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University Health Board

New Hospital Site Consultation: Consultation Document



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We also have a summary in alternative languages (including Arabic, British Sign Language, large print, Polish, Ukrainian and Russian).

If you wish to receive a hard copy or have any problems in accessing information in an accessible format for your needs, please call us on **0300 303 8322** (local call rates). Please contact us if you would like us to explain any part of the document.

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This consultation is about the site for a new Urgent and Planned Care Hospital, and runs until Friday 19 May 2023, so we need to hear your views before then.

More information is on page 7-8 and page 30, but you can share your views by:

- Completing the questionnaire accompanying this document and posting it to:
Opinion Research Services, FREEPOST SS1018, PO Box 530, Swansea, SA1 1ZL (you will not need a stamp)
- Online at: hduhb.nhs.wales/new-hospital-site
- Emailing us: hyweldda.engagement@wales.nhs.uk
- Speaking to us at one of our events (visit the website above for an event near you or online), or by telephoning **0300 303 8322** (local call rates)
- Through social media using **#HywelDdaHospitalSite**
 - **Twitter @HywelDdaHB**
 - **Facebook @SafleYsbytyNewyddHywelDdaNewHospitalSite**

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Welcome



Thank you for your interest in our consultation for a site for our new Urgent and Planned Care Hospital. This is another significant milestone for our Health Board in delivering our strategy for A Healthier Mid and West Wales: Our Future Generations Living Well and to improve health outcomes for our communities. You can read our strategy by visiting our website **hduhb.nhs.wales/new-hospital-site** and visiting the Technical Documents area, or if you would like a copy sent to you please telephone us on **0300 303 8322**.

It comes at a time of austerity for our communities as every person is having to consider how they can maintain their health, well-being, and lifestyles in these challenging times. But we have faced challenge before, not least of all the recent few years of dealing with the COVID-19 pandemic. The care, dedication, courage and the sacrifices of our staff, volunteers, organisations we work with, and our communities, has been humbling and awe-inspiring.

An important beacon of hope for us in the Health Board has been the prospect of delivering our vision for improved health and well-being. In January 2022, we agreed a Programme Business Case (PBC) that sets out, at a high level, how we intend to do this, and seeks support from the Welsh Government for up to £1.3 billion of investment in health and well-being in mid and west Wales. You can read our PBC by visiting the website Technical Documents area.

Purchasing a site and delivering the new Urgent and Planned Care Hospital is subject to Welsh Government funding, which is not yet confirmed, and if successful, would take several years to achieve. It does however offer us an unprecedented opportunity to shape and transform care for our communities and future generations. In the meantime, we continue to work with you, our communities, to prepare and deliver the best health and care services that we can.

The foundation of our promise, our strategy, is to bring as much care as possible closer to our homes through new ways of providing care and integrated health and well-being centres in communities close to you in Carmarthenshire, Ceredigion, and Pembrokeshire.

Another key part of the work, is having hospital services that can address current and future challenges to provide better and more reliable care for you when you need it. This includes building a new Urgent and Planned Care Hospital in the south of our area.

Our services are fragile and part of this is due to how our hospitals are currently working and how we are having to stretch our clinical teams across our four main hospitals in a rural and large geography. A new Urgent and Planned Care Hospital will bring together many of our senior doctor teams in key departments such as emergency medicine and surgical teams, who are currently split between our existing hospitals in Carmarthen and Haverfordwest.

There will continue to be an important role for Glangwili and Withybush hospitals to provide valuable health services to you. This includes GP-led urgent care, day case procedures, beds for therapy and recovery, facilities for tests, and many outpatient clinics.

Please read this document and come to our events to learn more about why we need to change, how we have reached this point, and detail about the three site options for the new hospital, two near Whitland, and one near St Clears. We really want everyone in our communities to tell us what you think and provide us with answers to the questions that will help us, along with other evidence, to decide on the best location for a new hospital.

It will take several years before a new hospital is open for you, but now really is the chance to get involved and tell us your thoughts about the three sites we are considering.

Many thanks



**Maria Battle,
Chair**



**Steve Moore,
Chief Executive**



**Lee Davies,
Executive Director of
Strategy and Planning**

Introduction

A little about us

Hywel Dda University Health Board is your local NHS organisation. We plan, organise, and provide health services for almost 400,000 people across Carmarthenshire, Ceredigion and Pembrokeshire. We manage and pay for the care and treatment that people receive in this area for physical, mental health and learning disabilities.

We currently provide services through:

- Four main hospitals (Bronglais Hospital in Aberystwyth, Glangwili Hospital in Carmarthen, Prince Philip Hospital in Llanelli, Withybush Hospital in Haverfordwest).
- Five community hospitals (Amman Valley Hospital and Llandovery Hospital in Carmarthenshire, Tregaron Hospital in Ceredigion, Tenby Hospital and South Pembrokeshire Health and Social Care Resource Centre in Pembrokeshire).
- Two integrated care centres (Aberaeron and Cardigan, both in Ceredigion).
- Community facilities, including:
 - o 48 General Practices (GP surgeries)
 - o 49 Dental Practices
 - o 98 Community Pharmacies (chemists)
 - o 44 General Ophthalmic Practices (including eye health and low vision services)
 - o 38 sites providing mental health and learning disability services
 - o care within your own homes



Highly specialised services, such as some major trauma treatment, cardiac (heart) care, and complex burns, are organised through the national Welsh Health Specialised Services Committee. These services can be provided outside the boundaries of our area, for example in Swansea, or Cardiff.

We provide NHS services across a quarter of the landmass of Wales in mid and west Wales and our communities are quite spread out in rural areas.

Almost half our population (48.8%) live in Carmarthenshire, 32.5% live in Pembrokeshire and 18.7% in Ceredigion. We have a large border with other counties, and so communities in south Gwynedd, north Powys and Swansea / Neath Port Talbot also use our health services.

What is this consultation about?

This consultation sets out three potential sites for a new Urgent and Planned Care Hospital, to provide both urgent and emergency care and planned operations, in the south of the Hywel Dda University Health Board area.

The consultation will run for 12 weeks from Thursday 23rd February 2023.

More information about the three sites is available on pages 19-22, but they are in summary:

- **Whitland Spring Gardens** – agricultural land to the north-east of the town centre.
- **Whitland Tŷ Newydd** – agricultural land and buildings to the east of the old creamery site and Whitland town centre.
- **St Clears** – agricultural land at old Bryncaerau fields, next to the junction of the A40 and A477.

In this document, we set out:

- Why a new Urgent and Planned Care Hospital is an essential part of how we intend to deliver our vision for a healthier mid and west Wales, what we have done so far, and why we have shortlisted the three potential sites.
- Detail about the sites and other information you might want to consider while forming your opinion on each site.
- How you can get involved and what we will do with the feedback you share.

Who we want to talk with

We really appreciate you taking the time to give us your thoughts. We are consulting all members of the public who live, work, or have an interest in our area.

As members of our community, you may receive treatment in, work within, or visit, our new Urgent and Planned Care Hospital and so it is important that we listen to everyone's views.

We recognise people have different interests and perspectives, whether you receive our services, or are a carer of someone who does, work with us as staff, students, volunteers, or whether you represent an organisation potentially affected by our proposals or with an interest in health and well-being.

We will continue to also work with health boards in our neighbouring counties and encourage residents or organisations in these areas to share their views.

What we seek to learn

At this stage, we do not have a preferred site for the new Urgent and Planned Care Hospital and we have not bought any site or land for this development. Purchasing a site and delivering the hospital is subject to Welsh Government funding, which is not yet confirmed. In this consultation we will ask you to tell us:

- Which of three potential sites you think is the best location for our new hospital and why.
- Concerns you may have about any of the three potential sites, so we can be aware of them and avoid, address, or reduce, the impact of them if possible.
- Anything else you think we need to consider – we look forward to hearing any new ideas you may have.

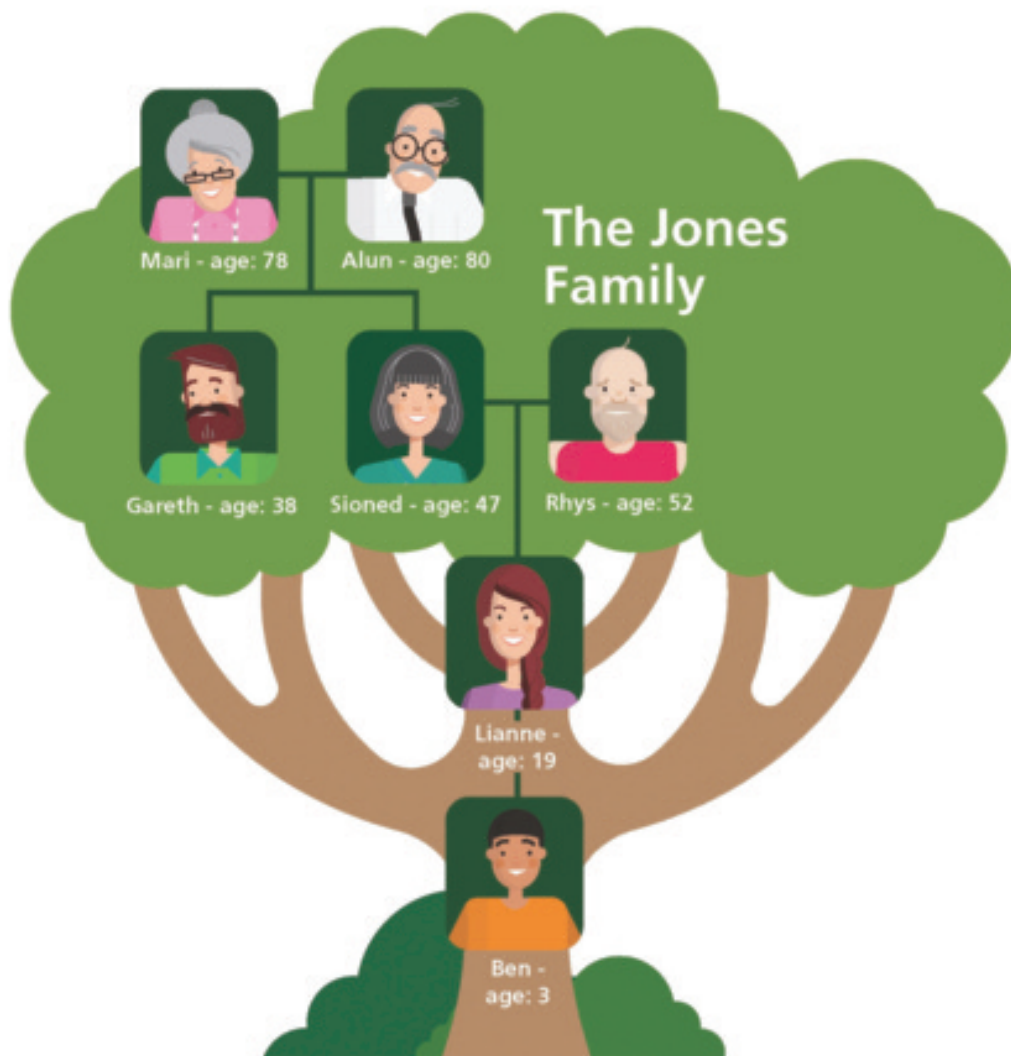
Your views, as well as other evidence and considerations, can influence future decisions about the location of the new hospital. A dedicated Health Board meeting will take place later in the year (expected to be summer 2023) to consider your feedback as well as other information and evidence to discount sites or choose a preferred site.

Board members will consider all they have heard leading up to, and during, this consultation, including the Equality and Health Impact Assessment, which will consider how people could be impacted and what needs to be done to reduce negative impacts. They will also consider any new information that may come to light as a result of the consultation or ongoing technical and commercial work.

It is important that you know the following points are decided. This means they are not open to influence in this consultation:

- The three sites we are consulting on.
- The vision for services and structure of our hospital network, agreed in our health and care strategy, A Healthier Mid and West Wales: Our Future Generations Living Well. More detail is found on page 10, and you can read the whole strategy by visiting our website **hduhb.nhs.wales/new-hospital-site** and viewing the useful links in our Technical Document area. It is summarised as follows:
 - o A network of community health and care facilities supported by more community-based care.
 - o Three main hospitals:
 - A major new Urgent and Planned Care Hospital centrally located somewhere between Narberth and St Clears.
 - Bronglais General Hospital, Aberystwyth, will continue to provide hospital services for mid Wales as set out in the strategy “Delivering Excellent Rural Acute Care”, published in 2021 (and available from the useful links area of our webpages).
 - Prince Philip Hospital, Llanelli, with acute medicine retained.
 - o Two repurposed hospitals – Glangwili Hospital and Withybush Hospital – which will offer a range of community services to support the social model for health and well-being.

Please note, we have also been discussing how we provide children’s hospital services (paediatrics), in the south of the Hywel Dda region, in the interim of a new Urgent and Planned Care Hospital being built. This is because we have a temporary service model in place currently. We intend to consult with the public on this later in 2023. Updates will be provided on our website **hduhb.nhs.wales** and through the local media.



Teulu Jones our illustrative family

We have a family – Teulu Jones – who help us test and show how different health services could affect someone like you. They aren't a real family, but they have been designed to be typical of the patients we care for in the Hywel Dda area. We will never capture all the different types of people we care for – that is why the consultation is seeking everybody's views. You will read in this document how hospital care could look for different members of the Teulu Jones family in the future. We hope these help you to think about how a new Urgent and Planned Care Hospital in one of the locations we are consulting on, could feel like to you.

Did you know?

We have committed to continuously engaging with our communities. This means we will talk with you, listen, and involve you on an ongoing basis. We are not yet consulting on specific services, facilities, and ways of providing care in the new Urgent and Planned Care Hospital. Therefore, these will not be part of the consultation, or the Board decision that will follow in 2023. However, we still want to listen and have early and continuous engagement with people about what is important, so you are welcome to discuss this with us at events and we will document this so it can be shared and considered as the Health Board moves forward with plans.

Why we need to change

We have a shared vision with our communities for us to live healthy, joyful lives. We recognise that our health services, as they are currently organised, will not effectively deliver that vision and we describe some of the challenges below.

We have been talking to you with regular engagement about the future of health and care services since 2017 and we consulted with you in 2018, the consultation was called Our Big NHS Change and you can find out more about it by visiting our website hduhb.nhs.wales/new-hospital-site and visiting useful links in the Technical Documents area.

In the 2018 consultation, we asked you about community and hospital-based care. We learnt that receiving care and support where you need it is important and this should be as local as possible, although you understand there are times when you have to travel for care. We also heard that you are concerned about travel and transport, and how you will get to and access health services in the future. This is mainly due to our geography and areas of remoteness, but also links to how we use technology.

We listened and the outcome was our long-term health and care strategy, A Healthier Mid and West Wales: Our Future Generations Living Well, published in 2019.

You can read the strategy by visiting our website hduhb.nhs.wales/new-hospital-site in our Technical Document area.

The overall ambition of our strategy is to shift from a service that just treats illness to one that keeps people well, prevents ill-health or worsening of ill-health, and provides any help you need early on (i.e. a wellness system).

This involves work in our communities to provide more joined-up support and care as close to home as possible.

For example, we are developing plans to offer community facilities across Carmarthenshire, Ceredigion, and Pembrokeshire where you can receive tests, care and treatment and appointments. Some of these will have overnight beds, such as in Amman Valley, Cylch Caron (Tregaron), Llandovery, and South Pembrokeshire, and some will not, such as Aberaeron and Cardigan (already delivered), Carmarthen, Cross Hands, Fishguard, Haverfordwest, Lampeter, Llandysul, Milford Haven, Narberth, Neyland, Pentre Awel, Llanelli, and Tenby.

This will ensure that you can continue to receive your care mostly in your own home and local community, or from a local hospital that is close to home. You would also come back to these local facilities and services, or your own home, more quickly after a stay in hospital. Our aim is for people to need only a short stay in the Urgent and Planned Care Hospital (up to 72 hours), with community-based care to support them.

To become a wellness system, we need to provide quality specialist care that cannot be provided elsewhere in our communities, in fit-for-purpose hospitals.

What are the challenges currently?

This consultation aims to help our Health Board to eliminate potential sites for our new Urgent and Planned Care Hospital, which is part of how we are addressing some of the challenges that face us and our communities.

Health of our communities

Our population continues to grow, and people are living longer, which is good news. However, it does mean people are also experiencing more years of illness or disability and need more support to stay well and independent. In the Hywel Dda area, the average age of people is also increasing steadily and nearly a quarter of you are aged over 65. As our population ages, there are more people living with one or more chronic condition. People do not always make the best lifestyle choices, for example in what to eat or how active we are. We think this will increase demand on health and care services in the future.

Fragile services

Our hospital services were designed more than 50 years ago. Since then, care is more efficient, has shifted towards community-based care and prevention of poor health, and is less reliant on hospital beds. We have four small to medium-sized main (acute) hospitals, each with its own medical and surgical services, and three Emergency Units, plus a busy 24/7 Minor Injury Unit at Prince Philip Hospital. No other part of Wales has a higher number of main sites per population. Typically, an area with a population of under 400,000, would be served by one to two emergency units and medical sites. The result of this is duplication, a stretched workforce, variation in the safety and quality of care and how it is provided, and fragile services. By reducing the duplication, it may be possible to develop and provide some additional specialist services within the Hywel Dda area instead of outside of area.

Workforce

We have fewer staff than needed, working together across health and social care, to deliver the quality and quantity of care that we want to provide and that you need. Because our services are split across four hospital sites, our doctors cover more shifts or rotas than at some other NHS organisations (for example they may need to cover weekend shifts more often than in some places). This means we are not seen as an attractive place to work as people are concerned, they may not get the support they need from working as part of a team and to support their careers. We are working hard to change the way we are seen but difficulties in recruiting staff remain, and we rely too much on expensive agency staff. This leads to an inability to provide the highest quality care – not because of the ability of the individuals in these temporary roles, but due to their unfamiliarity with local guidance, procedures, and other team members. This risks poorer quality of care for you, fragile services that may collapse, and leads to significant financial problems.

Digital

We do not currently fully use digital opportunities to best meet the needs of our population, especially for those who must travel to access services. We do use technology, for example you can sometimes have an appointment with your consultant, nurse or other healthcare professional by using a computer or smartphone in your own home, or attending a local healthcare facility rather than a big hospital further away. We also use discrete devices that you can use at home to help you be aware of your condition, or flag to healthcare professionals connected to the device when something is not right. However, our use of digital technologies is not consistent or widespread. We need to use latest technological advances in modern facilities to create a health system without barriers. This will help you directly but also help us to attract the best workforce.

Buildings and facilities

We have many old buildings – 35% are more than 50 years old – and this means they need a lot of maintenance to keep them working and safe. Glangwili Hospital is the oldest acute (main) hospital in Wales, with 64% of the site more than 50 years old, and 36% nearing 70 years old. Most of Withybush Hospital was built almost 50 years ago in the mid-1970s. The buildings do not support delivery of modern healthcare and their condition can sometimes mean poorer patient and staff experience.

Environment

Our old buildings lead to poor energy and carbon efficiency, for example Glangwili Hospital is one of the least energy efficient acute (main) sites in Wales. There are many reasons for this including older buildings, high levels of backlog maintenance, poor insulation and heating systems, and using oil as a principal fuel source.

Current main hospitals

Currently we have four main (acute) hospitals:

- Bronglais Hospital, Aberystwyth
- Glangwili Hospital, Carmarthen
- Prince Philip Hospital, Llanelli
- Withybush Hospital, Haverfordwest

All four hospitals provide medical services. Bronglais, Glangwili and Withybush hospitals also have Emergency Departments, whilst Prince Philip Hospital has a GP-led Minor Injury Unit and Acute Medical Admissions Unit.



What hospitals will we have in the future?

We made the decision to build a new Urgent and Planned Care Hospital following our consultation Our Big NHS Change in 2018, and it is now part of our long-term strategy. Please see page 10 for more information on our previous consultation and our strategy.

There will not be much change to the following hospitals:

- Bronglais Hospital will continue to provide urgent, emergency, and planned care services, with more specialist cases transferred to the new Urgent and Planned Care Hospital, as well as regional sites for more critical care, as happens now.
- Prince Philip Hospital will continue to provide GP-led minor injury care, as well as acute adult medical care with diagnostics (tests and investigations). This will include consultant-led overnight inpatient beds for patients to be cared for locally.

Both hospitals will also transfer more specialist cases to the new Urgent and Planned Care Hospital, as well as other regional sites for more critical care, as happens now.

The main changes to hospitals will be:

- Glangwili and Withybush hospitals will be re-purposed as community hospitals. Both will provide 24/7 GP-led urgent care centres. They will have facilities for day case procedures, as well as therapy and nurse-led beds for less critical needs and rehabilitation. Diagnostic support (x-ray, ultrasound etc.) will continue, as well as outpatient and other clinics.
- Our new Urgent and Planned Care Hospital will be the main hospital site for both urgent and planned care in our region (Carmarthenshire, Ceredigion, and Pembrokeshire). It will provide specialist children, adult, and mental health services in a more centralised way. It will function as our Trauma Unit and main Emergency Department.

Did you know?

As we considered options for hospitals and consulted on this in 2018, we ruled out options to develop one of Glangwili or Withybush hospitals as the Urgent and Planned Care Hospital. This was because the distance of travel would be too great for people in the neighbouring county (i.e. travel too great for people in Carmarthenshire when sited at Withybush and travel too great for people in Pembrokeshire when sited in Glangwili).

We also ruled out the option to develop both Glangwili and Withybush hospitals as Urgent and Planned Care Hospitals because this would not address the problem with maintaining our medical rotas that result in fragile services for our communities.

The overall geographical zone for the new hospital, between and including St Clears and Narberth, was chosen as it is within an hour car journey for most populations in our area.

Benefits of having a new Urgent and Planned Care Hospital

A new hospital will provide many opportunities for us to improve care for you:

- A new purpose-built environment will allow us to meet standards for modern healthcare and improve the patient and staff experience.
- A reduction in the duplication of some services across sites will allow us the scale to provide better care, for example access to senior clinical decision makers quickly (i.e. 24/7).
- There are more services we could offer from a new hospital, within the boundaries of Hywel Dda, which we are not able to now (we are exploring options for providing some specialist services such as radiotherapy, neurology services, and cardiac catheterisation services).
- The experience we have seen in other places is that staff want to work in new hospitals as they have the latest facilities and technologies and can improve employee well-being.
- It would also allow us to offer more attractive rotas (for example fewer unsociable hours) to medical staff and trainees, and to provide health education, academic, research and innovation facilities on the site, for all clinical staff, including nurses and therapists.
- By separating planned and emergency care at the new hospital, we will avoid the risk of emergency activity negatively affecting planned care through cancelled operations.
- Re-purposing Glangwili and Withybush as community hospitals with facilities for step-up or step-down beds and care, and strengthened community services, will help us reach our ambition to discharge most patients from the Urgent and Planned Care Hospital to their own homes or more local community hospitals within 72 hours.
- Planning and delivering care differently, and having modern and efficient buildings, would support us to reduce our carbon footprint and help us meet our target of 34% carbon reduction by 2030. This will contribute to the Welsh Government's ambition to address the climate emergency.



Teulu Jones our illustrative family – Gareth Jones

Gareth is 38 years old and lives in Talybont, Ceredigion. On his Saturday cycle ride with the 'Wheelers', Gareth has a collision with a car, near Aberaeron. Currently, paramedics would take Gareth to Glangwili Hospital, which is 31 miles away, as it is the temporary local trauma unit whilst we await a new Urgent and Planned Care Hospital.

In the future, if we had an Urgent and Planned Care Hospital, Gareth would be taken directly to this hospital. The journey to the two site options in Whitland would be approximately 36 miles from the scene of the accident in Aberaeron, or 37 miles to the site in St Clears. The difference in journey time between the three sites is negligible and unlikely to result in any impact on the timeliness to access care for Gareth.

What happens if we don't change?

Our previous 2018 consultation and our long-term strategy have highlighted the risks to our services if we do not change. If we do nothing, we will not be able to deal with the growing demand for health services, particularly from an aging population with complex health needs, and expectations of modern healthcare provision. Staff shortages, problems recruiting, and pressure on the money available are likely to lead to a situation where local people would face:

- Longer waiting times at Emergency Departments.
- More operations in hospitals being postponed.
- Insufficient hospital beds.
- Missed opportunities to prevent illness or avoid deterioration.
- Worsening infrastructure and technological capability.
- Greater problems being able to recruit and keep appropriate qualified doctors, nurses, and healthcare professionals to care for you.
- Fragile services, meaning higher risk of unplanned service change or cuts with the stopping of some services or medical procedures and may mean patients travelling further, even to neighbouring health boards.

Most importantly, doing nothing would likely mean:

- Lower safety standards
- Worsening impact on health
- Reduced survival rates

We do not want to see this happen and our strategy seeks to change our services to meet the needs of future generations to come.



What has happened so far

Delivering our strategy (Programme Business Case)

In February 2022, we sent a Programme Business Case (PBC) to Welsh Government.

A PBC is a high-level document, which sets out to secure Welsh Government support for a programme of investment. You can read the full PBC document by visiting hduhb.nhs.wales/new-hospital-site and viewing useful links under the Technical Documents section.



Our PBC outlines the case for the buildings and infrastructure we need to deliver our long-term strategy – A Healthier Mid and West Wales.

It seeks the greatest investment into health and well-being that west Wales will have ever seen, in the region of £1.3billion. It builds on our promise to bring as much care as possible close to you. It includes:

- Building, or developing existing, community facilities across the three counties of Carmarthenshire, Ceredigion, and Pembrokeshire (listed on page 10).
- The construction of a new Urgent and Planned Care Hospital.
- Repurposing or rebuild of Withybush and Glangwili General Hospitals.
- Refurbishment of Bronglais General Hospital and Prince Philip Hospital.

If successful in this first stage, there are then three further stages, which could take several years, to secure the ultimate investment needed to deliver the facilities listed above, including the new Urgent and Planned Care Hospital. Sometimes, this is agreed in smaller parts, so projects within the programme could be funded at different times.

We have decided to consult with you on the potential site for a new Urgent and Planned Care Hospital now, prior to receiving investment, because we have committed to continuous engagement with you and because our services are fragile, and we cannot lose time in delivering our vision.

Our consultation to narrow down or identify a preferred site will continue whilst we await feedback from the Welsh Government. The development of our new hospital is subject to Welsh Government support, and, if funding was not agreed, we would not be able to purchase the site for the new hospital.

For major investments such as this, the next stage also includes an independent review of the clinical model (the way we plan to provide care), which the Welsh Government will commission. This will provide further reassurance that the investments we are seeking will help us deliver the right care for our communities in the future.

Exploring possible new hospital sites – what we learnt and did

The overall geographical zone for the new hospital – between Narberth and St Clears – was agreed because it is the area that would mean most of our population is within an hour of an emergency department (either at this hospital, Bronglais Hospital, in Aberystwyth, or Morriston Hospital, in Swansea).

We have done a lot of work to narrow down the options for specific locations:

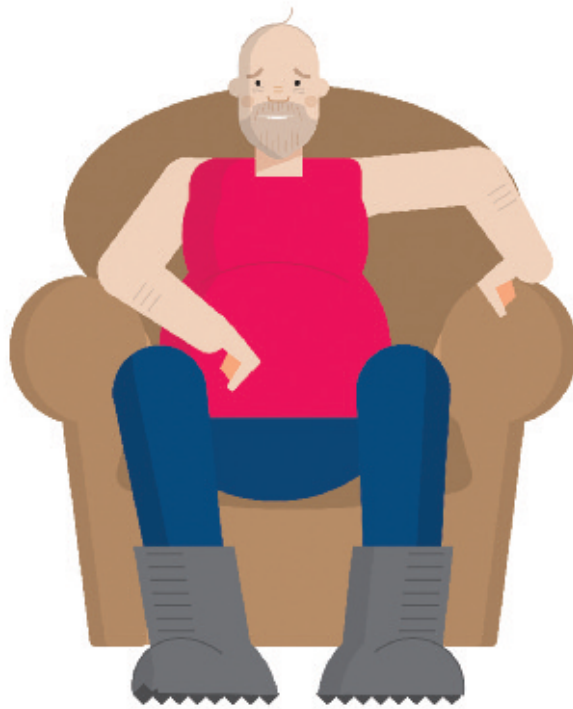
- We looked for sites and asked you for site nominations within the zone during an engagement exercise in summer 2021, called Building a Healthier Future After COVID-19. This, along with our own desktop exercise, helped us identify 11 potential sites. You can find out more about this by visiting our website hduhb.nhs.wales/new-hospital-site and viewing the useful links in our Technical Document area. We also asked you what you thought was important for us to consider when shortlisting sites so we could use this feedback.
- Representatives of key stakeholders including the public, staff, and experts have helped us at various stages to undertake the land appraisal process and evaluate each of our potential sites. The five shortlisted sites were at the time called site C Whitland, site J St Clears, site 12 Whitland, site 17 St Clears and site 7 Narberth.
- Four 'land appraisal groups' looked at the five sites from the viewpoint of clinical considerations, financial and economic considerations, workforce considerations and technical considerations, including what was important to the public. You can read more detailed reports from each of them by visiting our website hduhb.nhs.wales/new-hospital-site and viewing the Technical Documents section (they are called Land Appraisal Reports).

In a Public Board Meeting on 4 August 2022, Health Board members heard all the outputs from the land appraisal groups. You can read the full report from the groups, which include the detail of how and why the longer list of sites were narrowed down to the five considered, by visiting our website hduhb.nhs.wales/new-hospital-site and viewing the Technical Document called Public Board Reports 04 August 2022.

In this meeting, the Board said two sites in Whitland (sites 12 and C) and one of the sites in St Clears (site 17) should remain under consideration and unanimously agreed to consult with the public on these sites.

They eliminated two of the five sites, for the following reasons:

- **St Clears (site J)** – This site had the highest risk score based on the characteristics of the site such as difficulties with emergency access to the site and being more remote from a town centre. It also scored quite a bit lower than the other sites in the technical appraisal process with the public.
- **Narberth (site 7)** – The clinical appraisal group has concerns about this site, due to its location and the impact this may have on the sustainability of the service. They were concerned that this site may lead to a reduction in the number of people choosing to have their babies in Hywel Dda, as opposed to further east, which could also affect neonatal and paediatric care. This could pose a risk to the critical amount of activity needed to keep services safe and sustainable. It could also have a negative impact on the number of beds kept and keeping trainee status, which is our ability to train doctors, nurses, and midwives.



Teulu Jones our illustrative family – Rhys Jones

Rhys Jones is married to Sioned. He is 52 years old and lives in Tumble, near Llanelli. A long-distance lorry driver, he works long hours. He used to live on junk food and his knees are giving him a lot of pain following his rugby days. He has recently lost weight and given up smoking.

The orthopaedic team say Rhys may benefit from surgery to his knee at Prince Philip Hospital, Llanelli. His operation may be postponed a couple of times due to emergencies and staffing problems. Within 18 months he has a successful operation at the hospital. However, he finds it difficult to attend follow-up physiotherapy at the hospital in the weeks following the operation, as he struggles to find family to drive him.

When the new Urgent and Planned Care Hospital is open, Rhys would have his operation there. His operation would be less likely to be postponed as they have designed the hospital so that emergency and planned care are provided in different areas. Following the surgery, Rhys would have physiotherapy in a community health facility near Tumble. He doesn't have to go back to the Urgent and Planned Care Hospital as he has a follow-up with the consultant online using his computer.

Site options in this consultation

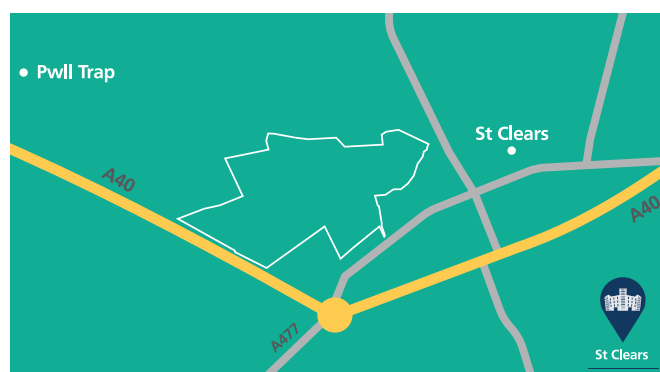
Our Board unanimously agreed that further public consultation is needed on three potential sites for a new Urgent and Planned Care Hospital. In this section, we set out some characteristics of the three potential sites, including what is the same or similar, and their differences. We also include some of the viewpoints from groups who have considered the impacts of where we position the new hospital within the agreed zone.

Site options we are consulting on

The three potential sites are within a small geographical area in the south of the Hywel Dda area, within the county of Carmarthenshire and near to the Pembrokeshire border. Two are near the town of Whitland and one near St Clears.



- **Whitland Spring Gardens (formerly site 12)** is a short distance north-east of the centre of Whitland. It is between the A40 to the north, Whitland rugby pitch to the east, and Spring Garden homes to the south.
- **Whitland Tŷ Newydd (formerly site C)** is part of Tŷ Newydd Farm. The site is to the east of the old Whitland creamery. The town centre and the A40 road is less than one mile to the north of the site.
- **St Clears (formerly site 17)** is land at old Bryncaerau fields, next to the junction of the A40 and A477 in St Clears. The A4066 Tenby Road is to the south, the village of Pwll Trap to the north, and the A40 to the west.



The three sites are similar in many ways:

- They are all big enough for the new hospital and are all on agricultural land.
- They are all considered greenfield, which means they have not been developed and evaluation has found they are all suitable for development.
- Detailed town planning processes will have to be followed for any site chosen, but feedback so far has not identified any significant planning issues.
- They are all close to small towns with similar local amenities such as shops, schools, housing etc.
- The local towns and areas would see economic benefit by having a nearby hospital, but it has not been possible to decide if this would be different per site given how close they are
- They are all within the original zone for the new hospital, between and including Narberth and St Clears.
- It is acknowledged that traffic flow to hospitals in our communities is heavier in the summer months. Due to how close the sites are to each other, this is a common consideration for all our sites.
- Whitland and St Clears (and therefore the three sites) are served by bus routes connecting to Haverfordwest and Carmarthen. All sites would require more bus services to connect communities. They would need more frequent services, running over longer periods of the day, to suit the needs of shift workers and visitors.
- All sites have gas, electricity, and water available to the site, but there would be a need for significant upgrades.
- Improvement to local roads and traffic management would also be needed on all sites, but they all have potential for more than one access point.
- The cost of building the new hospital is estimated to be the same on all sites (estimate £736.9m) but there are some additional costs to securing or adapting each site. You can also see more detail about this by visiting our website hduhb.nhs.wales/new-hospital-site in the Technical Document area and the report is called the Site Cost Summary.
- For all sites we could design the buildings to make the most of sunlight and the natural environment, not only in the outdoor spaces but within the buildings themselves (biophilic design, which is discussed further on page 29).
- There is an aspiration for all sites to be supported by 'place-making' which is a process of creating quality places that people want to live, work, play and learn in.
- The sites do not lie within a Special Area of Conservation and do not require added work associated with prevention of phosphate pollution.
- A historic and desktop-based review of all sites showed no significant sources of contamination.
- Potential environment effects cannot be ruled out on any of the sites at this stage and so all of them would likely need a statutory Environmental Impact Assessment to support a planning application.

Due to the similarities between the sites, groups of people who considered them from certain viewpoints (see earlier chapter on 'What has happened so far') found the differences between them were often too small to have an impact on site recommendations:

- The group looking at technical information about the sites, on their characteristics and what our public thought were important things to consider. Whitland Spring Gardens scored 373, Whitland Tŷ Newydd scored 366 and St Clears scored 372.
- Similarly, scores given by technical experts for the risks associated with different sites, were not materially different, with a score of 145 for Whitland Spring Gardens, 145 for St Clears, and 144 for Whitland Tŷ Newydd.
- The workforce group found little difference between the sites in terms of recruitment or effects on sustaining a workforce.
- The finance and economic group found whilst there were differences in capital costs (outlined in the table below), there was less than 2% difference in the overall estimated costs of the development.

Through the land selection process for our new Urgent and Planned Care Hospital, we undertook engagement with our clinical teams. You can read more about this in the Clinical Land Appraisal Output Report, which is one of the papers included in the Public Board Reports 04 August 2022. You can find these documents in the Technical Document area on our website:

hduhb.nhs.wales/new-hospital-site.

Our clinical engagement work included a process to identify which clinical and support services may have their viability for providing services impacted by the specific siting of the new hospital within an area of the agreed zone between and including Narberth and St Clears (i.e. either further east, central, or west). This exercise, combined with a previous commitment from our Health Board to further explore the impact of a new hospital on women and children's services, resulted in two clinical appraisals. They were:

- Stroke services
- Paediatric, obstetric, and neonatal care services

The clinical expert group for stroke services found any of the areas within the zone would be suitable for a new Urgent and Planned Care Hospital due to the focus on how patients are treated beyond their admission.

The expert group for obstetrics, neonatal services and paediatrics had the viewpoint that there was a difference for the services in the positioning of the hospital within different areas of the zone.

Below, we provide the different characteristics between the sites, including this clinical viewpoint.

You can read more detailed reports about each site by visiting our website

hduhb.nhs.wales/new-hospital-site and viewing the Technical Document called Public Board Reports 04 August 2022.

Issue	Whitland: Spring Gardens (formerly site 12)	Whitland: Tŷ Newydd (formerly site C)	St Clears (formerly site 17)
Clinical viewpoint neonates, obstetrics, paediatrics	Some risk that national guidelines on minimum number of patients treated may not be met, which could affect quality and safety, and staff recruitment and retention		Least risk to guidelines on minimum numbers of patients treated
A&E / Emergency Dept. travel time (average compared against now)	9 minutes longer (on average) 7% population would have faster 999 access to an Emergency Department	9 minutes longer (on average) 7% population would have faster 999 access to an Emergency Department	6 minutes longer (on average) 6% population would have faster 999 access to an Emergency Department
Car travel: instead of Glangwili (for settlements with 1,000+ residents)	13 minutes longer (on average)	13 minutes longer (on average)	7 minutes longer (on average)
Car travel: instead of Withybush (for settlements with 1,000+ residents)	12 minutes longer (on average)	12 minutes longer (on average)	14 minutes longer (on average)
Access by road	Direct access from A40	Currently, no direct access, requires improvements to local roads or would need new highway link directly to the A40	Direct from A40 and A477
Distance from train station	750m	250m	1000m (once station reinstated)
Land ownership	Multiple private landowners	Public ownership	Single private landowner
Flood risk	Low	Yes, on small part – would not build on affected areas	No
Scope for future expansion	Limited scope	Some scope	Limited scope
Scope for renewable energy (not costed)	Potential for offsite	Potential onsite	Potential for offsite
Potential additional costs (subject to inflation)	£19.9m	£28.2m	£20.7m

Travel and transport

A key part of our A Healthier Mid and West Wales strategy is to bring care closer to home and reduce travel for unnecessary hospital admissions or long lengths of stay.

Our Programme Business Case, described on page 16, includes significant investment in community facilities close to where you live. This will ensure that you can continue to receive your care mostly in your own home and communities, or from more local hospitals. You would also come back to these local facilities and services or your own home, more quickly after a stay in hospital. Our aim is for people to need only a short stay in our Urgent and Planned Care Hospital (72 hours).

We have heard that transport and access to the new Urgent and Planned Care Hospital, in an emergency or for planned care, is a cause of concern to staff and our communities.

It is critical that patients, staff, and visitors can access services, including our hospitals. Our new Urgent and Planned Care Hospital needs to be accessible with good transport links.

One of our challenges is that we provide healthcare services across a large area, quarter the landmass of Wales, in mainly rural places.

Having many facilities across our area reduces travel time, but means our clinical services are more fragile – you can read more about this on page 15.

To address concerns about our plans for a new hospital, regardless of the three specific sites, we are developing a Transport and Accessibility Strategy. This will set out our vision for transport to the hospital and our community services. Transport is broad and would cover issues such as emergency and non-emergency patient transport, public and community transport, staff travel, decarbonisation, car parking and taxi or courier provision.

Timely access in an emergency

We know some of you are very worried about prompt access to care in an emergency.

During Our Big NHS Change consultation in 2018, we found that 93% of the Hywel Dda population is within a one-hour travel time by car to their nearest Accident and Emergency Department. This considered the availability of a new hospital within the zone between and including Narberth and St Clears, Bronglais Hospital in Aberystwyth, and Morriston Hospital in Swansea.

The Welsh Ambulance Service Trust (WAST) has also assessed its calls and converted these journey times into average travel times (using average road speeds, as opposed to 999 speeds). This showed, that around 98% of incidents were within an hour of either the new hospital zone, Bronglais, or Morriston hospitals. It is important to note that some emergencies are responded to by clinicians, including consultants, coming to the scene by road vehicle or Air Ambulance, called the Emergency Medical Retrieval and Transfer Service (EMRTS Cymru). Delivery of this care at the scene reduces the risk associated with travelling to a treatment centre. We are pleased to have seen improvements in the access to Wales Air Ambulance, which has increased to a 24/7 service since July 2020.

You can read more information about travel times to the sites by visiting our website **hduhb.nhs.wales/new-hospital-site** in the Technical Document section. The report is called the WAST Site Selection Technical Analysis and it is part of a several reports included in the Public Board Reports of 04 August 2022. It includes analysis of existing travel times by different transport, including bus and rail routes, as well as car and emergency transport.

Non-emergency transport and travel

The Wales Transport Strategy 2021 was launched by the Welsh Government to create an accessible, sustainable transport system.

It aims to encourage people to change their travel behaviour to make greater use of low-carbon, sustainable travel. This includes making alternatives to car travel, such as walking, cycling and public transport, more attractive, easier to use and more affordable.

We know this will be difficult for people living further away from the hospital, or when someone needs emergency care, or are not able to consider alternative options for other reasons. However, in line with national policy, we are developing our new Urgent and Planned Care Hospital with a prioritisation for active travel.

This means we want to make it as easy as possible, and encourage all those who can, to walk or cycle to the hospital. We also want to support public transport over transport by car, so will work with other organisations to improve public transport to the final hospital site. We acknowledge transport by car will be necessary for some people, and that enough parking is needed for those patients, staff, and visitors who need to travel by car.

Wider transport considerations

Our Transport and Accessibility Strategy will agree a vision for transport system opportunities across the Hywel Dda area, as well as a transport model to serve the new hospital.

We are aware of and support other national plans to make improvements to transport, active travel and clean air.

These include the Clean Air Plan for Wales: Healthy Air, Healthy Wales (2020) and the Active Travel (Wales) Act 2013. All these policies are linked by the Well-being of Future Generations Act (2015) and you can get quick links to these documents from our website:

hduhb.nhs.wales/new-hospital-site.

As part of future transport planning for the new hospital, we will also take account of wider economic considerations and look to support people and businesses to make sustainable transport choices.

What we are seeking to learn?

Whilst we consult with you formally on the three potential hospital sites, we are interested to hear your views on opportunities or ideas for reducing transport barriers. We also want to consider environmental impacts and opportunities for reducing greenhouse gas emissions and improving air quality, so that our plans have the least impact on the environment and we are as green (sustainable) as possible.

Equalities and health impacts

Changing health and care services will affect all of us living in the Hywel Dda area regardless of age, sex, disability (physical, mental health and learning disabilities), race, religion, sexual orientation, gender reassignment, marriage or civil partnership, or pregnancy and maternity status.

We must ensure that our proposals are fair to all and take particular care to consider people who are vulnerable. We have already engaged with groups representing vulnerable people and will continue to do so to ensure they are involved throughout our consultation.

We have produced what is called an Equality and Health Impact Assessment (EHIA) for the whole of our Programme Business Case, which includes delivery of our new Urgent and Planned Care Hospital.

You can access the full version of the EHIA here or by visiting our consultation webpages and Technical Document section. If you would like further detailed information, this can be obtained by contacting: **hyweldda.engagement@wales.nhs.uk**

The EHIA, includes an overview of the potential positive and negative impacts on people, and how we will mitigate them and address our equality duties. The document is used to help decision makers when considering future developments.

We updated the EHIA as part of the appraisals we undertook when shortlisting site options for the new Urgent and Planned Care Hospital. The document will be continually updated as we learn more and is available in full by visiting our site consultation web pages under Technical Documents

We also plan to undertake focus groups with the public, and particularly with vulnerable or disadvantaged groups (referred to as people with protected characteristics) or people who may be affected by the building of a new hospital, for example those living close to the three potential sites. Information from these groups will be used in the EHIA as we learn more.

Here is a summary of what we have learnt so far, through our work:

Protected characteristics

Some people with a protected characteristic may be more disadvantaged or face more difficulties when trying to access health care services. The Equality Act 2010 protects people from being treated worse than other people because of:

- Age
- Disability
- Gender reassignment
- Marriage and civil partnership
- Pregnancy and maternity
- Race
- Religion and belief (including no religious belief)
- Sex
- Sexual orientation

In our policies and the way we work, we must:

- Cut discrimination, harassment, victimisation, and other conduct that is prohibited by or under the Act.
- Advance equality of opportunity between persons who share relevant protected characteristics and persons who do not.
- Foster good relations between persons who share relevant protected characteristics and persons who do not.

We also aim to:

- Remove or minimise disadvantages suffered by persons who share a relevant protected characteristic and are connected to that characteristic.
- Meet the needs of persons who share a relevant protected characteristic that are different from the needs of persons who do not share it.
- Encourage persons who share a protected characteristic to take part in public life or in any other activity in which participation by such persons is disproportionately low; and
- Consider how we will tackle prejudice and understanding.

The building of a new Urgent and Planned Care Hospital on any of the three potential sites in the south of the Hywel Dda University Health Board area may cause persons with a protected characteristics to experience positive, and/or, negative impacts, unintended consequences, or gaps in healthcare provision. We will explore further, during this consultation, the potential differences posed by each of the three site options for our new Urgent and Planned Care Hospital. We will also show how negative impacts could be avoided or reduced.

Welsh language

Many of you, 47%, speak Welsh, which is more than average across Wales. The construction of our new Urgent and Planned Care Hospital on any of the three sites will need to reflect the local Welsh language and cultural requirements. This will include compliance with the statutory Welsh Language Standards, ensuring that all communication, including digital, print, and signage, is bilingual in Welsh and English. A new hospital provides an opportunity for the Health Board to celebrate our Welsh language and culture, integrating it into the fabric of the building, and working to promote a bilingual environment for our patients and staff. The Health Board has a target to ensure that 50% of our workforce has a foundation level of skill in Welsh within the next 10 years. The full EHIA provides further details, but we would welcome any other comments.

Deprivation impact analysis

Data on our population shows high areas of deprivation to the east and to the west of our area. Deprivation, a lack in necessities, is a key factor linked to health inequalities.

Areas of high deprivation are also more likely to suffer from fuel poverty and are less likely to have their own transport, which may provide challenges in travelling to the Urgent and Planned Care Hospital. However, the greater availability of community facilities locally, as well as the development of community services and repurposing Glangwili and Withybush as community hospitals, will provide the opportunity to have outpatient appointments and tests done locally.

This means that most patients will continue to receive their care mostly in their own home and communities or from more local hospitals. This will help reduce the potential negative effect of deprived communities having to travel further to the new Urgent and Planned Care Hospital, while also providing care closer to home.



Teulu Jones our illustrative family – Ben

Ben is three years old and lives with his mum Lianne, and Mamgu and Tadcu, Sioned and Rhys in Tumble, near Llanelli. Ben is on holiday in Goodwick, Pembrokeshire, when he slips on the steps whilst crabbing. He has a little bump to his head and a cut above his eye.

Currently, for a minor injury, Ben would be taken to Withybush Hospital, Haverfordwest. If he needed to stay overnight, he would be transferred to Glangwili Hospital. Doctors may decide to keep him in overnight in case he deteriorates. He may be discharged the next day and any follow-up outpatient appointments would be in Glangwili Hospital, in Carmarthen, which is a 20 minute or so drive away.

When a new Urgent and Planned Care Hospital is in place, Ben would be taken to Withybush Community Hospital for treatment. If doctors felt he needed an overnight stay in case of deterioration, they would transfer him to the new hospital. He may be discharged the next day. A follow-up outpatient appointment would be in a community health and care facility close to where he lives in Llanelli, saving on time, travel, and cost.

How will this contribute to well-being and future generations?

Our ambition to deliver A Healthier Mid and West Wales, and delivery through our Programme Business Case, is part of our response to deliver the aims of the Well-being of Future Generations (Wales) Act 2015.

The Act requires public bodies in Wales to think about the long-term impact of their decisions, to work better with people, communities, and each other, and to prevent persistent problems such as poverty, health inequalities and climate change.

The Act names five ways of working which we will adopt:

- Long term
- Integration
- Involvement
- Collaboration
- Prevention

Our health and care strategy, and the new hospital, will contribute to the seven well-being goals, which are:

- A prosperous Wales
- A resilient Wales
- A healthier Wales
- A more equal Wales
- A globally responsible Wales
- A Wales of vibrant culture and thriving Welsh language
- A Wales of cohesive communities

A sustainable future

We have a Decarbonisation Delivery Plan in response to the Welsh Government ambition for NHS Wales to contribute towards a public sector wide net zero target by 2030. You can read this in full by visiting our website hduhb.nhs.wales/new-hospital-site and seeing the links to useful documents. This plan covers improvements in areas such as carbon management, buildings, transport, procurement, estate planning and land use, and delivering sustainable care that makes best use of technologies and advances in medicine.

Our aim, supported by the Programme Business Case to transform health and care in mid and west Wales, is to reduce our carbon footprint by 34% by 2030. Our objective is to be an exemplar for the NHS and wider public sector.

Biophilic hospital design for well-being

Design of the new Urgent and Planned Care Hospital and other community facilities will follow the principles of biophilic design.

Biophilic design means that our buildings and surrounding areas reflect our natural environment – not only in the gardens of the new hospital, but within the wards, offices, and corridors. This can be through the incorporation of natural materials, plants, or other natural features that enable our patients and staff to benefit from being closer to nature. The benefits of biophilic design can include a calmer environment for staff, patients and their families, increased creativity, productivity, and reduced stress, reduced post-operation recovery times and reduced use of medication.

We are learning from the successful biophilic design in healthcare settings in the UK, such as Alder Hey Children's Health Park, and overseas, such as Khoo Teck Puat Hospital in Singapore.

We want our staff and communities to be involved in the design and so we will keep involving you in this. When the new Urgent and Planned Care Hospital and other community facilities are built, we want them to feel like public assets, open to the community, and connected to the local natural environment.

We also see our overall Programme Business Case as an opportunity for skills in construction and maintenance to be developed and used locally so that we are doing our best to contribute to our local economy and deliver benefit for our communities (social value).



What happens next?

In this document we have set out what this consultation is about, a quick description is found on page 7.

How you can get involved

Information on how to get involved will be available at a range of places including hospitals, community premises, council buildings and voluntary sector organisations.

We aim to hold drop-in events, in person and on digital platforms, and will assess our plans continually considering any potential impact from COVID-19.

We will share regular updates on our website **hduhb.nhs.wales/new-hospital-site**, and our social media pages (Facebook, Twitter, Instagram, and YouTube), and we will work closely with local media including local radio and press organisations.

We really appreciate you taking the time to give us your views – every person's input matters.

In this consultation about our new Urgent and Planned Care Hospital, we want to know:

- Which of three potential sites you think is the best location for our new hospital and why.
- Concerns you may have about any of the three potential sites, so we can be aware of them and avoid, address, or reduce the impact of them if possible.
- Anything else you think we need to consider – we look forward to hearing any new ideas you may have.

Your feedback, along with other evidence and considerations, will help Hywel Dda University Health Board choose the best site on which to build our new Urgent and Planned Care Hospital on.

Please take the time to read this document and then tell us what you think. You can do this by:

- Completing the questionnaire accompanying this document and posting it to:
Opinion Research Services, FREEPOST SS1018, PO Box 530, Swansea, SA1 1ZL (you will not need a stamp)
- Online at: **hduhb.nhs.wales/new-hospital-site**
- Emailing us: **hyweldda.engagement@wales.nhs.uk**
- Speaking to us at one of our events (visit the website above for an event near you or online), or by telephoning **0300 303 8322** (local call rates)
- Through social media using **#HywelDdaHospitalSite**
 - o **Twitter @HywelDdaHB**
 - o **Facebook @SafleYsbytyNewyddHywelDdaNewHospitalSite**

The deadline to tell us what you think, so your opinions can be included in the consultation, is Friday 19 May 2023.

Your feedback and privacy statement

We have contracted an independent research organisation Opinion Research Services (ORS) to collect and analyse all the feedback received as part of this consultation. Together with them, we are collecting your feedback so we can use your views to help us with our decision making about a site for a new Urgent and Planned Care Hospital.

ORS will provide an independent analysis and output report to the Health Board. This will be shared with the Community Health Council (to be replaced by the Citizen Voice Body during this consultation) to receive its comments. The feedback we receive from individuals will be anonymous. Views provided by organisations or people acting in an official capacity may be published in full.

The Health Board is collecting the data you submit as essential information for us to perform the public task of consulting with you, and this is the legal basis on which we are using your personal data. The Health Board and ORS will process any information you provide in response to this consultation in line with the latest data-protection regulations. The Health Board and ORS will hold any personal information provided until any outcomes of the consultation are implemented, or for a maximum of one year.

For our full privacy statement on this consultation, please visit **hduhb.nhs.wales/new-hospital-site**.

We are listening

We know it is important to keep you updated, especially when you have taken the time to share your thoughts and views with us.

The output report will be published, fully considered, and discussed as part of a Health Board meeting likely held towards the end of the summer 2023. Health Board meetings are held in public, with people either able to attend in person or to watch digitally. We will advertise this meeting on our website **hduhb.nhs.wales** and social media pages.

A project group for the consultation, made up of Health Board staff, will put forward a recommendation to the Health Board's Directors and Independent Members on the potential ways forward for narrowing down or choosing a site for a new Urgent and Planned Care Hospital. This is called the final report.

Board members will consider all they have heard leading up to, and during, this consultation, including the Equality and Health Impact Assessment, which will consider how people could be impacted and what needs to be done to reduce negative impacts. They will also consider any new information that may come to light as a result of the consultation or ongoing technical and commercial work. It may be several years before we open a new hospital to the public. This is because the Health Board needs to know the outcome of both the consultation, and its Programme Business Case application to Welsh Government to secure necessary support and funding.

How we will feed back to you

We will publish both the independent output report and the final report on our website, and we will officially announce when it is available.

We will share these reports as widely as possible with people living in our area who have asked to be kept up-to-date on developments and by using updates through key stakeholders, the local media, and social media. If you wish to receive this, please contact Siarad Iechyd / Talking Health by emailing **Hyweldda.Engagement@wales.nhs.uk**, calling **0300 303 8322** (local call rates), or writing to us at: **FREEPOST HYWEL DDA HEALTH BOARD**

Thank you, diolch yn fawr.



Thank you | diolch yn fawr
