COFNODION Y CYFARFOD BWRDD IECHYD PRIFYSGOL CYMERADWYO/ APPROVED MINUTES OF THE UNIVERSITY HEALTH BOARD MEETING

Date of Meeting:	**9.30PM, THURSDAY 4TH AUGUST 2022**
Venue:	**S4C STUDIO, COLLEGE ROAD, CARMARTHEN**

Present:	Miss Maria Battle, Chair, Hywel Dda University Health Board Mrs Judith Hardisty, Vice-Chair, Hywel Dda University Health Board Mr Maynard Davies, Independent Member (Information Technology) Associate Professor Chantal Patel, Independent Member (University) Miss Ann Murphy, Independent Member (Trade Union) Mr Paul Newman, Independent Member (Community) Ms Delyth Raynsford, Independent Member (Community) Mr Iwan Thomas, Independent Member (Third Sector) Mr Steve Moore, Chief Executive Professor Philip Kloer, Executive Medical Director and Deputy Chief Executive Mr Andrew Carruthers, Executive Director of Operations Mr Lee Davies, Executive Director of Strategic Development and Operational Planning Mrs Lisa Gostling, Executive Director of Workforce and Organisational Development Mrs Mandy Rayani, Executive Director of Nursing, Quality and Patient Experience Mr Huw Thomas, Executive Director of Finance
In Attendance:	Ms Jill Paterson, Director of Primary Care, Community and Long-Term Care Mrs Joanne Wilson, Board Secretary Mr Mansell Bennett, Chair, Hywel Dda Community Health Council Ms Donna Coleman, Chief Officer, Hywel Dda Community Health Council Dr Joanne McCarthy, Deputy Director of Public Health Ms Alwena Hughes-Moakes, Director of Communications Mrs Eldeg Rosser, Head of Capital Planning Ms Sonja Wright, Committee Services (Minutes)

Agenda Item	Item	Action
PM(22)146	**INTRODUCTIONS & APOLOGIES FOR ABSENCE**	
	The Chair, Miss Maria Battle, welcomed everyone and explained that, given the importance of this Public Board meeting, discussions would move directly to Agenda Item 2 (the Land Identification Plan) in order to allow as much time as possible to debate the site choices which were presented. Apologies for absence were received from: • Ms Anna Lewis, Independent Member, Community • Mr Winston Weir, Independent Member, Finance • Ms Sian Howys, Associate Member, Social Services • Dr Mohammed Nazemi, Chair, Health Professionals Forum • Ms Hazel Lloyd-Lubran – Chair Stakeholder Reference Group • Mr Sam Dentten, Hywel Dda Community Health Council	

	• Ms Alison Shakeshaft, Executive Director of Therapies & Health Science • Mr Baba Gana, Chair of Black, Asian and Minority Ethnic (BAME) • Dr Hashim Samir, Vice Chair of Black, Asian and Minority Ethnic (BAME)	

PM(22)147	**DECLARATION OF INTERESTS**	
	No declarations of interest were made. Miss Battle requested that any interests which became apparent during discussions be indicated immediately.	

PM(22)148	**DELIVERING ON OUR PURPOSE – IMPLEMENTING THE HEALTHER MID AND WEST WALES STRATEGY – LAND IDENTIFICATION PLAN**	
	By way of introduction, Mr Steve Moore explained that this meeting represents a further step towards realising the ambition set out in Hywel Dda University Health Board's 2018 strategy- *A Healthier Mid and West Wales – Our Future Generations Living Well* - and should be viewed within the context of all other steps which the Health Board (HB) is taking to achieve this strategy – for example, the Cross Hands Business Case, the community discussions which are being held in Fishguard and Llandovery and the work being undertaken in Aberystwyth to establish the Integrated Care Centre. Mr Moore informed Members that at each stage in implementing its strategy the HB has endeavoured to ensure that it remains fully engaged with the communities it serves and expressed his belief that this engagement has been successfully sustained to date. Members were assured of this continuing commitment as Mr Moore referenced recent meetings held with county councillors and town and community councils and highlighted the particular importance of engaging with those who have concerns in relation to what is in effect a very significant change in the way in which the HB operates. Members were reminded that the provision of a new Urgent and Planned Care hospital represents a once-in-a-lifetime and long overdue opportunity to invest in the people and businesses of West Wales and were advised that today's Public Board meeting is a further step in the long process which Hywel Dda University Health Board (HDdUHB) has been following. For the benefit of members of the public, Mr Moore explained that while a great deal of information was presented in both the Board papers and the presentation slides, Members had already had opportunities to review this information in detail and that the pace with which relevant details would be presented in the meeting would be dictated by the need to meet requirements to evidence information within the public domain and would not therefore reflect the thoroughness of the scrutiny and consideration which had already been applied by the Board to the matters under review. Presenting the slides, Mr Lee Davies introduced Mrs Eldeg Rosser, who was attending the meeting in order to answer any queries in relation to the work which had been undertaken in the land appraisal process, and proceeded to explain to Members that while the 2018 strategy was fundamentally based upon a change in the model of care rather than being limited to the building of the new hospital, the latter nevertheless represented an integral element in the delivery of the strategy, with the	

changes and investment involved having been set out clearly in the Programme Business Case (PBC) which had been presented to the Board in January 2022 and which was subsequently submitted to Welsh Government (WG) in the following month.

Members were advised that each stage of the land appraisal process (including the methodology upon which it was based) had been presented to the Board for endorsement, and that Board Members were therefore cognisant of the 5 sites which had been selected and of the 4 appraisal workstreams which had been established to provide evidence upon which any decisions relating to the elimination of specific sites from the next stages of the work would be based.

Mr Lee Davies explained that the covering 'SBAR' report included with the papers was supported by appraisal workstream reports and appendices containing a significant quantity of information and detail, together with a presentation which was intended to assist Members in navigating the information provided and to focus upon the key points for consideration. Members were reminded that some specific site information had previously been discussed in the Board Seminar meeting held on 13th July 2022, where it had been agreed that the Board, in its meeting today, would be asked to consider 2 issues in particular

- Which sites to take forward for further consideration
- The need to undertake a public consultation

In respect of the proposed public consultation, Mr Lee Davies drew Members' attention to a meeting held with the Hywel Dda Community Health Council (CHC) on 22nd July 2022 and the subsequent CHC recommendation that a consultation be held with members of the public and stakeholders in relation to site selection. Here Mr Lee Davies highlighted the recommendation in the SBAR that the Board approve the CHC recommendation to commence a public consultation process and advised Members that details of the methods to be used to consult would be presented for approval at a future Board meeting.

Members' attention was drawn to the fact that the number of sites retained as options would have a consequence for the HB in terms of the need to invest in further site investigations, and that this would result in implications for the programme timeline and associated costs. Members were assured that the HB would continue to work closely with WG in regard to the next steps, recognising the level of both government and national interest in the programme.

Mr Lee Davies proposed that review and discussion of the evidence presented in this meeting be structured around an examination of the factual information, including the Technical, Clinical, Workforce and Financial and Economic appraisals, pausing at the end of each workstream summary to provide opportunity for questions and comments and, recognising time constraints, moving through these stages relatively quickly in order to allow ample time for discussion and deliberation regarding the next steps to be taken.

Mr Davies proceeded to present slides showing the outcomes and implications of the various appraisal workstreams and highlighted the following key points:

- A summary of the appraisal workstream outputs (noting that the Clinical Appraisal comprised 2 main service strands – Stroke and Neonates, Obstetrics and Paediatrics) presented findings and scorings linked to each of the 5 proposed sites: Site 7 (Narberth), Site 12 (Whitland), Site C (Whitland), Site J (St Clears) and Site 17 (St Clears). The 2 highest scoring sites were Site 12 (Whitland) and Site 17 (St Clears). Members' attention was drawn to the fact that the score for Site J (St Clears) was approximately 10% lower than the scoring for the other sites, which represented a meaningful distinction.

- The differences between the relative scorings for the other sites lay within a margin of around 8 points; Members were advised that while this scoring was in itself not of statistical significance, the underlying information was instructive to the Board, given that each site had scored differently against the various selection criteria applied.

- While the summary of Clinical Appraisal outcomes indicated a significantly stronger view in relation to Neonates, Obstetrics and Paediatrics services than to Stroke services, the Workforce Appraisal was not conclusive. The Technical Risk scores reflected the differences between the different sites, which would be covered in further detail in a later slide.

- In order to verify that an open and transparent process had been undertaken in relation to site identification and appraisal for the proposed new Urgent and Planned Care hospital, the HB had requested that a Quality Assurance assessment be undertaken by the Consultation Institute. Members were assured that the process had accordingly been awarded 'best practice' recognition by the Institute.

- Work undertaken to date to inform the site identification process commenced in Summer 2021, where public site nominations initially produced a list of 11 potential options which were subsequently reduced to 5 through a shortlisting process informed by a desktop study of technical considerations undertaken in October 2021. This shortlist had been finalised and endorsed by the Board in March 2022, at which point work to inform the 4 appraisal workstreams had begun.

- In regard to the Technical Land Appraisal workstream, a 3-stage process had been followed: determination of the criteria by which each site would be assessed, followed by a public process with 52% representation from the public and 48% representation from HB staff, followed by a 'Site Scoring' workshop facilitated by the Consultation Institute. Members were assured that every effort had been made to ensure that public representation at the Technical Appraisal workshops reflected a range of characteristics, ages and geographical areas, recognising however that this represented only a small proportion of the HB's population.

- The outcomes from the 'Criteria Weighting' exercise (which was conducted via a virtual workshop held with members of the public, HB staff, key stakeholders and expert advisors) have been endorsed by the Board and show that transport and accessibility is considered by

participants to be the most important factor in selecting a site, which reflects the public view expressed in wider discussions regarding plans for the new hospital.

- The second, 'Site Scoring' workshop was attended by technical experts and focused upon a detailed review of each site option. Members were informed that this had included an engaging discussion and lively debate and, despite some challenges in achieving the desired levels and degree of representation from each locality, had proved effective in drawing out the key points relating to each site which had in turn informed the scoring which each participant allocated to the options presented.

- The characteristics of each site option were summarised in turn, including key considerations, strengths (including accessibility and scope for site expansion), weaknesses and risks (including the need to divert services and the potential for phosphate pollution).

- Members were advised that the acquisition of County Council-owned land would be considerably more straightforward than that of privately-owned sites, as there is an agreement in place between public sector bodies for the transfer of land which mitigates the requirement for protracted negotiations.

- In regard to the size (acreage) of the sites and the potential for further expansion through acquisition of adjoining land, Members were advised that opportunities existed to use additional land for positive gain – for example, through the development of accommodation for staff and patients and the siting of facilities (eg. a solar farm or wind turbines). Members were further advised of the HB's ambition to utilise whichever site is chosen to support biodiversity and other environmental improvements and to provide a healthy, restful and inspiring environment for both staff and patients.

- Following a detailed review of the attributes and weaknesses of each site, the 'raw' scoring allocated by participants in the Site Scoring workshop to each of the 5 site options was subsequently adjusted by the Consultation Institute to increase the public weighting in order to reflect the relative proportion of public representation of 52%. This changed both the absolute scoring and the relative scoring between the sites.

- The weighted total scores showed that Site J (St Clears) consistently scored low across the various criteria applied, having the lowest total score (334), while other sites' scoring reflected different strengths and weaknesses across the categories. Members were advised that the scores met expectations in terms of showing that all sites involved have some degree of limitation and risk which would need to be fully considered.

- The risk scores show 3 sites scoring lowest (having similar scoring) with the remaining 2 – Site 7 (Narberth) and Site J (St Clears) having higher risk scores (164 and 171 respectively).

Thanking Mr Lee Davies for a very comprehensive summary and for the highly detail information which had been presented to Board Members, Miss Battle opened the meeting to questions.

Mrs Judith Hardisty requested an explanation of the implications for sites which are outside Local Authority (LA) Development Plans, given the impact of this factor upon risk evaluation, and further queried the impact of the 'ransom strip' of land upon the viability of Site 12 (Whitland), recognising that this had been listed as a weakness in the presentation.

In relation to Mrs Hardisty's first query, Mr Lee Davies explained that each LA was required to set out its development plans for different areas (in respect of residential and commercial building etc) and that while this did not in itself preclude development upon sites which sit outside the plans, negotiations with the LA would be required, which would represent a further potential challenge and delay in the process. Furthermore, the fact that a site was not included in the LA Plan could often reflect the fact that due to location and physical characteristics it was intrinsically unsuitable for development and Members were advised that this consideration related particularly to Site J (St Clears).

Responding to Mrs Hardisty's second query, Members were informed that while land acquisition negotiations with public sector partners were relatively straightforward, being based upon a District Valuer's assessment of land value and following prescribed transfer processes, negotiations with private landowners were typically subject to the individual's willingness to sell at a value which is close to the District Valuer's evaluation. Mr Lee Davies pointed out that while this applied particularly to the 'ransom strip' linked to Site 12, it also impacted upon all sites which were in private ownership, and that the issue of individual valuations becomes more complex and potentially challenging in direct proportion to the number of private landowners who are involved in negotiations. Members were informed that while the 'ransom strip' itself currently has limited value in terms of opportunities for development, its potential value would be substantially increased as a result of its proximity to the larger adjoining site, the planned development of which is dependent upon acquisition of the strip.

Referencing the weighting attributed to transport and accessibility in scoring the sites, Mrs Delyth Raynsford noted the inclusion of proximity to railway stations as a factor and argued that a large proportion of the HB's population do not, in fact, travel by train and would be more likely to access the new hospital via car or bus. In light of this, Mrs Raynsford queried the degree to which other modes of transport had been factored into scoring criteria and whether due consideration had been given to the seasonal use of the road network, given the number of visitors to the HB area.

Mr Lee Davies reassured Members that public concerns relating to transport and access were fully recognised, that work had been undertaken with Transport for Wales to understand options for infrastructure improvement and that substantial information relating to the analysis of different modes of transport had been included in Members' information packs. Members were advised that this analysis necessarily

reflected the challenges inherent in the geography of the HB area and was based upon estimations of journey time linked to various means of transport, which – however – did not include factors such as time of day and other variables which might affect travel time.

Noting that there was currently a relatively limited bus service upon the A40 route which represented a concern for both the HB and for members of the public, Mr Lee Davies explained that while transport and accessibility was viewed as a primary consideration by members of the public, the fact that all sites listed as options lie along the same trunk road (the A40) also accounted for the relatively slight scoring differentiation between sites within this category.

In response to a further query from Mrs Raynsford as to whether Members could be confident that the 'quiet' and seldom-heard voices among the HB's population and staff had been actively sought and reflected through consultation, Members were assured that in both the Technical Workshop appraisal and via the Equality and Health Inequalities Impact Assessment (EHIIA), the HB had made substantial efforts to seek a wide range of views. Members were advised that the EHIIA responses (which had been adjusted to reflect a greater focus upon Pembrokeshire) had captured a range of opinions across the HB area and that the key points drawn out through the EHIIA aligned with general public concerns. Mr Lee Davies concluded that Mrs Raynsford's query had a direct bearing upon the CHC recommendation relating to public consultation (as referenced earlier in discussions).

Associate Prof. Chantal Patel requested further explanation of the methodology supporting the derivation of the weighted total scores and the degree to which these reflect HB's priorities. Mr Lee Davies explained that the 6 criteria which were applied had been developed during a dedicated workshop which was followed by a further workshop, attended by staff and public representatives, in which each criterion, together with associated considerations, was explained in detail and was subsequently weighted by and scored by attendees - this scoring subsequently being adjusted to reflect the aspirational 52% public and 48% staff balance.

Members were advised that the 5 site options had all been considered to be viable from a technical perspective, which was reflected in the relatively close scoring, although it was evident that Site J (St Clears) consistently scored lower across the different criteria. Members further noted that there was no statistically significant difference between the other 4 sites, with scorings reflecting the different strengths and weaknesses relating to each option.

Thanking Mr Lee Davies and the Planning Team for the work and extensive consultation which had been undertaken, Mr Iwan Thomas observed that while the scores appeared to be relatively clear and straightforward in terms of ranking, given the scale of the opportunity for West Wales presented by the development of a new hospital, it was incumbent upon the Board to take a wider view and to seek further insights in terms of 'future-proofing' *ie.*to investigate potential additional services and facilities which could be located on whichever site was selected and to explore opportunities to utilise the development to support the local

economy. In this respect Mr Thomas suggested that while Site 12 (Whitland) had been allocated the highest total weighted score and, at 47 acres, had a 20% capacity for expansion, Site C (Whitland), with an acreage of 157, was LA-owned which (as previously explained) would facilitate a relatively straightforward acquisition process and might provide opportunities for the HB to work with a public sector partner who wished to see investment and expansion within the region.

Continuing the theme of future investment, Mr Iwan Thomas queried whether consultation had included the identification of wider opportunities which would be afforded by a larger site among factors for consideration - eg. for business development and affordable housing - or whether the focus of consultation had been exclusively upon the new hospital. As a further example of 'future-proofing', Mr Thomas suggested that a section of the 157-acre site (Site C) could be earmarked and promoted as a space for local enterprise, which might in turn form part of the procurement and supply chain opportunities for the new hospital and serve as a business hub for the wider communities within the Hywel Dda area.

In response, Mr Lee Davies observed that while (size-wise at least) Site C provided a greater degree of physical opportunities and would be easier to acquire (as reflected in the scoring and risk-ratings assigned in the workshop) there would be a requirement to divert 2 high pressure gas mains which cross the site and to acquire additional adjoining land to the north, which would involve negotiations with a private owner. Mr Davies confirmed that potential opportunities for additional use of the site, given its size, were included in workshop discussions and that the advantages of a large area were included among the balanced consideration of strengths and weaknesses which had been applied to all the sites. Members were advised that further information in relation to all the sites was required, particularly in relation to negotiations with the landowners involved.

In regard to Mr Iwan Thomas's point relating to the identification of wider long-term opportunities, Mr Lee Davies agreed that land ownership would enable the HB to realise some of these and informed Members that, having selected a site, it might be possible to explore opportunities to acquire adjoining parcels of land in order to increase overall acreage at a later date.

Members proceeded to review the Clinical Land Appraisal, being advised that as part of the HB's strategy and following consultation, engagement and analysis which had been conducted in 2017/18, an overall zone had been designated for the building of the new hospital, with the default position being that, from a clinical perspective, any site within that zone would be suitable in terms of delivering services.

Members were advised that it had become apparent during this consultation that particular issues were linked to Paediatric, Obstetric and Neonatal service provision and that given changes in Stroke Service models across the UK which include the development of centralised Hyper Acute Stroke Units (HASUs), there had been agreement to undertake further engagement work in relation to the siting of these services.

Members noted that clinical engagement (including 2 workshops) had been included as part of the Land Selection process in order to identify whether there would be an impact from the siting of the new hospital upon the sustainability of wider clinical and support services (apart from those services previously referenced which were to be tested further). Outputs from the 2 workshops had been further tested with wider clinical groups, the Healthcare Professionals Forum and the Stakeholder Reference Group.

Mr Lee Davies explained that while the majority of the responses relating to Stroke Services indicated that the delivery of an effective service depended less upon location than upon the range of services and facilities which would be available in the new hospital and that (therefore) any point within the zone would be suitable, there was a general recognition that a central or east site would be preferable in terms of unit activity and of enabling access to workforce, particularly senior Stroke Clinicians, given proximity to major conurbations such as Swansea.

Members were informed that outcomes from the Paediatric, Obstetric and Neonatal Services workshop were significantly more definitive, reflecting a view that the location within the zone had the potential to present a significant risk to the delivery of these services, depending upon the site chosen, with a location further east representing less of a risk, and a preferred option to site services further east of the proposed zone.

Members' attention was drawn to the data analysis relating to birth numbers within the Hywel Dda area presented in the Clinical Appraisal, which, while recognising that there are a number of unknown factors, provides an indication of the modelling assumptions used in estimating the impact upon birth numbers of the siting of the new hospital. Members were informed that while it can be reasonably be assumed as a starting point that people will travel to their nearest hospital to give birth, evidence shows that, for a variety of reasons, many are willing to travel further (around 10 minutes' travel time) to access a hospital of their choice, which leads to some uncertainty in predicting what people's behaviours might be in these cases.

Members were advised that as Obstetrics services are already centralised in Glangwili General Hospital (GGH), a move further west would be likely to result in a reduction in the number of births within the new hospital, or at least (based upon scenarios involving a willingness to travel further) a sliding scale of births reduction and noted that this represented a key concern of both Obstetricians and Paediatricians involved in the engagement process.

Reflecting upon the importance of Paediatric, Obstetric and Neonatal services, both for the HB's population and for the integrity of the new hospital, Prof Philip Kloer explained that not including these services among those provided by the new site would impact upon the provision of all other services and that it was therefore crucial to ensure that there is certainty when building the new hospital that sustainable Paediatric, Neonatal and Obstetrics services could be provided within it.

Prof Kloer stated if these services were not provided within the new hospital, the nearest Paediatric, Obstetrics and Neonatal Unit would be in Singleton Hospital, which is a significant distance from the Pembrokeshire and Ceredigion populations. Prof Kloer added that, given the significance of implications relating to choice of site to deliver these services, it was very important to listen to the clinical opinions which the HB had sought.

In relation to birth numbers, Members' attention was drawn to the figure of 2,500 which was presented in the Clinical Appraisal appendices. Prof Kloer explained that this number had been taken from a report produced by the Royal College of Obstetricians and Gynaecologists (RCOG) in 2010, in which this number was considered to be the total amount of births required within an organisation to enable it to maintain a training facility, as this amount would provide a sufficient mix of common and rarer cases both to train junior doctors and to allow consultants and midwifes to maintain their skills and the currency of their knowledge. Prof Kloer added that while the documents produced by the RCOG in 2021 and 2022 did not reference this number, the peer-held view remains that birth numbers of less than 2,500 will incrementally threaten the sustainability of an Obstetric and Neonatal Unit.

Members' attention was also drawn to concerns expressed in reports from the Nuffield Trust and the RCOG to health inequalities which arise when these units are situated at considerable distances from local populations.

Prof Kloer reiterated the point made earlier by Mr Lee Davies regarding uncertainties in the modelling which has been undertaken to support decision-making processes relating to Obstetric services – for example in birth numbers, in additional travel time which people are willing to accommodate, and in the future facilities provided by Swansea Bay University HB (SBUHB) and highlighted the need to include birth numbers as a key factor upon which to base decisions regarding the siting of the new hospital, given that the HB is planning to establish a new service which would be in place for at least the next 50 years.

Noting this reference to establishing a service for future generations, Mr Paul Newman queried the extent to which the latest census figures had informed the HB's data modelling (and therefore considerations relating to choice of site), recognising that these figures evidence the changing demographic of the HB's population. Mr Lee Davies explained that the figures used to model activity in relation to travel times, as presented in the Clinical Appraisal summary, did not project forward but are based on a re-working of 2019/21 figures. Members were advised that while there has been a declining birth rate in the HB area over the previous 20 years, forward projections indicate that the rate of this decline will slow over the next 10 years, beyond which point a levelling-out of birth numbers is currently predicted. Members were advised that that the HB could therefore reasonably anticipate a loss of between 200 and 300 births from the total, irrespective of changes in service configuration, although modelling indicates an increasing additional decline in birth numbers the further west the new hospital is placed. For comparative purposes, members were informed that there are currently around 3,100 births within the HB's resident population, 260 of which are delivered in Singleton Hospital.

Mr Newman queried the extent to which demographic data indicating an increase in the HB's elderly population had been factored into modelling relating to likely increases in demand upon Stroke services. In relation to stroke data, Mr Lee Davies explained that while numbers have been relatively consistent over recent years, demographic projections suggest that there is likely to be an increase in the number of strokes among the HB's population, which would hopefully be offset by increased access to preventative medicines and enhanced provision of care in the community.

While agreeing that an increase in the age of the population proportionately increases the likelihood of a rise in the number strokes, Prof Kloer pointed out that the issue for consideration lay in how sufficient capacity could be built into a Stroke Unit within the new hospital rather than in service sustainability *per se*.

Referring to general findings from the Clinical Appraisal indicating that the clinical view is that any area would be considered to be suitable for the siting of Stroke services, subject to the provision of safe and sustainable pathways and good quality care following admission, Miss Battle referred to findings from a face-to-face workshop held with stakeholders, including patient representatives, which showed that in response to the question: *'Will the Western area (Narberth) allow for Safe, Sustainable, Accessible and Kind services for the majority of stroke patients?'*, the response of the majority of participants (6 out of 11 people) was 'no'. Miss Battle added that a ranking poll indicated Narberth (Western area) also ranked the lowest overall among the 3 proposed areas and sought comments to explain this view.

Mr Lee Davies explained that discussions in the workshop had included considerations relating to the size of the new combined Stroke service, which would depend upon its proximity to SBUHB, where a HASU was being developed which would draw in a proportion of HDdUHB residents. Responses had also taken into account the relative balance between service activity and ability to attract resource (staff), which in turn determines the sustainability of the service. Members were informed that the scoring allocated to Narberth (West) reflected the view that a central (Whitland) or East (St Clears) site would have better access to workforce.

Miss Battle further highlighted a common point made in relation to both Stroke and Paediatric, Obstetric and Neonatal services in terms of the degree to which the site choice for the new hospital would impact upon SBUHB's capacity to absorb activity from the Hywel Dda area. Mr Lee Davies agreed that wherever the hospital is sited, there would be a degree of impact upon SBUHB services and confirmed that discussion had been held with that HB. Mr Davies suggested that the interim period between the present and the completion of the new hospital would afford opportunities to mitigate or to absorb this impact.

From a more general perspective, Mr Moore reflected that all services would become less resilient the further west they were sited and that the reduction in critical mass would in turn impact upon clinicians' ability to improve their skills and the HB's ability to attract staff. Mr Lee Davies agreed that there is a clear correlation between activity, workforce and the

range of services which can be provided and observed that while the focus of discussion is those services which are currently provided, there are many further, novel, services and treatments which have yet to be developed which would require a certain level of activity base to enable their effective delivery. Mr Davies added that while these future services are unknown and cannot therefore be assessed, they are nevertheless relevant to considerations regarding the location of the new hospital.

Reiterating the points made by Mr Moore and by Miss Battle, Prof Kloer advised members that a location in the west of the zone would inevitably result in increased patient flow to SBUHB, which would in turn impact upon its system capacity, leading to a flow of resources from HDdUHB to service these additional system requirements which would result in a lower critical mass to build into HDdUHB's services.

Mrs Hardisty queried the extent to which the relationship between women and midwifes had been factored into assumptions regarding where people would choose to go to give birth. Prof Kloer confirmed that midwifes had had a strong voice in discussions, which had included the exploration of potential mitigations which could be put in place to reduce the flow of expectant mothers into SBUHB, such as locating midwifery-led units close to the border between the two health boards. Members were informed that both midwives and medical staff had emphasised the importance of the relationship built between the midwife and mother-to-be and held a common view that establishing strong and effective ante-natal facilities in the Llanelli and Amman Valley areas could constitute a key mitigation against flow from west to east to access maternity services. Responding to a query from Mr Mansell Bennett in relation to SBUHB plans to move Paediatric and Obstetric services from Singleton to Morriston Hospital, which would be easier for the HDdUHB population to access, Prof Kloer explained that these plans had since been revised and confirmed that Obstetric care would be maintained in Singleton Hospital.

Mrs Lisa Gostling provided an overview of the Workforce Appraisal, informing Members that the Workforce Land Appraisal Group had based its considerations upon the impact of zone choice upon the HB's ability to attract and retain a workforce. Members noted that zone rather than site options had been included as a basis for appraisal and that the 3 zones under consideration were Narberth (West), Whitland (Central) and St Clears (East). Members were advised that factors for specific consideration included the availability of local amenities, travel time to work and the impact on those members of the workforce who would be required to relocate to the new Urgent and Planned Care Hospital. Members further noted that staff views had been gathered via an online internal survey and drop-in centres.

Mrs Gostling explained that an appraisal showed that each of the 3 zones had similar amenities and therefore, from a wellbeing perspective, no option could be viewed as being more advantageous than another. In terms of travel analysis, Members were informed that current home-to-work travel times and patterns had been compared with those which would apply to the potential new work base options and noted that the 3 zones have similar accessibility issues which suggest a general increase in travel for many staff members in the event of transfer from Withybush General

Hospital (WGH) and GGH to any of the 3 zones. In this respect, Members again noted that no zone was considered to have an advantage over the others.

Members were advised that analysis of access to work base had been based upon the categorisation of staff resources in terms of general workforce, who could potentially work in a variety of sectors, and Registered Health Care Professionals who, while being more restricted in the type of employment they could seek, are probably more mobile and appear to commute greater distances. Members were informed that, given this consideration, the 12-mile distance between the sites furthest to the east and west was not felt to be too great and would be unlikely to deter travel within the overall zone. Mrs Gostling added that this was supported by responses received to an internal staff questionnaire in which over 50% of respondents confirmed that they would be prepared to travel to work within the zone. Members were further advised that the responses indicated that staff believed wellbeing and access to amenities to be the most important factors in determining the site for the new hospital.

Mrs Gostling highlighted the need for robust workforce planning (irrespective of site choice), utilising the Regeneration Framework to focus upon attraction, retention and development and to mitigate the potential impact upon staff members who would be required to change their work base. Members were informed that planning would also focus upon providing those things which staff felt to be important *ie.* access to training, access to research and innovation, developing links with local universities colleges and schools, accommodation to support trainees and staff on call, a robust plan to support staff travel needs and excellent wellbeing facilities on site to allow staff opportunities to rest. Mrs Gostling assured Members that work and engagement with staff would continue and that the HB would work with schools and colleges to support the workforce of the future.

Members were also advised that, recognising that the existing hospitals would continue to play a significant role in patient care and that this would require a workforce to be maintained on each of the current sites, dialogue would continue with both staff and local population in relation to the workforce which would be required in existing locations as well as in the new hospital and all efforts would be made to allay any concerns that staff might have in relation to potential changes in their work base.

Mrs Gostling concluded that - based upon all criteria utilised in the appraisal - there was no clear differentiation between the 3 zones and that no zone could be assessed as ‘better’ or ‘worse’ in terms of potential impact upon the workforce.

Miss Battle thanked Mrs Gostling for her summary and commented upon the richness of the evidence and detail which had been collated as part of the overall planning process.

Mrs Hardisty queried whether access to affordable housing had been included as a consideration in the Workforce Appraisal process, recognising that access to housing was a key factor in attracting and retaining a workforce and given relatively high house prices in some areas within the HB. Mrs Gostling concurred that housing represented an

essential consideration in attracting and supporting trainees and new recruits and confirmed that there are current affordable housing developments within each of the 3 zones. Miss Battle drew Members' attention to challenges facing overseas recruits in terms of accessing accommodation, which were frequently highlighted in Black and Minority Ethnic Advisory Board meetings.

Mr Iwan Thomas commended the staff engagement which had been undertaken to inform the appraisal and highlighted the opportunities which the new development would afford the future workforce. Mr Thomas also drew Members' attention to the excellent recruitment campaign which had been run by the HB to attract staff and suggested that as the proposal is progressed with WG it might be useful to quantify the opportunities offered by the new hospital for the wider population in terms of employment, training and development in order that parents and children of school age are aware of the educational pathways which they would need to follow in order to realise these opportunities. Mr Thomas further highlighted the need to capitalise upon the socio-economic opportunities offered which would support many elements of the local economy and benefit future generations.

Responding to these recommendations, Mrs Gostling explained that the HB had entered into strategic partnerships with local Secondary Schools and would be proactively working with them in regard to career opportunities within health services. Members were further informed that this years' Primary School leavers would be of an age to join the HB when the new hospital is opened, which highlights the need for the HB to focus upon routes into education and to provide information regarding the range of career opportunities which are available within the HB.

Members were also informed that the HB is working with CYFLE – an organisation associated with Carmarthenshire College which works closely with employers within the construction industry - to develop through the provision of training support a workforce which can support the refurbishment and repurposing the HDdUHB estate. Mrs Gostling added that 62 new apprentices would be joining the HB in September 2022 (with another 40 starting in January 2023) to follow a nursing pathway and informed Members that the HB currently has 70 apprentices who would be qualified as nurses once the new hospital opens.

Mr Moore stated that while the Board's discussions had moved from the consideration of specific site options to the wider opportunities linked to the PBC, there was nevertheless a connection to be recognised in terms of potential delay to the realisation of the benefits discussed which might arise from protracted negotiations and complications relating to land acquisition.

Responding to a query from Mr Maynard Davies as to whether the fact that a significant proportion of the HB's workforce sit within an older demographic had had any bearing upon staff responses relating to commuting preferences, Mrs Gostling confirmed that the analysis undertaken had factored in a number of differentiating categories, which included age, and highlighted the challenges facing respondents in considering what their preferences would be in the future *ie*. at the point of

completion of the new hospital. Mrs Gostling explained that for this reason, continuous dialogue would be maintained with the workforce to identify any support required in the future and confirmed the HB's intention to implement supporting measures and facilities which staff had requested as soon as possible.

Introducing the Finance and Economic Appraisal, Mr Huw Thomas thanked colleagues and the Financial and Economic Appraisal Group, which included a team of external Cost Advisors (Gleeds) who had undertaken work on the HB's behalf in developing the Appraisal.

Members' attention was drawn to the independent assessment of the HB's approach, undertaken at the organisation's request by PWC, which concluded that work had followed a clear approach and that the underlying methodologies were robust and well-explained. Members were advised that this conclusion was reassuring, given that the development of the new hospital was at an early stage and recognising the significant risks which would emerge over time, not least that posed by inflation, which would differentially impact upon components of the various cost drivers which had been identified.

Mr Huw Thomas explained that in terms of approach, the HB had applied a consistent methodology to its appraisal of the options, recognising the importance at this stage of considering cost differentials between the sites, rather than absolute costs in reaching conclusions, based upon the assumption that, aside from land purchase, all other costs would be consistent across each of the shortlisted sites.

Members were informed that 6 key cost components had been assessed in order to show the variation in the capital cost of each of the sites:

- Land Purchase; land Valuation for site development and any purchase of land which would be beneficial to site development: this represents between 20% and 30% of the total cost driver and therefore is not necessarily the most significant component, recognising that site conditions and topography often offset the differential in land purchase cost.

- Site Conditions; site-specific ground conditions, environmental constraints such as site ecology and impact of noise, existing services and cost of diversions and demolition requirements of existing buildings.

- Site Topography; site terracing requirements including bulk earth movement and retaining walls, impact on site development such as external works and impact of overall site area where an oversized site would require additional landscaping works.

- Site Drainage; on-site and off-site foul drainage such as the length of drainage run, treatment of phosphates and surface water drainage.

- Incoming Services; including water and fibre and telecoms supply.

- Off-site Highway Works; site access to include main entrance road and secondary access route, active travel route from train station and works required to existing highways such as improvements and safety measures to adjoining roads and town centre traffic calming.

Members noted that the assessment of Capital Costs showed there was little to distinguish between the 2 least expensive sites (Site 12 and Site 17), and that there was an overall range of £19.9m to £28.2m between the lowest and highest site costs, recognising that as a percentage of the overall estimated build costs this range accounts for less than 2% of the total cost differential.

In terms of revenue costs, Mr Huw Thomas highlighted the conclusions arising from the assessment carried out by the Cost Advisor:

- The revenue costs associated with the ongoing running costs of the hospital were assessed to be the same, regardless of site (there being currently no evidence to suggest that the clinical model delivered from sites would be materially different)

- The potential short-term costs were not identified as being significantly different over the lifespan of the development and were therefore not considered to be a significant driver.

Members' attention was drawn to the Economic Appraisal and the wider impact of the development, which comprised 2 elements:

- The Team did not consider there to be any differential in the economic benefit or cost across any of the sites, as the significance of the zone of influence of the site would offset any considerations linked specifically to individual site location.

- Speculative considerations around potential opportunities linked to specific sites were not included in the assessment but could be considered at a later stage.

Noting at the conclusion of this summary that there were no questions from Members, Miss Battle observed that the evidence and detail which had been presented in Members' packs, being both extensive and thorough, had pre-empted any requirement for further queries or information.

Mr Lee Davies drew Members' attention to the presentation of key considerations relating to the HB's strategic ambition to provide services which are Safe, Sustainable, Accessible and Kind, observing that these provided overall context for the development of the new hospital and largely reiterated and reinforced the points included in the various assessments:

- In regard to accessibility, the vast majority of the HB's population could access any location within the overall zone in under 1 hour, recognising, however, that some areas within the Hywel Dda footprint are more challenged than others in terms of access, particularly locations in North Carmarthenshire and on the North Pembrokeshire coast.

- Analysis reveals that, on average, the additional travel time to the various sites would range from between 6 and 11 minutes (on a sliding scale from east to west), recognising that a large proportion of the HB's population lives in the east of the region. Analysis of the more extreme travel implications (*ie*. an additional travel time requirement of 20 minutes or more) reveals a greater differential, with Whitland (Site 12 and Site C) having the least impact.

- In regard to Safe and Sustainable services, travel time analysis relating to Paediatric, Obstetric and Neonatal services in terms of estimated differential impact on total birth numbers in Hywel Dda showed the area in the east to present the least impact and therefore the least risk in terms of reducing critical mass to support a safe and sustainable service.

- Members were advised that in regard to Stroke services there were no significant conclusions which could be drawn in relation to the 'Safe and Sustainable' criteria.

Miss Battle thanked Mr Lee Davies and all colleagues involved in the Land Appraisal process for the intensive and comprehensive work which had been undertaken to date to enable Board Members to make the best, most reasoned decisions possible in this meeting.

Referencing the request made in the Land Appraisal Summary Report that the Board commence a public consultation process in relation to site selection, which concurs with the CHC recommendation and aligns with the statutory responsibility of the HB to undertake consultation under section 183 of the National Health Services (Wales) Act 2006, Miss Battle advised that the scope of consultation and questions for inclusion would be determined through discussion with the CHC and following Board decisions and requested Members' views in relation to undertaking public consultation at this stage. It was reiterated that the consultation was purely on site location and not on the, already approved, Health and Social Care Strategy.

Mrs Hardisty considered that while the work undertaken by colleagues to date had provided a wealth of detail and evidence to support the decision-making process, given the significance of issues relating to the siting of the new hospital, Members would welcome a wider range of views gathered through various consultation methods to provide further assurance that the final decision would be as fully informed and as fair and equitable as possible.

Prof Kloer concurred with this view and recommended that in deciding which site options should be included in the consultation, Members should consider the risks associated with each of the sites, including those relating to the protraction of timescales, particularly given the impact of delay both upon workforce recruitment and upon current clinical services. Prof Kloer highlighted the concerns expressed by HB clinicians regarding the sustainability of services based upon the current clinical timeline which extends to 2029 and (therefore) the detrimental impact upon services of any further extension to the planned end date, given evidence which

	demonstrates the advantages in terms of sustainability conferred by delivering services from one site. Picking up this point, Miss Battle queried whether there is a clinical consensus regarding potential delays associated with a specific site or sites. Explaining that his view was based more upon the advice of non-clinical colleagues, Prof Kloer responded that, from a more general perspective, risks linked to Site J (St Clears) might present the greatest challenge and risks to the development process. Mr Moore commented that while an apparently straightforward and conclusive indication of risk had been presented in the scores allocated, there were a number of often complex associated factors requiring consideration, which included the management and sustainability of current systems. In relation to consulting further with members of the public, Mr Moore concurred with the views expressed by Mrs Hardisty and highlighted the integral part which inclusive and continuous engagement had played, and would continue to play, in the development of the HB's strategy. Mr Moore also emphasised the importance of consulting upon issues and site options which the Board is able to support and confirmed that these would therefore be reviewed and modified if required in line with the outcomes of public consultation. In relation to the short-term clinical sustainability of services, Mr Moore requested that Mr Lee Davies provide an indication regarding the likely timescales for consultation and explained that while this in itself did not detract from the need to consult, it would be useful for colleagues - particularly clinical colleagues - to be cognisant of the time required to undertake this necessary next step in the overall process. While expressing his full support for a public consultation in order to gather as wide a range as possible of public and stakeholder views and while highlighting the need for openness and transparency, Mr Lee Davies considered it necessary to bring 3 key points to Members' attention in regard to the consultation process: • Members should be aware there will be a cost attached, which would need to be approved by the Board. • The consultation timescales would be subject to discussion with CHC colleagues; however, a period of between 9 to 12 months should be anticipated to fully complete the process, based upon bringing a consultation plan to the Board at the earliest opportunity (*ie.* the Public Board meeting to be held on 29th September 2022). Mr Davies drew Members' attention to the fact that consultation would not necessarily form part of a sequential overall process but could be undertaken in parallel with other elements of planning work and site investigations. Members were, however, reminded of the cost implications involved, being advised that these could not be borne by the HB and would therefore require agreement from WG.	**LD**

- The impact of the addition of a further consultation stage upon the timeline for the overall process would increase the risk of losing one or more of the sites, as at this stage there are no binding agreements in place to effectively 'place a hold' on any of the options which had been shortlisted.

Mrs Raynsford highlighted the need to ensure that the views of Primary Care and Community Services colleagues are included in a consultation exercise, particularly the 'seldom heard' voices, given the significant impact which the new development would have upon the way in which all services are accessed, and upon patient throughput and pathways. Miss Jill Patterson endorsed this recommendation and confirmed that sessions had been held with GP leads and other clinicians regarding the development plans. Members were advised that, based upon the experience gained from previous public consultation which had been held in relation to the HB's strategy in 2018, it was important to ensure that the public, while being aware that consultation related to the location of the new hospital, were fully apprised of services which would be available in their localities, both within existing hospital sites and within wider Primary and Community networks, particularly in light of service changes such as the development of integrated care models and GP cluster development, and also given the sustainability challenges currently facing some Primary and Community services.

Commenting upon an earlier point made by Mr Lee Davies, Mr Newman reiterated the importance of recognising that some elements of planning could be undertaken concurrently, observing that while public consultation was undeniably a necessary next step in the overall process, it need not preclude any other background, foundational work from being undertaken, including further investigation of site options and discussions with the relevant landowners. Mr Moore concurred with this point but emphasised the need for Members to be aware of the direct relationship between the number of site options which are progressed and the resultant extension to overall programme timelines.

Reflecting that references to 'commencing' a public consultation were somewhat misleading, given that the HB had effectively maintained public engagement in relation to its overarching strategy, including the development of the new hospital, since 2018, Mr Iwan Thomas reiterated Ms Paterson's comments regarding local service provision and suggested that in addition to consulting on the site options, it was vital that the HB communicate information - including levels of investment - relating to its existing sites and to the new community sites which are being developed in order to raise public awareness of the additional benefits resulting from the wider programme. Miss Battle thanked Mr Thomas for hosting recent meetings which had been held with Town and Community Councillors and members of Third Sector organisations in Pembrokeshire to discuss issues relating to the new development.

In accordance with Miss Battle's request that comments which had been submitted for inclusion within Board deliberations by Ms Anna Lewis (Chair of the Quality, Safety and Experience Committee), who had been unable to attend this meeting, be shared with Members, Mrs Joanne Wilson provided a summary of Ms Lewis's observations:

- Ms Lewis noted that there was no overwhelmingly clear option and thus a determination would necessarily be based upon a judgement, with that judgement being made as rigorously as possible through a unitary process of scrutiny rather than a consensus amongst individual Board Members. The same rigour should also be applied to a decision to move to public consultation, which intuitively feels right and is therefore supported.

- Ms Lewis requested that the record of the meeting show in what respects this decision reaches the threshold for consultation and expressed her belief that any site option which is clearly unfeasible should *not* be included within the scope of the consultation, as in doing this the Board would not be fulfilling its duties.

- Ms Lewis concluded that this meeting must demonstrate a robust and transparent process which the Board could assure and from which decisions regarding sites would naturally flow.

Mrs Wilson further shared comments which had been received from Ms Hazel Lloyd Lubran, Chair of the SRG, who had been unable to attend this meeting:

- Key points which had been raised regarding the new hospital development at the latest SRG meeting related to transport and accessibility and staff accommodation.

- SRG Members had highlighted the importance of stakeholders being engaged as more detail emerges and decisions are made in order that they can serve as advocates for the messaging relating to programme developments and progress. The SRG therefore requested that any questions or issues raised with partner organisations, or any rumours heard, are shared with the HB Director of Communications in order that reassurance could be provided to members of the public.

- The SRG agreed that the 'New Urgent and Planned Care Hospital Project' would be included as an agenda item for update at their meeting in November 2022 and that an additional meeting of the SRG would be arranged should a further briefing be necessary before the November 2022 meeting.

Mr Bennett suggested that at this point it was important to present the views of the CHC and, highlighting the Council's involvement in the programme development process since its inception, expressed his satisfaction with the support evidenced by Board Members for undertaking public consultation, adding that there had been consistent public and stakeholder engagement on the part of the HB throughout the process.

Referring to the consultation exercise which had been undertaken in 2018, Mr Bennett commented upon queries arising during the Technical Appraisal process in relation to plans for Prince Philip Hospital and for Bronglais General Hospital and suggested that the clinical impact of the new development upon these sites should have been communicated by the HB at an earlier stage.

Mr Bennett explained that the CHC had been involved in an observational capacity in the initial shortlisting process which had reduced a list of 12 potential options to the current 5 and recapped upon subsequent progress, including the exercise in which members of the public had been asked to score the 5 sites and a presentation which had been provided by Mr Lee Davies at a recent CHC Executive Council meeting, where there had been a unanimous view, informed by the evidence provided, that public consultation should be undertaken based upon the 5 sites shortlisted. Mr Bennett explained that should a decision be taken to base the consultation upon fewer sites, the CHC's Standing Orders would require it to meet urgently with the HB Executive Team in order that evidence supporting a decision to reduce the shortlisted sites could be provided both to CHC members and to the public.

Miss Battle thanked Mr Bennett for his comments and confirmed that these would be taken into account by Board Members in reaching their decisions.

Prof Kloer requested clarification in relation to a point made by Mr Lee Davies regarding further preparatory work which could be undertaken during the consultation period, querying whether this would apply to all sites included in the consultation and whether (if so), the further cost and potential complexities which would be added to the Outline Business Case (OBC) would have an implication for WG support for the next steps in the programme, which might in turn delay the HB's progress to these next stages. Recognising these concerns, Miss Battle further queried whether, in addition to cost, potential delay and possible impact upon WG support there would also be implications in terms of the HB's capacity to undertake the further preparatory work required.

Responding to these queries Mr Lee Davies listed 2 main points for consideration in terms of the land process itself and the development of the OBC. In respect of the first point, Members were informed that for each site which is taken forward (recognising that the consultation process would require between 9 and 12 months to produce definitive conclusions) potential costs would be incurred relating to 'rate-limiting steps' which were a requirement in the overall planning application process, for example undertaking site ecological studies over a 12- month period. Members were advised that for each process the HB would be required to make a choice as to whether to proceed and to incur the associated costs, which would total multiple hundreds of thousands pounds per site. Mr Davies further explained that the alternative option would be to allow the consultation process to conclude before undertaking further work and thereby delaying application for planning permission.

Given these options, Mr Davies expressed his preference for undertaking as much work as possible while the consultation process was underway in order to support the HB's ability to reach a conclusive decision regarding site preference in 12 months' time, notwithstanding the cost implications described. Members were advised that should the HB wish to secure its position in regard to purchasing any of the sites at a later date, it would need to reach a contractual agreement with the relevant landowner(s) and incur associated costs.

In relation to the OBC, Members were advised that the HB intended to progress pathway analysis work in parallel to the consultation, while remaining cognisant that the siting of the hospital would influence the size of the services which would be delivered from the new site. Members were informed that while to date the OBC had been relatively high-level, significantly more detail would now be required in relation to the specifics relating to the hospital and the services which it would provide, and this could not be provided until the location was established.

Miss Battle thanked Mr Davies for this explanation, which included material points for consideration, and confirmed that feedback from public meetings had highlighted the need to provide detailed information in relation to what services would be provided, both in the new hospital and on existing sites.

On behalf of the CHC, Mrs Donna Coleman observed that while members understood the rational economic imperative upon which considerations relating to the number of site options to be progressed were based, the CHC's view was that 5 viable sites had been identified and the public would therefore need to be fully apprised of reasons for eliminating any of the options at this stage.

While fully concurring with the view that the public must be kept abreast of any decisions and supporting rationale relating to the site recommendations made to them, Mr Iwan Thomas emphasised the duty of the Board to review these recommendations in order to ensure as far as possible that they were viable and robust. Mr Thomas reflected that the consultation process which had already been undertaken - albeit involving smaller groups of public and stakeholder representatives - had produced scorings and risk evaluations for each of the sites presented and it was now incumbent upon the HB to lead and take ownership of the next stage in the decision-making process through eliminating the least viable site (or sites) to enable an informed, robust and meaningful public consultation to be undertaken, based upon a smaller number of options.

Mr Lee Davies clarified points which had been made in relation to the consultation undertaken in 2018, explaining that while this exercise had related to the strategy and had resulted in the identification of the overall zone, it had not included selection of the 5 sites which had subsequently been included in the shortlist.

Observing that it might have been more helpful for the public in scoring the 5 sites identified had a greater degree of qualification been applied prior to shortlisting, which might have pre-empted the selection of some sites on technical grounds at an earlier stage in the process, Mr Bennett reiterated his recommendation that elimination of any of the 5 sites should be accompanied by a clear explanation of the supporting reasons.

Mr Moore recognised the need to maintain transparency and full engagement with the public at all stages and explained that while the discussions held with the CHC related to the Technical Appraisal process, discussions in this meeting had identified a wider range of considerations, such as the clinical perspective, which needed to be taken into account by the Board in making its decisions.

Mr Lee Davies added that during discussions held in the Technical Appraisal workshop, some reservations had been expressed regarding whether one of the site options should be progressed (Site J), and that further material issues had been reflected in the risk score and the public scores allocated to this site.

Mr Bennett concluded that the planned public consultation represented a once-in-a -lifetime opportunity for members of the public to influence the development and the location of the new hospital and that in light of this, it was important to recognise that the relationship between the HB and the public depended upon complete transparency, which – in relation to choice of site – included a full and clear explanation of any decision to eliminate further sites from the options which had been presented.

Miss Battle summarised the discussions and the decisions which had been reached by the Board as follows:

'After many years of listening to and consulting with the people of West Wales the HB's strategy - *A Healthier Mid and West Wales* – was agreed at the end of 2018. Since then, the HB had faced the unprecedented challenge of the global pandemic and the care, dedication, courage and sacrifices of everyone within HDdUHB would never be forgotten. During the pandemic work did, however, continue in planning how the HB would deliver its strategy to secure the best health and care service possible in West Wales.

In January 2022 the Board agreed its PBC, setting out at a high level how the strategy would be delivered, and this has been submitted to WG for its approval. The HB has requested a 1.3 billion pounds investment in West Wales to support this opportunity which will shape and transform care in West Wales for decades to come and, if successful, will represent the greatest investment which West Wales will ever have seen.

It is important to remember, as noted in the discussions in this meeting, that the foundation of the HB's strategy is to bring as much care as possible closer to people's homes through integrated health and wellbeing centres. Centres have been set up successfully in Aberaeron and Cardigan and an ambitious programme is in place for the establishment of further centres in many towns in West Wales. The HB remains committed to delivering these integrated centres, which will be designed with local communities to respond to local need, and its ambition is to have these in place before any changes are made to its acute hospitals.

The HB's strategy includes a new Urgent and Planned Care hospital situated between Narberth and St Clears which will attract and bring together a critical mass of staff to provide more services and better care in West Wales. In this meeting Board Members will decide, based on the detail and the evidence provided, which site or sites the new hospital may be built on.

The concerns and voices of the HB's staff and the population which it serves have been - and will continue to be – heard and the Board will

continue to listen to and take into account all views at every stage in this process.

Whilst recognising the fragility of many of the HB's services and the risk this currently and continually presents, it is important to emphasise that the HB does not intend to make changes at WGH and GGH before the new hospital is built, following which they will continue to provide valuable health services to their local communities.

After a long and comprehensive process (certified as best practice) which has been set out in the Board papers, evidence has been provided in respect of the 5 endorsed potential sites: 2 in St Clears, 2 in Whitland and 1 in Narberth.

Board Members have been advised that four parallel appraisal groups were established:

- Technical, having a majority of public members and considering whether a site is capable of supporting the development of a new hospital;
- Financial and Economic: considering the variation in cost in building a hospital on each of the potential sites;
- Workforce: considering the impact on current and future workforce by each potential site;
- Clinical: considering whether a site can provide Safe, Sustainable, Accessible and Kind services – with a particular focus upon the needs of pregnant women, babies and children`s services and Stroke services.

These appraisals have been conducted with the purpose of providing evidence to the Board which might allow the elimination of a site, or sites, from the next stages of the work. Accordingly, the outcomes of these appraisals have been studied in detail, both in this meeting and throughout this entire process, as they became available.

Members have noted the views of the CHC in respect of wishing that the public consultation include all 5 sites and the Board will take this into account when exercising its duty to consider the evidence which is presented in this meeting to inform its conclusions.

Members will also take into account that the number of sites retained will have significant cost implications for the taxpayer and, as explained in this meeting's debate, may create delay in building the new hospital and in developing the detailed service pathways which are of key importance to the HB's public and to its staff.

The outcomes of the appraisal workshops will be considered in terms of the HB's strategic objectives, which are to provide services which are Safe Sustainable Accessible and Kind.

In regard to the evidence presented:

Technically, the lowest scoring site is Site J at St Clears, where there is a 10% meaningful difference and a higher technical risk score (171). It is noted that the other sites score very closely to each other in the technical appraisal evidence.

- Members were asked whether the Board therefore approved, on the basis of the evidence presented in this meeting, that it is reasonable to eliminate Site J (St Clears) from further consideration.

- The Board unanimously agreed to the elimination of Site J.

Following elimination of Site J, 1 site at St Clears, 2 in Whitland and 1 in Narberth remain as options.

The Clinical Appraisal workstream undertook an objective assessment of the clinical implications of siting the new hospital in the east, west and central locations of the agreed zone. The attendees of the workshop were concerned that the zone would present a clinical risk to the delivery of services due to reduction in birth numbers, neonatal admissions (including days of respiratory care provided) and acute paediatric admissions, with a reduction of the critical mass required to provide a safe and sustainable service.

In relation to time-critical transfers - for example, to cardiac or neonatal intensive care facilities - the evidence shows that these transfers all go east, and a hospital in Narberth would therefore result in longer transfer times.

It was recognised that the service that can be provided would reduce in line with a reduction in the number of service users, and that a Narberth location is likely to lead both to a reduction in patient numbers and to a reduction in the number of births to below 2500, with a fall in birth numbers directly impacting the sustainability of the service. Members were advised that currently live births within Hywel Dda number circa 3000 and the peer-held view is that with a reduction in birth rates below 2500 there is a potential threat to the HB's training status and to its ability to access trainee medical workforce as a result of the reduction in critical mass. Members were advised that training status is also linked to the number of Neonatal respiratory care days (an interdependency of birth numbers). Similar risks exist around the critical mass (reduction in patient numbers and births) from a Nurse and midwifery training perspective.

Members further noted the potential impact of siting a hospital further west in terms of health inequalities for our population.

Of the three geographical areas appraised, Members were informed that the area in the east presented the least clinical risk to services. The attendees of the workshop were of the opinion that a site further east of the proposed zone would be preferable; however, the zone has already been agreed after extensive public consultation and is not part of this process. Members were also advised of the potential impact upon SBUHB capacity should services be sited further west.

In the case of Stroke services (as demonstrated in the detailed evidence provided in the appendices), when questioned whether the western area (Narberth) would allow for the provision of Safe, Sustainable, Accessible and Kind services for the majority of stroke patients, the response of the majority of participants in the face-to-face workshop held on 29th April 2022 was '*no*'. Participants were asked to rank the areas between 1 (the best) and 3 (the worst). Narberth received the lowest score and in the ranking poll was unanimously considered to be the worst, with most participants considering that Narberth could not provide a Safe, Sustainable, Accessible and Kind area for siting a hospital. While there was no clear split in the rankings between the east and central zones, the individual polls showed 100% agreement that the east could provide Safe, Sustainable, Accessible and Kind care. General findings in regard to Stroke services are that while any of the areas would be suitable, with pathways and the treatment of patients beyond their initial assessment being more important than location, a central or east location would be preferable in terms of access to workforce.

These are material considerations for the Board when deciding on the sites and there is no evidence presented which outweighs them in relation to access, workforce, financial /economic or technical elements.

- Members were asked whether the Board approved, on the basis of the evidence presented and taking into account its strategic objectives relating to the delivery of Safe Sustainable Accessible and Kind services, that it is reasonable to eliminate the site furthest west, Site 7 (Narberth)

- The Board unanimously agreed to the elimination of Site 7.

The workforce appraisal provides the Board with evidence based on the assessment of implications for workforce of the geographic locations of the shortlisted sites and the categories of workforce explored. The general findings are that there is very little difference between the identified sites in terms of recruitment and it is inconclusive to say that a site further east in the zone will have a greater impact upon securing a sustainable workforce.

The Board has heard in this meeting the views of its staff regarding what they wish to see improved and put in place to enhance their experience in working within HDdUHB. As with all the evidence presented, there is rich data here to inform improvements which can be made both now and as an ongoing process.

Similarly, the financial and economic evidence shows that there is little to distinguish between the two least costly sites, with the percentage of the overall estimated cost between the least and most costly sitting in a range which is less than 2% of the total cost of the development. Revenue costs have been estimated to be the same regardless of the site and it is not possible to determine whether the economic benefit would be different dependent on site, given the proximity of the costs.

Drawing the meeting to a close, Miss Battle extended thanks to everyone involved in the planning and appraisal process – in particular to Mr Lee Davies and the Planning Team, commending colleagues for the production

	and presentation of a highly professional, detailed, inclusive and transparent piece of work and confirming that the Board was committed to continuing in the same vein in delivering its PBC.	
	In regard to the recommendations presented in the SBAR: The Board **CONSIDERED** the evidence provided through the appraisal workstreams in relation to the five shortlisted sites and, taking into account the opinion of the CHC and the HB's strategic objectives, **DETERMINED** that Site J (St Clears) and Site 7 (Narberth) would be eliminated from the shortlist and that Sites 12 and C at Whitland and Site 17 at St Clears should be taken forward for further consideration. The Board **NOTED** the continuing development of the Equality and Health Impact Assessment and the best practice certification for the land appraisal process awarded by the Consultation Institute. The Board **DISCUSSED** the commencement of a public consultation, with unanimous support expressed by Members for providing the public with a voice in relation to the choice of best site, based upon all the evidence presented. In particular, the Board **RECOGNISED** the need to ensure that the quiet and seldom-heard voices, together with the voices of the HB's staff, and staff within Primary Care are included in this consultation. The Board **AGREED** to meet with the CHC, as requested, following this meeting to discuss in detail the reasons for having chosen these sites and **NOTED** that a copy of the Chair's summary would be provided to CHC members. The Board **NOTED** the risks identified through the appraisals workstreams and the technical risk assessment and **RECOGNISED** the need to work closely with WG colleagues in relation to the land selection and decision-making process. In view of the fragility of services, the Board **ACKNOWLEDGED** requests that work upon the PBC continue in parallel with the public consultation in order to reduce any delay, to provide the best healthcare possible and to meet the ambitious timelines which have been set.	

PM(22)149	**DATE AND TIME OF NEXT MEETING**	
	9.30am, Thursday 29th September 2022	