Quality Assurance of the Health Board processes

The Consultation Institute has been commissioned to undertake Quality Assurance Certification of the public consultation process up to November Board 2023. A certificate confirming the award of Best Practice has been included as Appendix 7. Further information on the Quality Assurance process can be found in Appendix 9.

Presentation and Appendices

This paper is supported by a presentation slide pack which will be utilised to help navigate through the considerable supporting information provided for Board consideration and the appendices as outlined above, which include:

- The information produced as part of the options development process, and
- The Urgent and Emergency Children and Young People's Services (Paediatrics) at Withybush and Glangwili Hospitals consultation feedback report produced by Opinion Research Services (ORS)

Asesiad / Assessment

Part 1: Why service changes have occurred

Listed below is a summary of the changes which have occurred within the service since 2014, and the challenges that led to the requirement for these changes. More information on the temporary changes can be found via the following link: [hduhb.nhs.wales/about-us/your-health-board/board-meetings-2022/board-agenda-and-papers-29th-september-2022/english/item-34-interim-paediatrics-review1/](https://www.hduhb.nhs.wales/about-us/your-health-board/board-meetings-2022/board-agenda-and-papers-29th-september-2022/english/item-34-interim-paediatrics-review1/):

Permanent service change (2014)

A permanent change was made in October 2014, from a 24-hour inpatient unit to a 12-hour Paediatric Ambulatory Care Unit (PACU) service at Withybush Hospital (WH); Glangwili Hospital (GH) remained a 24-hour inpatient unit.

Reason for this permanent change: 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.

Temporary service change 1 (2016)

Temporary reduction in the operating hours of the Paediatric Ambulatory Care Unit at Withybush Hospital. From 5 December 2016 the Withybush Hospital Paediatric Ambulatory Care Unit 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 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.

Reason for temporary change 1: 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 (2020)

From 21 March 2020, the Paediatric Ambulatory Care Unit at Withybush Hospital, also known as Puffin Ward, was temporarily closed.

Reason for temporary change 2: The COVID-19 pandemic meant that the Health Board had to change the way it worked. For the duration of the COVID-19 pandemic, the Paediatric Ambulatory Care Unit was converted into a Minor Injury Unit 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 (2021)

On 30 September 2021, the Board agreed to continue with the temporary closure of the Paediatric Ambulatory Care Unit at Withybush Hospital.

Reason for temporary change 3: Welsh Government directed all health boards to enhance and strengthen paediatric service provision as they 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 our community (at GP surgeries and pharmacies) and in our hospitals. Public Health Wales expected this situation to last until March 2022.

Part 2: How the options were scored

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, Liaisons (formerly the Community Health Council), and staff.

Stakeholders were asked to evaluate 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. More information on the process can be found via the following link: [hduhb.nhs.wales/about-us/your-health-board/board-meetings-2022/board-agenda-and-papers-24th-november-2022/agenda-and-papers-24-november-2022/3-6-paediatrics-review-pdf/](https://www.hduhb.nhs.wales/about-us/your-health-board/board-meetings-2022/board-agenda-and-papers-24th-november-2022/agenda-and-papers-24-november-2022/3-6-paediatrics-review-pdf/)

The options were scored as follows:

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

Facilities (including interior suitability) 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
Inter-service accessibility Access to support services outside of the department to provide specialist care e.g., anaesthetics	154	159	159
Impact on people Are some people impacted more than others	157	162	162
Totals	1478	1284	1279

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.

The conclusion from these scorings is that all three options have distinct advantages and disadvantages, which were reflected within the scores against criteria.

The estimated costs for delivering these options are as follows:

	Option 1	Option 2	Option 3
Ongoing costs of service model	£551,000	£986,000	£986,000
One-off set up costs	£192,000	£192,000	£192,000
Total costs to implement	£840,000	£1.3 million	£1.3 million (plus in-house training cost)
Estimated ongoing revenue increase (above budget)	£188,000	£623,000	£623,000

Part 3: Findings of the consultation

Opinion Research Services (ORS) were appointed to produce the consultation final feedback report (Appendix 1) and advise on and independently manage some aspects of the consultation programme. This included focus groups with residents, interviews with staff, review of written submissions, and social media feedback.

The Consultation Institute provided advice, guidance, and quality assurance of the consultation process, and on 30 October 2023, following a comprehensive review of all documentation, their conclusion has been the award of best practice recognition. The Certificate can be seen at Appendix 7.

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:

- Option 1: Some additional outpatient services for children and young people at Withybush Hospital but no Paediatric Ambulatory Care Unit (PACU) at Withybush Hospital
- Option 2: Paediatric Ambulatory Care Unit (PACU) at Withybush Hospital from 10am – 6pm, Monday to Friday. The level of outpatient activity is likely to be restricted due to the space required to deliver the PACU
- Option 3: Same as Option 2, Paediatric Ambulatory Care Unit (PACU) at Withybush Hospital from 10am – 6pm, Monday to Friday. The level of outpatient activity is likely to be restricted due to the space required to deliver the PACU, but with some extra services like provision of some non-emergency treatments such as radiology, and day care for those, for example, returning for medication or dressing change

The public consultation asked for views on:

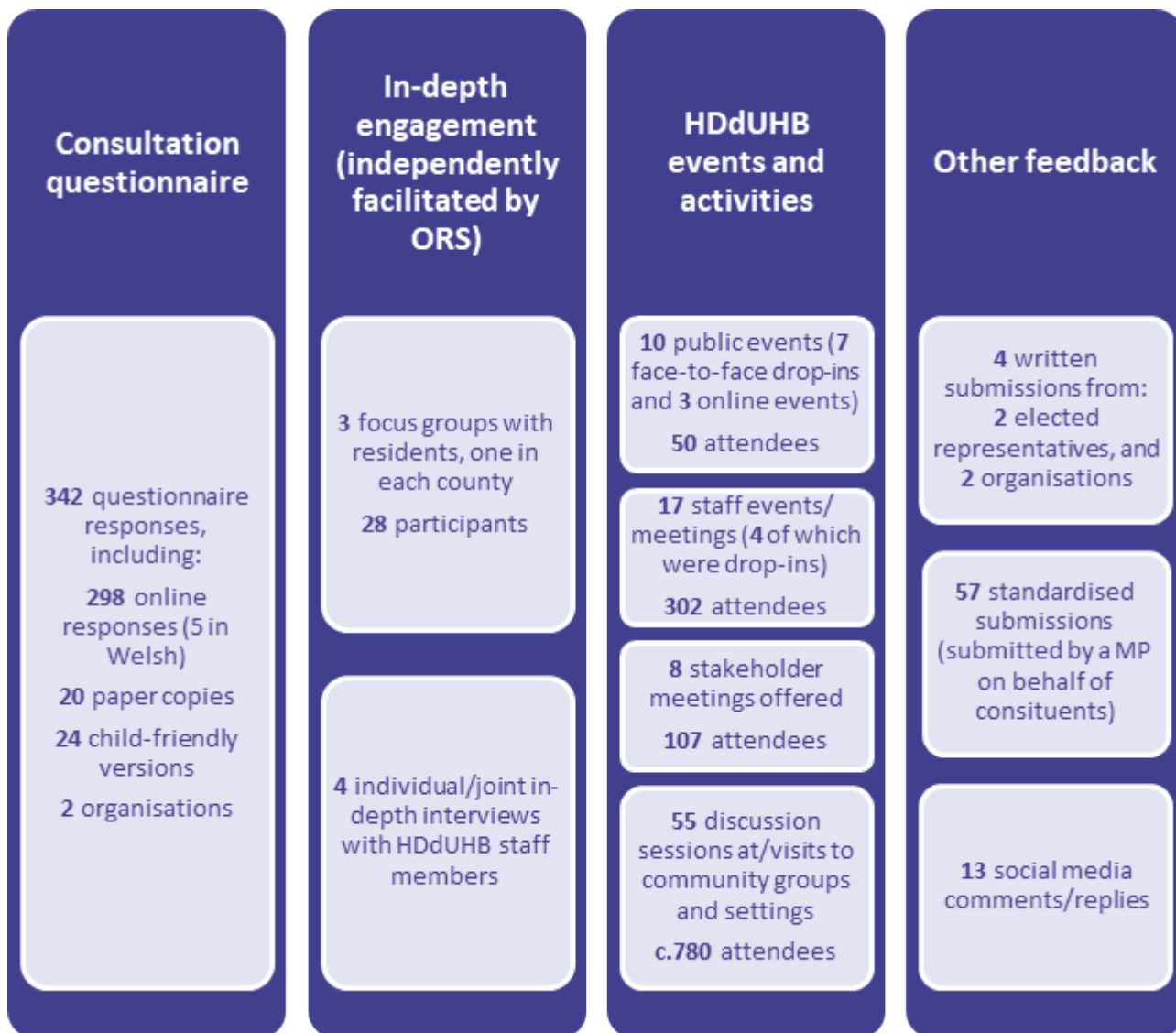
- How suitable each of the three options are in delivering urgent and emergency children and young people's services at Withybush and Glangwili hospitals between now and the establishment of the proposed new hospital network
- The positive and negative impacts associated with each of the three options
- Anything else they felt HDdUHB needs to consider

Consultees¹ were informed that their views, as well as other evidence and considerations, could influence future decisions about the provision of services, and that a Health Board meeting will take place later in 2023 to consider this feedback (as well as other information and evidence) to decide on an option. In that meeting, Board Members will consider all they have heard leading up to, and during, the consultation, including the Equality Impact Assessments. They will also consider any new information that may come to light as a result of the consultation.

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 The term 'consultees' incorporates those responding across multiple consultation methods. Within the ORS feedback report 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'.

The consultation response from the different consultation strands is summarised below:



Key findings from the consultation (source: Consultation Feedback report, produced by ORS):

A presentation of the key consultation findings is also provided as part of this paper (Appendix 2) and will be the subject of a presentation to Board by ORS. Views on the three options for Urgent and Emergency Children and Young People’s Services (Paediatrics) at Withybush and Glangwili Hospitals are provided below and are drawn from the Executive Summary of the consultation feedback report produced by ORS (Appendix 1) and summary report (Appendix 3).

Option 1: Some additional outpatient services for children and young people at Withybush Hospital but no Paediatric Ambulatory Care Unit (PACU) at Withybush Hospital

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.

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.

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.

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.

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 Carmarthenshire 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".

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: Paediatric Ambulatory Care Unit (PACU) at Withybush Hospital from 10am – 6pm, Monday to Friday. The level of outpatient activity is likely to be restricted due to the space required to deliver the PACU

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.

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.

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.

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.

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.

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 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: Same as Option 2, Paediatric Ambulatory Care Unit (PACU) at Withybush Hospital from 10am – 6pm, Monday to Friday. The level of outpatient activity is likely to be restricted due to the space required to deliver the PACU, but with some extra services like provision of some non-emergency treatments such as radiology, and day care for those, for example, returning for medication or dressing change

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.

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.

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.

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.

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.

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.

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 Wthybush. In relation to service fragility, staff consultees stressed that if a PACU is to return to Wthybush Hospital, it must be consistently available and not liable to unexpected closure.

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 Wthybush PACU staff.

General questions and comments relating to the options (source: Consultation Feedback report, produced by ORS):

Rapid Access Clinics and outpatients' provision: 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: 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: Consultees across all consultation strands commented on the potential confusion that might arise through having a 'part-time' PACU service at Wthybush, not only for residents, but also for tourists, who are unlikely to have any understanding of local care pathways.

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.

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 Wthybush. 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): 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: 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 Worthybush PACU or the proposed Rapid Access Clinics.

Other considerations (source: Consultation Feedback report, produced by ORS):

Travel and access

While recognising that all three options return some level of service to Worthybush 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.

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

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.

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.

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.

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 (source: Consultation Feedback report, produced by ORS):

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.

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.

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.

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".

Another staff member suggested the creation of a women's and children's centre of excellence at Glangwili Hospital.

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).

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".

Stephen Crabb MP submitted 57 'standardised submissions' from constituents asking for the following amendments to the options:

- Unrestricted Rapid Access Clinics and booked outpatient appointments at Withybush Hospital when appropriate
- 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

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.

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.

A review of these alternative suggestions is included later in the paper.

Views on the consultation process (source: Consultation Feedback report, produced by ORS):

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.

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.

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 (source: Consultation Feedback report, produced by ORS):

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.

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
- 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

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 paediatric inpatients only at Glangwili impacts the ability of family members and others (especially those living in west Pembrokeshire) to visit their loved ones, potentially to the detriment of their recovery.

Part 4: Review of the consultation findings

1. Alternative suggestions

The alternative suggestions captured within the ORS Consultation Feedback report have been reviewed by a mixed group of stakeholders including parents and guardians and staff that developed the original three options. The stakeholder group met on 12 October 2023 and reviewed the list of alternative suggestions contained within the final consultation report, to understand if these were suggestions that the Board should consider when choosing the best option for the future of urgent and emergency children and young people's services at Withybush and Glangwili hospitals.

These suggestions have been evaluated/considered against the scope of the consultation and the criteria used for the development of the original options, further details can be found in Appendix 4.

It is recommended that Board should consider the following alternative suggestions as part of their decision making based on the rationale set out in Appendix 4:

- Many consultees questioned why additional 'extras' offered under Option 3 cannot also be offered under Option 1
- An enhanced service and additional training for paediatric (PACU) staff at Glangwili and Withybush hospitals

2. Conscientious Consideration

The Board met on 19 October 2023 to receive the consultation findings from Opinion Research Services (ORS) and the feedback from the conscientious consideration undertaken by stakeholders.

The following stakeholders were asked to consider the report prior to Board discussion:

- Clinical Stakeholder (Options Development) Group
- Equality and Health Impact (EHIA) Workstream
- Llais
- Stakeholder Reference Group
- Executive Steering Group
- Public Services Boards (Pembrokeshire / Carmarthenshire / Ceredigion)
- Clinicians involved in the consultation process

The consultation findings were presented by Opinion Research Services and the discussion was independently facilitated by an associate of the Consultation Institute.

During the session, the Board considered the individual feedback on the three options and the alternative suggestions outlined within the findings. The feedback from stakeholders during the conscientious consideration process and the key themes from the Board Conscientious Consideration session are provided in Appendix 5. These included:

- The existing Reinforced Autoclaved Aerated Concrete (RAAC) issue at Withybush Hospital; this was considered and discussed at Executive Steering Group, and it was recognised that there is a risk of disruption to the service, but it was concluded that all options would be equally impacted. It is therefore proposed that the timeline for implementation of a preferred

option, produced as part of the implementation plan, will consider the timescales for completion of RAAC remedial works

- Population projections: Stats Wales Population data projects a decrease of 6.7% in the under 16 population across Hywel Dda between 2018 - 2030. This varies by county with a 9.5% decrease anticipated for Pembrokeshire and a 3.9% decrease for Carmarthenshire
- A number of consultees commented on the environment at Glangwili A&E being not up to standard and inappropriate for children
- Transport and accommodation, particularly for low income families, was a key consideration
- The importance of the Dedicated Ambulance Vehicle (DAV) and the lack of public awareness of the vehicle was highlighted

The key themes raised, and the risk considerations will form part of the programme's risk register which will be reviewed as part of the development of an implementation plan for the delivery of a preferred option.

Part 5: Equality Impact Assessments (EQIAs)

The Equality Impact Assessments (EQIAs) are live documents that have been reviewed and updated to reflect the feedback from the consultation and to help capture and present the Equality issues identified for each proposed option. The EQIAs are provided in Appendix 6a, 6b and 6c.

The key themes raised during the consultation are reflected in the EQIAs as follows:

- Concerns about travel and transport, including ability of family members/others to visit
- Wider transport concerns: community transport availability; access for people living in rural areas
- Effects of poverty or reduced income on being able to travel to the new hospital
- Summer months challenges: increase in tourism/tourists, expected increase in the number of young people in the area
- Concerns raised regarding appropriate care and pathways for children with disabilities and complex needs
- Issues highlighted for parents with other children/caring responsibilities, especially single parent families

Once a preferred option is identified the Equality Impact Assessment for that option will be developed into an Equality & Health Impact Assessment (EHIA).

Part 6: Moving forward

Following a decision from Board on the best option for how we provide urgent and emergency children and young people's (paediatric) services for people who live in, or visit, areas that are serviced by Withybush and Glangwili hospitals, an implementation plan will be developed. The implementation plan, which will be presented to Board in January 2024, will detail:

- Timeline for implementation
- Workforce plan
- Revenue and capital plans
- Equality and Health Impact Assessment (EHIA) for the preferred option

Any changes made following the consultation would remain in place until the establishment of the proposed new urgent and planned care hospital in the area.

Argymhelliad / Recommendation

The Board is asked to:

- **NOTE** the 'Best Practice' Quality Assurance certification achieved from the Consultation Institute
- **CONSIDER** the summary of the changes that have occurred within the service since 2014, and the challenges that led to the requirement for these changes
- **CONSIDER** how the options were scored as part of the options development process
- **CONSIDER** the key findings from the Urgent and Emergency Children and Young People's Services (Paediatrics) at Withybush and Glangwili Hospitals consultation feedback report
- **CONSIDER** the findings of the stakeholder review of the alternative options
- **CONSIDER** the findings of the conscientious consideration process
- **AGREE** a preferred option for how the Health Board provides urgent and emergency children and young people's (paediatric) services at Withybush and Glangwili Hospitals
- **NOTE** the development of an Equality and Health Impact Assessment (EHIA) for the preferred option
- **NOTE** the requirement for the service to develop an implementation plan, setting out how the preferred option will be operationalised

Amcanion: (rhaid cwblhau)

Objectives: (must be completed)

Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	1274: Pembrokeshire Paediatric Pathway (Acute and Emergency presentations at WGH) 793: Emergency care of Paediatric patients affecting WGH
Parthau Ansawdd: Domains of Quality Quality and Engagement Act (sharepoint.com)	7. All apply
Galluogwyr Ansawdd: Enablers of Quality: Quality and Engagement Act (sharepoint.com)	6. All Apply
Amcanion Strategol y BIP: UHB Strategic Objectives:	5. Safe sustainable, accessible and kind care
Amcanion Cynllunio Planning Objectives	6a Clinical services plan
Amcanion Llesiant BIP: UHB Well-being Objectives: Hyperlink to HDdUHB Well-being Objectives Annual Report 2021-2022	9. All HDdUHB Well-being Objectives apply

Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	Contained within the body of the report
Rhestr Termau: Glossary of Terms:	Contained within the body of the report
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Cyfarfod Bwrdd Iechyd Prifysgol: Parties / Committees consulted prior to University Health Board:	Contained within the body of the report

Effaith: (rhaid cwblhau) Impact: (must be completed)	
Ariannol / Gwerth am Arian: Financial / Service:	Contained within the body of the report
Ansawdd / Gofal Claf: Quality / Patient Care:	The recommendations are intended to improve the quality of the service.
Gweithlu: Workforce:	Workforce considerations have been identified within the wider plan supporting the consultation. A workforce plan will be developed as part of a service implementation plan- this will be developed in response to the HB decision.
Risg: Risk:	The Consultation Institute has provided Quality Assurance on the consultation process.
Cyfreithiol: Legal:	The Consultation Institute has provided Quality Assurance on the consultation process.
Enw Da: Reputational:	The Consultation Institute has provided Quality Assurance on the consultation process.
Gyfrinachedd: Privacy:	No identified risk in relation to privacy.
Cydraddoldeb: Equality:	EqlAs have been developed for each of the options, identifying the differences between the impacts and benefits that each option brings.