



THE FUTURE OF CHILDREN'S URGENT AND EMERGENCY SERVICES AT BASSETLAW HOSPITAL

Analysis of public consultation responses

March 2022

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Executive Summary

Background to the consultation

NHS Bassetlaw Clinical Commissioning Group's ambition is to improve access to local services, ensuring that high quality care is provided at the right time as close to home as possible. To help achieve this, £17.6 million is being invested in the development of a modern centre for urgent and emergency care services at the Bassetlaw Hospital site. This investment creates an opportunity to look at the way in which urgent and emergency services are provided to meet the needs of our local community, now and into the future.

The development specifically allows the NHS Bassetlaw Clinical Commissioning Group (CCG) and Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust (DBTH) to address the challenges which resulted in the temporary closure of the overnight non-complex children's inpatient services in January 2017 due to safety concerns.

Before making any decision about the permanent urgent care pathway for Bassetlaw paediatric patients, the CCG wanted to seek the views of the local community, service users, staff, community groups and partner organisations. The CCG is keen to ensure any decision on the long-term solution to meeting local patient need is fully informed and shaped by local people and partners.

On 7 December 2021, the CCG launched *The Future of Children's Urgent and Emergency Services at Bassetlaw Hospital* consultation and the process ran until 28 February 2022.

This report provides an analysis of the responses received during this consultation.

The consultation process

The Future of Children's Urgent and Emergency Services at Bassetlaw Hospital consultation offered people a number of ways to make their views known including:

- **Online survey** accessible via a direct link publicised widely in consultation materials.
- **Paper surveys** which mirrored the online survey with a freepost return option. Other formats were also available on request and the survey was translated into Polish.
- **Meetings and public engagement** took place with a number of partners, staff and stakeholders during the consultation period as well as engagement drop-ins at supermarkets and at Bassetlaw Hospital.

- **Written feedback** in the form of letters, emails and long form submissions were sent to the CCG and direct consultation email address from individuals and organisations.
- **Targeted engagement** with parents and carers; children and young people; and rural and Eastern European communities.
- **Social media** comments were received through Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust’s Facebook and Twitter channels.

The CCG and DBTH carried out a programme of planned communications and engagement to promote the consultation and encourage people to have their say. As a consequence, a total of 1,983 responses were received across different channels within the consultation period (see Table 1).

Table 1: Responses to the public consultation

Method	Total number of responses
Consultation survey (completed online)	1,750
Consultation survey (completed on paper in English)	14
Consultation survey (completed on paper in Polish)	13
Consultation survey (completed with families on CAU)	4
Feedback on consultation postcards	29
Submissions from individuals (by letter, phone or e-mail)	8
Written submissions from organisations and elected representatives	7
Engagement meetings – number of participants	4
Social media responses	90
Engagement events – number of conversations	64

Method	Total number of responses
TOTAL	1,983

Headline findings

The Future of Children’s Urgent and Emergency Services at Bassetlaw Hospital consultation document set out the proposals for investment in urgent and emergency care at Bassetlaw Hospital alongside the proposals for changes within children’s urgent and emergency services.

NHS Bassetlaw CCG wanted to consult with the public on these proposals before making any decisions. Alongside gathering information about people’s experience and the design of the overall Emergency Village, three options for the future of children’s urgent and emergency care were presented including the preferred option.

Attitudes were consistent across the different ways in which people responded to the consultation and so are summarised thematically below.

Experience of urgent and emergency services

In the consultation survey, respondents were asked if they had any experience of using the urgent or emergency services at Bassetlaw Hospital and how recent that was. Most of those responding to the survey have used Bassetlaw Hospital for urgent or emergency care (70%) or have accompanied a minor accessing those facilities (64%), with 82% of those experiences taking place within the last three years.

85% of respondents were satisfied with their treatment, with most commenting on the high quality of care they felt they had received.

The new Emergency Village

Respondents were asked to consider which factors would be most important in the development of the new Emergency Village.

Within the survey findings, the top three priorities were: timely access to clinical treatment (82%), the availability of staff to help with queries (71%), and comfortable surroundings which are inclusive of neurodiversity (55%).

When giving further reasons for their views, respondents focused on features which would make the facilities welcoming for children, with greater privacy, more inclusive of disabilities and diversity, with better signage and communication, and greater accessibility. Similar views were expressed across other consultation channels. In addition, in conversation with stakeholders and partner organisations, introducing the role of volunteers in helping with children was raised as a possibility as well as looking at the type of facilities (such as introducing online resources and support) available for childcare and play within the setting in the future.

Proposals for the future of children's urgent and emergency care

Respondents were asked for their views of each of the options for the future of children's urgent and emergency services in turn before asking for their preferred option and any alternatives that should be considered.

Option 1

Option 1 was described as continuing the current temporary model, with the Children's Assessment Unit staying where it is, closing at 9pm each evening and patients being transferred to Doncaster Royal Infirmary from 4pm.

Key findings

88% of respondents expressed opposition to this, with 71% recording strong opposition. Those with dependent children were statistically more likely to state that they strongly oppose this proposal.

The main reasons stated for this were the ability to access care for children at Bassetlaw Hospital at any time of day or night and the concerns people had in trying to access provision away from Bassetlaw. These included: the detrimental impact to children physically and mentally of breaking the continuity of care and transferring them when they are ill; the additional stress of locating children further away from parents and carers; and the knock-on impact for other NHS services

along with the confusion offering different services at different times of day may have on parents and carers. In terms of broader accessibility, respondents also highlighted the travel time to Doncaster, especially for those in more rural areas; the affordability of travel and dependence on sometimes unreliable public transport; the additional impact on other commitments (caring responsibilities for other children, work); the reduced ability to visit the child in hospital potentially impacting wellbeing and recovery; as well as parking provision being insufficient at Doncaster and that the extra delay in accessing treatment could seriously affect the child's chances of recovery.

Of the 8% who expressed support for this option, the majority of those providing further reasons stated that their support was to retain the Children's Assessment Unit in preference to not having any provision at Bassetlaw Hospital at all. Some also suggested that Option 1 would enable a better use of NHS resources and that, as a result, it would be safer than the alternative options.

Option 2

Option 2 was described as building a new Children's Assessment Unit next to the emergency department but to close the Unit at 9pm each evening and patients being transferred to Doncaster Royal Infirmary from 4pm.

Key findings

82% of respondents expressed opposition to this option, with 57% recording strong opposition.

Many respondents suggested their reasons for opposing this option were similar to Option 1, with the main concerns being: a continued lack of overnight provision in the district; the wider impacts of transferring children to Doncaster Royal Infirmary as detailed above under Option 1; the difficulties people face in accessing care that is further away; and a desire to have the maximum level of healthcare provision as close to home as possible.

Some felt that, as the existing facilities were not a concern, Option 2 was no better than Option 1 and was actually a waste of NHS resources.

In line with those who supported Option 1, some of those who supported Option 2 felt that the limited resources available – including staffing – should not be spread too thinly across too many

sites as this might create safety risks. As a consequence, a limited provision at Bassetlaw Hospital was seen as a reasonable compromise. A few also stated that they felt a new building would be good for the area and would improve the quality of local services.

Option 3

Option 3 was described as building a new Children's Assessment Unit next to the emergency department, allowing children to stay at Bassetlaw Hospital for a short stay, including overnight and patients requiring a longer length of stay being transferred to Doncaster Royal Infirmary.

Key findings

84% of survey respondents supported Option 3, with just over half of this being strong support.

The reasons given for this support were largely focused on the benefits of dealing with the issues relating to transferring children to Doncaster Royal Infirmary as detailed under the key findings for Option 1 and the positive impact of being able to access these services locally.

Of the 12% that indicated they did not support Option 3, those that gave reasons stated this was because they felt the proposal was inadequate and – even in cases where people had supported Option 3 – some people felt that a more comprehensive provision for children, including for more complex cases who need to stay for longer, should be available at Bassetlaw Hospital.

However, others also did not support Option 3 as they were concerned about the stretching of already limited resources and the impact this may have on the quality of the services. Even amongst those who supported this option, there were views that Bassetlaw would need to demonstrate its competency in managing the service for the proposal to work.

Preferred option

When asked their preferred option, 85% of respondents indicated that Option 3 was their preference. Those with disabilities were more likely to select 'none of the above' options and those with dependent children more likely to select Option 3.

This view was consistent across all consultation channels.

Alternatives for consideration

Most of those who provided a written response to this question would like a more comprehensive provision of services at Bassetlaw Hospital to be considered, particularly to avoid transfers to Doncaster for longer-term stays. The reasons stated for this included: maintaining continuity of care; reducing the impact of delays in transport affecting the health outcomes of children; minimising the disruption and emotional strain on families; and the need for local services being justified by the area's current large and growing population.

Other responses also restated their support for Option 3, suggested improvements to facilities in the Children's Assessment Unit (including a larger space allocated to CAU, a more welcoming environment for children both in terms of the visual appearance and entertainment, access to refreshments, more comfortable waiting areas, better communication and signage, improvements to parking and facilities where parents could use to sleep and shower while their children were admitted), increased levels of staffing in the Children's Assessment Unit, and a wish to see more health services available at Bassetlaw Hospital, with more joined up care across sites.

1 About the consultation

1.1 Background to the consultation

NHS Bassetlaw Clinical Commissioning Group (CCG) is the NHS organisation that plans and buys local healthcare services and makes sure that everyone in Bassetlaw receives good quality care.

The planned significant investment in urgent and emergency care at Bassetlaw Hospital – including the development of the Emergency Village - will offer the opportunity to secure high quality and sustainable services for the Bassetlaw community. The CCG believes that by improving urgent and emergency care services for adults and children there will be:

- Better patient and carer experience in a modern environment
- Improved access to services and same day emergency care
- Greater capacity to allow for social distancing and isolation when required
- Improved staff satisfaction and better staff retention, as they would be in more modern and sustainable services
- Quicker access to and more effective use of specialist staff and services
- Greater ability to attract new staff to work in Bassetlaw
- More flexibility and adaptability to respond to increased demand at different times
- Improved access to diagnostic services at Bassetlaw Hospital by urgent and emergency staff to support timely assessment of patients

This investment also offers the possibility of changing the way in which children's urgent and emergency care is provided.

In January 2017, temporary changes had to be made to the inpatient provision for children at Bassetlaw Hospital to address safety issues created by shortfalls in specialist children's nursing staffing at night. The changes meant that the overnight children's inpatient service was temporarily transferred to Doncaster Royal Infirmary (DRI).

The temporary model meant that the ward changed into a Children's Assessment Unit (CAU) with 10 clinical assessment spaces open until 9pm but only accepting referrals until 7pm. All children requiring overnight care (including observation) still continue to be transferred to DRI, a 20 mile journey which on average takes 35-40 minutes.

Before any temporary changes were made, there were 14 beds available for children and young people to stay in hospital at Bassetlaw. Just before the ward was temporarily closed

staff shortages meant there were 6 beds available. Under the current arrangements, the unit has 10 assessment spaces available.

The investment and development in urgent and emergency care at Bassetlaw Hospital brings an opportunity to look at how children's urgent and emergency care services could be changed and provided on a permanent basis.

There are a number of options for consideration, including the preferred option of locating the Children's Assessment Unit and Outpatient Department alongside the Emergency Department to make best use of specialist nursing and medical staff capacity within the hospital. This would mean that children coming to Bassetlaw Emergency Department who need observation would be able to stay for longer at Bassetlaw Hospital, including overnight for non-complex children, before being safely discharged home.

The consultation to get the views of patients, public and stakeholders was launched on 7 December 2021 and ran until 28 February 2022.

1.2 The consultation process

While the continuing COVID-19 restrictions limited some of the opportunities for face-to-face engagement with the public, patients and interested stakeholders, there were a range of ways in which people could have their say.

The following channels were provided for people to respond throughout the consultation period:

- **Online survey** accessible via a direct link publicised widely in consultation materials. Supporting information was also available on NHS Bassetlaw CCG's website and Doncaster and Bassetlaw Teaching Hospital NHS Foundation Trust's website (<https://www.dbth.nhs.uk/news/say-urgent-emergency-paediatric-care-bassetlaw-hospital/>) alongside the link to the survey.
- **Paper surveys** were also available on request which contained the same questions as the online survey with a freepost return option. The survey was also translated into Polish to aid in engaging with this community. There were no requests for other languages or formats.

- **Meetings** took place with a number of partners and stakeholders, including fortnightly clinical steering group meetings and regular engagement project meetings, during the consultation period and, where available, reports and notes of these were submitted as part of the consultation.
- **Targeted engagement** in the form of in-depth conversations with parents and carers on the children's unit at Bassetlaw District Hospital and outreach engagement with communities within Bassetlaw, including the Eastern European community, and children and young people via youth groups and a children's competition.
- **Staff engagement** was carried out throughout the consultation period through team meetings, briefings, emails and through line managers
- **Public engagement** via stalls with a range of feedback mechanisms at supermarkets in Retford and Worksop as well as the main foyer at Bassetlaw Hospital.
- **Other response channels** feedback in the form of letters, emails, social media and telephone calls were also encouraged.

NHS Bassetlaw CCG and Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust (DBTH) carried out a programme of planned communications to promote the consultation and encourage people to have their say. This included:

- Information about the consultation displayed on both the CCG and Trust websites
- Local, regional and national print and broadcast media (generating 13 pieces of media coverage during the formal consultation period)
- Advertising and information included in many venues and newsletters, briefs and social networks through local and regional services and community groups, including Bassetlaw CVS; Bassetlaw District Council; nurseries, schools and colleges; hospices; children's and young people's centres; libraries; leisure centres and sports clubs; large employers; parish councils and vaccination centres
- Information distributed directly to members, staff and partner organisations locally and regionally
- Consultation materials were distributed to provide easy ways to get involved in the consultation, including posters, postcards and a children's colouring competition

- Social media activity throughout the consultation period to raise awareness and promote engagement in the process (generating 67 social media posts during the formal consultation period)

1.3 Responses to the consultation

A total of 1,983 responses were received across all channels within the consultation period (see Table 1).

Table 1: Responses to the public consultation

Method	Total number of responses
Consultation survey (completed online)	1,750
Consultation survey (completed on paper in English)	14
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TOTAL	1,983

1.4 Understanding the responses

The Campaign Company (TCC) was commissioned to provide an objective analysis of the responses received throughout the consultation period. This report covers the main themes that emerge through the analysis and acts as a summary of the feedback received during the consultation.

This report, along with other relevant evidence, will help to inform the final decisions on the outcome of the consultation and next steps that will be made by the CCG's Governing Body later in Spring 2022.

The methods used by NHS Bassetlaw CCG to collect feedback during the consultation period were designed to allow everyone to contribute but the evidence collected is not necessarily representative of the population as a whole. Respondents are self-selecting: only people who chose to give their views have had them recorded. Typically, in public engagement and consultations, responses tend to come from those who are more likely to be impacted by any proposals and more motivated to express their views. The responses must therefore be seen as representative of those who wanted their views heard. As a result, in interpreting the response, particular attention is paid to understanding who has responded to the consultation, to understand where some groups are being under or over represented through the findings.

For the analysis of the survey feedback, closed question responses are described in percentages. In places, percentages may not add up to 100 per cent. This is due to rounding. Due to a number of partially completed responses, the base number for many questions varies and is stated for each question.

Open questions and free text responses were analysed using a qualitative data analysis approach. Using qualitative analysis software (NVivo), all text comments have been coded thematically to organise the data for systematic analysis. To do this, a code-frame was developed to identify common responses; this was then refined throughout the analysis process to ensure that each response could be categorised accurately and could be analysed in context.

It is important to note that where open text comments have been analysed using qualitative methods, these aim to accurately capture and assess the range of points put forward rather

than to quantify the number of times specific themes or comments were mentioned. Where appropriate, we have described the strength of feeling expressed for certain points, stating whether a view was expressed by, for example, a large or small number of responses. However, these do not indicate a specific number of responses that could be analysed quantitatively.

The analysis has been presented thematically based on the method through which the responses were received.

2 Analysis of consultation survey responses

2.1 Introduction

This section reports on the response to the feedback survey. The online survey was hosted by TCC, with all the data processed and analysed before being shared anonymously with the CCG. Paper copies of the survey were available in English and Polish, as the most significant potentially non-fluent English speaking community in Bassetlaw. Completed responses being sent to TCC for analysis alongside the results of the online survey. A consultation document was produced that provided information on the proposals and options. Questions in the survey were designed to gauge:

- Experiences of urgent and emergency care at Bassetlaw Hospital
- Views on what people would like to see at the new Bassetlaw Emergency Village
- Attitudes about proposed options for the future of children's urgent and emergency care services

The survey was open to all members of the public and available to be completed between 7 December 2021 and 28 February 2022. A copy of the questions is in Appendix 1.

As with all public consultation and engagement, the feedback cannot be seen as representative of the population but rather a cross section of interested parties who were aware of the process and were motivated to respond. Because of this self-selecting nature, it is therefore common to have polarised views (either for or against change) expressed by respondents who choose to respond.

Within the analysis, even though the consultation document was widely promoted and consultees were encouraged to read the information provided, there is no way to be clear about the extent to which responses are informed by the supporting information.

This section breaks down each question by its quantitative and qualitative elements. The quantitative data has been analysed using statistical software. Where there is a notable statistical difference, breakdowns of the data by demographics have been included. For quantitative data, a base figure is included to highlight the number of responses.

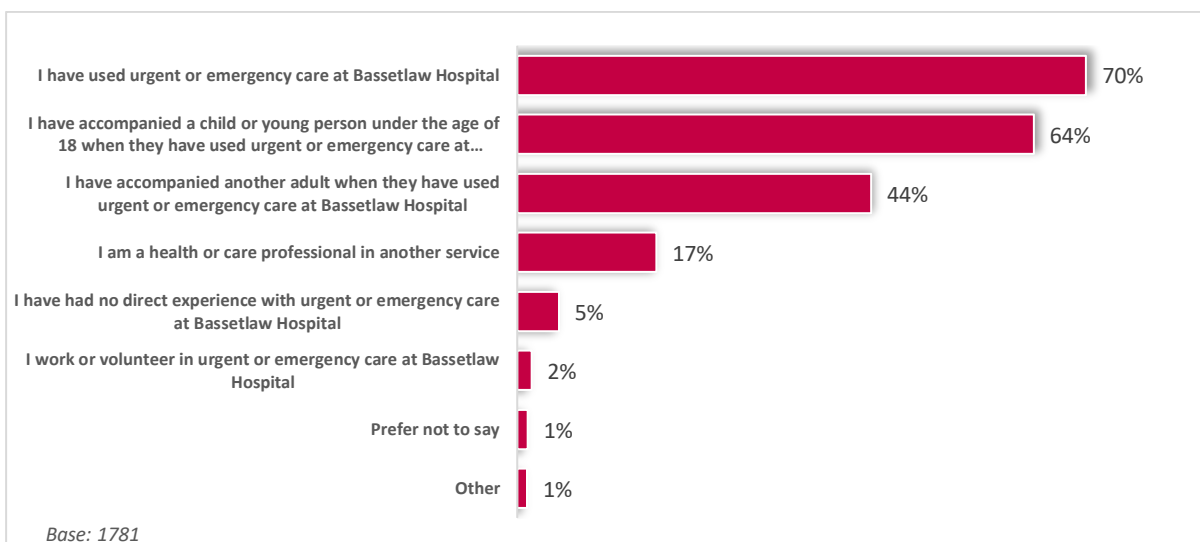
In order to analyse the qualitative responses, comments were first coded thematically, with a summary of views presented under each relevant section.

In total the survey received 1,781 valid responses, where participants had consented to their data being used in the research and answered at least one of the substantive questions, almost all of which were from local residents responding in a personal capacity. Of these survey responses, 4 of the surveys were completed during in-depth conversations with families on the Children's Assessment Unit at Bassetlaw Hospital. A further 27 came from paper surveys, which were completed with members of the Polish community targeted through the engagement work. All other survey responses were completed online.

A full demographic profile of participants is shown in Appendix 2.

2.2 Survey responses

Q. Which of the following best describes you (tick all that apply)

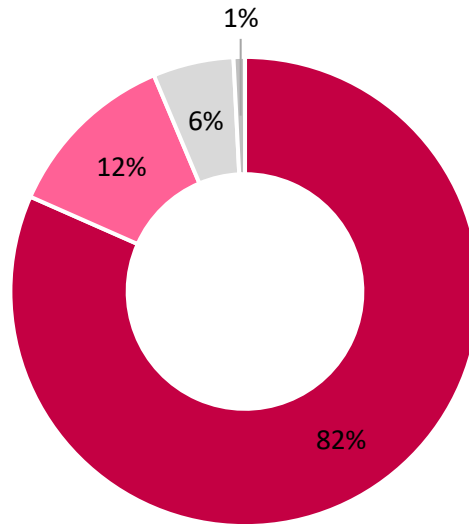


Over two-thirds of those answering this survey are patients who have used urgent or emergency care services at Bassetlaw Hospital, in addition roughly two-thirds are also carers who had accompanied a child under the age of 18 to access urgent or emergency care at the hospital. Only 5% of respondents have no experience urgent or emergency care at Bassetlaw Hospital.

Other

Where respondents selected 'Other' they were given the opportunity to provide further detail. Responses included former and current governors of Doncaster and Bassetlaw Teaching Hospitals NHS Trust and former health care professionals.

Q. Thinking about your most recent experience of urgent or emergency services at Bassetlaw Hospital, when was this?



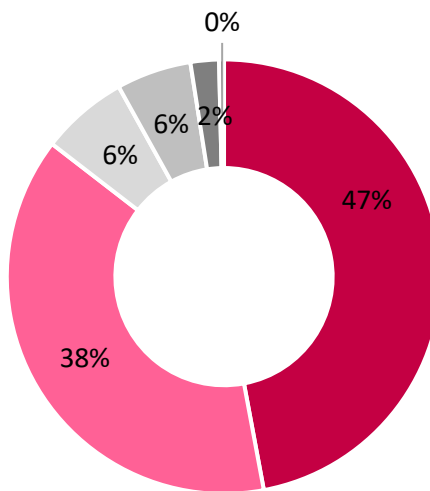
- Within the last three years
- Three to five years ago
- More than five years ago
- Don't know

Number of respondents who answered the question = 1,579

94% of those responding to the survey indicated that they had used the urgent or emergency services at Bassetlaw Hospital within the last five years, with 82% having used it within the last three years.

Those with dependent children were statistically more likely to have accessed these services within the last three years than those without dependent children.

Q. Again thinking about your most recent experience, overall how satisfied were you with the care you received?



- Very satisfied
- Fairly satisfied
- Neither satisfied or dissatisfied
- Fairly dissatisfied
- Very dissatisfied
- Don't know

Number of respondents who answered the question = 1,577

Participants expressed a high level of satisfaction with the treatment they received when they last used urgent or emergency services at Bassetlaw Hospital, with 85% of respondents saying they were satisfied in some way with the care they had received. Just 8% expressed some level of dissatisfaction with the care they had received.

Please tell us why.

Around two-thirds of those taking the survey provided feedback on their most recent visit to urgent or emergency services at Bassetlaw. The question was not exclusively aimed at those using the provision for children people and consequently the feedback related to services for all age groups.

The greatest proportion of responses related to the quality of care people received, with the vast majority of these comments expressing satisfaction with their treatment and the performance of medical staff even when under considerable pressure. However, there was also a small proportion who felt that they had received less than adequate care or were

unhappy with the performance of hospital employees, with reception staff being particularly likely to be criticised.

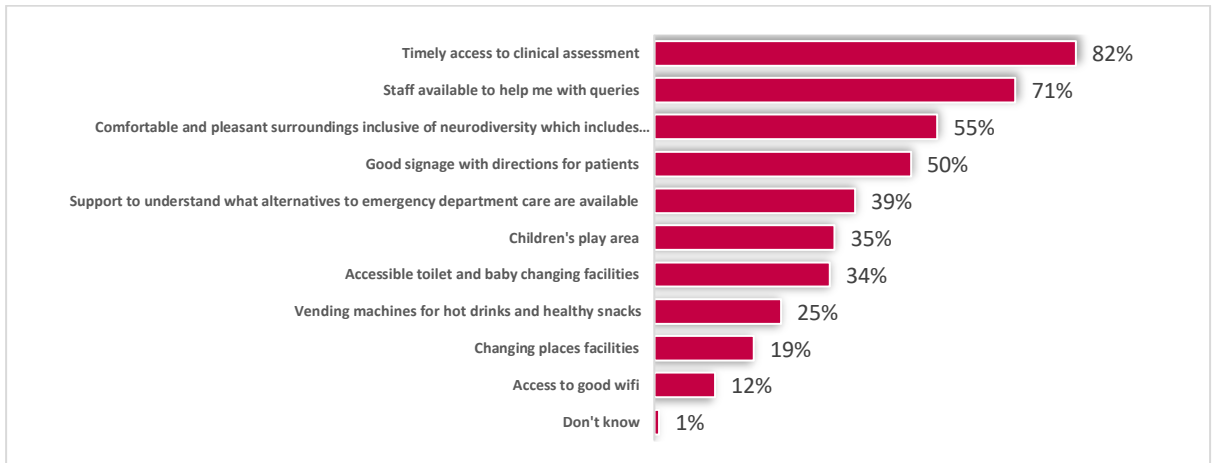
Waiting times were the next most likely thing to be referred to, often overlapping with comments around the quality of care. The split between those who experienced long waits and those who did not was far more evenly split than comments around the quality of care. However, in many cases where patients did experience a long wait, they qualified their complaint in some other way - most frequently by commenting on the high standard of care they received when they were eventually seen.

A sizable number of respondents expressed concerns regarding the physical or emotional impact of a child being transferred from Bassetlaw to another hospital unit, having either experienced it directly themselves or been aware that it was a risk when seeking care for their child. In several cases, it was suggested that the delays involved or the desire to avoid a transfer had resulted in sub-optimal clinical outcomes for the child.

Various responses also discussed the benefits of being able to use services within the Bassetlaw area, due to the smaller delay involved in accessing treatment - particularly in emergencies, the benefits of parents being able to remain in closer proximity to their child while they are in hospital, and a range of problems with transport and parking for those visiting Doncaster.

Although the question focused on recent experiences, a few of the answers did discuss improvements service users would like to see at the hospital, including the ability for children to stay at Bassetlaw overnight, the full range of children's hospital facilities returned to the hospital, a need for more physical space and resources to be allocated to paediatric services, improvements in the cleanliness of the facilities (something a number of those discussing the quality of their care complimented the hospital on), a better reception system, and modernised facilities.

Q. Thinking about using the new Emergency Village, which of the following factors would be most important to you? (Please select up to three)



Number of respondents who answered the question = 1,773

The most important factor for participants in using the new Emergency Village is timely access to clinical assessment, with 82% of responses indicating that this was important. Over two-thirds indicated that having staff available to help with queries was important, making it the second most important factor for respondents. The third most important factor was having comfortable and pleasant surroundings, inclusive of neurodiversity, with over half of respondents selecting this option.

However, those with dependent children were statistically more likely to prioritise a children's play area, changing places facilities, and accessible toilet and baby changing facilities in answering this question, compared to those without dependent children. Those with disabilities were more likely to stress the importance of comfortable surroundings and access to refreshments than those without a disability.

Is there anything else you think we should consider in the overall design, look and feel of the Emergency Village?

There were a wide variety of different suggestions. Some felt that structurally, the area needed to be segregated from the provision for adults, with greater space allocated to it, and more treatment rooms. It was suggested the atmosphere should be welcoming for children, modern, bright but with low light areas for those who needed it, with a high level of cleanliness, more opportunities for privacy and social distancing, and generally

comfortable for the times people were required to wait. It was suggested that there were play and other entertainment facilities for children, sensory areas, access to food and drink, and sleeping arrangements for parents.

Some respondents also proposed improvements to current service provision at the site, most significantly the return of a full range of children's services with overnight provision being seen to be of particular importance. There were those who expressed a desire to see all forms of health services available at Bassetlaw and potentially additional provision at Retford too, but specific suggestions included improving mental health provision, enlarging A&E, keeping as many services as possible at Bassetlaw Hospital, greater GP provision either on-site or at surgeries off-site, improvements to imaging services.

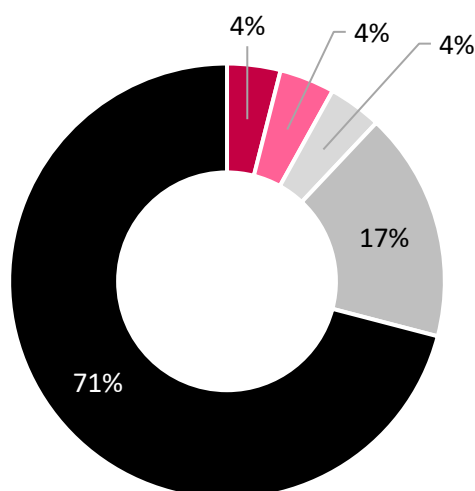
There were a number of suggestions around signage and communication. People wanted good signage for navigating around the Emergency Village, noticeboards containing useful information, and signs displaying current waiting times. The importance of keeping people fully informed throughout their time accessing treatment was also raised.

Many responses focused on ensuring equalities issues were captured as part of the design, particularly for those with mobility issues. It was important to ensure that people could easily access the building from the car park and make their way around the site regardless of their degree of mobility, which meant building into the design the space needed for those with a pram or using a wheelchair. A number of participants were keen to suggest the importance of ensuring neurodiversity and dementia was built into the design of facilities and services to make the experience of accessing treatment as easy as possible for patients with these conditions. For deaf people it was highlighted that they needed to be able to read as much of the information required as possible, with signs to make them aware of when it was their turn as they would not hear someone calling. It was also felt that signs needed to take into account those with visual impairments or with limited English abilities, ensuring that they conveyed information in a way which was more accessible. Alongside signage, there were also requests that translators be available for those for whom English was not their primary language.

Other key issues raised included improving the accessibility of those trying to access the site, particularly in terms of the quantity and cost of parking, but also ensuring that those who relied upon public transport would be able to reach the Emergency Village. There were also a few responses expressing a desire for environmental sustainability into the design.

A small number of responses stated that there were bigger priorities for funding, particularly in improving staffing and reducing waiting times.

Q. Option One would be to continue the current temporary model, with the Children's Assessment Unit staying where it is and closing at 9pm each evening. Patients would continue to be transferred to Doncaster Royal Infirmary from 4pm. What do you think about Option One?



- Strongly support
- Somewhat support
- Neither support or oppose
- Somewhat oppose
- Strongly oppose

Number of respondents who answered the question = 1,514.

Option one was very strongly opposed with the numbers of respondents prepared to express any support being just 8%. 88% of those responding recorded their opposition to the proposal, with 71% stating that they were strongly opposed.

Those with dependent children were statistically more likely to state that they 'strongly oppose' this proposal.

Why do you think that?

The overwhelming number of comments in response to Option 1 focused on two things: the ability to access care for children at Bassetlaw Hospital at any time of night and the concerns people had in trying to access provision away from Bassetlaw.

In commenting on transfers to Doncaster, the concerns raised were that it was detrimental to children physically and mentally to break continuity of care and move them when they are sick, that locating children away from their parents would be a significant source of stress at an already emotional time, that it involved significant hassle for parents involved, that relocating children put additional pressure on other NHS services, and that having a cut-off point risked confusing parents as to where they would take their child when they were sick.

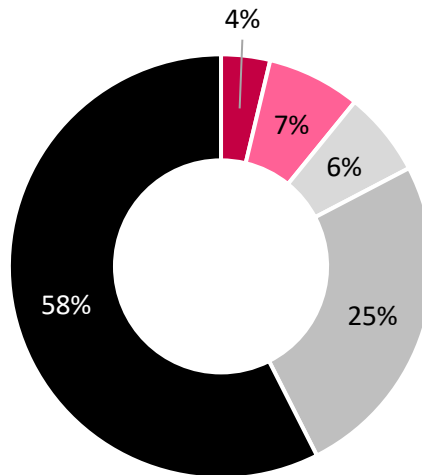
On the broader issue of accessibility, it was highlighted that the Doncaster Royal Infirmary was a long way when Worksop was already a fair distance for those in more rural parts of the district; that many families could not afford to travel or would depend upon public transport which some considered to be unreliable; that for those in work or with other children this created a substantial additional challenge; that the added distance would limit the ability of parents to visit sick children and take children away from the area they know - potentially impacting upon their wellbeing and recovery; that the parking provision at Doncaster was insufficient, and that in the event of an emergency at night the extra delay in accessing treatment could seriously affect the child's chances of recovery.

In addition, a number of answers focused on the desire to retain as many services as possible within Bassetlaw, with a particular desire to see a return of a full range of children's services to the hospital. This was felt to be justified by medical need, the existing population of the area, and the rate of housing growth. A number of those taking the survey praised the quality of provision at the hospital and questioned why children needed to be relocated when the facility existed and delivered what they considered to be a good service.

Amongst those who expressed support for the option, most of written answers made it clear that they were supporting the retention of a Children's Assessment Unit in preference to not having the unit at all, rather than it being their preferred option, with similar arguments being made around the importance of having these services available in relatively close proximity to where they live.

However, there were also a few comments which suggested that Option 1 would enable NHS resources to be used more effectively and that as a result it would be safer than the alternatives.

Q. Option Two would be to build a new Children’s Assessment Unit (CAU) next to the emergency department but close the CAU at 9pm each evening. Patients would continue to be transferred to Doncaster Royal Infirmary from 4pm. What do you think about Option Two?



- Strongly support
- Somewhat support
- Neither support or oppose
- Somewhat oppose
- Strongly oppose

Number of respondents who answered the question = 1,500

While not as unpopular as Option One, Option Two similarly received very low levels of support, with 83% of participants stating that they oppose the proposals in some way, and 58% recording this as ‘strong’ opposition.

Why do you think that?

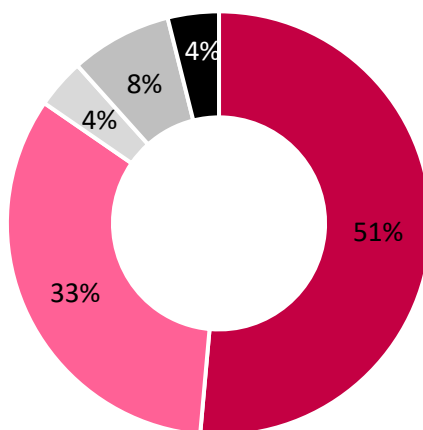
Respondents views on Option 2 were largely consistent with their views of Option 1, with 17% making a direct request that their earlier answer also be taken as their response for Option 2.

As with Option 1, this included concerns around the impact of a lack of overnight provision within the district, the consequences of relocating children to Doncaster Royal Infirmary, the difficulties people face in accessing a more remote location for care, and the general desire people have of securing the maximum level of healthcare provision as possible near to where they live.

While Option 2 would provide the area with a new Children’s Assessment Unit, respondents made it clear in their answers that the existing facilities were not a significant concern for them and that this proposal did nothing to resolve the issues they had previously raised. Option 2 was therefore seen as no better than Option 1 for most respondents, with a number criticising it as not a good use of resources.

There were those who viewed the option more positively. As with Option 1, some felt that the limited resources—particularly staffing—available to the NHS meant that it made sense not to spread things too thinly across too many sites, as this might create safety risks. Consequently, having more limited provision at Bassetlaw was a reasonable compromise. Others felt that a new building would be good for the area and improve the quality of local health services. However, these responses were few in number.

Q. Option Three would be to build a new Children’s Assessment Unit next to the emergency department and allow children to stay at Bassetlaw Hospital for a short stay of observation, including overnight. Children needing a longer length of stay will continue to be transferred to Doncaster Royal Infirmary. What do you think about Option Three?



- Strongly support
- Somewhat support
- Neither support or oppose
- Somewhat oppose
- Strongly oppose

Number of respondents who answered the question = 1,513.

Option Three received substantial support from survey-takers, with 84% stating that they supported the proposal in some way with just over half expressing that this was 'strong' support. 12% did express some level of opposition, with 4% stating strong opposition to the option.

Why do you think that?

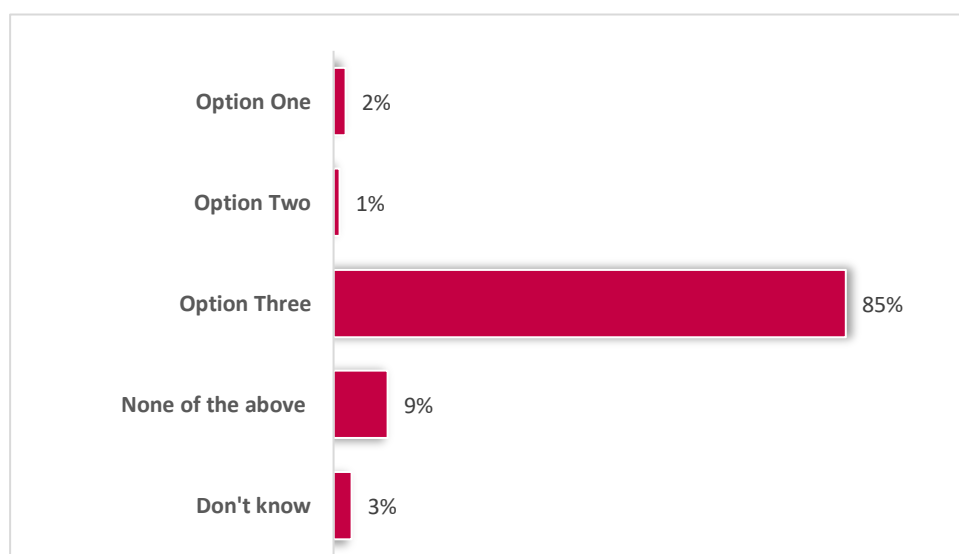
Most responses focussed on the relative benefits the proposal offered in dealing with the issues highlighted earlier with regard to transferring children to Doncaster Royal Infirmary and the impact upon parents in being able to access the services their children need.

Others just stated it was the best option without explaining their reasons.

For those indicating that they did not support Option 3, they thought the proposal was inadequate because it provided short-term inpatient care. Indeed, a fair proportion of those who indicated their support for the option still went on to make the case for more a comprehensive provision children's services to be implemented as part of the changes, particularly in enabling children to remain at Bassetlaw for long-term stays. In doing so they built upon the same arguments made around Doncaster's accessibility and the impact of disruption for children who were transferred overnight, only in this case making those arguments for children who were facing these long-term stays outside of the district.

However, there were also those who disagreed with the proposal from another angle, with concerns that the impact would be stretching limited resources over too many sites and consequently impact upon the quality of services. There were several of those who supported Option 3 who similarly expressed the view that Bassetlaw Hospital would need to demonstrate their competency for managing a greater range of conditions for the proposal to work

Q. Which is your preferred option?



Number of respondents who answered the question = 1,501

As the preceding questions suggest, Option 3 is the clear preference of those responding to this survey, by a considerable margin. 85% of those answering this question again indicated their support for Option 3.

Those with disabilities were statistically more likely to say that they preferred 'none of the above' when it came to expressing a preference. Those with dependent children were more likely to select Option 3.

Are there any alternative options you feel we should consider in the future of children's urgent and emergency care at Bassetlaw Hospital?

In keeping with the answers given to earlier questions, most of those responding would like to a more comprehensive provision of children's services at Bassetlaw Hospital to be considered, particularly where transfers to Doncaster could be avoided for longer-term stays. While less than a third of those taking the survey provided an answer to this question, this was the focus of the vast majority of those responses. The case made again rehearsed the same arguments around the benefits for maintaining continuity of care, reducing the impact of delays in transport affecting the health outcomes of children, minimising the disruption and emotional strain on families, and the need for local services being justified by the area's current and growing population.

Of the remaining responses, the greatest proportion restated their support for Option 3 or an enhanced version of it, using repeating the same arguments made in support of the proposal from their earlier answers.

Improvements to facilities in the CAU were also raised again, with a larger space allocated and more room to grow, a more welcoming environment for children both in terms of the

visual appearance and entertainment, access to refreshments, more comfortable waiting areas, better communication and signage, improvements to parking and facilities where parents could use to sleep and shower while their children were admitted.

A fair proportion of answers also raised the need to improve the level of staffing in the CAU, with specialist staff potentially being rotated out of Sheffield to help improve the range of paediatric provision in Bassetlaw.

Other responses included a general wish to see more health services available at Bassetlaw Hospital and more joined-up care across sites. In addition, several of those taking the survey said that they would prefer Option 1 to be implemented or that they would not use the CAU regardless of what changes were made, preferring to use specialist children's services such as Sheffield Children's Hospital.

Is there anything else you would like to add?

While this question gives respondents the ability to raise any relevant issue which had not been captured as part of any of the earlier questions, the answers which were given repeated those which provided as part of responses to earlier questions. These focussed on the issues related to the accessibility of sites, concerns regarding the transfer of children from Bassetlaw hospital, the facilities people would like to see included, the importance of ensuring adequate staffing, and the general premium residents place on having a full range of health services available within the district.

3 Analysis of other submissions

3.1 Introduction

Whilst the majority of responses took the form of completed surveys, submissions and responses to the engagement were also received in a range of different ways. These included:

Other submissions	
Submissions from individuals (by letter, phone or e-mail)	8
Written submissions from organisations and elected representatives	7
Feedback postcard comments	29
Stakeholder meetings	4
Social media responses	90

As the majority of these submissions do not follow the format of the survey, they have been analysed separately in this section of the report. Key themes arising from these responses are detailed below.

All of the original individual letter and email submissions have been shared with NHS Bassetlaw CCG so that the detail can be taken into account by the decision-making body.

3.2 Individual submissions

In total, 8 individual submissions were received by email as responses to the consultation. All 8 expressed their support for the return of overnight children's urgent care services at Bassetlaw Hospital. Of these, 4 detailed direct experiences of using the services with either their children or grandchildren.

The main themes expressed within the submissions were:

- Those with experience of travelling to Doncaster with a child recently expressed the following concerns: the trauma of observing a child in pain being transferred further than necessary; the additional worry of being away from other children when in Doncaster; and the discharge process (in the early hours of the morning with no means of safely getting home).
- Those with experience of a child being looked after at Bassetlaw recently commented on the quality of care received on the unit and the amazing staff.
- The recent and continued population growth within Worksop more than justifies the need for the service to be available locally.
- The advantages of co-located services
- Recognition that paediatric nurse recruitment was a challenge and that adequate measures should be in place to address this
- The knock-on impact of the service being available locally would free up ambulances for other emergencies, rather than transporting children, and might save lives.
- That Bassetlaw services seem to have been run down at Bassetlaw to the benefit of Doncaster in recent years.

3.3 Submissions received from organisations and stakeholders

Submissions were also received from 7 organisations and stakeholders. These were submitted as letters or emails either directly to the consultation or to the CCG. Each of the full original submissions have been shared with NHS Bassetlaw CCG.

Short summaries of each of these submissions are provided below. The summaries are included to provide an overview of the points made regarding the views on the proposals, consultation or other evidence in each submission. The length of summaries is not an indication of their individual importance. They have been designed to accurately represent the views expressed rather than assess the strength of the evidence submitted.

The following organisations and stakeholders submitted responses:

- Bassetlaw District Council
- Brendan Clarke-Smith, Member of Parliament for Bassetlaw
- Nottinghamshire County Council
- Sherwood Forest Hospitals NHS Foundation Trust
- Sheffield Children’s Hospital NHS Foundation Trust
- South Yorkshire and Bassetlaw Integrated Care System

- Rural Community Action Nottinghamshire

Summaries

Bassetlaw District Council

A submission was received from Bassetlaw District Council. The submission expressed views on all three options and the overall investment.

The views expressed on the planned investment commended the positive move and the demonstrable commitment to providing high quality care as close to home as possible.

In regards to the options, the Council does not support options 1 or 2 as these would still require patients needing an overnight stay to be transferred to Doncaster, creating a greater dependency on NHS provided transport and more disruption for families in need. These options would also not realise the same benefits operationally, reputationally or financially as option 3. The views expressed are that option 3 is the Council's strongly favoured option as it would minimise the transfer of Bassetlaw patients; provide better operational resilience; prevent a future recurrence of the current closure; and would help attract and retain more staff as well as better operational efficiencies leading to better value for money.

Brendan Clarke-Smith, Member of Parliament for Bassetlaw

A submission was received from Brendan Clarke-Smith, Member of Parliament for Bassetlaw. The submission expressed views on both the overall investment in emergency services and the proposals for the future of children's urgent and emergency care.

With regards to the 'Emergency Village proposals, the submission expressed full support and stated that the £17.6 million investment was universally welcomed by constituents.

The submission also expressed support for the proposal to locate the Children's Assessment Unit and Children's Outpatients Department next to the Emergency Department, allowing children requiring treatment at evenings and weekends to be seen locally rather than having to travel to Doncaster, and the opening up of the possibility of further children's services in the future.

Nottinghamshire County Council

A submission was received from Nottinghamshire County Council. The submission expressed the views on both the overall investment in Bassetlaw Hospital and on the proposals for the future of children's urgent and emergency care.

Within the submission, the proposed investment was welcomed as was the provision of state-of-the-art facilities for Bassetlaw residents and the increase in size and scope of existing services.

The submission also expressed a strong preference for option 3 and the hope that the substantial investment is able to address the issue of the recruitment of clinical staff.

Sherwood Forest Hospitals NHS Foundation Trust

A submission was received from Sherwood Forest Hospitals NHS Foundation Trust. The submission expressed the view that the Trust welcomed the development and also a desire to be further involved in clinical pathway design.

Sheffield Children's NHS Foundation Trust

A submission was received from Sheffield Children's NHS Foundation Trust. The submission expressed views on option 3, workforce challenges and information provided as well as the wider development of the Emergency Village.

The views expressed on option 3 are that this is broadly welcomed and would be the most desirable in view of accessibility, addressing health inequalities, providing an improved patient and family experience, and the efficient use of clinical staff.

With regards to the workforce challenges, the views expressed are that there is potential for Sheffield Children's Trust to work with DBTH to facilitate rotational nursing posts, and also through the use of international nurse recruitment, but that this would need to be very carefully considered so as to ensure existing colleagues and services were not disadvantaged. The view was also expressed that the risks around workforce were not as emphasised as they needed to be in the consultation documentation and that there is a question about maintaining competency amongst medical staff.

On the wider Emergency Village, the view was expressed that the proposal could explore other opportunities, including a co-located GP surgery and joint working around theatres.

South Yorkshire and Bassetlaw Integrated Care System

A submission was received from South Yorkshire and Bassetlaw Integrated Care System (SY&B ICS). The submission gives views on option 3 and the overall workforce challenge.

The views expressed are that option 3, to co-locate services next to Bassetlaw's Emergency Department, resonates with the commitments set out within the 5 year system plan for SY&B ICS in that it: is more accessible to the local community; delivers a greater proportion of care closer to home; enables more efficient use of existing specialist paediatric staff; and is indicatively supported by the patient and family feedback provided.

The submission further expresses views specifically relating to workforce challenges. It states that, whilst some proposals to address the challenges are identified, the feasibility and totality of the proposals needs to be fully understood with regards to the deliverability and sustainability of a Bassetlaw service without destabilising neighbouring specialist paediatric services. The submission also details the role that the Children's Hosted Clinical Network in supporting this.

Bassetlaw Gypsy Roma Traveller Community Engagement Report by Rural Community Action Nottinghamshire

A report on previous engagement with Bassetlaw's Gypsy, Roma and Traveller communities was received during the consultation. Whilst the core focus of the engagement - which took place between May and July 2021 - was around attitudes to the COVID-19 vaccination programme, the report also looked at general access to medical services and barriers to access and uptake.

Within the summary report, there is evidence that most respondents who had experience of using emergency healthcare stated that it was good.

Some of the main challenges and potential barriers to access reported included literacy difficulties, receiving correspondence and that individuals would often prefer to be accompanied when they attend healthcare services or appointments *'for support, to read information, for childcare and other reasons such as transport or feeling vulnerable'*.

Respondents also stated the importance of a trusted, consistent doctor/nurse that understood their needs as fundamental to them feeling confident to access the local GP practice. Many described the general 'mistrust' within their community, leading to them not waiting to disclose that they are from the GRT community. A feeling of being judged or

discriminated against in some way remained an overarching theme of many of the conversations.

These are all aspects which would be relevant to the design of both the children's and adults urgent and emergency care at Bassetlaw Hospital.

3.4 Feedback postcards

Submissions were also received via the consultation comment postcards at the two public engagement events held in Morrisons supermarkets in Retford and Worksop on 27 and 28 January 2022 respectively.

In Retford, approximately 40 people took part in conversations on the day and 19 comment cards were received. In Worksop, approximately 20 people took part in conversations on the day and 10 comment cards were received.

All comments have been anonymised and the content shared with the CCG.

The main themes of the feedback received are detailed below.

Worksop

All responses stated that they supported the return of overnight services for children at Bassetlaw Hospital. Many either had direct experience or who knew someone within their family who had recently used the services. The main themes raised were:

- Support for overnight services for children at Bassetlaw Hospital
- The service needs to be available locally, especially for those families who do not have access to their own transport
- The time it takes to travel to Doncaster is an unnecessary risk
- Overall it is better for families if the services are as close to home as possible
- Children will be able to receive the right care quicker if it is available in Bassetlaw
- Comments in relation to the high quality of the care at Bassetlaw Hospital
- Investment is needed in the hospital

Retford

The vast majority of responses stated that they supported the investment and the return of overnight services for children at Bassetlaw Hospital.

Many had recent direct experience of urgent and emergency care for their children or grandchildren and some worked in the services. The main themes raised were:

- Support for overnight services for children at Bassetlaw Hospital
- A local service would be more accessible for everyone
- Children often don't need to stay in hospital very long at all, less than 24 hours, so they need to stay local
- Currently people without their own transport rely on family and friends to get them home, and sometimes to, Doncaster
- The journey to Doncaster can be terrifying and an added stress – for the child and the family
- Less travel would be better for families, staff and the NHS resources
- Bassetlaw is a big enough place to have its own facilities

3.5 Meetings

Members of Bassetlaw CVS were invited to a consultation event on 2 February 2022 to explore their views on the planned investment and the future of children's urgent and emergency services at Bassetlaw Hospital. On the day, three participants joined the meeting and a further interview was conducted with a fourth participant.

The organisations represented included: Bassetlaw CVS; Barnsley Premier Leisure; The Sleep Charity; and The Royal Voluntary Service.

A summary of the discussion is detailed below.

Bassetlaw Emergency Village

Participants discussed the design of the Bassetlaw Emergency Village and which aspects would be important. The main points raised were:

- The need for a **dedicated children's area** within the emergency department was seen as paramount. It was felt that this would help children to feel safe and offer some segregation from the adult waiting area. One participant also expressed the view that there should also be separation between young children and teenagers – even if just by a partition or different décor – to help put less stress on parents/carers and children.
- Developing the **role of volunteers** in the emergency department was felt to be an opportunity as part of the design process. Participants expressed the view that this would free up staff resources and make families more relaxed. It was felt that volunteers could play a role in several ways, including: meeting and greeting; offering companionship, play and support; watching children to enable parents/carers to visit the toilet, for example.
- Proper **changing facilities and breastfeeding areas** were also felt to be important in the new emergency village.
- For adults seeking care who have had to bring their children to the emergency department, a **dedicated space for children to be looked after** whilst the adult is being seen was thought to be helpful.
- The opportunity to share information about **charity and third sector support** was also discussed.
- The **layout of the waiting areas** was also felt to be important – with family spaces rather than rows of chairs and enough room for a whole family to stay together.
- **Online resources for children** were also mentioned by participants, for example ipads and e-resources (Barnsley Premier Leisure offer an online platform which could be developed to contain interactive content for children and young people).
- **The ease and availability of parking** was also raised by one participant.

The future of children's urgent and emergency care

Participants discussed each of the available options for the future of children's urgent and emergency care at Bassetlaw Hospital.

Option one

For option one, the key points made were around the transfer to Doncaster and the discharge after receiving care. For the transfers, it was felt that it is traumatic especially if not all parents or carers are allowed in the ambulance. In relation to being discharged, it was felt that this was equally an awful position to be in when people need to make their own way home from Doncaster.

The need to consider the impact on rural communities was also raised, places where there are no direct transport links through to Doncaster and the impact this may be having on people calling 999 rather than finding their own way.

Option 2

Option two was seen as better than option one as some participants felt it would address the staffing challenges within the hospital setting. However, participants also recognised that it still had many of the same drawbacks as option one and, whilst addressing staff needs, it would not address the needs of patients and their families.

Option 3

Overall, all participants supported option three. This final option was broadly thought to be the best option for staff, consistency of care and for families and the children themselves.

There was a recognition that for most children the need to stay in hospital would be short and an overnight observation in Bassetlaw would be far less traumatic than a short-term transfer to Doncaster, which could also increase the risk of infection.

It was also felt good planning from the onset could also mean the area could be designed to support other critical emergency needs as they arise.

3.6 Social media comments

A total of 90 comments were received via Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust's (DBTH) social media channels. 89 of these were received in response to Facebook posts by DBTH and 1 was a response via Twitter.

Some comments were from those who have used the service – both at Bassetlaw and Doncaster – and they commented on their positive experience. A number of these were from parents of children with long term conditions, including epilepsy, breathing difficulties and asthma.

The vast majority of responses via social media were supportive of the possibility of overnight urgent and emergency services for children at Bassetlaw Hospital being available in the future. In particular, responses expressed the views that:

- The overnight service should be reopened as soon as possible, should never have been closed and was promised to return
- Travel is a huge concern with the current service - the added difficulty and trauma of the journey and the added challenge this brings if you do not drive or have access to a car
- Being close to home makes it easier for visiting, receiving support from relatives and being able to keep up with other commitments
- Becoming familiar with the surroundings and staff is important when you are staying in hospital
- The investment and overnight service will create more local jobs
- Parking is an issue at Doncaster and no one wants to use the shuttle if you are ill
- Bassetlaw is a large area and there is a high demand for the 24/7 service locally

In terms of the design of new services, comments were made about the need for an area where both parents could stay with the child, or at least could take it in turns to stay, and the need to ensure supporting services are also in place (for example emergency surgery, surgical ward and orthopaedic ward).

A number of comments expressed the view that, whilst option 3 was the best option, it still was not ideal as it is not a full reopening of the children's ward, children may still need to travel elsewhere and there are fewer beds than before.

Other concerns raised included:

- Other services should also be returned to Bassetlaw from Doncaster Royal Infirmary
- Montagu Hospital has lost a lot of services and why is this different to Bassetlaw

- Travel will now be necessary for those using the mental health wards at Bassetlaw and no shuttle is being provided
- Views should be sought from people across Bassetlaw, not just Worksop
- Asking for a direct link to the survey

APPENDIX 1: Consultation survey

Introduction

NHS Bassetlaw Clinical Commissioning Group (CCG), who are responsible for planning and buying local health services in Bassetlaw, want to hear your views to help shape the future of urgent and emergency care at Bassetlaw Hospital.

£17.6 million is being invested to develop a modern centre for urgent and emergency care services at Bassetlaw Hospital, creating an Emergency Village.

This is an exciting opportunity to look at how urgent and emergency care is provided in a way which meets the needs of our community now and for years to come.

It also allows challenges which led to the temporary closure of the overnight children's inpatient service in January 2017 due to safety concerns to be addressed and look at the options for a different service in future.

In preparation for answering these questions, we would encourage you to read the public consultation document and additional information, available at www.bassetlawccg.nhs.uk

Data protection statement

This survey is being conducted by The Campaign Company (TCC) on behalf of NHS Bassetlaw CCG. The data from this survey will be processed by TCC and reported to the CCG and its partners. This report will anonymise all responses and you will not be personally identified in any reporting of the findings of this research.

For more information on how we use and handle personal information, your rights relating to your personal information, and how to get in touch with us if you would like to query anything about any of your personal information that we hold, or withdraw your consent, please visit:

www.thecampaigncompany.co.uk/our-privacy-notice

If you have any questions about this research please contact info@thecampaigncompany.co.uk

1) Please tick the 'yes' box below to confirm that you consent to taking part in the survey and to your data being used in the ways outlined.*

Yes – I consent to take part in this research

No – I do not want to take part in this research

Your experience of urgent and emergency care at Bassetlaw Hospital

2) Which of the following best describes you: (please select all that apply)

- I have used urgent or emergency care at Bassetlaw Hospital*
- I have accompanied another adult when they have used urgent or emergency care at Bassetlaw Hospital*
- I have accompanied a child or young person under the age of 18 when they have used urgent or emergency care at Bassetlaw Hospital*
- I work or volunteer in urgent or emergency care at Bassetlaw Hospital
- I am a health or care professional in another service
- I have had no direct experience with urgent or emergency care at Bassetlaw Hospital
- Prefer not to say
- Other: _____

3) Thinking about your most recent experience of urgent or emergency services at Bassetlaw Hospital, when was this?

- Within the last three years
- Three to five years ago
- More than five years ago
- Don't know

4) Again thinking about your most recent experience, overall how satisfied were you with the care you received?

- Very satisfied
- Fairly satisfied
- Neither satisfied or dissatisfied
- Fairly dissatisfied
- Very dissatisfied
- Don't know

5) Please tell us why.

Bassetlaw Emergency Village

6) Thinking about using the new Emergency Village, which of the following factors would be most important to you? (Please select up to three)

- Comfortable and pleasant surroundings inclusive of neurodiversity which includes ADHD and autism
- Good signage with directions for patients
- Staff available to help me with queries
- Timely access to clinical assessment
- Support to understand what alternatives to emergency department care are available
- Access to good wifi
- Accessible toilet and baby changing facilities
- Vending machines for hot drinks and healthy snacks
- Children's play area
- Changing places facilities
- Don't know

7) Is there anything else you think we should consider in the overall design, look and feel of the Emergency Village?

Children's urgent and emergency care

8) Option One would be to continue the current temporary model, with the Children's Assessment Unit staying where it is and closing at 9pm each evening. Patients would continue to be transferred to Doncaster Royal Infirmary from 4pm.

What do you think about Option One?

- Strongly support
- Somewhat support
- Neither support or oppose
- Somewhat oppose
- Strongly oppose

9) Why do you think that?

10) Option Two would be to build a new Children’s Assessment Unit (CAU) next to the emergency department but close the CAU at 9pm each evening. Patients would continue to be transferred to Doncaster Royal Infirmary from 4pm.

What do you think about Option Two?

- Strongly support
- Somewhat support
- Neither support or oppose
- Somewhat oppose
- Strongly oppose

11) Why do you think that?

12) Option Three would be to build a new Children’s Assessment Unit next to the emergency department and allow children to stay at Bassetlaw Hospital for a short stay of observation, including overnight. Children needing a longer length of stay will continue to be transferred to Doncaster Royal Infirmary.

What do you think about Option Three?

- Strongly support
- Somewhat support
- Neither support or oppose
- Somewhat oppose
- Strongly oppose

13) Why do you think that?

14) Which is your preferred option?

- Option One
- Option Two
- Option Three

None of the above

Don't know

15) Are there any alternative options you feel we should consider in the future of children's urgent and emergency care at Bassetlaw Hospital?

16) Is there anything else you would like to add?

17) Email address

18) Mobile phone number

Equalities questions

19) What is your postcode?

20) What age are you?

21) What is your sex?

Male

Female

Non-binary

Prefer to self-describe: _____

Prefer not to say

22) Is the gender you identify with the same as your sex registered at birth?

- Yes
- No
- Prefer not to say

23) Which of the following options best describes your sexual orientation?

- Heterosexual/Straight
- Gay
- Lesbian
- Bisexual
- Prefer to self-describe: _____
- Prefer not to say

24) What is your ethnic group?

- White: White British
- White: White Irish
- White: Other White: _____
- Mixed: White and Black Caribbean
- Mixed: White and Black African
- Mixed: White and Asian
- Mixed: Other Mixed: _____
- Asian or Asian British: Indian
- Asian or Asian British: Pakistani
- Asian or Asian British: Bangladeshi
- Asian or Asian British: Other Asian: _____
- Black or Black British: Caribbean
- Black or Black British: African
- Black or Black British: Other Black: _____
- Other: Chinese
- Other: Other Ethnic Group: _____

25) How would you describe your national identity?

- British
- English
- Northern Irish

- Welsh
- Scottish
- Other (please specify): _____

26) Are you a UK Citizen?

- Yes
- No
- Prefer not to say

27) If you are a national of another country, are you?

- An EU National
- A refugee
- An asylum seeker
- A student
- Prefer not to say
- Other (please specify): _____

28) Do you have a religion?

- Christian - Protestant
- Christian - Catholic
- Hindu
- Buddhist
- Jewish
- Muslim
- Sikh
- No religion
- Other (please specify): _____
- Prefer not to say

29) Do you consider yourself to have a disability?

- Yes
- No
- Prefer not to say

30) Please can you tell us the nature of your disability?

- Deafness or severe hearing impairment

- Blindness or severe visual impairment
- Condition which severely limits physical activity for example climbing the stairs, walking
- Learning disability
- Long standing psychological or mental health condition
- Other long standing health condition

31) Does your disability affect your ability to access services? If so, please tell us briefly how:

- Yes: _____
- No

32) Are you currently pregnant, or expecting a baby?

- Yes
- No
- Prefer not to say

33) Do you have any children, or do you have caring responsibilities for children within your immediate family? (e.g. step-children)

- Yes
- No
- Prefer not to say

34) What is your marital status?

- Single
- Co-habiting
- Married
- Divorced/Separated
- Widowed
- Prefer not to say

35) Do you have caring responsibilities for adults? Do you provide paid or unpaid care for a family member who is ill, elderly or frail?

- Yes
- No
- Prefer not to say

36) Are you currently in employment?

- Yes - either self-employed, or in part-time or full employment

- Not currently employed
- No - in full or part-time study
- No - retired
- Prefer not to say

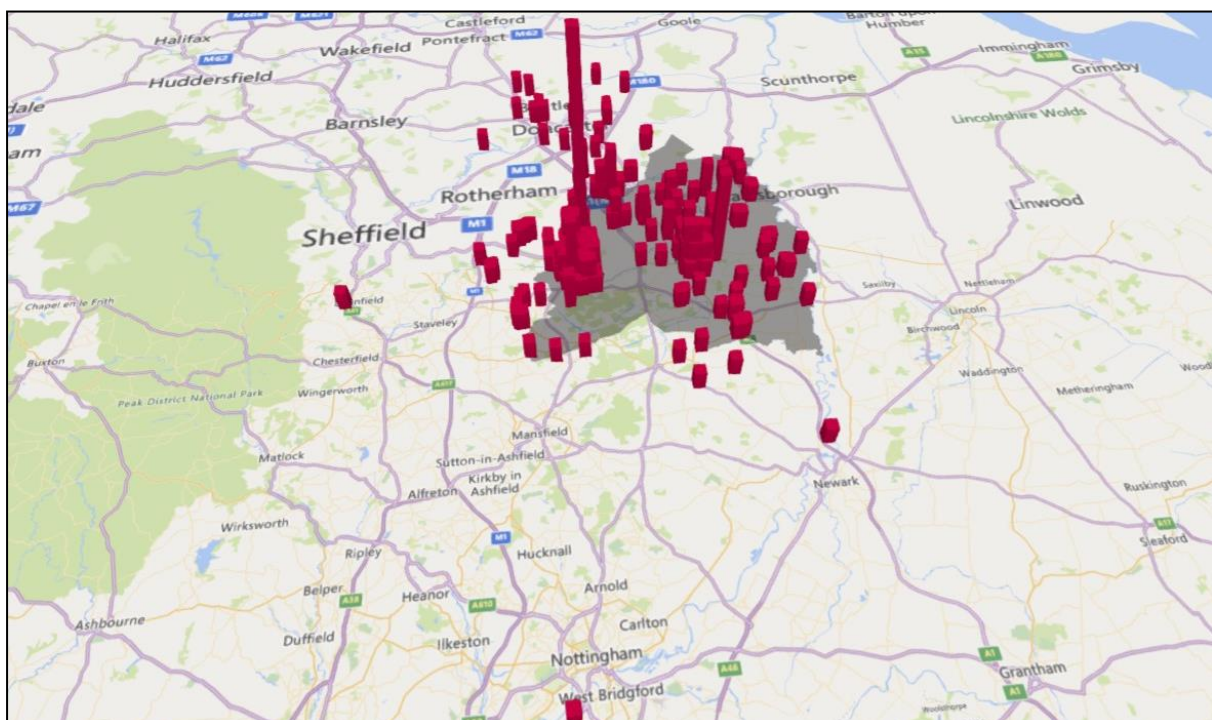
APPENDIX 2: Profile of survey respondents

As part of the survey, respondents were asked a number of personal questions not directly related to the proposals under discussion. This was done to ensure that the survey did not contain response biases which were likely to distort its conclusions, to enable us to breakdown the responses to questions by demographic and other characteristics to see if there are disproportionate impacts for different parts of the community which need to be taken into account, and lastly to enable targeted engagement efforts to gather the input from key groups which may not have provided sufficient feedback through the survey.

For reasons of transparency, a full breakdown of these questions is provided in this appendix to the main report.

Distribution of respondents

The map below shows all the postcodes given as part of the survey. The shaded area represents the geographical footprint of the CCG, with each marker representing a single postcode and the height of each marker indicating the number of responses within that postcode.



What age are you?

	n	%
15 to 29	245	19%
30 to 44	706	54%
45 to 59	243	19%
60 to 74	94	7%
75 and over	8	1%
Total	1,296	100%

Number of respondents who answered the question = 1,296

The vast majority of respondents are those aged 30 to 44, while the last published Census indicated that amongst those aged over 15 just 23% fell into this category. However, this is the age range in which people are most likely to have young children and consequently is likely to be broadly representative of the ages of those whose children are accessing the services.

What is your sex?

	n	%
Male	165	12%
Female	1,202	87%
Non-binary	1	0%
Prefer to self-describe	2	0%
Prefer not to say	17	1%
Total	1,387	100%

Number of respondents who answered the question = 1,387

According to the 2011 Census, 50% of the population of Bassetlaw are female, meaning that women are statistically overrepresented amongst respondents. However, women generally tend to be more likely to respond to consultations around health, particularly those relating to children, so this result is in keeping with expectations.

Is the gender you identify with the same as your sex registered at birth?

	n	%
Yes	1,346	98%
No	1	0%
Prefer not to say	24	2%
Total	1,374	100%

Number of respondents who answered the question = 1,374

As the 2011 Census did not ask respondents whether or not they identified as cisgendered, consequently we cannot compare the composition of respondents to that of the overall population of Bassetlaw.

Which of the following options best describes your sexual orientation?

	N	%
Heterosexual/Straight	1,297	94%
Gay	10	1%
Lesbian	4	0%
Bisexual	17	1%
Prefer to self describe	1	0%
Prefer not to say	49	4%
Total	1,378	100%

Number of respondents who answered the question = 1,378

The 2021 Census is the first to ask respondents to provide their sexual orientation. However, as those figures have not yet been released, we do not have an accurate figure for assessing how closely respondents match the population of Bassetlaw for this characteristic.

Prefer to self-describe

Where respondents selected 'prefer to self describe' they were given the option to provide further details, with one participant referring to themselves as 'Pansexual'.

What is your ethnic group?

	n	%
White: White British	1,306	95%
White: White Irish	4	0%
White: Other White	50	4%
Mixed: White and Black Caribbean	2	0%
Mixed: White and Black African	1	0%
Mixed: White and Asian	1	0%
Mixed: Other Mixed	2	0%
Asian or Asian British: Indian	6	0%
Asian or Asian British: Pakistani	1	0%
Asian or Asian British: Bangladeshi	0	0%
Asian or Asian British: Other Asian	1	0%
Black or Black British: Caribbean	0	0%
Black or Black British: African	1	0%
Black or Black British: Other Black	0	0%
Other: Chinese	0	0%
Other: Other Ethnic Group	5	0%
Total	1,380	100%

Number of respondents who answered the question = 1,380; number of respondents eligible to answer = 1,882; 502 did not answer

97% of respondents in Bassetlaw indicated that they were white in the 2011 Census, which is broadly in-line with the ethnic composition of respondents.

Other

Where respondents indicated 'Other White', 'Other Mixed', 'Other Asian', 'Other Black, or 'Other Ethnic Group', they were asked to provide greater detail as to how they self-identified.

There were 34 answers from those who selected 'Other White', with 20 identifying as 'Polish', three stating that they were European and individual responses of 'Anglo-Italian', 'Canadian', 'Dutch', 'Jewish', 'Latvian', 'New Zealander', 'Portuguese', 'Romanian', 'South African', 'Welsh', 'White, English'. The participant who selected 'Other Asian' stated that they were 'South Korean' and the three responses received under 'Other Ethnic Group' were 'White Jewish', 'Mixed', and 'Prefer not to say'. There were no further details from those who selected 'Other Mixed' and no respondent indicated that they identified as 'Other Black'.

How would you describe your national identity?

	n	%
British	1,142	83%
English	176	13%
Northern Irish	1	0%
Welsh	3	0%
Scottish	9	1%
Other (please specify)	53	4%
Total	1,384	100%

Number of respondents who answered the question = 1,384

In the 2011 Census, just under 97% of respondents in Bassetlaw identified as either 'British', 'English', 'Northern Irish', 'Welsh' or 'Scottish', roughly in-line with the composition of those responding to this survey.

Other

Of the 30 survey-takers who selected 'Other', 43 provided further details, with 27 indicating that they were 'Polish', four stating that they were 'European', two 'Indian', two 'Portuguese', and individual responses of 'American', 'Czech', 'Dutch', 'Irish', 'Latvian', 'South African', 'South Korean', and 'UK'.

Are you a UK Citizen?

	n	%
Yes	1,365	97%
No	37	3%
Prefer not to say	4	0%
Total	1,406	100%

Number of respondents who answered the question = 1,406

Although the Census does not ask about citizenship, it does ask what passports people hold. Removing those without a passport from consideration, a little over 3% hold a passport for a country other than the UK, which suggests the numbers of survey-takers who are non-UK citizens is a little low. Indeed, when we review EU Settlement Scheme applications made in Bassetlaw over recent years, it would appear that over 5% of the district's population are EU citizens alone.

If you are a national of another country, are you?

	n	%
An EU National	31	84%

A refugee	0	0%
An asylum seeker	0	0%
A student	0	0%
Prefer not to say	0	0%
Other (please specify)	6	16%
Total	37	100%

Number of respondents who answered the question = 37

Amongst those eligible to respond to this question, the majority are EU nationals, which is roughly in-line with the split in non-UK passports held by residents in Bassetlaw according to the last Census.

Other

Of those who selected 'Other', five elaborated, with one stating that they were an 'American', one 'Indian', and the remaining answers providing information other than their nationality.

Do you have a religion?

	n	%
Christian – Protestant	440	33%
Christian – Catholic	108	8%
Hindu	3	0%
Buddhist	2	0%
Jewish	0	0%
Muslim	3	0%
Sikh	1	0%
No religion	664	49%
Other (please specify)	31	2%
Prefer not to say	94	7%
Total	1,346	100%

Number of respondents who answered the question = 1,346

The 2011 Census, indicated that 71% of Bassetlaw respondents identified as 'Christian' and 21% as 'No religion'. While this would appear to suggest that those who are 'Christian' are substantially underrepresented statistically and those with 'No religion' overrepresented, it is also possible that this reflects social change over the past eleven years.

Other

27 of the 31 participants who selected 'Other' provided details, with 18 providing a description of a Christian denomination, five indicated that they were 'Wiccan' or 'Pagan', two described themselves as 'Agnostic', one respondent was 'Spiritual' and another stated that they were 'Omnist'.

Do you consider yourself to have a disability?

	n	%
Yes	132	9%
No	1,218	88%
Prefer not to say	42	3%
Total	1,392	100%

Number of respondents who answered the question = 1,377

78% of respondents in the Census indicated they lacked a long-term health problem or disability affecting day-to-day activities. While the proportion of survey respondents who do not consider themselves to have a disability is higher, it is worth noting this may be due to the younger age profile of respondents, reflecting the age at which people's children are more likely to be service users.

Please can you tell us the nature of your disability?

	n	%
Deafness or severe hearing impairment	6	5%
Blindness or severe visual impairment	3	2%
Condition which severely limits physical activity for example climbing the stairs, walking	44	34%
Learning disability	4	3%
Long standing psychological or mental health condition	23	18%
Other long standing health condition	50	38%
Total	130	100%

Number of respondents who answered the question = 130; number of respondents eligible to answer = 132; 2 did not answer

The greatest proportion of respondents eligible to answer this question stated that they had a different 'long standing health condition', followed by mobility-related issues, and mental health conditions. Unfortunately, the Census did not collect detailed statistics on the nature of people's disabilities, so comparison with the wider Bassetlaw population is not possible.

Does your disability affect your ability to access services? If so, please tell us briefly how:

	n	%
Yes	43	33%
No	86	67%
Total	129	100%

Number of respondents who answered the question = 129

The majority of those with disabilities did not find that it affected their ability to access services.

How?

Where respondents indicated that their disability affected their ability to access a service, they were asked to provide further information, with 35 of those eligible to provide an answer doing so.

The majority of those who provided a response indicated that mobility was in some way an issue, either terms of difficulty getting to hospital facilities themselves due to transport and parking issues or distance, or with getting around the hospital, particularly due to problems with lifts and the inability to stand for long periods of time.

The next greatest range of issues centred around people's mental health or neurotypicality, where respondents' conditions made it hard to leave the house or to engage with others, particularly in a public setting like a hospital. The last specific issue was with the level of noise and the echoey nature of the rooms making it hard for those with hearing difficulties.

Are you currently pregnant, or expecting a baby?

	n	%
Yes	68	5%
No	1,311	94%
Prefer not to say	17	1%
Total	1,396	100%

Number of respondents who answered the question = 1,396

Although the vast majority of those responding to the survey were not pregnant, there was still a reasonable number of responses from those who were expecting a baby. Unfortunately, there are no clear statistics on the baseline number of pregnancies we would expect there to be in Bassetlaw at any one time and consequently do not know how well this response rate reflects the population of the district.

Do you have any children, or do you have caring responsibilities for children within your immediate family? (e.g. step-children)

	n	%
Yes	1,145	81%
No	232	17%
Prefer not to say	28	2%
Total	1,405	100%

Number of respondents who answered the question = 1,405

While only 28% of households in Bassetlaw contained dependent children, the overrepresentation of participants who have caring responsibilities for children within their immediate family is to be expected, given that the focus of the survey was on the medical facilities available for children within the district.

What is your marital status?

	n	%
Single	182	13%
Co-habiting	277	20%
Married	845	60%
Divorced/Separated	50	4%
Widowed	11	1%
Prefer not to say	38	3%
Total	1,403	100%

Number of respondents who answered the question = 1,403

In 2011, single households made up 20% of the population of Bassetlaw. However, with single people being less likely to have children than the other groups, the lower response rate to the survey would appear to be more reflective of the composition of service users.

Do you have caring responsibilities for adults? Do you provide paid or unpaid care for a family member who is ill, elderly or frail?

	n	%
Yes	239	17%
No	1,119	80%
Prefer not to say	43	3%
Total	1,401	100%

Number of respondents who answered the question = 1,401

At the last census, around 12% of respondents indicated that they provided some form of unpaid care. This would suggest that those providing care are slightly overrepresented amongst participants.

Are you currently in employment?

	n	%
Yes - either self-employed, or in part-time or full employment	1,120	80%
Not currently employed	100	7%
No - in full or part-time study	37	3%
No – retired	87	6%
Prefer not to say	54	4%
Total	1,398	100%

Number of respondents who answered the question = 1,398

68% of those aged 16 to 74 were economically active at the time of the last Census. While those in employment are overrepresented amongst respondents compared to the Census, the age range in which most people are economically active will also be the age range in which they are most likely to have children who access the CAU.