

**CYFARFOD BWRDD PRIFYSGOL IECHYD
UNIVERSITY HEALTH BOARD MEETING**

DYDDIAD Y CYFARFOD: DATE OF MEETING:	31 March 2022
TEITL YR ADRODDIAD: TITLE OF REPORT:	Implementing the Healthier Mid & West Wales Strategy - Programme Business Case Update
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Lee Davies, Director of Strategic Development & Operational Planning
SWYDDOG ADRODD: REPORTING OFFICER:	Paul Williams, Assistant Director of Strategic Planning (Programme Manager)

Pwrpas yr Adroddiad (dewiswch fel yn addas)

Purpose of the Report (select as appropriate)

Ar Gyfer Penderfyniad/For Decision

ADRODDIAD SCAA

SBAR REPORT

Sefyllfa / Situation

The purpose of this report is to provide an update to the Board on the progress made since the 27th January 2022 Public Board meeting in respect of Implementing the Healthier Mid & West Wales Strategy - Programme Business Case Update.

Cefndir / Background

At the January 2022 Public Board meeting, the Programme Business Case (PBC) to support the delivery of our strategy - *A Healthier Mid & West Wales* (AHMWW) was approved for submission to Welsh Government (WG). The PBC was submitted to WG on 2 February 2022 for scrutiny. Changes were made to the PBC; however, these were not of a material nature. Furthermore, the ten-year workforce strategy was still in development at the time of the approval, this is now in the final drafting stages and on completion will be shared with WG.

Since the PBC submission, the UHB has continued to work towards the identification of a site for the proposed new Urgent & Planned Care Hospital – a key element of our wider strategy. Having carried out a review workshop in October 2021, the Board agreed a shortlist of 5 sites for further technical appraisal. The sites were distributed across the area between Narberth and St Clears. It was noted in the Board report that 2 of the sites were shortlisted subject to further investigation to mitigate technical issues which would otherwise preclude them from being taken forward. Due to commercial sensitivities, these were endorsed during the In-Committee session with the output reported to the Public Board Meeting in January 2022 via the Committee Update report.

The Land Team completed the investigations, and a second workshop was held on 17th February 2022, with broadly the same membership as the first. The purpose of this workshop was to critique the additional information collated and confirm the recommended sites to be included within the final shortlist.

Further work has also been undertaken on establishment of the Shortlist Technical Appraisal Group, which will conduct the technical evaluation of the shortlist of sites. This has been undertaken with the advice of the Consultation Institute. The UHB continues to work with the

Consultation Institute to ensure best practice is followed and an open and transparent process is followed. A method statement, attached as Appendix 2, has been developed to summarise the approach which is included in this report for Board discussion and endorsement. Both the recommended shortlist of sites and the appraisal process and methodology have been discussed and supported at the Programme Group and Executive Team meetings on 16th March 2022.

Specialist technical support will be needed to undertake the appraisals of all sites which will provide the Shortlist Technical Appraisal Group with the information to undertake their evaluation. The work to be undertaken will include:

- Ecology studies, site visits and walkovers
- Site accessibility
- Desktop studies
- Environmental impact screening
- Test for fit and master planning support

The work being requested is highly specialised and outside of the normal scope of work that the UHB teams undertake. In order to ensure appropriate specialist support to progress with this work there is a need to employ external consultancy support. This approach was the subject of a report to the Executive Team on 2nd March 2022 and agreement on the way forward.

Asesiad / Assessment

Section A – Programme Business Case Update

As detailed above, at the January 2022 Public Board meeting which approved the PBC, it was noted there would be minor amendments to the document and, for completeness, these are attached to this report as Appendix 1. No scrutiny feedback has been received from WG to date. If feedback is received before the March 2022 Board meeting, this will be the subject of verbal update at the meeting.

Section B – Recommended Shortlist of Sites

The output from the Longlist to Shortlist review workshop held on 22nd October 2021 was a shortlist consisting of 5 sites, 2 of which were identified as requiring further investigation.

The Land Team contacted the relevant bodies and undertook outline discussions regarding the additional infrastructure requirements. Furthermore, following contact with a landowner, the UHB received confirmation that one site could be considered as a firm nomination and the site details were also confirmed. In addition, whilst making enquiries regarding additional land purchase, a further site was nominated for consideration.

Given the new and updated information, a second workshop was organised for 17th February 2022, to review the updated and new information and to agree the recommended final shortlist of sites for further technical appraisal.

Every effort was made to ensure consistency of attendees with the October 2021 workshop, with representation from both Pembrokeshire and Carmarthenshire County Councils, the Community Health Council (CHC), the NHS Wales Shared Services Partnership (NWSSP), the chairs or representatives of three Board advisory forums and various Hywel Dda department

representatives. The workshop also invited attendance from the Police and Fire authorities and Welsh Ambulance Services NHS Trust (WAST) as well as the UHB's technical advisors. The workshop was again led by the Programme Director and facilitated by the Consultation Institute. Unlike the October 2021 workshop, this event was conducted virtually via Teams.

The output of the workshop was that consensus was reached relating to shortlisting the recommendations, with no dissenting opinions, resulting in 5 sites being recommended for further evaluation. Given the commercially sensitive nature of this work, the endorsement of the revised shortlist will be subject to Board In-Committee discussion.

Section C - Process for the Shortlist Technical Appraisal

This relates to the next stage of the technical appraisal of the shortlisted sites.

Attached to this report as Appendix 2 is a technical appraisal method statement which sets out the key steps in the process to:

- Agree the shortlist technical evaluation criteria
- Establish the Shortlist Technical Appraisal Group
- The list of stakeholders from whom expressions of interest have been sought to participate in the Shortlist Technical Appraisal Group

Work to identify the Shortlist Technical Appraisal Group participants is underway. The Engagement Team have issued letters or emails to the following:

- 209 residents (public and staff) who had expressed an interest through the public engagement (May to June 2021) wishing to be kept informed of the development of UHB plans
- The stakeholder list identified by the Diversity and Inclusion Team to ensure representation from residents with protected characteristics

Expressions of interest are to be returned to the UHB by 23rd March 2022. The participants from these groups will make up the 52% public representation in the Shortlist Technical Appraisal Group. Advice is being sought from the Consultation Institute to ensure the balance is struck between wanting broadly equal geographic representation from the public whilst also recognising those areas of our geography which might be most impacted by the change of location for acute services.

The remaining 48% will come from UHB invited participants and other stakeholders. In addition, there will be stakeholders who will attend but not participate in the scoring of options, such as the Hywel Dda Community Health Council (CHC). Other stakeholders may also choose to adopt this approach.

The shortlist evaluation criteria will be the subject of a workshop and will reflect technical issues and also the feedback from public engagement. These will need to be formally approved by the Board in advance of the Shortlist Technical Appraisal Group weighting the criteria and then scoring the options in successive workshops. These workshops will take place after the forthcoming local elections on 5th May 2022 and before the end of June 2022. The timing is to ensure as far as possible a recommendation can be made and considered at the meeting of the July 2022 Board.

To support the Shortlist Technical Appraisal Group, the Executive Team at its meeting on 2nd March 2022 supported the appointment of specialist consultancy support by direct award to gather the technical evidence needed. Due to the level of support required, and in accordance

with Standing Financial Instructions, Board approval is required to engage with external consultants. The target date for the completion of this evidence gathering is the end of May 2022, which is a challenging timeframe, however believed to be achievable.

Section D - Clinical Appraisal Workstreams

The project plan and process for the clinical assessment of the land selection is under development, project groups are established, and the governance defined with the establishment of an Executive Steering Group to oversee the work, reporting directly to both the Programme Group and the Executive Team.

The scope of the clinical appraisal is set out below:

Project Scope:

“An objective assessment of the clinical implications of siting the new hospital at the East, West and central locations of the agreed zone”

Clinical areas for assessment within the scope:

1. Women and Children’s as per Board Recommendation 4 - A Healthier Mid and West Wales

The Board will commit to a focused piece of work on clinical pathways to:

Model the impacts and opportunities of the new hospital configuration and community model for Maternity and Child Health. This will examine a range of options which will ensure:

- consultant-led obstetrics
- midwifery led care
- acute paediatrics
- and neonatal care

are maintained across Hywel Dda.

2. Stroke services

The clinical appraisal will assess the clinical implications of the siting of the new hospital within the agreed zone on 2 scenarios:

- The provision of a Hyper-acute stroke unit (HASU) in the new hospital
- The provision of a regional HASU, but not based in the new hospital

The methodology for this workstream has also been designed and appraised with advice from the Consultation Institute who will continue to support throughout the project.

Appendix 3 sets out the process for agreeing the scope for the clinical appraisal of the implications relating to the siting of the new hospital. In addition to the detail contained in the appendix, consideration is also being given to ensure any impact on clinical support services is considered, together with those services which the UHB currently does not offer, but which could potentially be delivered in the future.

Workshops are already in the diary for 3 clinical areas (Acute Paediatrics, Obstetrics and Stroke) in order to deliver the outputs to the Board in July 2022. The clinicians will be presented with a pack of supporting information / evidence including activity data, travel analysis, Royal College guidance, Deanery / training considerations and any other relevant information needed to support their discussions. The outputs of the clinical appraisal will be tested with a wider group of stakeholders to ensure that there is healthy challenge and input to the clinical view. Sessions have been planned into the timeline with the Health Board Advisory and Reference Groups i.e., Stakeholder Reference Group, Staff Partnership Forum and Healthcare Professionals Forum, as well as further sessions with patient support groups within the specialty areas covered within the scope of work.

Section E – Additional Appraisals

- Workforce Appraisal – It has been agreed this will be established as a separate workstream with the scope to be agreed in relation to the accessibility impact for the UHB workforce
- Financial/Economic Appraisal – Further discussions are to be held with WG colleagues to confirm the scope of this appraisal and the detail required as part of the Board recommendation. This is to ensure WG have all of the information required to enable the appraisal process and outcome to be assessed and to receive capital funding for the next steps in an acquisition process

It should also be noted that Impact Assessments will also be required in support of the Board recommendations in July 2022. There may also be a need to formally consult on the results of the above before a final decision can be made.

Section F – Direct Awards

The external consultancy support to be commissioned to support the technical land appraisal process is detailed below.

Description	Additional costs £m
Technical appraisal and test for fit work	0.576
Project Manager, support Land identification and development of next stage tender specifications	0.120
Transport appraisal	0.100
Total Direct Awards	0.796
Other provisional costs associated with planning agreements and various survey work which will be site specific	0.425
Total estimated cost of land technical appraisal	1.211

The Direct Awards will be awarded via the Shared Business Services Construction Consultancy Service 2 Framework Arrangement, this is the same framework that was used to commission the original PBC work. This enables the UHB to demonstrate value for money and confirm the quality of the outputs to be delivered and secures continuity in terms of the work already completed. NWSSP – Procurement advice has been followed for this process.

Section G – Resources

Work has been undertaken on the resources required to progress with the next stages of the programme development and implementation. A significant number of posts have been identified to progress the required projects on a concurrent basis. Further work is being undertaken to explore what could potentially be funded through Welsh Government capital, how successful the UHB will be in terms of recruitment and the potential backfill issues which might be created.

Argymhelliad / Recommendation

The Board is asked to.

- **NOTE** the minor changes made to the PBC between January 2022 Board approval and submission to WG on 2 February 2022
- **DISCUSS** and **ENDORSE** the process outlined for the work to establish the membership of the Shortlist Technical Appraisal Group, the work to recommend the evaluation criteria, and the methodology recommended by the Consultation Institute for the scoring of criteria and shortlisted site options
- **NOTE** the current scope and methodology for the clinical evaluation and that this remains subject to more detailed scrutiny and assurance via SDODC
- **NOTE** the establishment of the Workforce and Financial/Economic appraisal workstreams under Executive Director leadership reporting to the AHMWW Programme Group
- **NOTE** the further discussions required with WG to ensure all expected elements of appraisal are conducted and particularly to ensure the financial/economic appraisal expectations are understood
- **NOTE** that Health and Equalities and Socio-Economic impact assessments are integral to the appraisal workstreams
- **APPROVE** the appointment of consultancies via Direct Award to undertake the technical appraisal work to inform the land selection process to the value of £0.796m

Amcanion: (rhaid cwblhau)

Objectives: (must be completed)

Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	Risk 1196 - Insufficient investment in facilities/equipment/digital infrastructure (risk score 16)
Safon(au) Gofal ac Iechyd: Health and Care Standard(s):	1.1 Health Promotion, Protection and Improvement
Amcanion Strategol y BIP: UHB Strategic Objectives:	All Strategic Objectives are applicable
Amcanion Llesiant BIP: UHB Well-being Objectives: Hyperlink to HDdUHB Well-being Objectives Annual Report 2018-2019	9. All HDdUHB Well-being Objectives apply

Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	Contained in the body of the report.
Rhestr Termau: Glossary of Terms:	Contained in the body of the report.
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Cyfarfod Bwrdd Iechyd Prifysgol: Parties / Committees consulted prior to University Health Board:	Land Workstream Programme Group Strategic Development & Operational Delivery Committee Executive Team - March 2022

Effaith: (rhaid cwblhau) Impact: (must be completed)	
Ariannol / Gwerth am Arian: Financial / Service:	The PBC sets out both the revenue and capital funding assumptions for the programme including a detailed Financial Case section in the PBC.
Ansawdd / Gofal Claf: Quality / Patient Care:	Implicit within the PBC. This is an integral part of the PBC case for change.
Gweithlu: Workforce:	Implicit within the PBC. This is an integral part of the PBC case for change and is the subject of Workforce Appendix which is being finalised for submission to WG in support of the PBC.
Risg: Risk:	Risk 1196 Insufficient investment in facilities/equipment/digital infrastructure
Cyfreithiol: Legal:	Implicit within the PBC
Enw Da: Reputational:	Implicit within the PBC
Gyfrinachedd: Privacy:	Implicit within the PBC
Cydraddoldeb: Equality:	Included within the PBC is Equality & Health Impact Assessment which will remain 'live' through the duration of the programme.

Hywel Dda University Health Board PBC change log

Final submitted to Welsh Government v. Final Draft submitted for Board approval

1.1.4 4.5.159	Bullet point amended to clarify and strengthen wording relating to Welsh Government net zero and decarbonisation targets; strengthening of wording relating to achievement of 34% reduction in emissions.
1.1.7	Addition of paragraph: "Our clinical leaders presented the Health and Care Strategy with passion and consensus to Board and showed that the status quo is not sustainable. Clinical leads for all areas - primary care, acute, community - presented each element of the case for change, and the Board meeting was televised across the organisation, communicating a sense of leadership and clinical ownership: clinicians owned the imperative and led the Strategy development."
1.1.14 4.1.15	Addition of paragraph: "We acknowledge that it is likely that there will be a level of increased flows into our neighbouring Health Boards' hospitals – in particular Swansea Bay University Health Board - and we will need to jointly plan for this through our existing regional planning structures."
Sioned's Story	Amendment of wording which previously referred to "harm"
2.1.5-7 2.3.11 5.5.26	Strengthening of wording relating to the Do nothing and Do minimum scenarios.
2.2.10 4.5.72	Addition of wording to expand on "supply and attrition model".
2.2.25 4.7.59	Strengthening of wording relating to Transport links.
2.6.3 8.3.3	Addition of clarificatory wording relating to community sites in the milestones table.
4.4.31-34	Strengthening of wording relating to the University Health Board's Research and Innovation Strategy.
4.5.35	Addition of wording to clarify the Early Years Framework graphic.
4.5.65	Addition of sentence: "Discussions are also underway with our County Council colleagues around the introduction of an integrated Health & Social Care apprenticeship. Details are being finalised, with a view to recruiting the first cohort during 2022."
4.7.54	Addition of bullet point under Stage 3 of the Site Selection process to clarify that: "Two of these sites require some additional investigation to ensure technical constraints can be overcome. This is likely to be the subject of a further workshop to provide final agreement on the shortlisted sites." Stage 4 timeline in Board Final Draft replaced with updated timeline.
5.4.7 5.4.22	Removal of "cautious" and "ambitious" terminology relating to the Minimum and Maximum Efficiency scenarios.
5.4.13, 5.4.18 5.4.19, 6.4.3 6.4.10, 6.4.18 7.7.2	Replacement of reference to Mutual Investment Model with Innovative Finance.
6.4.2	Addition of references to Pembrokeshire and Aberystwyth ICCs.
Throughout	<ul style="list-style-type: none"> • Improvements to language and formatting following proof-read • Consistency of terminology • Removal of repetitious wording



Method Statement – Land Technical Shortlist Appraisal Group
Draft dated 15th March 2022

- We have written by letter to the 209 members of the public who asked to be kept informed following the engagement exercise in May-June 2021 asking them to complete an expression of interest form if they wish to be part of the Shortlist Appraisal Group.
- Contact has made via email with the main groups identified representing those with protected characteristics as advised by our Equality and Diversity Team. – list attached
- The Shortlist Appraisal Group will be 52% public representation, and the UHB will aim to ensure we have representatives from each protective characteristics group
- We will also try to ensure that public representation is broadly equally representative of localities and also reflects the geographic areas likely to be most impacted by a move of acute services, particularly north Pembrokeshire and north east Carmarthenshire.
- This will include ‘impacted’ populations including south west Powys and south west Betsi
- UHB and other ‘scoring’ representatives will constitute the remaining 48% - details to be agreed, included in draft attached. This will include staff representation.
- Other ‘non-scoring’ representation will be present such as the Hywel Dda CHC. Stakeholders such as the Local Authorities, Fire, Police and WAST will be asked if they wish to participate in the scoring process.
- The response to seeking participants in the process is not yet known and therefore it is unclear if we will have too many people who have expressed an interest or too few. The aim will be to ensure equal geographic representation and representation from those with protected characteristics as set out in the attached list.
- A UHB review group will receive the expressions of interest and categorise respondents against the list to ensure a representative group. Advice from the Consultation Institute will be sought in finalising this element of the process.

- If elements of our geography or protected characteristics groups are not represented following expressions of interest the UHB will target additional appropriate representation.
- The Long list to Shortlist appraisal group which has already successfully met on two occasions will be re-convened to discuss and recommend by consensus the shortlist appraisal criteria. This will again be facilitated by the Consultation Institute. The criteria will need to be formally agreed by the UHB.
- The Shortlist Appraisal Group will meet over a series of workshops to
 - Understand the background and context
 - To weight the agreed criteria (therefore the Board must meet before this to agree the criteria)
 - To score the shortlisted sites against the weighted criteria. (Before the end of June)
- The scoring methodology proposal has been drafted. Each representative will score individually. It is intended the meetings will be 'virtual' and assistance will be provided for anyone who is not digitally confident or enabled.
- Note: We need to test the appraisal methodology with WG colleagues to ensure it is considered sufficiently robust for their approval. This relates particularly to financial/economic appraisal methodology.
- There is a parallel workstream to assess the clinical impact of the shortlisted sites. The methodology for this work is currently under consideration with the Consultation Institute.
- The timeline of activities has been drafted.

Draft AHMWW – Short List Appraisal Group - Proposed Membership
Public Representation

Public Representation	Number/ Name of groups
Respondents who asked to be kept informed during Building a Healthier Future engagement exercise	209 respondents
Protected characteristic groups:	
Age – Older people	50+ Carmarthenshire; Pembrokeshire 50+; Ceredigion 50+
Age - Young People	Student Union contacts
Disability	Carmarthenshire Disability Forum; Llanelli Deaf Club - Centre for the Deaf; Narberth Deaf Club; Carmarthenshire People First; Pembrokeshire People First;

Public Representation	Number/ Name of groups
	Llanelli Blind Society; Carmarthenshire Disability Coalition Learning Disabilities Team Rep West Wales Action for Mental Health
Gender reassignment	Enfys Staff Network; West Wales LGBT Group; Aber Staff LGBT Group; Pembs LGBTQ+ group; Heart of Wales LGBT group
Pregnancy and maternity	
Religion/belief	West Wales Islamic Cultural Association – Carmarthen; Mosque Haverfordwest Mosque; Cardigan Islamic Cultural Centre; Russian Orthodox Parish; Antioch Church
Sex	
Sexual orientation	(same as gender reassignment list)
Sexual orientation	Enfys staff network.
Race ethnicity	Llanelli Multicultural Network;
Race ethnicity	Hywel Dda's BAME Advisory Group and BAME Staff Network
Race ethnicity	Polish communities
Race ethnicity	TGP Cymru
Gypsy Traveller	
Marriage and civil partnership	N/A
Socio-Economic Status	
Carers	Pembrokeshire Carers Information and Support services; Gofalwyr Ceredigion Carers; Ceredigion Carers Unit; Carers Trust Crossroads West Wales
Homeless	Pembrokeshire Homelessness Lead; Ceredigion Council homelessness Lead; Carmarthenshire County Council Homelessness Lead
Refugee	Syrian refugee resettlement programme contact Ceredigion; Syrian refugee resettlement programme contact Pembs; Syrian refugee resettlement programme contact Carms (Housing Needs Lead)

Public Representation	Number/ Name of groups
Siarad Iechyd/Talking Health members	
Other Health Boards	
Third Sector (CVCs - County Voluntary Councils)	
Local Authorities: <ul style="list-style-type: none"> • Pembrokeshire • Ceredigion • Carmarthenshire 	
Service users	
7 Localities: <ul style="list-style-type: none"> - Tywi/Taf - Llanelli - Amman Gwendraeth - Ceredigion North - Ceredigion South - Pembrokeshire North - Pembrokeshire South To also reflect our social economic responsibility	
Office of the Future Generations Commissioner for Wales	
Office of the Children's Commissioner for Wales	
Office of the Older Person's Commissioner for Wales	

Health Board Representation

Health Board and other Stakeholder Representation	Number/ Name of groups
Clinical:	
Staff of various grades and locations (technical and non technical)	
Executive	
Carers Peer Support Network and the Armed Forces Staff Network	
Staff Unions	
Chairs of Advisory Groups	
Welsh Government/Shared Services	

Non-Scoring Representation (to be confirmed)

Non-Scoring Representation	Number/ Name of groups
Support consultancies to the Land Team	
CHC	
Natural Resources Wales	
WAST	
Dyfed Powys Police (Commissioner and Authority)	
Mid and West Wales Fire and Rescue Service	
Local Authority Representatives Carmarthenshire Pembrokeshire Ceredigion	

Process for agreeing the scope for assessing the clinical implications of the siting of the new hospital

Background

Hywel Dda UHB has submitted a Programme Business Case (PBC) to Welsh Government for capital investment which will include the development of a new urgent and planned care hospital within the zone between and including Narberth in Pembrokeshire and St Clears in Carmarthenshire.

A Land Team was established as a work stream sitting under the Programme Group chaired by the Chief Executive, with responsibility for the process of:

- overseeing the nominations of land;
- identifying a longlist of and shortlist of site locations;
- undertaking a detailed options appraisal process (with a range of stakeholders) to be presented at Board in July 2022.

Parallel appraisals of the clinical assessment, economic appraisal and staff appraisal of the siting of the new hospital will also be presented to Board in July 2022.

Clinical implications for the land selection – Board recommendation (paediatrics and obstetrics)

The work around the assessment of clinical implications for the land selection has been discussed at the AHMWW Planning Group meetings, alongside the technical appraisal of the land selection process.

The Health Board published its long term Health and Care Strategy, 'A Healthier Mid & West Wales', in 2018, subject to the following recommendation by the Board:

- Undertake a focussed piece of work on clinical pathways to model the impacts and opportunities of the new hospital configuration and community model for Maternity and Child Health. This will examine a range of options which will ensure consultant-led obstetrics, midwifery led care, acute paediatrics and neonatal care are maintained across Hywel Dda.

It has therefore been agreed that the obstetrics work stream will undertake a high level assessment of the clinical implications for **consultant-led obstetrics, midwifery led care and neonatal care** of siting the new hospital at the East, West and central locations of the agreed zone.

The paediatrics work stream will undertake a high level assessment of the clinical implications for **paediatric services** as a result of siting the new hospital within the East, West or central location of the agreed zone.

Potential implications on other clinical areas (stroke services)

Following discussions at the AHMWW Planning Group meeting in February it was agreed that Lee Davies and Libby Ryan-Davies would meet with Dr Phil Kloer, Alison Shakeshaft and Paul Williams on the 15th February to discuss the potential for any other clinical areas to be added to the scope for the assessment of the clinical implications of the siting of the new hospital. At this meeting Dr Phil

Kloer and Alison Shakeshaft expressed their view that stroke services definitely needed to be in the clinical areas for appraisal. It was therefore agreed that a stroke work stream will undertake a high level assessment of the clinical implications for **stroke services** as a result of siting the new hospital within the East, West or central location of the agreed zone. Within this workshop, the location impact will be considered in terms of the following two scenarios:

1. The provision of a Hyper-acute stroke unit (HASU) in the new hospital
2. The provision of a regional HASU, but not based in the new hospital

On 17th February, members of the Transformation and Engagement Programme Office met with Mr Mark Henwood in his role as Deputy Medical Director to identify any other potential areas of impact and agree how best to engage the speciality clinical leads. Mr Henwood's view was that the particular location of the new hospital within the zone already agreed within the consultation would not have an adverse impact on any other clinical areas. However, Mr Henwood wrote out to Clinical Leads explaining that the organisation is currently undertaking an appraisal process to identify suitable land for the building of our new emergency and planned care hospital. He explained that the zone for this new hospital has already been consulted upon and agreed as part of our long term health and care strategy, 'A Healthier Mid and West Wales', but that the organisation is currently considering whether there are any clinical implications of siting the new hospital in the east, west or centre of this agreed zone (between Narberth and St Clears).

The Clinical Leads for specialities were asked to advise if there were **any exceptions** where the specific location of a new hospital (in the east, west or central within the zone) would impact on the viability of a service.

Responses were received raising the following specific issues around the following clinical areas / specialities:

Specialty	Summary of issues raised
Frailty	<ul style="list-style-type: none"> • The challenges for frail older adults are distance from home and relatives • Suggest we consider learning from 'The Grange', in particular the opening of a new "acute" unit whilst trying to run the others, and the impact on older adults • Consideration needs to be given to staffing WWGH and WGH • Ensure that older adults who are moved to the other units would still have access to appropriate and prompt assessment, investigations and care <p><i>*The above points are relevant for all general medicine aspects (as well as geriatrics)</i></p>
Cardiology	<ul style="list-style-type: none"> • The precise siting of the new hospital will not have any major implication for the services provided within the new hospital, but may have consequences for the services available in the existing hospital sites • Recommend that we would continue to explore what ideally should be located within the new hospital, and be 'responsive' with respect to community and PPH/BGH services
Community paediatrics	<ul style="list-style-type: none"> • The fundamental issue here is whether the Health Board wish to retain a Consultant led Obstetric unit with trainees • Any move westwards would see a potential drop in the number of annual deliveries the RCOG requirement for an Obstetric unit to host college

Specialty	Summary of issues raised
	<p>approved ST posts. We are already within a couple of hundred deliveries of this threshold with a falling birth rate. So Obstetrics dictates where a new hospital can be built unless the HB has a plan to move to a non-trainee dependent unit or seek some other means of continuing with RCOG trainees by special dispensation/rotation with Swansea Bay. Women will simply elect to book/deliver at their nearest maternity unit and for Llanelli that will be Swansea Bay for any new build further west. Naturally this has implications for what level of SCBU is required in the new build.</p> <ul style="list-style-type: none"> • The Obstetric unit location really is a “go-no go” primary decision
General surgery	<ul style="list-style-type: none"> • Recommend siting the hospital as far to the east as possible, as close to the bulk of the population. • Minimise the travelling for the greatest number of patients and staff.
Haematology	<ul style="list-style-type: none"> • A significant proportion of our patients are deemed vulnerable either following systemic anti-cancer therapy or due to their Bone Marrow disorder. There are multiple risk factors for such patients including neutropenic sepsis. It is crucial for them to go to their nearest hospital if they develop such complications which is considered life-threatening. In such a scenario, it would be appropriate if they can reach the hospital within an hour of presentation for further management including immediate administration of IV antibiotics. Considering our remote geography in West Wales, this should be taken into consideration. A proportion of the population might have access to 2 equidistant hospitals but that might not be an option for all patients residing far away from end of M4 corridor. Patients ideally should have access to a hospital within the golden hour of their presentation. • Recommend taking into account the article from BMJ (‘Chasing the Golden Hour’) which mentions predominantly patients with neutropenic sepsis but will be relevant for other medical conditions include Strokes and Heart Attacks and in acutely unwell patients. Delay in accessing hospital services in the acute care setting and presentation will increase mortality and morbidity. In the future, the tertiary care centres in Cardiff and Swansea would expect us to handle more complex patients (Acute Leukaemia and Bone Marrow Transplants) in the new build hospital given their limited bed capacity to transfer such patients.
Emergency Medicine	<ul style="list-style-type: none"> • No speciality specific exceptions to report

Libby Ryan-Davies and Paul Williams are due to present on this work to the Medical Leadership Forum on 17th March in order to give the Clinical Leads an opportunity to discuss further.