

# Cardiff and Vale Stakeholder Reference Group

Tue 26 November 2024, 09:30 - 11:30

Teams

## Agenda

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**09:30 - 09:30 1. Welcome and Introductions**

0 min

*Lani Tucker*

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**09:30 - 09:30 2. Apologies for Absence**

0 min

*Lani Tucker*

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**09:30 - 09:35 3. Declarations of Interest**

5 min

*Lani Tucker*

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**09:35 - 10:25 4. Chief Executive**

50 min

*Suzanne Rankin*

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**10:25 - 11:00 5. Clinical Services Plan - Emergency Services**

35 min

*Vicky Le Gry*

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**11:00 - 11:05 6. Minutes and Matters Arising from the SRG Meeting on 25 September 2024**

5 min

*Lani Tucker*

 Item 6 Unconfirmed Minutes of SRG Meeting 25 September 2024.pdf (6 pages)

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**11:05 - 11:15 7. Feedback from Board**

10 min

*Matt Phillips*

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**11:15 - 11:30 8. Results form Paediatric Engagement**

15 min

*Sarah Tipping*

 Item 8 BCYP Engagement Final Report (Sept 24).pdf (34 pages)

 Item 8 Paediatrics Engagement Results on a Page.pdf (1 pages)

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**11:30 - 11:30 9. Next Meeting**

0 min

*Lani Tucker*

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**UNCONFIRMED MINUTES OF CARDIFF AND VALE STAKEHOLDER REFERENCE GROUP MEETING HELD ON WEDNESDAY 25 SEPTEMBER 2024, MEETING HELD VIA MICROSOFT TEAMS**

**Present:**

Lani Tucker	Glamorgan Voluntary Services (Chair)
Frank Beamish	NHS Volunteer
Rhys Burton	South Wales Police
Duncan Innes	Cardiff Third Sector Council
Richard Cox	One Voice Wales
Siva Sivapalan	Third Sector Older Persons

**In Attendance:**

Rebecca Aylward	Deputy Executive Nurse Director, UHB
Alex Bridgeman	Senior Programme Manager, Six Goals for Urgent and Emergency Care, UHB
Cath Doman	Director of Health and Social Care Integration, Cardiff and Vale Regional Partnership Board
Vicky Le Grys	Programme Director, Shaping our Future Clinical Services, UHB
Matt Phillips	Director of Corporate Governance, UHB (items SRG 24/27-24/30)
Jo Rigby	Volunteer, Llais
Sarah Tipping	Head of Strategic Partnerships and Engagement, UHB

**Apologies:**

Sam Austin	Llamau
David Lozano	South Wales Fire and Rescue
Julie Sangani	Cardiff Council

**SRG 24/27 WELCOME AND INTRODUCTIONS**

Jo Rigby and Alex Staples were welcomed and introduced to the Group.

**SRG 24/28 APOLOGIES FOR ABSENCE**

Although not members of the SRG, apologies had been received from Marie Davies, Angela Hughes and Jason Roberts.

**SRG 24/29 DECLARATIONS OF INTEREST**

There were no declarations of interest.

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## SRG 24/30 CLINICAL SERVICES PLAN

Vicky Le Grys gave a presentation updating the SRG on the development of Health Board's Clinical Services Plan.

The SRG was informed that the Clinical Services Plan would be a ten-year plan and one of several strategic plans underpinning the Health Boards Shaping Our Future Wellbeing Strategy. The SRG was provided with a brief overview of the Plan's scope and content. A considerable amount of work has been undertaken already including:

- horizon scanning;
- a review of exiting plans;
- a refresh of the clinical services design principles;
- a baseline assessment of existing clinical services;
- drafting of planning assumptions;
- production of finance baselines and assumptions;
- production of a workforce baseline;
- agreement of an engagement plan with Llais; and
- analysis of existing engagement feedback.

The next steps in the developed of the Plan were then described. The intention is for the Plan to be approved and launched during summer 2025. The Health Board had, however, taken the decision to go early on developing its Babies, Children and Young People Plan. A technical plan will be produced plus a quality and safety plan. Alongside this a 'public' document will be published which the Health Board's Youth Board will help to develop. Sarah Tipping explained that a 16 week period of engagement had already taken place. A multi-media approach had been taken to the engagement. A range of publicity had been deployed including posters, social media and more targeted publicity. There had been several online engagement sessions plus in-person engagement sessions. Llais had been involved from the outset and existing engagement feedback had been analysed. In total over 1,400 responses had been received. The draft Babies, Children and Young People Plan will be discussed at the UHB Board Development session at the end of October.

The SRG made a number of comments.

- The engagement undertaken on the Babies, Children and Young People Plan has been exemplary.
- It might be helpful for the Health Board to link in with South Wales Police's Youth Voices Forum.

- Superintendent Matthew Lewis' 'Right Care Right Person' approach might be of interest when developing the Mental Health element of the Plan.
- It would be helpful to have more details of the planning assumptions. Vicky Le Gry's explained that the planning assumptions had not yet been approved but agreed to share a draft with the SRG. One of the assumptions is that there will be an ageing population which means that there will be more people with complex needs and long-term conditions. Another assumption is that the Health Board is unlikely to receive capital funding for significant new estate.

**Action: Vicky Le Gry's**

It was agreed that Vicky Le Gry's would return to SRG in November as part of the Clinical Services Plan ongoing engagement.

**Action: Vicky Le Gry's**

**SRG 24/31 MINUTES AND MATTERS ARISING FROM  
STAKEHOLDER REFERENCE GROUP MEETING  
HELD ON 10 JUNE 2024**

The minutes were **RECEIVED** and **APPROVED** as an accurate record.

Place-Based Planning – Gareth Lloyd explained that the scoping work was ongoing. Colleagues had agreed to make a presentation on the topic to SRG early 2025.

Integrated Transport – Cath Doman explained that she was the Regional Partnership Board (RPB) Lead and had obtained the name of contacts within Vale of Glamorgan Local Authority who would be able to provide information on integrated transport developments. She suggested it might be helpful if colleagues from both Local Authorities attended an SRG meeting to the explain the work being undertaken. It was agreed that further consideration be given to what form this session would take and who should be invited.

**Action: Cath Doman/Sarah Tipping/Gareth Lloyd**

The SRG noted that the Local Authority members on the SRG were other potential helpful contacts.

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## **SRG 24/32 FEEDBACK FROM BOARD**

SRG was reminded that papers for Board meetings and links to the live streams were available on the UHB's website. The SRG Chair also attended meetings.

Matt Philips posted in the meeting 'Chat' some of the key issues raised at the UHB Board meeting held on 27 July 2024.

- The Integrated Performance Report represents the current financial challenge as the Health Board seeks to deliver £47m of savings against growing demand in order to deliver a deficit budget of £15.9m. It also speaks to the pressures of waiting list times within planned care which is a key Welsh Government (WG) focus
- Business cases were approved for a number of areas including £1.4m on stroke pathways, £1.4m for health inclusion services (addressing inequity with a targeted service for those who often find it harder to engage with health services (e.g. homeless, sex workers etc) and there was agreement to submit a £5.3m business case to WG for Pentyrch Surgery.
- The first report following the Blood Inquiry report in May brought up a discussion not on how the Health Board reacts to that report (though there has been a lot of work done to respond to it, especially recognising that a number of Cardiff and Vale residents and patients were at the vanguard of the patient voice work), but how it works to identify the area that has the potential to become the subject of the next inquiry.

## **SRG 24/33 DEVELOPMENT OF AN INTEGRATED COMMUNITY CARE SYSTEM IN CARDIFF AND VALE**

Alex Bridgeman and Cath Doman provided the SRG with an update on the development of an integrated community care system for Cardiff and Vale.

The SRG was informed that WG's Six Goals for Urgent and Emergency Care could be simplified into three core questions:

- How do we keep people safe at home in the community?
- People need safe and effective alternatives to admission. What are they and how do we provide them?
- How do we provide the best care within hospitals and get people home as soon as possible?

The @Home Programme seeks to address the first of these questions. It is the RPB programme which co-ordinates the work of its partners to design and deliver an Integrated Community Care System. The @Home governance arrangements and 2024/25 Delivery Plan were then briefly explained.

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The SRG made a number of comments and observations.

- There are frequently difficulties in accessing GPs. It is important that people know how and where to access help quickly as early triage is vital. The SRG was informed that the Health Board was working with the NHS111 service to see if some calls to NHS111 could be streamed to CAV24/7 to take advantage of better local knowledge of the services available. There are also plans to further develop CAV24/7 by introducing a single digital point of access and enhancing the clinical time invested in the service.
- How and where will community beds be provided? The SRG was informed that the Health Board had community beds at Barry and St David's Hospitals which are currently used for 'step-down' from acute hospitals. The intention is that over time these will be used increasingly as an alternative to admission to an acute hospital notwithstanding that individuals must always be admitted to the most appropriate place for their needs.
- How will workforce be aligned with the needs of the new system especially given that the number of people of working age is decreasing. Cath Doman acknowledged that securing a sustainable workforce was arguably the most complex part of the programme and a cultural shift and phased approach would be required.
- A single point of access also means a single point of failure. Robust back up plans will be essential. Cath Doman acknowledged that business continuity arrangements would have to be put in place.
- Consideration must be given to how people who are digitally excluded can access the single point of access e.g. via their GPs.
- Individuals moving into the area must be able to easily access services.

It was agreed that SRG be provided with an update on the development of the new integrated community care system during 2025.

**Action: Sarah Tipping/Cath Doman**

## **SRG 24/34 PARTNERSHIP WORK**

Sarah Tipping informed the SRG that earlier that year, Cardiff and Vale of Glamorgan Local Authorities had agreed that a Public Services Engagement Sub-Group of the two Public Service Boards be established. It is anticipated that the inaugural meeting will be held in October at which terms of reference and membership will be agreed. The proposed membership is drawn from the current PSBs but will be reviewed.

Sarah Tipping agreed to provide SRG with regular updates from the Sub-Group. The Terms of Reference and Membership of the sub-group will be brought to the SRG in November.

**Action: Sarah Tipping**

**SRG 24/36      NEXT MEETING OF SRG**

9.30-12.00, Tuesday 26 November 2024, Microsoft Teams.

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# Shaping Our Future Wellbeing Babies, Children and Young People Our Plan to 2035

Engagement Outcomes Report – September 2024

## Part 1 – Background & Overview

### Context

Following the refresh of its *Shaping Our Future Wellbeing* strategy Cardiff and Vale University Health Board is developing its Clinical services plans commencing with the strategic plans for our Babies, Children and Young People. The Health Board is engaging colleagues, stakeholders and the public to have their say on the plans and what should be included and considered. After a period of engagement and development, the plan will run from 2025-2035.

### Our Approach to Engagement

Our engagement period opened on Monday 13<sup>th</sup> May 2024 and closed on the 31<sup>st</sup> August 2024, a total of almost 16 weeks. This was then extended by 4 weeks to specifically focus on increasing feedback from children and young people.

The main focus during this period was to encourage children and young people, their parents or carers, NHS staff that work with children and other relevant stakeholders to complete a short survey.

To promote the survey, we used a mixed media approach which included:

- A dedicated space on the “Shaping our Future Wellbeing” website.
- Social media posts by the UHB corporate accounts on Facebook and X.
- Email communications to key stakeholders including the Regional Partnership Board and Public Service Board (full list of stakeholders can be found in appendix 3).
- Targeted social media promotion by accessing key community groups across Cardiff and the Vale of Glamorgan. For example, posting into specific parent groups that use Facebook to communicate regularly (full list of groups can be found in appendix 4)
- Communications sent to schools before the summer break.
- A dedicated email inbox and telephone number for members of the public to use should they wish to discuss their feedback.
- All primary care venues were asked to display information regarding the survey on their screens in waiting areas.

We held four events for the public to attend as an opportunity for people to discuss their experiences with us directly. To meet the needs of a range of individuals we held events both in person and online at varying times during the day.

- We held a stakeholder engagement event which allowed colleagues to provide feedback and comments on each chapter of the plan.

### **Extended engagement**

Although the number of responses to the survey was significant, the majority of the individuals responding were either parents/guardians or NHS staff.

We are committed to ensuring that we capture children and young people's voices within the plan and therefore we extended the engagement period to include a second phase lasting for four weeks and specifically targeted local primary and secondary schools.

During this second phase of engagement we spent time in a number of local schools working directly with pupils to get their feedback.

### **Learning**

Upon analysis of the engagement period and the results obtained we have a number of areas of learning that we have been able to reflect upon.

#### ***Child Friendly Survey and School Holidays***

Should we repeat this exercise we would consider reviewing our survey approach and potentially creating a separate survey specifically for children that would be more accessible.

The majority of the engagement period fell during the school holidays which meant that we were unable to fully utilise working with schools.

Due to the above issues we had limited responses from children and young people.

**Mitigation** – we have been able to mitigate the above issues by creating a phase two engagement period where we will be working directly with schools, which includes holding sessions with pupils throughout September 2024.

#### ***General Election***

Unfortunately, we were not able to predict that our engagement period would fall within the period of a general election. Due to purdah rules we were not able to promote our survey as widely as we hoped during this period of time.

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## Results Overview

Number of Responses Received	
Type	Number
Survey response	1456
Other response (e.g. letter, social media)	1
People providing feedback through engagement activities	
Open face to face sessions	3
Open virtual sessions	2
School sessions	148
<b>Total</b>	<b>1,610</b>

Social Media (Facebook)			
Posts	Likes	Comments	Shares
13	61	6	145
<b>Average</b>	4.7	0.5	11

Social Media (Twitter)			
Posts	Comments	Retweets	Likes
4	2	22	6
<b>Average</b>	0.5	5.5	1.5

## Themes Overview

A number of common themes emerged from the general feedback received in response to the engagement questions. This includes both verbal comments made at the public and stakeholder engagement events and free-text options in the surveys. The common themes are:

- **Waiting Times and Access to Services:** Delays in receiving timely healthcare, including specialist services and neurodiversity assessments, are a major concern. Both patients and staff emphasize the need for quicker access to services to reduce stress and improve outcomes.
- **Transition to Adult Services:** There are significant challenges during the transition from paediatric to adult services. This includes anxiety among young people and families, as well as inconsistent transition pathways and lack of adequate support.
- **Staffing and Training:** A common theme is the need for more staff, better training, and specialized paediatric care. This includes addressing shortages and providing trauma-informed and neurodiversity-specific training.
- **Child-Friendly and Age-Appropriate Environments:** The need for creating child-friendly, safe, and age-appropriate healthcare environments is highlighted, particularly in emergency settings, hospitals, and outpatient services.

- **Emotional and Psychological Support:** Providing emotional and mental health support to both children and their families is emphasized, with calls for integrated mental health services and early interventions.
- **Communication and Coordination:** Improved communication between healthcare providers, families, and across services is seen as essential. There are frequent calls for better coordination of care pathways and ensuring clear, timely information for patients.
- **Equitable Access and Inclusivity:** There is a focus on ensuring equitable access to healthcare, particularly for vulnerable groups, neurodiverse individuals, and those in rural areas. The importance of culturally sensitive services is also emphasized.
- **Virtual and Home-Based Support:** Virtual consultations and home-based care are highlighted as practical ways to reduce waiting times, ease travel burdens, and manage ongoing health conditions.

## Part 2 – Engagement Analysis

The UHB is developing several strategic plans to underpin the Strategy and describe the steps we will need to take to deliver our strategic objectives to the organisation, partners, residents and service users. The strategic plans describe the current position, future aims and outcomes and steps we will take to get there over a 10-year period. The strategic plans are high-level documents and medium-long term focussed. They provide a framework for and inform our tactical 1–3-year Health Board plan.

This report describes work undertaken to engage with the people who use and deliver our services to shape the thinking underpinning our strategic plan for Babies, Children and Young people. It summarises the some of the key feedback themes we have received during a 16 week period of engagement that ran 31<sup>st</sup> August 2024.

The survey focused on two question, one multiple choice and one free text option:

**Thinking about our services for babies, children, young people and their families, what are the top 5 things that would help you have a positive experience?**

- Shorter Distance to travel
- Seeing the right specialist
- Being seen quickly
- The best outcome for me / the patient
- Services closer to home
- Understanding what is happening
- Feeling supported
- Stress free transition to adults services
- Help to manage at home
- Age appropriate environment

- Access to virtual appointments

We then asked:

### Why is this important to you?

This question was a free text option allowing individuals to provide us with any feedback that was important to them.

### Context

#### Who responded to the survey?

The most common group to respond was parents/guardians, followed by NHS staff members.

Response by Group		
Group	Number	%
I am a child	8	0.55%
I am under 18	46	3.16%
Parent / Guardian	796	54.67%
NHS Staff	486	33.38%
Stakeholder	39	2.68%
Other	81	5.46%
Total	1456	100.00%

Response by Geographical Area		
Postcode	Number	%
CF14 – Cardiff (Rhiwbina, Birchgrove, Llanishen and Whitchurch)	157	22
CF64 – Vale of Glamorgan (Barry and Penarth)	70	9.8
CF23 – Cardiff (Llanishen, Cyncoed, Pentwyn, Penylan, Pontprennau, Old St Melons)	62	8.7
CF62 – Vale of Glamorgan (Barry, Rhoose, St Athan, Llancarfan, Barry Island)	49	6.9
CF15 – Cardiff (Pentyrch, Gwaelod-y-Garth, Creigau, Radyr, Morganstown, Tongwynlais, Taffs Well)	45	6.3
CF24 – Cardiff (Cathays, Roath, Plasnewydd, Splott, Adamstown)	35	4.9
CF63 – Vale of Glamorgan (Cadixton, Barry Docks)	31	4.3

CF83 – Cardiff (Penylan, Cyncoed and East Roath)	26	3.6
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\*Complete list of postcodes can be found in appendix 5.

### **Equalities Data**

- The most common age of respondents is 35 to 44 and the large majority of respondents were female.
- Over 200 respondents disclosed that their day to day lives were impacted to some extent by a disability.
- Large majority of respondents are heterosexual.
- Large majority of respondents are white welsh, with no religion and highlighted English as their preferred language.

Appendix 2 provides further information in relation to equalities data.

### **Group 1 Feedback - Children and Young People**

54 children/young people completed the survey, the below summaries the key themes from their feedback.

#### **Inappropriate Environment for Children in A&E**

*“I don't want to be on a ward with little kids but going to A and e now I am 17 is awful. The wait is very long but it is very frightening too”*

- Exposure to violent or aggressive patients can make children feel uncomfortable and unsafe.

#### **Challenges in Accessing Healthcare**

*“Getting to the age where you have to call the GP yourself and getting seen quickly is impossible. A lot of young people would feel more comfortable about their health if they could get into services faster”*

- Difficulty in getting timely appointments with GPs.
- Long waiting times in A&E and for specialist services.

#### **Need for Virtual and Home Support:**

*“Virtual needs to include video. I cannot communicate on the phone and face 2 face has not been offered”*

- Young people prefer managing health conditions at home due to busy schedules.
- Virtual assistance, including video consultations, is essential for those who struggle with phone communication.

### **Positive Healthcare Experiences:**

*“It’s important everyone who gets admitted into hospital has a positive experience especially young children who might have to stay in hospital for a long time or keep coming back, you don’t want them to be scared of going to the hospital. When I was admitted into hospital for two days I had a really positive experience because the nurses I had were lovely to me and helped me with whatever I needed”*

- Positive interactions with healthcare services can improve overall well-being and confidence.
- Importance of good communication, understanding, and empathy from healthcare providers.

### **Child-Friendly and Teen-Friendly Facilities:**

- Hospitals should have child-friendly environments but also cater to teenagers with appropriate facilities and gender-neutral areas.

### **Concerns About Transition to Adult Services:**

- Anxiety about moving from child to adult healthcare services.
- Need for continuity and support during this transition.

### **Accessibility and Convenience:**

*“I have autism and have awful travel sickness and anxiety when travelling I also have crohn's disease so sometimes have accidents so being able to attend appointments closer to home would be less stressful”*

- Importance of having healthcare services closer to home to reduce travel stress.
- Shorter waiting lists for surgeries and other treatments.

### **Comfort and Amenities in Hospitals:**

*“TVs in waiting rooms because there are long waits. More information I can understand when I go to the Doctors”*

- Availability of affordable snacks and TVs in waiting rooms to make long waits more bearable.
- Better food options and comfortable environments.

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### **Empathy and Understanding from Healthcare Providers:**

- Healthcare providers should listen, make eye contact, and relate to patients to make them feel understood and supported.

### **Efficient and Proficient Healthcare:**

- Desire for efficient healthcare services that address issues promptly and effectively.
- Importance of not treating children and teenagers like adults, recognizing their unique needs and emotions

### **Schools Feedback**

Following the low numbers of children and young people engaging in the online survey, we decided the best method of gathering their views was to visit the schools in person and discuss the issues directly with them. The children were highly engaged in our discussions and keen to share their views and experiences. We asked each group to identify ten issues they felt were important to their healthcare services and gave each child four votes to select what they believed were the most critical. In addition to the voting, we also considered other concerns raised during the discussions.

Across Radyr Comprehensive, Stanwell High, and Gwaelod y Garth Primary, a total of **146** children participated, casting **584** votes on key themes. **Communication** was consistently a top concern, with **19** votes at Stanwell High School and **19** votes from Year 5 students at Gwaelod y Garth Primary. **Privacy** was also a significant theme, receiving **11** votes at Radyr, **13** votes from Year 6 students, and **13** at Stanwell. Other major themes included **comfort** (**25** votes from Year 6 at Gwaelod y Garth), **trust** (**6** votes at Radyr, **6** at Stanwell), and **support** (**23** votes in Year 6 and **13** at Stanwell).

Children also expressed strong concerns about **long waiting times**, the need for **services closer to home**, and emotional well-being, with **reassurance** receiving **9** votes in both Year 4 and Year 5 at Gwaelod y Garth.

There was a clear emphasis on making healthcare services more responsive, comfortable, and emotionally supportive.

<b>Response by School</b>		
<b>Group</b>	<b>Number and Votes</b>	<b>%</b>
Primary – Years 4 (Age 8-9)	32 children/128 votes	21.9%
Primary – Year 5 (Age 9-10)	35 children/140 votes	24%
Primary – Year 6 (Age 10-11)	29 children/116 votes	19.9%
Secondary - Yr 7	14 children/56 votes	9.6%
Secondary – Year 8	14 children/56 votes	9.6%
Secondary – Mixed Group age 11-18	22 Children/88 votes	15.1%

Total	146 Children /584 votes	100.00%
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The feedback from this group emphasises the need for more child-friendly and supportive healthcare environments. Key concerns include long waiting times, difficulty accessing GP appointments, and anxiety around transitioning to adult services. Young people prefer virtual consultations for convenience and managing care at home. They value empathetic healthcare providers who communicate well and understand their unique needs.

There's a call for hospitals to offer both child- and teen-friendly spaces, along with improved amenities like affordable snacks and entertainment in waiting areas. Access to care closer to home and efficient, specialized treatment are also important. Overall, children seek healthcare that is compassionate, convenient, and responsive to their developmental stages.

Response by School		
Theme	Votes	%
Medicine	5	0.9%
Doctor	4	0.7%
Rest	6	1%
Hygiene	21	3.6%
Privacy	48	8.2%
Comfort	34	5.8%
Helpful	30	5.1%
Hydration	14	2.4%
Fear	20	3.4%
Reassurance	18	3.1%
Activities	48	8.2%
Phone Advice	1	0.2%
Support	23	3.9%
Communication	31	5.3%
Distraction	16	2.7%
Company (Parent or sibling)	26	4.5%
Environment	9	1.5%
Kindness	33	5.7%
Waiting Times	11	1.9%
Care	17	2.9%
Fairness	22	3.8%

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Protection	13	2.2%
Honesty	22	3.8%
Friendly	20	3.4%
Thankful	8	1.4%
Education	9	1.5%
Non Judgemental	3	0.5%
Accessibility	13	2.2%
Respect	14	2.4%
Easy to Understand	2	0.3%
Management	2	0.3%
Consistency	4	0.7%
Efficiency	18	3.1%
Safety	8	1.4%
Trust	8	1.4%
Listening	3	0.5%

### Group 2 Feedback - NHS Staff

We received 480 responses from NHS staff, the largest amount being from staff of Cardiff and Vale UHB.

<b>NHS Staff Response by Health Board</b>		
	<b>Number</b>	<b>%</b>
<b>Aneurin Bevan</b>	4	0.83%
<b>Betsi Cadwaladr</b>	0	0.00%
<b>Cardiff and Vale</b>	449	93.54%
<b>Cwm Taf Morgannwg</b>	4	0.83%
<b>Hywel Dda</b>	0	0.00%
<b>Powys</b>	1	0.21%
<b>Swansea Bay</b>	14	2.92%
<b>Other</b>	3	0.63%
<b>Did not answer</b>	5	1.04%
<b>Total</b>	480	

Staff that responded worked in the following areas:

- Digital
- Acute Child Health

- Adult Critical Care
- Addiction Services
- Adult Mental Health
- Adults Services (general)
- All Wales Genomics Service
- Anaesthetics
- Audiology
- CAMHS
- Cancer Services
- Cardiothoracic
- CCNS
- CD&T
- Child Health
- Health Visiting
- Noahs Ark Childrens Hospital
- Paediatric Surgery
- Child Psychology
- Pharmacy
- Childrens Community Services
- Children and adolescents learning disability service (CALDS)
- Children Young People and Family Health
- Children's Community Nursing Service
- Children's Emergency Department UHW
- Children's Haemodialysis
- Childrens Physiotherapy
- Children's Speech and Language Therapy
- Clinical Engineering
- Clinical Research Facility
- Community dental
- Community Dietetics
- Community Paediatrics/neurodevelopmental
- Community resource team
- Community Wound Healing Services
- Emotional Wellbeing and Mental Health
- Planning
- Flying Start
- GP out of hours and CAV 24/7
- Gweithrediaeth GIG Cymru
- ICCNS
- Immunisation
- Minor Injury Unit
- NICU
- Neuroradiology
- Youth Board
- Midwifery

- PCIC
- Palliative Care
- Psychology eating disorder service
- School Nurse
- Sexual Health
- Research
- Specialist Services
- Therapeutic play
- Teenage Cancer Trust
- Welsh Centre for Burns and Plastic Surgery

The **staff feedback themes** emphasize the importance of providing **patient-centred care** that is compassionate and tailored to individual needs. Staff also call for better **accessibility**, advocating for more community-based services to reduce travel stress for families, especially in rural areas.

There is a need for improved **coordination and communication** across healthcare services to prevent fragmented care. **Specialized staff and training** are crucial, particularly for handling complex paediatric cases, alongside better **mental health support** integrated into care for children and families.

The transition from paediatric to adult services is highlighted as a weak point, requiring **better transition pathways** and age-appropriate services. **Child-friendly environments** and improved hospital infrastructure are also deemed essential for reducing stress during hospital visits.

Lastly, staff stress the need for **efficient care delivery** to reduce waiting times and disparities in care, ensuring that vulnerable and minority groups receive **inclusive and equitable** healthcare services

Key themes in more detail are:

### **Patient-Centred Care and Respect**

*“Being able to offer a service that is child and family-centred, responsive to the patient’s needs, transparent and collaborative in order to achieve the best possible outcome is of central importance to me”*

- **Individualised Care:** There is a strong emphasis on the need for treating children and families with compassion, respect, and dignity. Staff highlight the importance of recognizing patients as individuals rather than numbers, ensuring personalised communication and emotional support.
- **Parental Support:** Providing parents with sufficient information and empowering them throughout their child’s treatment is deemed essential. Holistic support for both patients and families, from birth to adolescence, is vital for ensuring a good experience for patients and their families/carers.

## Service Accessibility and Localised Care

*“Services closer to home where possible - Children and families often don’t want to travel too far to get their medical needs supported. It often adds to their psychological distress”*

- **Geographical Accessibility:** The availability of services closer to home, especially in rural areas, reduces stress on families, minimises travel, and benefits the environment. Staff advocate for moving services out of hospitals and into community settings where possible to make care more accessible.
- **Community-Based Services:** Offering care in community settings is seen as beneficial for less acute conditions, reducing the intimidation factor for children, and creating a familiar environment.

## Coordination and Continuity of Care

*“The joining up of services and information. As health becomes more segregated into clinical areas, i.e. diabetes, mental health, social services etc. it becomes harder and harder for the patient and family to navigate. Different department don't communicate resulting in decision making not being shared, date not passing along and repetitive conversation and subsequent lack of belief and trust from service user. Relationships are key to high quality care but with a constant inconsistency of staff and data sharing this is eroded and patient experience poor”*

- **Fragmented Services:** There is a significant need for better coordination and communication across health and social care services. Poor integration and communication gaps between specialties result in disjointed care and frustration for families.
- **Timely Care:** Delays in accessing specialists due to resource constraints and waiting times exacerbate stress for families. Staff emphasise the importance of timely access to appropriate care to avoid complications and improve outcomes.

## Environment and Infrastructure

*“Its important that children are looked after in a paediatric environment, without adults for both their recovery and for the appropriate specialist staff and equipment”*

- **Child-Friendly Spaces:** Creating age-appropriate, child-friendly environments in hospitals is essential for reducing stress. Comments call for dedicated spaces, including play areas and sensory rooms, to support children's emotional well-being during hospitalisation.
- **Improved Facilities:** Better infrastructure, including accessible parking, comfortable waiting areas, and more appropriate amenities, can significantly alleviate stress for both patients and their families.

## Specialised Services and Training

*“Usually time is of the essence where children are involved so seeing the correct Specialist sooner rather than later is of paramount importance”*

- **Gaps in Specialised Services:** Specific services, such as paediatric gender services and care for children with chronic conditions, are lacking. The need for more specialised paediatric staff and training is evident, especially for complex cases like cannulation.
- **Staffing and Training:** Addressing growing demands requires more trained paediatric staff. There is a call for comprehensive training to handle paediatric-specific scenarios and improve care quality.

### Health Promotion and Prevention

- **Proactive Public Health Education:** Staff suggest enhancing public health campaigns on topics such as pregnancy planning, folic acid, and breastfeeding. Preventative measures could improve health outcomes and reduce the need for interventions.

### Mental Health and Emotional Support

- **Emotional Well-being:** Emotional and mental health support for children and their families is a priority. Quick and compassionate care helps minimize distress, and the provision of sensory spaces and mental health services within paediatric settings is encouraged.

### Efficiency and Innovation in Care Delivery

- **Streamlined Services:** Efficiency in patient flow and reducing waiting times are critical for improving care. Suggestions include better IT systems and collaborative working among multidisciplinary teams to eliminate bottlenecks.
- **Resource Allocation:** Reducing unnecessary appointments and empowering families to manage health conditions at home can improve resource efficiency and patient outcomes.

### Inclusivity and Equity

- **Health Equity:** Concerns about disparities in care, particularly for vulnerable groups and ethnic minorities, are prominent. There is a need for more culturally sensitive services and support for children from disadvantaged backgrounds to ensure equitable care.

### Transitional Care

*“Currently there is a highly variable transition process to adult services. We often meet complex, chronically critically ill patients partway through this transition period or after transition has “completed” without any meaningful agreements on what treatments may be in their best interests”*

- **Inconsistent Transition Pathways:** Transitioning from paediatric to adult services is inconsistent, leading to confusion and poor outcomes. Many young people and families fall into a "void" due to inadequate support during this process.
- **Age-Appropriate Services:** There is a lack of youth-specific services for patients aged 14-21, causing distress during the transition. More youth-friendly spaces and tailored care models are needed.
- **Mental Health Impact:** The transition process often results in significant emotional distress, particularly for adolescents with mental health issues. Delays in care contribute to feelings of abandonment.
- **Recommendations for Improved Transitions:** Specialist transition teams, lifespan models, and programs like "Ready Steady Go" are seen as effective solutions for improving the transition process, ensuring continuity of care, and empowering patients and families.

### ***Communication***

- **Internal Communication:** Communication between departments and services is often poor, leading to confusion and delays. There is a call for clear, professional, and non-condescending communication to improve patient pathways.
- **Communication with Families:** Improved communication with families, providing them with timely and clear information about treatments and appointments, is crucial for reducing anxiety and improving care experiences.

### ***Access to Services***

- **Timeliness of Appointments:** Long waiting times are a significant concern, particularly for specialist consultations. Delays often push families into crisis situations, emphasizing the need for better management of appointments.
- **Virtual Appointments:** Virtual consultations are seen as a valuable tool for reducing wait times and the need for travel. However, some patients with complex needs still prefer face-to-face care.

### ***Staff Training and Development***

- **Training Needs:** More specialized training, particularly in trauma-informed care and managing neurodiverse conditions, is necessary to improve patient care, especially for vulnerable populations.
- **Collaboration and Shared Care:** Enhancing collaboration between specialties and local and tertiary hospitals is critical to improving patient pathways and outcomes.

### **Group 3 Feedback - Parents and Guardians**

The **parents and guardians' feedback** highlights several key concerns. They emphasize the need for **timely access to specialist care** and express frustration with **long waiting times** for appointments and treatments, which can negatively impact their children's health. Parents value **clear communication** from healthcare providers and want to feel heard, respected, and involved in their child's care decisions.

There are also concerns about the **transition from paediatric to adult services**, with calls for better coordination and support during this process. Parents seek more **child-friendly environments** in healthcare settings and desire **support during waiting periods**. Additionally, they appreciate healthcare providers who show **empathy and understanding** in their interactions with both children and families.

Overall, parents are asking for more responsive, empathetic, and efficient healthcare services that cater to both the medical and emotional needs of their children.

Key themes highlighted by parents and guardians were:

#### **Waiting Times:**

- **Lengthy Delays:** Parents report extensive waits for diagnoses, tests, and specialist appointments, leading to increased stress and potential deterioration in children's health. Waiting lists for treatments can stretch to years.
- **Specialist Care:** Parents prefer specialists over general practitioners for better care, emphasising the need for quicker access to specialist services. Staff retention issues are causing disruptions in continuity of care.
- **Parental Advocacy:** Parents feel significant stress and want their concerns to be acknowledged, as they know their child's needs best. Ensuring their concerns are taken seriously is crucial for their mental well-being.

#### **Accident & Emergency (A&E):**

- **Traumatic Experiences:** Many parents describe A&E environments as unsuitable for children, especially for those with disabilities or additional needs.
- **Lack of Facilities:** Inadequate facilities such as hoists and safe spaces for children with autism are a concern.
- **Long Waits:** Extended waits in A&E cause additional stress, highlighting the need for better communication and specialised staff training.

#### **Communication:**

- **Clear Information:** Regular, accessible information is crucial. Better communication between healthcare providers and parents, with clear explanations about treatments and wait times as well as regular updates, is needed to improve experiences.

- **Support and Understanding:** Parents and children need emotional support, particularly for children with additional needs. Continuity of care and reducing travel distances for appointments would alleviate stress.
- **Virtual Appointments**
- **Convenience and Efficiency:** Virtual appointments are valued for saving time, reducing stress, and minimising disruption to daily life. They are especially useful for reducing travel and helping children with anxiety about in-person visits.

#### **Neurodiversity:**

- **Lack of Support:** There is a lack of adequate support for children with autism and other neurodivergent conditions, particularly in mental health services. Parents call for localised services and better specialised training for healthcare professionals and improved understanding about specialist needs when accessing these services.

#### **Staff:**

- **Friendly and Supportive Staff:** The attitude of staff plays a crucial role in creating a positive healthcare experience. However, staff shortages and inconsistent communication often undermine the quality of care.

#### **Healthcare Environment:**

- **Child-Friendly Spaces:** Parents emphasise the need for child-friendly environments in hospitals to reduce stress for both children and families. Facilities should include amenities like toys, Wi-Fi, and appropriate spaces for different age groups.

#### **Specialist Services:**

- **Access and Continuity:** Parents highlight the importance of quick access to specialists, emphasising the stress caused by delays and inconsistent care. They also stress the need for child-friendly environments and comprehensive care systems.

#### **Complex Needs:**

- **Timely Care:** Children with complex needs require quicker assessments and appropriate accommodations in hospitals. There are concerns about delayed and inadequate care for chronic conditions.

#### **Transgender Services:**

- **Specialised LGBTQ+ Support:** Families express the need for timely and specialised gender-affirming services for transgender youth, with a focus on understanding and supportive care closer to home.

### Mental Health:

- **Early Intervention:** Parents stress the importance of early mental health intervention, particularly for conditions like ADHD. Long waits for mental health services exacerbate stress for both children and families.

### Transition to Adult Services:

- **Difficult Process:** Parents report challenges with the transition from paediatric to adult services, with concerns about long waits and a lack of individualised care during this process.

### Other Concerns:

- **Access Issues:** Parents face difficulties in accessing GP services, dental care, and managing multiple specialist appointments, which adds to the burden on family life.

### Impact of Bullying and Anxiety:

- The severe impact of bullying and anxiety on neurodivergent individuals is a recurring theme.

### Need for Specialized Training:

- There is a clear demand for better training for healthcare professionals to understand and meet the needs of neurodivergent patients. This includes training on different autistic presentations and sensory needs.

### Group Four Feedback - Stakeholders

The **stakeholder feedback** emphasises the need for improved **access to specialist care** and more equitable healthcare services across regions. Key concerns include enhancing **operational efficiency**, such as smoother transitions for young people from pediatric to adult services and better **communication about discharge and repatriation**. Stakeholders also highlight the importance of **gender-affirming care**, ensuring **equitable access to services**, particularly in underserved areas, and providing **healthcare closer to home** to reduce travel burdens.

There's a focus on **staff education**, particularly in specialist care, equality, and diversity, as well as the need for **sufficient tertiary bed capacity**. Overall, stakeholders call for a healthcare system that is more inclusive, efficient, and accessible for all patients.

Key themes:

### Human and Children's Rights

Emphasizing the importance of considering the needs of babies, children, and young people, in service planning and design.

### **Specialist Availability and Education**

Highlighting the need for sufficient specialists in various fields and ensuring that all staff are well-educated in Equality, Diversity, and Inclusion (EDI). This includes addressing disparities related to ethnicity, gender identity, and neurodiversity.

### **Gender-Affirming Care**

Advocating for a Wales-specific clinic for gender-diverse young people, following the Welsh Gender Service's model, to provide accessible and supportive care closer to home. The success of the Welsh Gender Service model is noted, with a suggestion that adopting a similar approach for youth services could reduce wait times for GIDS (Gender Identity Development Service).

### **Transition from Paediatric to Adult Care**

Discussing the challenges faced by young people transitioning from paediatric to adult emergency units (EU), particularly in terms of suitability and specialist availability.

### **Accessibility of Services**

Stressing the importance of providing support close to home, especially for families without access to a car, to ensure that healthcare services are accessible to all.

### **Tertiary Bed Capacity and Planning**

Emphasizing the need for sufficient and consistent tertiary bed capacity. There is a call for greater transparency in tertiary paediatric capacity planning and the assumptions behind it, as well as clarity on the distinction between secondary and tertiary care.

### **Equitable Access to Services**

Addressing perceptions of inequitable access to tertiary services in Cardiff and advocating for equal access for all patients across different health boards in South Wales.

### **Operational Efficiency and Standard Operating Procedures (SOPs)**

Highlighting the need for timely operational transfer of children to tertiary centres and the development of SOPs to ensure clear responsibilities, timescales, and contingency arrangements in case of capacity issues. This includes standardizing the process for urgent referrals to ensure efficiency and effectiveness.

### **Communication of Discharge/Repatriation Arrangement**

Emphasizing the need for clear and timely communication regarding discharge and repatriation arrangements to enhance local planning and ensure a better patient experience.

### **Education Program for Staff**

Suggesting the extension of learning and education sessions to cover other specialties and issues such as referrals and repatriations. This would enhance staff understanding, confidence, and potentially avoid unnecessary transfers in borderline cases. Additionally, improved education for ward teams from Cardiff colleagues could support timely and effective repatriation of patients.

### **Services Provided Closer to Home**

Recognizing the ambition to provide outreach clinics closer to home which would benefit patients and families by enabling equitable service access. However, it acknowledges the practical and financial challenges involved.

## **Part 3 – Conclusion**

Through our engagement approach we have been able to collect meaningful data from a range of different people across the communities of Cardiff and Vale of Glamorgan.

By reviewing our survey data and feedback we were able to clearly see the areas we needed to seek further responses in, which allowed us to take the opportunity to work with local schools and ensure that we had a strong representation of children's voices in the engagement feedback.

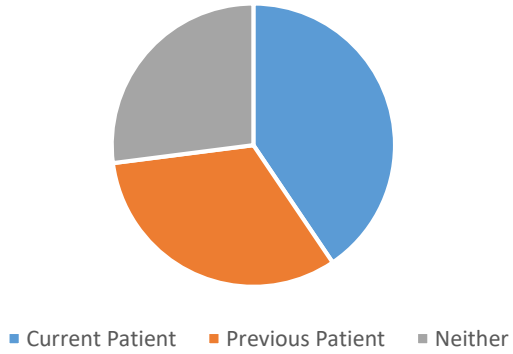
We will be able to take this approach, and the lessons learnt, into our future engagement on the Clinical Services Plan and continue to work with our communities ensuring that their voices are at the centre of the planning process.

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**Appendix 1 – Survey Responses**

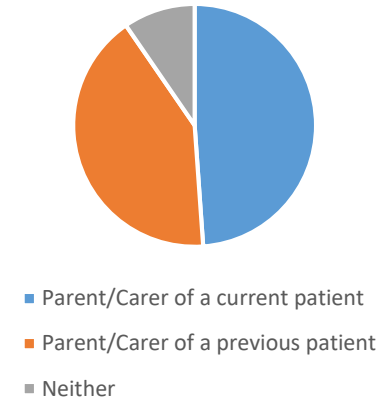
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Responses from Current / Previous Patients



Total

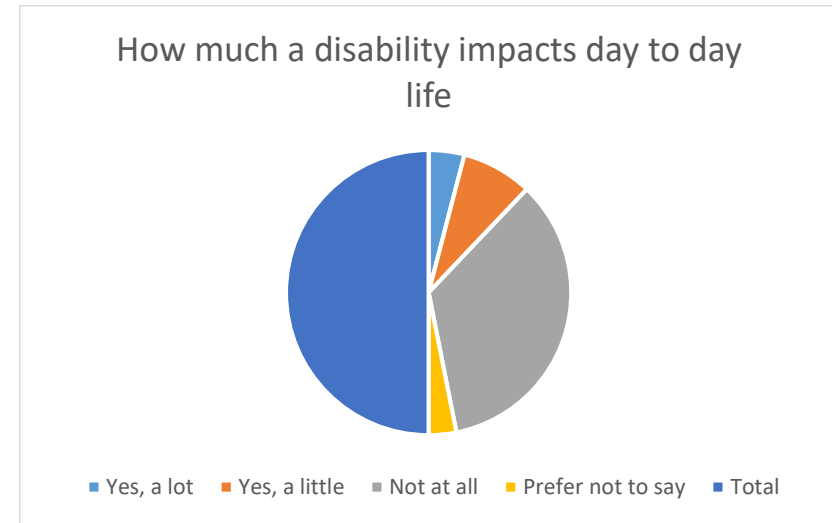
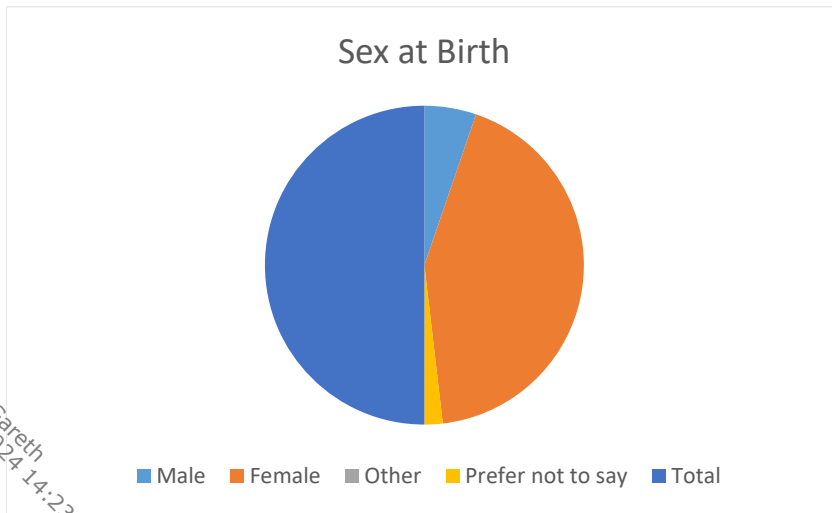
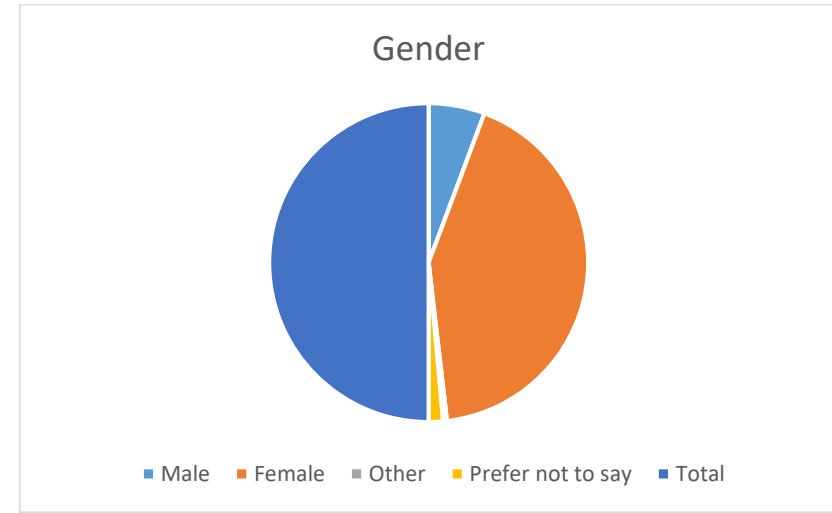
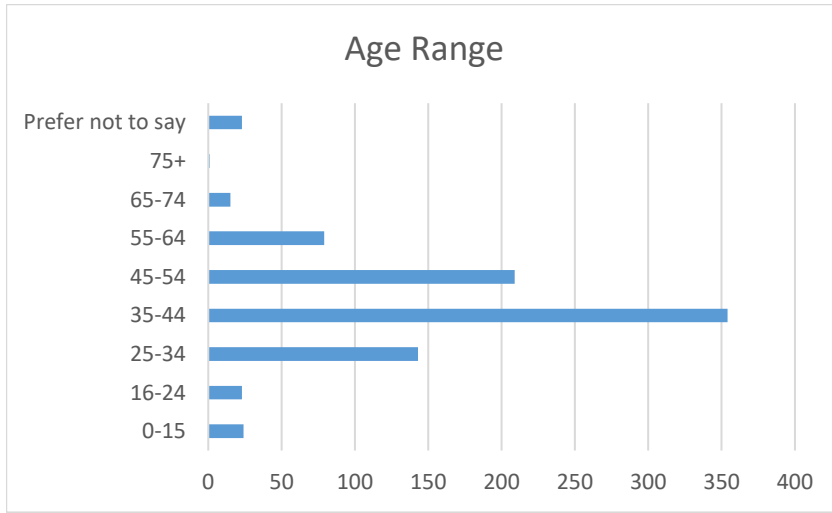
Response by Parent/Carer Group



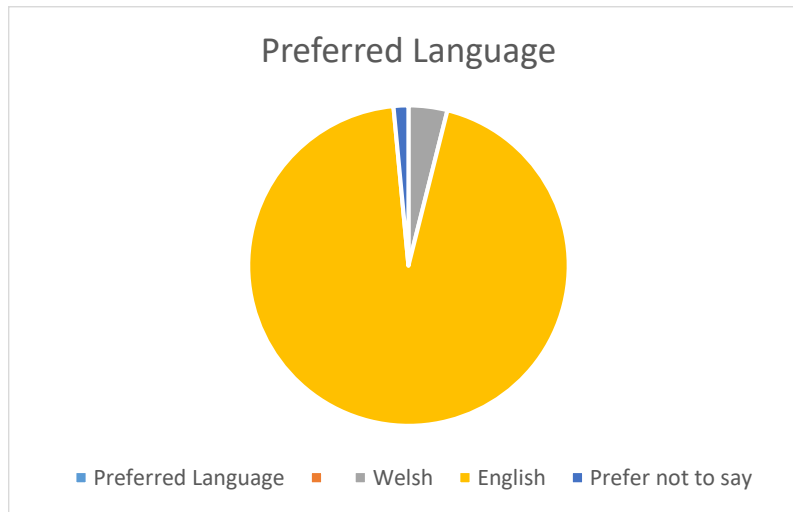
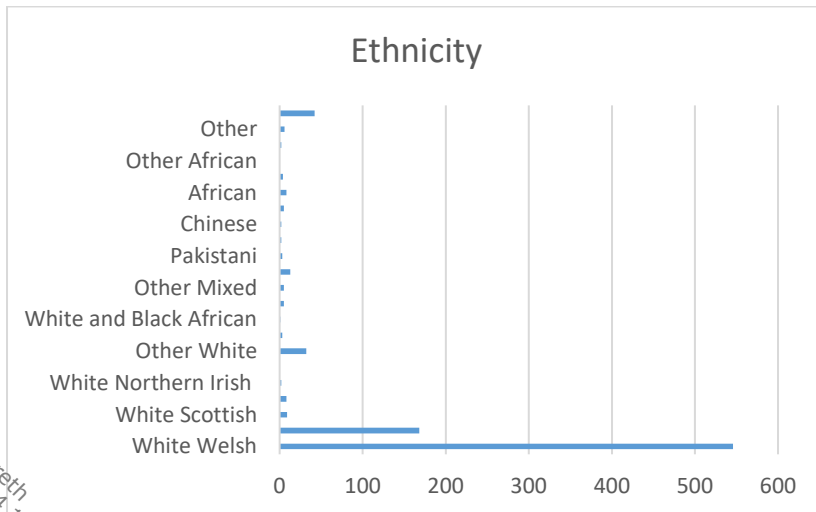
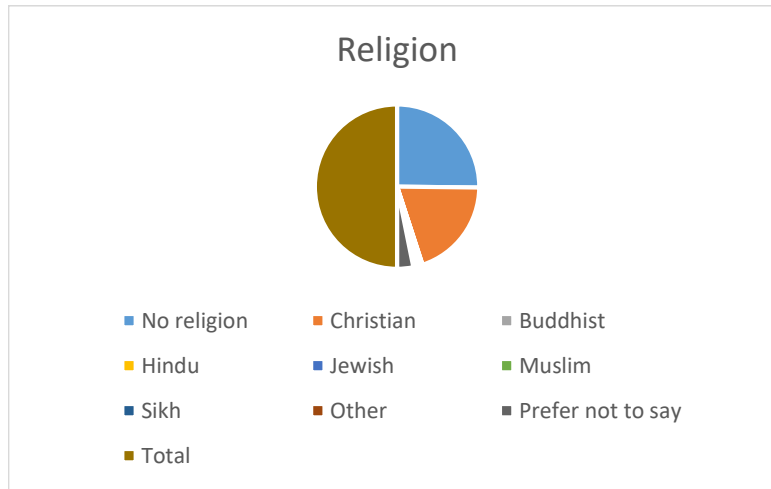
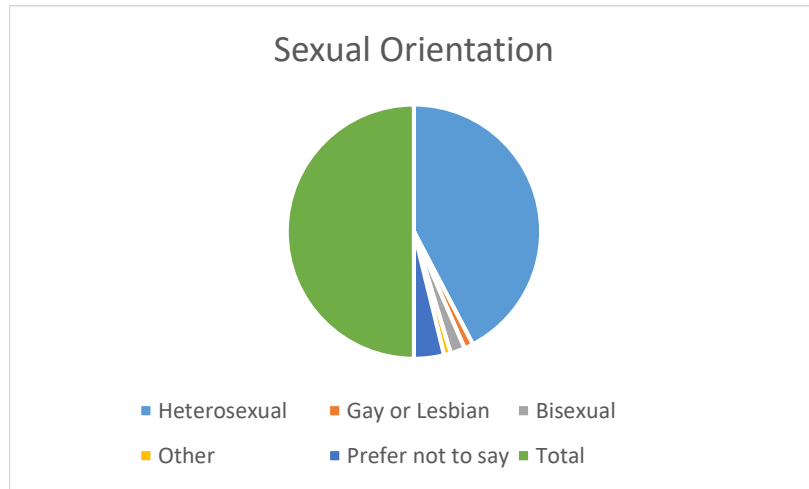
Swansea Other Did not answer

Appendix 2 – Equalities Data

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Appendix 3 - Shaping our Future Clinical Services – Paediatrics External Stakeholder Log		
Who we engaged with	When we engaged	How we engaged
<b>Community Influencers</b>  Cardiff City Councillors Vale of Glamorgan Councillors Cardiff Town Councillors Val of Glamorgan Town Councillors	Original email - 16 <sup>th</sup> May 2024 Follow up email – 8 <sup>th</sup> July 2024	Stakeholder email with link to website and survey.
<b>Housing Associations</b>  Cadwyn Pobl WWHA United Welsh	Original email - 16 <sup>th</sup> May 2024 Follow up email – 8 <sup>th</sup> July 2024	Stakeholder email with link to website and survey.
<b>Youth Councils / Forums</b>  Vale of Glamorgan Cardiff UHB Youth Board Cardiff Youth Service Parents Voices in Wales Project Search	Original email - 16 <sup>th</sup> May 2024 Follow up email – 8 <sup>th</sup> July 2024	Stakeholder email with link to website and survey.  Offer made to attend groups.

<p>Pupil Referral Units (Cardiff and The Vale) Amelia Trust Farm GROW programme Platform LGBTQ+ youth group School nurses LAC nurses</p>		
<p><b>Llais</b>  Helen Williams – Regional Director Amy English – Deputy Director Jess Manning – Engagement Officer  Volunteer Groups</p>	<p>Original email - 16<sup>th</sup> May 2024 Follow up email – 8<sup>th</sup> July 2024 Checking in meeting – 20<sup>th</sup> August 2024</p>	<p>Stakeholder email with link to website and survey.  Invitation to stakeholder engagement session.</p>
<p><b>Third Sector</b>  GVS – Lani Tucker C3SC – Duncan Innes  (Via Health and Social Care Facilitators)</p>	<p>Original email - 16<sup>th</sup> May 2024 Follow up email – 8<sup>th</sup> July 2024</p>	<p>Stakeholder email with link to website and survey.</p>
<p><b>Adult Forums/Groups</b>  Cardiff Council 50+ Forum VoG Council 50+ Forum VoG Equalities Forum</p>	<p>Original email - 16<sup>th</sup> May 2024 Follow up email – 8<sup>th</sup> July 2024 Equalities Forum attended on 30<sup>th</sup> July 2024.</p>	<p>Stakeholder email with link to website and survey.  Offer made to attend all groups.</p>

<p>Sarah Cutting – Engagement Officer for Deprived Communities VoG Internal CAV UHB Network</p>		
<p><b>General Public</b></p> <p>Mental Health and Wellbeing Event</p> <p>Social Media</p> <p>Website</p> <p>Drop in events</p> <p>Posters</p> <p>Patient Voice</p>	<p>17<sup>th</sup> May 2024</p> <p>Ongoing</p> <p>Ongoing</p> <p>In person:</p> <p>6<sup>th</sup> August, 4pm till 6pm (UHW) 29<sup>th</sup> August, 9:30am-10:30am (Woodland House)</p> <p>Online:</p> <p>13<sup>th</sup> August, 10am-11am 22<sup>nd</sup> August, 12:30pm-1:30pm</p> <p>Ongoing</p> <p>Ongoing</p>	<p>A stand at a large scale event, provided QR code to survey – spoke to 50 individual members of the public.</p> <p>Posts via the corporate social media accounts.</p> <p>Dedicated page on the “Shaping our Future Wellbeing Website”</p> <p>Posters with information and QR code displayed in hospitals.</p> <p>Staff ensuring patients are aware of the engagement work and having conversations/collecting feedback.</p>

<p><b>Parent Groups</b></p> <p><i>Cardiff Council Parent Support Groups (Sarah Fitzgerald)</i> <i>Child Friendly Cardiff (Lee Patterson)</i> <i>Platform (Siobhan Parry)</i> <i>Vale of Glamorgan – Families First</i></p> <p><b>Social Media Groups</b></p> <p>57 community groups on Facebook targeted with links to the survey. This includes groups that are aimed towards parents but also groups that operate in each cluster across Cardiff and Vale, as well as groups that are aimed towards particular ethnic/religions communities.</p>	<p>Meeting to discuss on 22.05.24 – due to purdah unable to progress.</p> <p>Email request to follow up made on 08.07.24 – groups TBC</p> <p>Social media post and links to survey. (22.08.24 onwards)</p>	<p>Stakeholder email with link to website and survey.</p> <p>Information shared with groups, offer to attend.</p> <p>Survey and website link shared including the engagement events information.</p>
<p><b>Partnerships</b></p> <p><i>Cardiff PSB (Abigail Streeter)</i> <i>VoG PSB (Helen Moses)</i> <i>RPB – Jen Horton (Children &amp; Young People Programme)</i></p>	<p>Email sent 08.07.24</p>	<p>Stakeholder email with link to website and survey.</p>
<p><b>Schools</b></p>	<p>Email sent 09.07.24</p>	<p>Stakeholder email with link to website and survey.</p>

Cardiff – Primary and Secondary VoG – Primary and Secondary  School nurses  Healthy Schools Programme		
<b>Libraries</b>  Cardiff Library Services Vale of Glamorgan Library Services	Email sent 08.07.24	Stakeholder email with link to website and survey.
<b>Primary Care Venues</b>  Screens in GP surgeries, dentists, opticians etc	Email sent 09.07.24	Information shared on screens.

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### Appendix 4 – Social Media Groups

Group	Number of Members
Pentyrch Community Group	4.2k
Vale Family Information Service	4k
Indians in Cardiff	5.3k
Penarth Parents	8.3k
Grangetown Community News	18k
Cardiff & Vale LGBT Social Group	1.3k
Cardiff Families	1.2k
Bangladeshi Community in Cardiff	899
Penylan, Roath & Cyncoed	25k
Pakistanis in Wales (Cardiff, Swansea & Newport)	1.5k
Scope Community Engagement Cardiff & Newport	80
Childminders in and around Cardiff	1.7k
Cardiff Kids Club	1.2k
Cardiff Muslim Sisters South Wales	2.5k
We love Barry and The Vale of Glamorgan	6.5k
St Brides Major Village Hub	2.7k
Llandow Village Hub	796
Dinas Powys Community Matters	1.3k

Radyr, Morganstown & Tongwynlais Community Page	7.9k
Fairwater Community Group	10k
St Fagans Residents	522
Butetown & Bay Community Group	320
Connect Cathays	2.9k
Pontprennau & Pentwyn Community	9.7k
Heath Community Page	1k
Dinky Dragons - ABUHB NICU Parent Support Group	1.3k
Cardiff ADHD Parenting Support	772
Penarth, Cowbridge, Sully, Llantit Major, Pontyclun, Pencoed & Rhoose Group	6.3k
Llandaff North and Whitchurch Daily Life	9.3k
Llanishen and Thornhill Community Page	11k
Rumney and Cardiff East News	10k
Autistic PDA ADHD Parent/Carer Support Cardiff	577

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### Appendix 5 – Postcodes of Survey Responders

Postcode	Number of Responses	%
CF14	157	22
CF64	70	9.8
CF23	62	8.7
CF62	49	6.9
CF15	45	6.3
CF24	35	4.9
CF63	31	4.3
CF83	26	3.6
CF5	16	2.2
CF11	25	3.5
CF37	10	1.4
CF51	10	1.4
CF3	9	1.3
CF35	9	1.3
CF55	8	1.1
CF52	7	1
CF61	7	1
CF72	7	1
CF82	7	1
CF30	6	0.8
CF54	6	0.8
CF56	6	0.8
CF71	6	0.8
NP18	6	0.8
NP26	5	0.7
CF32	4	0.6
CF38	4	0.6
CF47	4	0.6

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NP23	4	0.6
CF10	6	0.8
CF39	3	0.4
CF40	3	0.4
CF44	3	0.4
CF45	3	0.4
CF53	3	0.4
NP12	3	0.4
NP19	3	0.4
SA02	3	0.4
CF31	2	0.4
CF34	2	0.3
CF36	2	0.3
CF42	2	0.3
NP16	2	0.3
NP20	2	0.3
SA07	2	0.3
SA11	2	0.3
SA12	2	0.3
SA66	2	0.3
BS09	0	0
BS21	0	0
BS8	0	0
CF33	1	0.1
CF41	1	0.1
LD15	1	0.1
LD39	1	0.1
LD65	1	0.1
NP10	1	0.1
NP22	1	0.1
NP44	1	0.1

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NP7	1	0.1
SA10	1	0.1
SA17	1	0.1
SA2	1	0.1
SA20	1	0.1
SA4	1	0.1
SA32	1	0.1
SA4	1	0.1
SA43	1	0.1
SA49	1	0.1
SA59	1	0.1
SA6	1	0.1
SA68	1	0.1
SA71	1	0.1
SA73	1	0.1
SA79	1	0.1
SA84	1	0.1
CF03	0	0
CF05	0	0

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## Cardiff And Vale University Health Board Shaping Our Future Clinical Services **BABIES, CHILDREN & YOUNG PEOPLE**

### When did the engagement happen?

Our engagement period opened on Monday 13th May 2024 and closed on the 31st August 2024, a total of almost 16 weeks. This was then extended by 4 weeks to specifically focus on increasing feedback from children and young people.

### How did we engage?

We used both online and offline methods to engage with communities across Cardiff and the Vale of Glamorgan.

This included:

- An online survey.
- Facebook posts and interacting with online community groups.
- Sharing information with key community leaders, such as local councillors as well as key stakeholders.
- Holding both in person and online events for people to attend and give us feedback.
- Advertising the survey and engagement period in our primary care centres.
- Working in local schools.

### How many people did we reach?

Between a survey, face to face sessions and schools sessions we spoke to a total of 1,610 individuals.

**Children & Young People – 202**

**Parents & Guardians – 801**

**NHS Staff – 486**

**Stakeholders – 40**

**Other – 81**

### What was the feedback?

Key themes:

1. Waiting Times and Access to Services
2. Transition to Adult Services
3. Staffing and Training
4. Child-Friendly and Age-Appropriate Environments
5. Emotional and Psychological Support
6. Communication and Coordination
7. Equitable Access and Inclusivity
8. Virtual and Home-Based Support