

**Facebook Q&A with Allison Williams, Chief Executive Cwm
Taf UHB**
JUNE 2018

Will there be more parking at PCH to accommodate the changes?

Sadly no matter how many parking spaces we have on a hospital site it's always a challenge. In the last few weeks we have put 40 additional car parking spaces on the site and we currently have plans for a further 120 spaces on the former helipad.

I live in the Rhondda, can I ask if I needed to take my child to A&E, where would I go?

It rather depends on what's wrong with your child. Very sick or seriously injured children who need a 999 ambulance response will be taken directly to the most appropriate place. That will be the decision of a paramedic so don't worry. If your child is not seriously ill or injured we would always advise that you first go through the GP in hours or out of hours and get the appropriate advice. Your GP can refer directly to the PAU in RGH if appropriate. For non-serious, non-life threatening injuries you will still be able to take your child to RGH or the Minor Injuries Unit at YCR.

Re: closure of Maternity and NNU. Midwifery Led Unit at RGH when obstetric led care and NNU move to PCH - what happens when a 'normal' delivery becomes abnormal or if a newborn baby needs emergency treatment - what emergency provisions will be put in place to ensure that safe treatment will be provided at the NEAREST obstetric/neonatal unit?

There are very strict criteria which are consistent across the whole of the UK for the types of women who can safely deliver their baby in a Midwifery Led Unit. This is very similar to women choosing to have their baby at home. If during their pregnancy something changes and they become higher risk then they would no longer be able to have their baby in the MLU. During labour if the woman gets into difficulty or the baby becomes distressed they would be transferred to the obstetric unit. We can assure you this is very rare and there are great examples of this working safely and successfully across the whole of the country. For example, 500 women a year have their babies in the unit in Neath Port Talbot Hospital.

Will maternity only be midwife led?

Yes, the unit at RGH will be midwife led but please remember that anti-natal clinics with the full range of doctors will continue in the hospital too.

Hello. Any news on when the change to W17 will happen please? Summer or October?

We will be in a position to confirm the precise date before the end of June but as things stand at the moment to allow staff orientation after the building work is finished we are looking more likely towards end of September / early October.

Your latest publication again states that maternity care will be changing at the Royal Glamorgan "later this year". When is "later" exactly and or when will this date be published? I'm currently 20 weeks pregnant and stuck in limbo! Thank you."

We will be in a position to confirm the precise date before the end of June but as things stand at the moment to allow staff orientation after the building work is finished we are looking more likely towards end of September / early October.

So my son was born premature we both cared for in RGH that is where is consultant is based and luckily we have only had one admission post discharge. If our child requires admission which hospital are we expected to go as Merthyr is quite distance and not everyone can get there? I do struggle with the idea of no maternity or neonatal unit in that locality I very aware of how busy both can be."

If your son was born prematurely after the changes he would have been delivered in Prince Charles Hospital and on discharge advice would be given about how and where parents should access services if they are concerned. Most children who are admitted to hospital either come through their GP or through A&E. The PAU will enable the GP and A&E team to get advice from the consultant paediatrician about where the most appropriate place is to go depending on how sick the child is. For many children, this new model will mean that an early consultant review in the PAU will be able to avoid a hospital admission at all.

Hi what is going on ward 10/11 please?

We've been doing a lot of work over the last few months to look at how we best use the space on the whole of the RGH site and this will give us an opportunity to move some services around. This will remain a clinical space for patient care but exactly which services will move in there will be determined once the services have moved

out.

If you are increasing the number of paediatric patients in pch will the high care beds on paed increase too? Will 31 and 32 be full hour wards?

We have worked with the senior nurse and consultant staff to map the demand for high dependency beds. There's going to be a new high care area created with flexibility to meet fluctuating demand. For information, the average demand at any one time across both RGH and PCH equates to less than two beds.

Maternity and children's inpatient services should all be staying at Royal Glamorgan.

As you may be aware, the only reason that we are making these changes is because there are not enough children's doctors to provide safe care across all hospital sites in South Wales. This was decided in the public consultation back in 2014 and please be assured that we have been working very hard ever since to see if we can recruit more doctors from the UK or abroad but with no success. As I said in the recent public meeting, we would very much want to keep these services in RGH if we could get the doctors but without them it's just simply not safe.

The public consultation back in 2014 identified where the inpatient units were going to be located. This was nothing to do with choosing one hospital over another, but very much determined by geography and access. The information on this website might be helpful to you in understanding how those decisions were made - <http://www.wales.nhs.uk/SWP/home>

Is there any plans in place for gynaecology at PCH is it going to part of obstetrics again?

We're not going to change anything immediately but we will review this next year when the dust has settled and we are clearer about any future structural reform with Bridgend.

My grandson is asthmatic and has quite a few admissions a year to RGH .

It's fine in the summer months to go to Prince Charles (still a crucial 10 minutes longer) but during the winter it will take over double the time for us to get him there .

As I'm sure you know asthma patients deteriorate really quickly , ambulances are already stretched to the max so how can you reassure me that he will be able to get there in an emergency.

We would always advise dialing 999 for any child who is requiring emergency care with an unresolved asthma attack and the ambulance service will then take them to the most appropriate

A&E. If however it is not an emergency situation but a child in winter is suffering from escalating frequency and intensity of their asthma their GP or the Out of Hours GP can refer them directly to the PAU in RGH

Will there also be enough staff on the hospital? As my friend was booked in the royal Glamorgan hospital for a c section 9 am, was also starved and was told that due to lack of staff she would have to go to the Prince of Wales! Then had to wait a further 4-6 hours for her op to be carried out! Communication needs to be better for things like this not to happen!

I'm very sorry to hear about your friend's experience. We always have to balance up the need for emergency C-section and planned C-section which means that occasionally emergencies have to take precedence. We have sufficient midwifery staff and will have the benefit of two available operating theatres on the unit in PCH which should reduce the likelihood of this happening.

Can you tell me what provision has been put in place for dealing with females who are in labour at Royal Glam where complications arise?

Firstly it's important to recognise that only low risk women are eligible to deliver their babies in a stand alone midwifery unit but even they have a choice to deliver their baby in a consultant-led unit if they prefer. Women are monitored very closely in labour and if there is any indication that they may need assistance to deliver their baby they would be transferred early by ambulance to the obstetric unit. We have had a few questions on this this evening so what we will do is put on our Facebook page the information about how safe it is and what the protocols are for dealing with births at home and in a midwifery led unit. We won't be able to do this tonight but we will do this by the end of the week. Finally, just to assure you, when women are choosing where they wish to have their baby all of this information will be provided to them directly so they can make the right choice for them.

Will there be enough beds for the children and mothers who will go there? As it seems in Cardiff hospital getting a bed is a major struggle for patients!

We have undertaken detailed analysis of the required bed numbers and know that the PAU at RGH will also reduce the existing requirement for children to stay in hospital overnight. Therefore we are confident that there will be adequate numbers of beds available.

Hi, what would you say are the biggest challenges for the health board in the next 5 years?

As is so clearly demonstrated by this evening's debate the biggest challenge facing the NHS let alone Cwm Taf UHB is the challenge in recruiting sufficient numbers of doctors. This, together with an ageing population placing increased demands for urgent and emergency care is going to be an ongoing challenge.

I'm having my baby in the royal glam at the end of August. Will the consultants still be there ?

Yes they will, we hope everything goes well and you enjoy the rest of your pregnancy.

Are you going to employ more healthcare play specialists in the future?

We don't currently have any vacancies, but if you are interested in such roles keep an eye on NHS jobs and it's always worth dropping your CV to the ward manager in RGH or PCH so they can contact you if there are any opportunities.