

Annex B: Clinical Land Appraisal Project

Output Report

July 2022





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CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Hywel Dda
University Health Board



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Section 1: Executive Summary

During the consultation for our strategy, *A Healthier Mid and West Wales*, a geographic 'zone' was agreed for the siting of a new Urgent and Planned Care Hospital, which would allow the delivery of Safe, Sustainable, Accessible and Kind services.

As part of the Land Selection process for the new Urgent and Planned Care Hospital, clinical engagement took place to;

- Confirm with wider clinical and support services that there would be no impact from siting the new Urgent and Planned Care Hospital within a specific area within the agreed zone,
- Identify and review the impacts on viability for any services that might be sensitive to precise locations within the zone,
- Meet the Board recommendation to explore the impact on Women and Children's services.

This report highlights the engagement activities which took place, the processes and methodologies used, as well as the data, modelling and professional standards where cited which informed responses.

The findings in this report are the key points identified by the services, while the discussion reports contain a greater breadth of detail around both the workshops and the following sense check process.

The general findings for neonatal services, obstetrics and paediatrics are;

- 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 reducing critical mass for a safe and sustainable service
- Of the three geographical areas appraised, 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 to the proposed zone would be preferable

The general findings for stroke services are;

- Any of the areas would be suitable with pathways (in particular how patients are treated beyond their initial admission) being more important than location
- A central or East site would be more preferable due to access to workforce



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Section 2: Introduction and Background

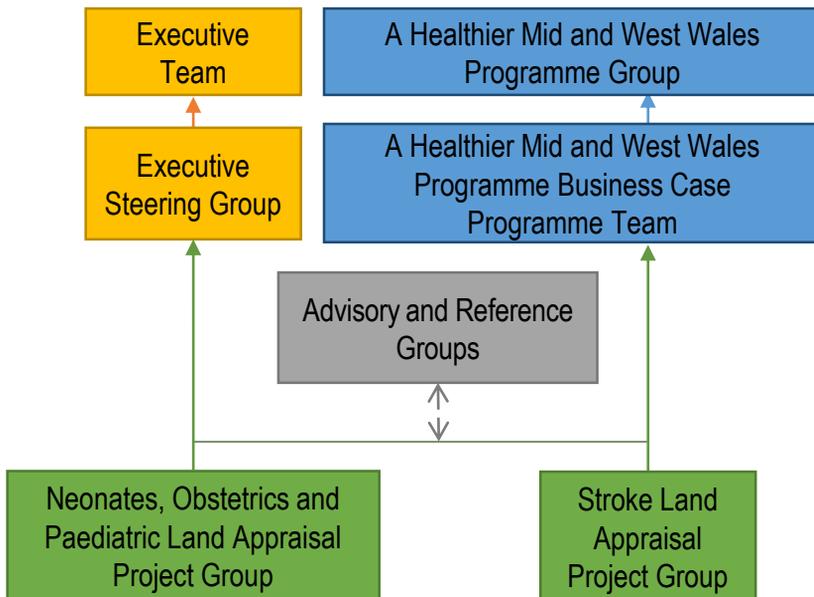
Hywel Dda University Health Board (HDdUHB) has submitted a Programme Business Case (PBC) as part of it's *A Healthier Mid and West Wales* Strategy to Welsh Government for capital investment, which will include the development of a new urgent and planned care hospital within the zone between and including Narberth in Pembrokeshire and St Clears in Carmarthenshire.

A Land Team have been established as a workstream sitting under the Programme Group chaired by the Chief Executive Office and is responsible for the process of identifying a shortlist of site locations and identifying a preferred site (following a detailed options appraisal process with a range of stakeholders) to be presented at Board in August 2022.

A series of parallel appraisals of the impact of the shortlisted site locations will also be presented at Board in August 2022. These appraisal areas are:

- Technical – Whether a site is capable of supporting the development of a new hospital
- Economic – The variation in cost in building a hospital at each of the potential sites
- Workforce – The impact on current and future workforce by each potential site
- Clinical – Whether a site can provide a Safe, Sustainable, Accessible and Kind service

The clinical areas for appraisal are Women and Children's services (as per Board Recommendation 4) with a focus on Neonatal services, Obstetrics and Paediatrics and Stroke services.



A Project Group has been set up to support the process of clinical land appraisal reporting to the Executive Steering Group on how it is carrying out engagement to ensure that it seeks the widest possible views of the services affected.

The Project Group also reports to the A Healthier Mid and West Wales Programme Business Case (AHMWW PBC) Programme Team on the progress of the land appraisal alongside the other three areas.

The output of this project group will be to provide a clinical recommendation for site selection to the Board through the AHMWW PBC Programme Team in relation to the identified Services. This will be developed by sharing with wider stakeholders so the final recommendation includes feedback from a variety of sources.

Section 3: Wider Engagement Activities

The Clinical Land Appraisal Project were responsible for not only seeking the clinical recommendations for site selection, but also ensuring that no other services were impacted by the location within the zone.

Engagement with clinical leaders

Several engagements took place with clinical leaders throughout the organisation in order to understand if there would be any impact upon services when looking at specific areas within the agreed zone identified as part of the 'A Healthier Mid and West Wales' strategy consultation.

Clinical leads within the Engagement and Transformation Programme Office attended meetings with staff, as well as directly contacting service leads to ensure equity of opportunity.

3rd of March - An initial email was sent out to thirty three clinical leaders asking if they could advise whether the specific location would impact on service viability. One response was received which did not raise a concern about the viability of services due to specific site location, but accessibility for frail older adults and their relatives across the whole zone and whether there was suitable learning from the Grange that could be used.

17th March – Medical Leadership forum – No specific impact raised by site location in the zone as long as the pathways once patient arrives were in place. Follow up actions required to check this again with surgical specialities, support services and primary care.

22nd March – Surgery – No impact. Concerns on workforce if further west and queries on how Prince Phillip and Swansea Bay will interact as part of a network with the new Urgent and Planned Care Hospital and patient flows due to WAST conveyance.

7th April – GP leads meeting – No concerns raised although due to the role that primary care plays in pathways, GP leads were identified to take part in Workshop Two for all service areas being explored.

14th April – Diagnostics and Radiology – No impact. Suggestions to consider medical education and ergonomic design in new build to make it an attractive environment to recruit and retain staff. Should also ensure site is future proof with ability to flex to demands.

14th April – Medicines Management – No impact although service is more dependent on pathways which will need consideration than physical locations.

14th April – Blood Sciences – Initial conversation held but no formal feedback received to indicate that any area within the zone would impact viability.

14th April – Therapies – No impact although concerns raised about abilities for time sensitive areas such as Stroke to meet target treatment times, impact on workforce and site design to enable rehabilitation and equipment storage

Section 3: Wider Engagement Activities

Engagement with staff

Following advice and guidance from the Consultation Institute a continuous engagement channel was developed for internal staff use.

The purpose of this channel was to provide information to staff that we were looking at the impact on service viability, as a result of looking at areas within the zone agreed through consultation, and seek the views of staff as to whether there were additional areas that would need to be explored.

This was advertised through Global messages to all Health Board staff and hosted on the intranet (staff only internet site). Individuals were able to complete a form highlighting their service area, whether they felt there might be an impact to viability and what the impact would be.

Each response was reviewed by the Clinical Land Appraisal Project Team with recommendations provided to the Executive Steering Group on how to respond.

Five responses have been received through this channel from across the organisation, the table below highlights where the response was received from and the response agreed by the Executive Steering Group.

Service area	Theme	Response
Community Nursing	Patient access/ Transport	Review as part of transport work and pathways work.
Ophthalmology	Patient access/ Transport	Review as part of transport work and pathways work.
Geriatric Medicine and Frailty	Pathways/ Workforce	Review as part of pathways work, discussion with established Frailty meeting.
Neonatal Services	Patient access	Being reviewed as part of the Clinical Land Appraisal.
Paediatric Psychology Service	Patient access	Being reviewed as part of the Clinical Land Appraisal.

All those who have taken part have been contacted individually to thank them for their contributions and informed of how the Clinical Land Appraisal Project Team will take forward their comments.

Section 4: Preparations for Workshops

This section covers the work that developed scope and context for the workshop, identified the stakeholders involved and engagement needed, as well as identifying what options would or would not be appraised.

Scope setting

The scope of the clinical appraisal was set by the Executive Steering Group.

This was recorded as part of the Project Initiation Documents (PID) which had been shared and developed with service leads, while any requests to change the extent of the scope were managed and recorded in the Executive Steering Group decision log.

The geographic scope was set through the *A Healthier Mid and West Wales* Strategy Consultation which identified a zone in which to build a new Urgent and Planned Care Hospital, along with the *Building A Healthier Future after COVID-19* Engagement during the summer of 2021 which asked the public for land nominations and identified three areas. The clinical land appraisal was only to consider the areas where there may be multiple potential sites, not the sites themselves.

The clinical scope was to determine whether any of the areas would have an impact on future service viability and sustainability. This was captured using the lenses of Safe, Sustainable, Accessible and Kind. The service would have to answer whether an area would allow services to be delivered under those 4 headers.

There was also a requirement to determine whether any of the areas would have a great enough number of patients to retain or support the development of services in the future which the Health Board does not currently provide. In the case of Stroke services, this was the development of a potential Hyper Acute Stroke Unit and for Obstetrics focused primarily on birth numbers and respiratory days for maintaining Special Care Baby Unit and High Dependency Unit cots. The scopes were developed to reflect that the clinical appraisal should consider this for each geographic area.

Stakeholder mapping

There are a number of organisations that are involved as part of a patients care, as well as a range of individuals and services within Hywel Dda University Health Board which support a patients pathway.

As part of the PID, stakeholder mapping was carried out to identify internal and external stakeholders who would need to be involved as part of the process, as well as determining how others would be kept updated and informed if not actively participating in workshops.

Decisions around stakeholder mapping have been recorded within the Executive Steering Group decision log.

As part of the post workshop activities patient engagement was sought to test assumptions made on their behalf to ensure that they were accurate, as well as providing them an opportunity to raise anything that they felt should have also been considered.

Section 4: Preparations for Workshops

Engagement

Prior to the face to face workshop, engagement had been carried out predominantly through clinical and operational leaders within the service, while planning had been carried out simultaneously to engage with wider stakeholders after the workshop to test the views and decisions made by attendees.

Due to the nature of operational services, engagement with a wider group of clinical stakeholders was planned with six weeks' notice to allow best availability in diaries. This was also carried out virtually to allow people the opportunity to attend without the need to travel to and from the event which could further impact attendance.

Representation from Welsh Health Specialised Services Committee (WHSSC), Welsh Ambulance Service Trust (WAST) and GP Clinical Leads was sought as these services play a key role along the patient pathway, while conversations with neighbouring Health Boards took place through existing channels.

Representation from Swansea Bay University Health Board, Powys Teaching Health Board and Betsi Cadwaladr University Health Board was not sought at this stage as the discussions were around siting of the new Urgent and Planned Care Hospital rather than the pathways and patient flows and there were pre-existing communication links between the Health Boards for executive level discussions.

Wider stakeholder engagement was planned at this stage, seeking advice and guidance from The Consultation Institute, to ensure that we would satisfy responsibilities in wider stakeholder engagement. This included linking with the Hywel Dda Community Health Council and Stakeholder Reference Group, to ensure that we would have mechanisms to publicly test any workshop outputs.

Options appraisal

No options development or appraisal activities were undertaken prior to the face to face workshop. It was decided by the Executive Steering Group that services needed to consider the broadest range of scenarios possible, as well as any mitigations that could be applied to an area where impacts arise.

In order to appraise the three areas, it was agreed to adopt a framework of Safe, Sustainable, Accessible and Kind with some guided questions to enable fair appraisal across each of the sites, while also allowing open discussion.

Reports were developed by the Health Analytics team covering the current scenario based on pre-COVID data in line with the Programme Business Case and *A Healthier Mid and West Wales* Strategy modelling and scenarios covering a wide range of configurations.

These did not exclude any options, but were based solely on the agreed zone where land nominations had been provided, which is why only three areas were considered.

These can be found in the individual discussion reports, but the key data which informs the findings in this document can be found in [Appendix 1: Data and Modelling](#).

Section 5: Workshop Methodology

This section covers how the data and modelling for the workshop was collected and the process for sense checking (testing whether it was right and relevant to enable meaningful discussion) along the way. It also covers the planning of workshop activities including structuring and output planning.

Data sources

An initial meeting was held with the clinical and operational service to review the Project Initiation Documents (PIDs) which set out the scope and purpose of the workshop, along with assumed stakeholder mapping and engagement needs and timescale for the project.

During these initial meetings requests were made for data which would enable discussions to take place to appraise each of the sites.

We also asked which standards, guidance and planning documents should be considered or sourced to help inform discussions during the workshop.

For this report the information underpinning the key findings can be found in [Appendix 1: Data and Modelling](#). The full modelling and data packs are contained as appendices within the relevant discussion reports.

Modelling rationale

There are many factors that service users may consider when deciding which hospital location to utilise, many of which are unquantifiable, such as knowing the hospital site well. Distance and drive times were used as they have a measurable impact.

The decision was taken to look at the current activity at the relevant hospital sites and look at what might have happened with that activity if the **only** consideration for which site to go to was based on:

- closest in terms of distance
- fastest to get to in terms of drive times

Once a base line of activity for the closest hospital in terms of distance and drive times was created, the proposed sites were then added to determine what changes would occur, if the only consideration was distance and drive times to the current individuals using the services.

The following locations were used as proxy sites, as advised by Strategic Planning:

- Whitland Train Station
- Narberth Train Station
- St Clears Railway Line (Co-op)

These were chosen as proxy sites as they are broadly representative of potential land sites, but did not disclose any of their actual locations which would not have an impact on travel times or distance.

Section 5: Workshop Methodology

Sense checking prior to face to face workshops

Prior to the face to face workshop there were a series of 'sense checks' that took place to look at the data, modelling and workshop activities outputs. Sense checking was used to ensure that the assumptions, data and key standards that would be used would allow discussions and decisions to be made during the face to face workshop.

Meetings were held with the clinical and operational leads to make sure that the work being undertaken was of relevance to the service and in line with the outputs required, prior to discussions with the wider project group and Executive Steering Group meetings.

The Executive Steering Group carried out sense checking around the proposed attendees to make sure that those present would be able to offer the most informed views not just from internal services but also partner organisations who are relied upon as part of service delivery. The CHC representatives ensured that the Executive Steering Group were adhering to processes around engagement.

An initial virtual workshop was carried out on to sense check all of the data collection and modelling which had been requested. This included all of the invitees to the second workshop, with the majority from Hywel Dda.

As well as sense checking the data the virtual workshop provided all those invited, whether present or not, an opportunity for them to raise any data sets that they felt we missing, any additional modelling or scenarios that may need to be considered or any other Royal College of Physicians or similar guidance that had not been included.

Following this virtual workshop the materials were developed for the face to face workshop, which were initially reviewed by the service before being tested with the Executive Steering Group, to ensure that the content would allow the required outputs to be delivered.

The final materials for the workshop were then sense checked with The Consultation Institute to determine whether they were suitable for engaging with people and would allow outputs to be achieved at the end of the session.

Section 6: Findings and Discussion

Overview

This section of the report covers the key findings and polling results that were gathered throughout the face to face workshops.

Both workshop sessions were recorded by multiple members of the Transformation Programme Office scribing the conversation and supported with audio recording which has been reviewed for note accuracy. The discussion reports contain a greater breadth of responses recorded on the day.

Those attending were informed that all of their contributions would be recorded anonymously unless they explicitly wished to be quoted as part of this output report. There may be additional quotes where the person providing them did not wish to be attributed.

Due to the discussions there were often multiple similar statements made about the same point, these have been themed together for the report and may be an amalgamation of multiple views. For this reason comments may not be presented in this report at the time they were raised during the workshop, instead they will appear under the relevant thematic headings.

Where there has been ambiguity this has been tested with the service to ensure that it is reflective of their views and feelings on the day, while footnotes are used in this report where references are made to standards.

Workshop activities

The workshops took place on the 28th and 29th of April and were structured to allow whole room discussion, with a mixture of open discussion, closed questions and online polls.

The scope of the sessions required attendees to;

- Consider whether the geographic areas could enable a Safe, Sustainable, Accessible and Kind service
- If not, what mitigations would enable it to do so?
- Consider whether the geographic areas prevent Safe, Sustainable, Accessible and Kind services? Why?

Each of the geographical areas were appraised with attendees able to raise points and answer the closed questions. Once the room felt confident that they had covered the four headings a poll took place to appraise the area on its ability to deliver a Safe, Sustainable, Accessible and Kind service.

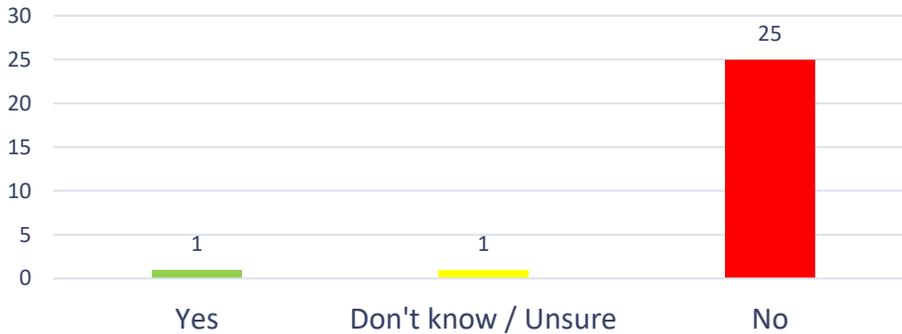
Once the three geographical areas were appraised, the attendees were given the ability to rank the three areas in their ability to deliver a Safe, Sustainable, Accessible and Kind service, with the ability to provide further information on each of the three areas that they would want the Board to consider along with any wider considerations.

At the request of the Paediatrics, Obstetrics and Neonatal Services attendees an additional poll was undertaken, and variation in total number of votes reflects attendees having to leave the workshop when votes were taking place and not abstentions to the poll itself.

Section 6: Findings and Discussion – Neonatal Services, Obstetrics and Paediatrics

Western area - Narberth

Will the Western area (Narberth) allow for Safe, Sustainable, Accessible and Kind services for the majority of children, young people and expectant families?



Key points

Safe

- Would result in the greatest reduction in the birth numbers as many birthing parents would potentially flow to Swansea Bay
- It will be challenging for the staff to maintain their clinical skills
- Women's and Children's services rely heavily on specialist transfer services and access to other levels of care e.g. intensive care outside of the Health Board area. Delayed access to specialist transfer services caused by being further West could result in an increased risk to CYP and mothers and babies who require enhanced care

Sustainable

- There will be an impact on sustainability of services due to a reduction in birth and patient numbers
- There is a risk that any move further West will make recruitment, retention, rota sustainability and trainee attraction worse
- A reduction in patient numbers can lead to a more depleted service with a risk to a loss of skills and more procedures having to be transferred out
- Recruitment difficulties currently exist for our neighbouring Health Board Swansea Bay, any move further West is felt will add to these recruitment challenges

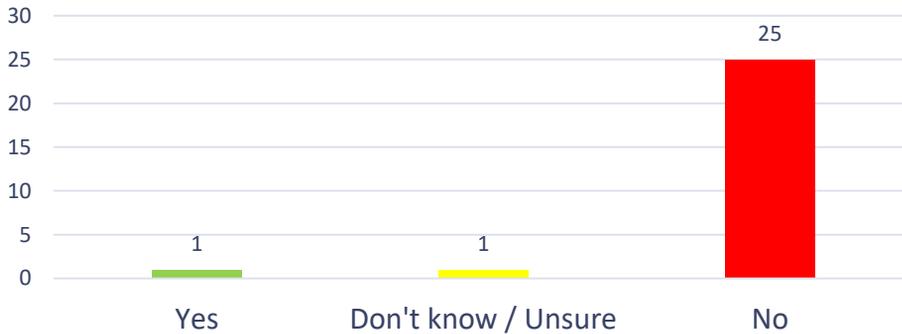
The risk is that outcomes would be worse for premature babies if they have to stay, due to us being unable to undertake a transfer of the mother and baby still in the womb due to travel time.



Section 6: Findings and Discussion – Neonatal Services, Obstetrics and Paediatrics

Western area - Narberth

Will the Western area (Narberth) allow for Safe, Sustainable, Accessible and Kind services for the majority of children, young people and expectant families?



Key points

Accessible

- It is likely that trainees, employees, expectant parents and patients from the East won't travel this far
- The viability of a MLU, if it is not a co-located MLU within a hospital with obstetric and neonatal care is uncertain. There is a need to continue with the provision of a co-located MLU in the new hospital within close proximity to obstetrics and neonatal support to ensure birth choices
- Lessons learnt from other new hospitals are that work life balance is important, increase travel times can be a barrier and that changes to the physical working environment are not always seen as a positive
- CYP and high-risk birthing mothers from mid and north Wales would be disadvantaged by increased travel times the further west the hospital is situated
- CYP and high-risk birthing mothers from West Pembrokeshire would benefit in terms of accessibility with a Narberth location

Kind

- Seasonal variation, travel times are vastly increased in holiday season
- Engagement and communication with our population and workforce is a key component

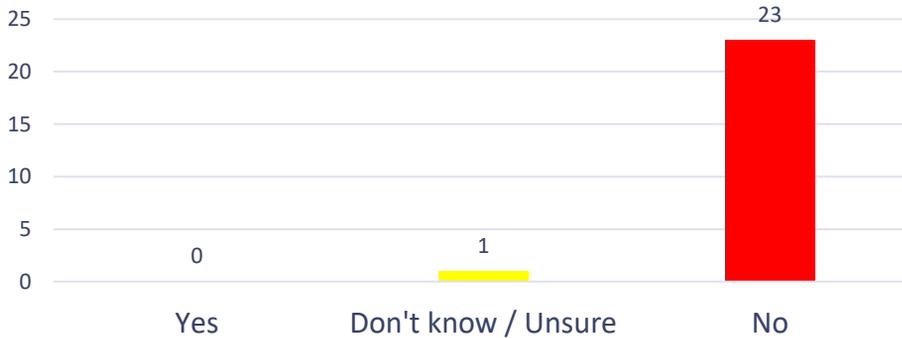


The impact is high for those having to travel further to access care.

Section 6: Findings and Discussion – Neonatal Services, Obstetrics and Paediatrics

Central area - Whitland

Will the Central area (Whitland) allow for Safe, Sustainable, Accessible and Kind services for the majority of children, young people and expectant families?



Key points

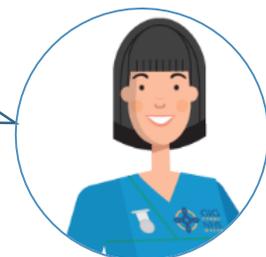
Safe

- Would result in a reduction in the birth numbers as many birthing parents would potentially flow to Swansea Bay
- It will be challenging for the staff to maintain their clinical skills
- Women's and Children's services rely heavily on specialist transfer services and access to other levels of care e.g. intensive care outside of the Health Board area. Delayed access to specialist transfer services caused by being further West could result in an increased risk to CYP and mothers and babies who require enhanced care

Sustainable

- There will be an impact on sustainability of services due to a reduction in birth and patient numbers
- There is a risk that any move further West will make recruitment, retention, rota sustainability and trainee attraction worse
- A reduction in patient numbers can lead to a more depleted service with a risk to a loss of skills and more procedures having to be transferred out
- Recruitment difficulties currently exist for our neighbouring Health Board Swansea Bay, any move further West is felt will add to these recruitment challenges

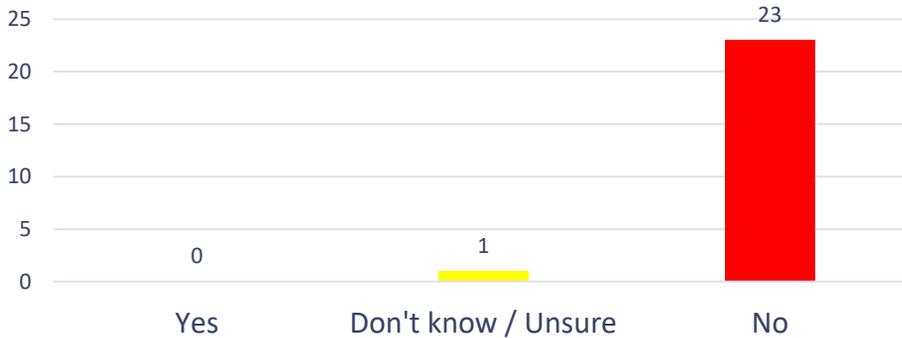
The sustainability of our workforce would be further challenged, the further West the site is.



Section 6: Findings and Discussion – Neonatal Services, Obstetrics and Paediatrics

Central area - Whitland

Will the Central area (Whitland) allow for Safe, Sustainable, Accessible and Kind services for the majority of children, young people and expectant families?



Key points

Accessible

- It is likely that trainees, employees, expectant parents and patients from the East won't travel this far
- The viability of a MLU, if it is not a co-located MLU within a hospital with obstetric and neonatal care is uncertain. There is a need to continue with the provision of a co-located MLU in the new hospital within close proximity to obstetrics and neonatal support to ensure birth choices
- Lessons learnt from other new hospitals are that work life balance is important, increase travel times can be a barrier and that changes to the physical working environment are not always seen as a positive
- CYP and high-risk birthing mothers from mid and north Wales would be disadvantaged by increased travel times the further west the hospital is situated

Kind

- Seasonal variation, travel times are vastly increased in holiday season
- Engagement and communication with our population and workforce is a key component

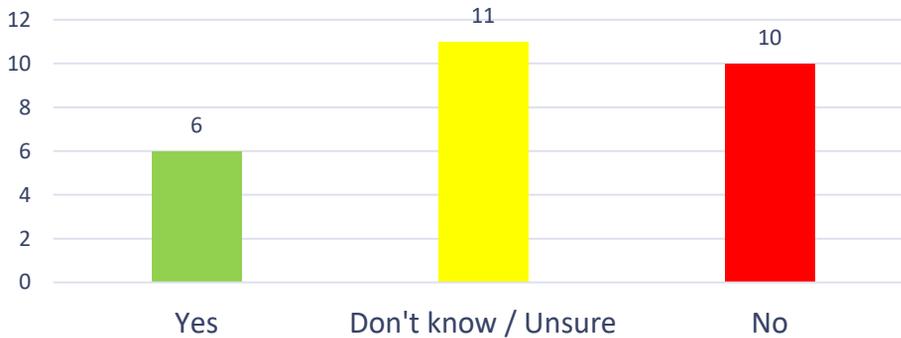
The numbers having to travel further to access care might be small but the impact for them is high.



Section 6: Findings and Discussion – Neonatal Services, Obstetrics and Paediatrics

Eastern area – St Clears

Will the Eastern area (St Clears) allow for Safe, Sustainable, Accessible and Kind services for the majority of children, young people and expectant families?



Key points

Safe

- Would result in a reduction in the birth numbers as many birthing parents would potentially flow to Swansea Bay, but it will be less of an impact than the other areas
- Of the CYP and pregnant mothers residing in the East, there is a risk that they would potentially flow to Swansea as their nearest hospital
- The better location for service sustainability from within the zone is St Clears, but if the numbers fall it will be challenging for the staff to maintain their clinical skills, particularly to care for those CYP, high risk deliveries and complex neonates requiring maternity, neonatal and High Dependency care
- Women's and Children's services rely heavily on specialist transfer services and access to other levels of care e.g. intensive care outside of the Health Board area. Delayed access to specialist transfer services caused by being further West could result in an increased risk to CYP and mothers and babies who require enhanced care

Sustainable

- The better location from the three locations to potentially maintain birth numbers is St Clears
- There is an increased chance of maintaining rotas
- There is a risk that any move further West will make recruitment, retention and trainee attraction worse
- A reduction in patient numbers can lead to a more depleted service with a risk to a loss of skills and more procedures having to be transferred out
- Recruitment difficulties currently exist for our neighbouring Health Board Swansea Bay, any move further West is felt will add to these recruitment challenges

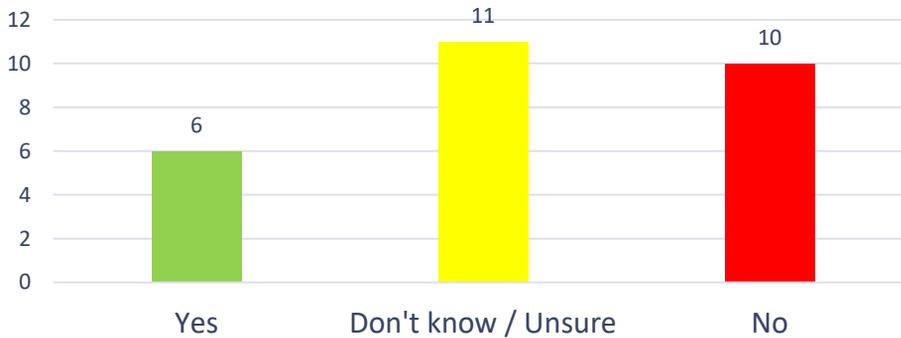


St Clears is a better location than the others, but not where we want it to be.

Section 6: Findings and Discussion – Neonatal Services, Obstetrics and Paediatrics

Eastern area – St Clears

Will the Eastern area (St Clears) allow for Safe, Sustainable, Accessible and Kind services for the majority of children, young people and expectant families?



Key points

Accessible

- The number of births will likely reduce. It is likely that people from the East won't access our services
- Increased consideration to be given to maintain MLU in Pembrokeshire, the free standing MLU in Pembrokeshire shouldn't be impacted
- There is a need to continue with the provision of a co-located MLU in the new hospital within close proximity to obstetrics and neonatal support to ensure birth choices
- A minority of CYP and high-risk birthing mothers from mid and north Wales would be disadvantaged by increased travel times the further west the hospital is situated
- CYP and high-risk birthing mothers from West Pembrokeshire would lose out in terms of travel times in comparison to Narberth and Whitland

Kind

- We need to engage the service user to understand what influences their choice of birthing location
- Is it kind for Pembrokeshire residents?

Children have the right to have safe, good quality health care



Section 6: Findings and Discussion – Neonatal Services, Obstetrics and Paediatrics

Ranking of areas and additional poll

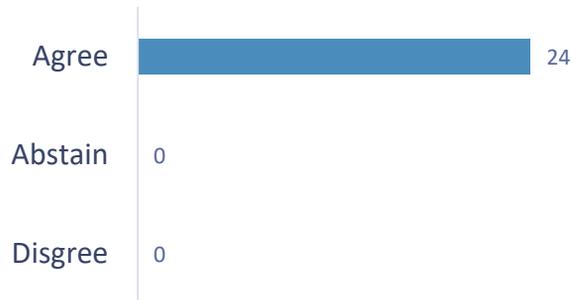
Workshop attendees were asked:

‘In light of today's deliberations and the information you have available, please rank West, Central and East from best (1) to worst (3) in being Safe, Sustainable, Accessible and Kind?’

78% (21 workshop participants) did not provide a response, the results of the 3 participants (remaining 12%) indicated a preference for the site in the East.

The workshop attendees asked to respond to a different poll, which they agreed the wording for unanimously, all 24 workshops attendees responded.

We can only provide a Safe, Sustainable, Accessible and Kind services in acute inpatient care for children, young people and expectant families, if sited east of St Clears.



What else should the Board consider?

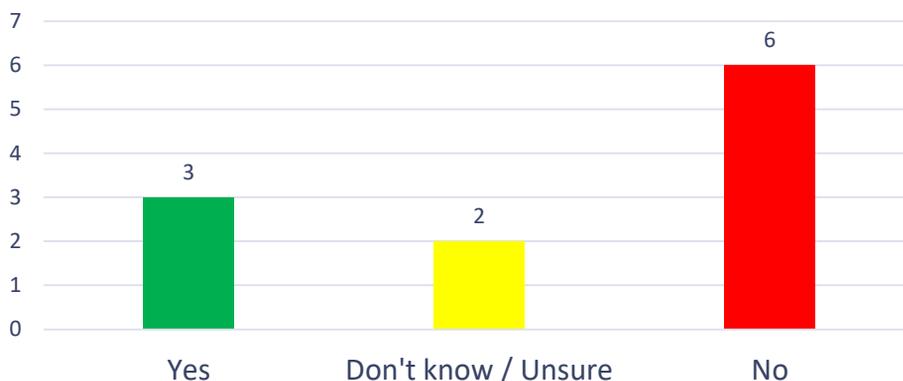
- CHANTS are commissioned for 1 ambulance for the whole area, the further West a hospital is based, will risk impacting the wider tertiary services due increased transfer times. The CHANTS service doesn't currently support Bronglais due to transfer times, all high risk patients are moved to Glangwili
- Accessibility of the transport services for transfer, transfer times/ waiting time will be increased and will impact on clinical teams being pulled to provide specialist care until transfer can be arranged
- Paediatric and maternity service are co-dependency of Intensive care Unit, Anaesthetics and Emergency Department
- Swansea Bay don't have a co-located Emergency Department, Intensive Treatment Unit to support services in Singleton
- Data requests to support the clinical opinion are continuing to be developed iteratively ahead of submission of the appraisal to Board

We are basing our decisions purely on drive time, but we don't actually know what the public will do, because we haven't asked them.

Section 6: Findings and Discussion – Stroke Services

Western area - Narberth

Will the Western area (Narberth) allow for Safe, Sustainable, Accessible and Kind services for the majority of stroke patients?



Key points

Safe

- Area would result in highest number of Hywel Dda residents being treated by Swansea Bay
- Would not reduce level of services that could be delivered

Sustainable

- Area could support a Hyper Acute Stroke Unit
- Consolidating staff rotas would improve immediate staffing issues
- Potential to attract stroke specialists if enough patients are in one place to improve treatment options
- Future recruitment to the area may be an issue

Accessible

- Access to stroke services would change to allow treatment and transfer to the new Urgent and Planned Care hospital
- Ambulance waits are an issue, reducing impact of area within the zone
- Would support those in Pembrokeshire where access to main roads can take longer

Kind

- Would be kind to the frail elderly population centres of Pembrokeshire by reducing travel impacts

The vast majority of our stroke patients are in their 70s, 80s and 90s and a lot of them have families and spouses, particularly older spouses, and the kind thing for that population is to minimize their travel.

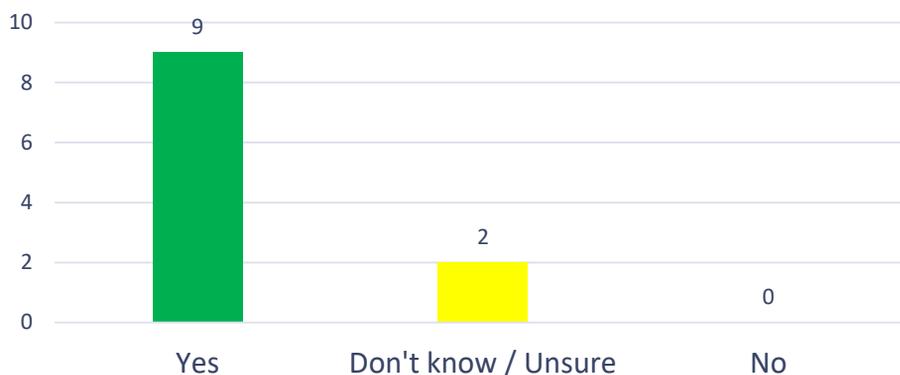
We need to consider travel times for those people in that particular area, not forgetting those people are part of the rehab process.



Section 6: Findings and Discussion – Stroke Services

Central area - Whitland

Will the Central area (Whitland) allow for Safe, Sustainable, Accessible and Kind services for the majority of stroke patients?



Key points

Safe

- Majority of Carmarthenshire residents would be treated by Swansea Bay
- Would not reduce level of services that could be delivered
- Welsh Ambulance Service Trust (WAST) have the greatest impact on accessing timely interventions but the central area provides even timely coverage

Sustainable

- Area could support a Hyper Acute Stroke Unit
- Consolidating staff rotas would improve immediate staffing issues
- Future recruitment to the area may be an issue

Accessible

- Access to stroke services would change to allow treatment and transfer to the new Urgent and Planned Care hospital
- Ambulance waits are an issue, reducing impact of area within the zone
- Closer to Carmarthen, but central enough to support Pembrokeshire
- Pathways are going to have the greatest impact on treatment times from a central location

Kind

- Area seems to have the least available for relatives and family members visiting. Need to consider how they will access facilities (shops, restaurants, accommodation, etc.) during rehabilitation

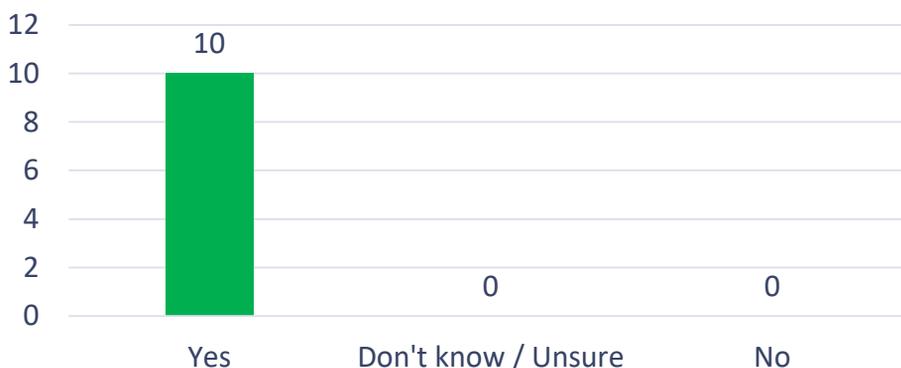


Resources and staff support, including attracting and retaining MDT staff, does always reflect activity levels and it should be explored especially if we are building a centralised service with activity in one place.

Section 6: Findings and Discussion – Stroke Services

Eastern area – St Clears

Will the Eastern area (St Clears) allow for Safe, Sustainable, Accessible and Kind services for the majority of stroke patients?



Key points

Safe

- Largest catchment area, providing the greatest coverage across all three counties
- WAST would still convey stroke patients from Llanelli, Ammanford, etc to Swansea as the nearest appropriate hospital but could justify conveyance to the new Urgent and Planned Care if the site provided services above those provided by Swansea Bay

Sustainable

- Area could support a Hyper Acute Stroke Unit
- Consolidating staff rotas would improve immediate staffing issues
- Potential to create a centre of excellence to greatly support recruitment and retention of staff wanting to specialise in stroke care due to higher stroke patient numbers

Accessible

- Good infrastructure already with plans for improvement for rail access
- Visitor access from North Pembrokeshire, North Carmarthenshire and South Ceredigion as part of rehabilitation is disadvantages as most public transport routes are East-West and not North-South
- Concern that patients will have to travel further to receive initial treatment in Swansea Bay and further treatment and recovery in Hywel Dda

Kind

- Kindest option based on populations it can serve

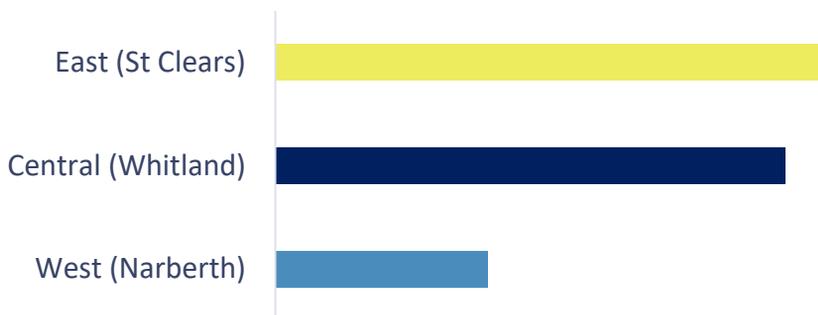
The more time you've got of arguing the transfer time from the Ammanford and Llanelli areas is less, there's a chance there could be a greater argument to take patients to your own hospital rather than using Morrision's facility.



Section 6: Findings and Discussion – Stroke Services

Ranking of areas

In light of today's deliberations and the information you have available, please rank West, Central and East from best to worst in being Safe, Sustainable, Accessible and Kind



What else should the Board consider?

- The pathways around admission, treatment, rehabilitation and discharge are more important than the site of the new hospital, although it was generally accepted that the central and East area are better than the West
- The new hospital doesn't sit in isolation but is part of a hospital system with Bronglais and Prince Philip, the area selected for the new hospital will have an impact on services delivered in these three locations
- Stroke rehabilitation needs to be co-located with any centralised service or HASU as it would reduce patient outcomes if stepped down to an area without stroke consultant cover
- Centralising of patients should also consider staffing resources to ensure that they are reflective as closely as possible to activity levels, especially if they are to increase
- Conversations need to take place with Swansea Bay about how a stroke model and pathway could work between the two Health Boards, particularly with initial admission and discharge

Time is Brain. It's like a car crash accident, life gone - but it's treatable. This is about getting the patients to the right place, at the right time to be seen by the right people who are giving the right intervention. That's the key and that's what we need to be aspiring towards.



Section 6: Findings and Discussion – What Else Should the Board Consider?

There were several topics covered throughout the workshops that the attendees felt was important for the Board to consider. They have been collated here as they are relevant to the wider appraisal process or expand beyond the services represented during the workshops.

What else should the Board consider?

- Wider planning around the new hospital site would need to be strongly managed by the local authority to ensure that fast food chains and shops which would impact healthy lifestyles are not encouraged as this can impact patients as well as visitors
- Wider planning should explore development of shops which can provide amenities for families and visitors who stay for longer periods, as well as bed and breakfast or hotels which will also be needed if not possible on site
- Site should consider use of green spaces for therapy interventions, as well as for families visiting, i.e. playground for children
- Site should consider accommodation for student trainees on placement and locum staff who do not live in our area. Previously holiday cottages have been used which have been very costly
- Should look at providing gym or social facilities on the site to support existing staff, attract new staff and create a sense of community
- Workforce planning is needed to understand the impact of staff travelling into the Health Board to understand potential sustainability
- An ask for the Workforce appraisal to look at how many staff currently travel into the area, to potentially reflect the impact on the accessibility of Narberth as a site
- The design element of the new hospital to consideration sustainability and power generation
- There is a need to balance accessibility against the quality of the area, neither are mutually exclusive
- Engagement with staff is important, need to ensure this is being picked up via the workforce evaluation
- Staff morale and a happy workforce is important, there is a lack of career choices in rural areas
- Need to consider the environmental impact and the decarbonisation agenda on both the site and travel to the site for our workforce and families
- Improved infrastructure development and a change in dynamic would need to be in place before the hospital opens to support sustainability, it would be too late if it came after
- The location of a new hospital will impact on the workload of neighbouring GP Practices
- Housing need is important particularly for overseas recruitment

Section 7: Post Workshop Activities

As part of the whole process, parallel work was also undertaken to engage with the wider Community Health Council members, the Stakeholder Reference Group and patient representatives so that once the second workshop had taken place, they would be able to sense check and engage with the reports before being presented as a recommendation to Board.

This sense checking would allow patients and their representatives would be able to test and challenge assumptions which may have been made by the service in their decision making, i.e. importance of access to local amenities around the hospital for families and friends visiting patients.

This section brings together the highlights of sense checking sessions which took place with the wider clinical and patient representative groups as well as patients themselves.

More detail of the engagement carried out with the service prior to these four sense checking events can be found in the individual discussion reports.

Health Professionals Forum – 06/06/2022

- Regardless of where the hospital is sited, consideration to be given to the access to sustainable community services outside of hospital
- Consideration to be given to patient pathways in terms of enhancing community access to accessible and kind community services via public transport
- Need to consider access to mental health services for children in the future, bearing in mind there is only one ward located in GGH currently
- Need to ensure staff's happiness and wellbeing and the implications that locating the site further west will have on this. Requirement to recognise the volume of staff who currently live outside of the Health Board and commute in

Staff Partnership Forum – 07/06/2022

- Has fair consideration been given to North West Pembrokeshire when looking at the land selection?
- The potential drop in patient flow and level of births would reduce access to wider, more complex care needs which would therefore reduce the opportunity to work with universities on research and innovation programmes, therefore need to consider University Health Board status
- Consideration to be given to national paediatric shortages and ensure parity for all potential sites where it was noted any hospital in the zone would find it difficult to recruit

Section 7: Post Workshop Activities

Stakeholder Reference Group - 17/06/2022

An extraordinary Stakeholder Reference Group was arranged as part of the sense checking events, with patients invited to share their views.

Over one thousand and eight hundred letters were posted and seven hundred and fifty emails sent to patients or their parents or guardians of those who used neonatal services, obstetrics, paediatrics or stroke services between December 2021 and March 2022.

Along with the standing membership of the group, there were representations for both areas of the clinical land appraisal project with the findings and discussions noted below.

- Fair consideration should be given to patient pathways as part of the land selection
- Consideration to be given to those living in the west and north of Pembrokeshire, where currently residents feel disadvantaged in terms of access to services and the choices offered to them should the hospital be located further east
- Has fair consideration been given to increasing ambulance numbers?
- Consideration to be given to road and infrastructure within Pembrokeshire in terms of accessing time critical services during months of the year when there is an influx of tourists to the area

Hywel Dda Community Health Council Executive Committee - 21/06/2022

- Need to consider access to services for the residents who live in the rural areas of Pembrokeshire
- Consideration to be given to other services not currently part of the discussions and intensive workshops, in particular, cardiac services
- Consideration to be given to staffing issues in terms of the particular specialities that will be available at the new hospital and how to attract staff to work in these areas
- Need to ensure staffing resources are available to ensure Pembrokeshire residents have the access to the services they require and to ensure these members of staff are retained in terms of upskilling them
- Based on accommodation being provided to consultants at the new hospital to ensure consultants' presence on site within 30 minutes, there should be no need to consider this as part of the discussions going forward

Section 7: Post Workshop Activities

Hywel Dda Community Health Council Executive Committee - 21/06/2022 (Continued)

- Consideration to be given to the positioning of a HASU within the new hospital to mitigate any potential reduction in critical mass based on the assumption that patients from Cross Hands, Llandovery, Llandeilo etc. would go to Swansea Bay
- Need to consider pathways in terms of providing care closer to home by utilising local hospitals for specialised stepped down therapies
- Consideration to be given to data, specific to travel times to and from areas where there is an assumption that patients will attend Swansea Bay instead of Hywel Dda and the new hospital site, taking into consideration all three localities
- Assumption that Hywel Dda will see a significant shift in staff relocating to Swansea Bay due to the new HASU to be located there
- Prior to Board deliberations of the four work streams, public engagement to continue should there be a requirement to reduce the shortlisting of the sites

Responses received via the online Clinical Land Appraisal Project - Feedback Form:

- In terms of what further considerations do you believe need to be made as part of stroke services and neonatal services, obstetrics and paediatrics clinical recommendation to Board - response received: **The CHC are unable to answer this question due to the CHC having insufficient information and being lay volunteers.**
- In terms of what further considerations do you believe need to be made as part of the clinical recommendation to Board response received: **The CHC are unable to answer this question as it has not seen the full clinical report/ recommendation to the Board.**

Section 7: Post Workshop Activities

Engagement with Pembrokeshire colleagues

Overview At the request of the service, as a number of Pembrokeshire colleagues were unable to attend the original workshops, in order to ensure a balance of views that was representative of the service as a whole further discussions were undertaken led by both Prof. Phil Kloer, Medical Director and Deputy CEO and Lee Davies Executive Director of Strategic Development & Operational Planning on the 31st May 2022 and the 21st June 2022.

Methodology

Some of the discussions throughout these meetings reflected the views and opinions which were expressed during workshop 2 and captured within the body of the discussion report. The purpose of this exception report is to capture any themes which are in addition to those captured within the body of the report. Throughout the discussions there were often multiple similar statements made about the same point, these have been themed together for the exception report and may be an amalgamation of multiple views.

Findings and discussions

Safe

- The time it takes for specialist transport from the East to get to a hospital further West is an issue
- There are a number of children who live in Pembrokeshire with complex needs, this population needs to be considered
- There is a potential clinical risk to birthing mothers having to travel long distances to give birth, travel times and ambulance waiting times can influence this
- The further East we go, the greater the potential risk for Pembrokeshire patients, risks should be shared equally between Counties

Sustainable

- A site further East would help maintain the number of births and CYP, there is a need to ensure a sustainable service
- Length of stay in hospital for Pembrokeshire patients can be longer in Glangwili, in terms of clinical decision making around discharge the distance from the hospital can be a consideration
- It would be nice to see a hospital base slightly further West, to create more equity of service between Counties

Accessible

- Considerations around travel times from Pembrokeshire, East include:
 - The existing road infrastructure, it is an issue for Pembrokeshire residents
 - There will be increased traffic to the area from staff travelling to work
 - Increase traffic East from the ferry in Fishguard impact drive times

Kind

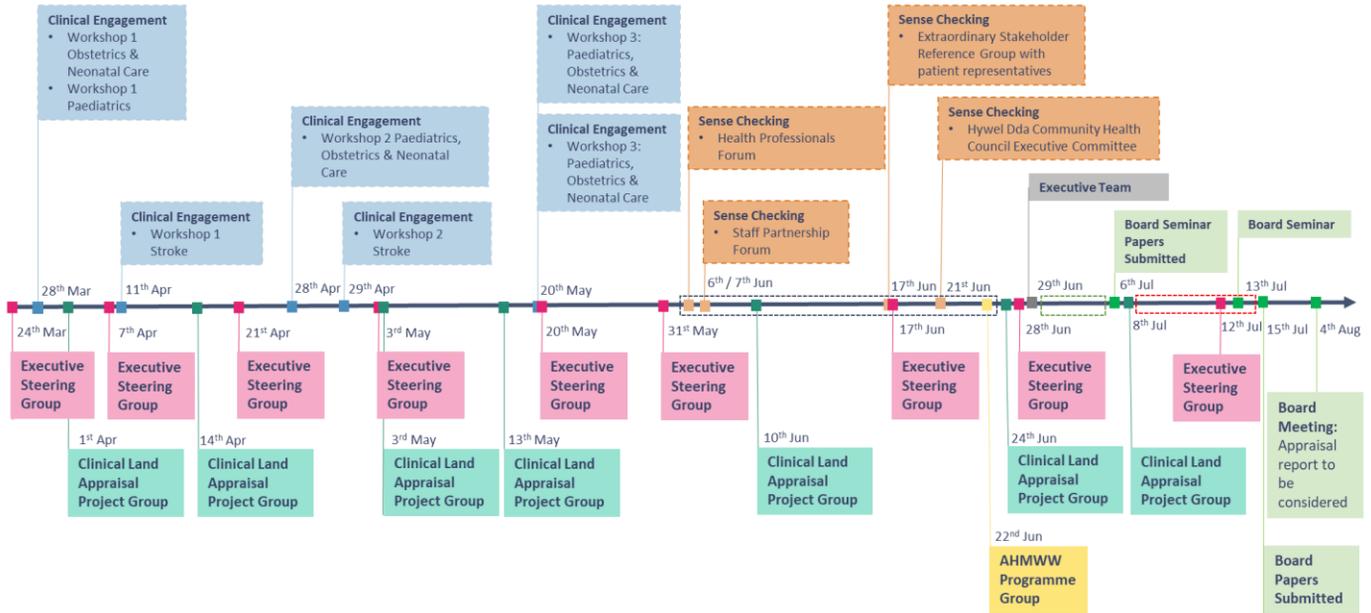
- Visits from family and friends is difficult with long travel distances, this is not equitable care
- Every child deserves the same opportunity in Hywel Dda

Section 8: Areas of Further Work – OBC and Onwards

Next steps

As part of the work to deliver the clinical recommendation to Board, a timeline was set out to ensure that milestones were met and enough time given to support engagement activities.

Clinical Land Appraisal Project Timeline – Route to Board Submission



The high level timeline above sets out the processes undertaken to engage with services, carrying out sense checking with the service and wider groups, and the governance and assurance process in place as part of delivering the final clinical land appraisal to Board.

The timeline has been developed to ensure that the recommendations for both project areas can be delivered alongside the wider appraisal processes, particularly as there are interdependencies with the workforce, economic and financial and technical appraisals.

Throughout the work to date the message shared with those who have engaged has been that this is the beginning of engagement and not a series of standalone activities. It is anticipated that the work will progress to Outline Business Case level, at which point the conversations will progress to look at the pathways, with more detail about what will be provided from various locations both within the new Urgent and Planned Care Hospital and across the entire healthcare system.

Appendices

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4: Clinical Land Appraisal - Equalities and Health Impact Assessment	Page 36



Appendix 1: Data and Modelling

Neonatal Services, Obstetrics and Paediatrics

The following tables show the actual activity birth by hospital for 2019/20 and the theoretical birth activity for each hospital if it had been based on the shortest drive time. They also show theoretical activity for each of the 3 proposed areas within the zone.

There is evidence to suggest people might drive an additional 10 minutes to travel to a hospital within Hywel Dda as part of a birthing choice, there is an adjustment for those patients who would be within an additional 10-minute drive time from each of the proposed areas although this is not certain. Ambulance activity has been excluded from the modelling on the basis that WAST would usually take patients to the nearest hospital.

Hospital Site (St Clears Scenario)	2019/20 Actual activity current sites	Theoretical activity based on shortest drive time to current sites (PC prefix)	Theoretical activity based on shortest drive time to current sites (PC prefix) incl add'l 10 mins	Theoretical activity based on shortest drive time to current sites (Maps)	Theoretical activity based on shortest drive time to proposed sites (Maps)	Adjustment for number within additional 10 minute drive time to proposed site	Revised theoretical activity after adjustment for additional 10 minute drive time to proposed site
Bronglais Hospital	413	337	337	322	374		374
Singleton Hospital	266	178	0	709	868	-598	270
Withybush Hospital	141	1045	1045	1068			
Glangwili Hospital	2363	1351	1529	1084			
St Clears Area					1941	598	2539
	3183	2911	2911	3183	3183	0	3183

Hospital Site (Whitland Scenario)	2019/20 Actual activity current sites	Theoretical activity based on shortest drive time to current sites (PC prefix)	Theoretical activity based on shortest drive time to current sites (PC prefix) incl add'l 10 mins	Theoretical activity based on shortest drive time to current sites (Maps)	Theoretical activity based on shortest drive time to proposed sites (Maps)	Adjustment for number within additional 10 minute drive time to proposed site	Revised theoretical activity after adjustment for additional 10 minute drive time to proposed site
Bronglais Hospital	413	337	337	322	420		420
Singleton Hospital	266	178	0	709	1084	-519	565
Withybush Hospital	141	1045	1045	1068			
Glangwili Hospital	2363	1351	1529	1084			
Whitland Area					1679	519	2198
	3183	2911	2911	3183	3183	0	3183

Hospital Site (Narberth Scenario)	2019/20 Actual activity current sites	Theoretical activity based on shortest drive time to current sites (PC prefix)	Theoretical activity based on shortest drive time to current sites (PC prefix) incl add'l 10 mins	Theoretical activity based on shortest drive time to current sites (Maps)	Theoretical activity based on shortest drive time to proposed sites (Maps)	Adjustment for number within additional 10 minute drive time to proposed site	Revised theoretical activity after adjustment for additional 10 minute drive time to proposed site
Bronglais Hospital	413	337	337	322	434		434
Singleton Hospital	266	178	0	709	1145	-369	776
Withybush Hospital	141	1045	1045	1068			
Glangwili Hospital	2363	1351	1529	1084			
Narberth Area					1604	369	1973
	3183	2911	2911	3183	3183	0	3183

As can be seen in the table, the number of births going to Singleton increases as the proposed site moves from east to west (from 270 to 776). The number of births in Bronglais increases as the proposed site moves from east to west (from 374 to 434). The number of births in the proposed new hospital decreases as the proposed site moves east to west (from 2,539 to 1,973).

Appendix 1: Data and Modelling

Neonatal Services, Obstetrics and Paediatrics

The following tables show the actual activity by hospital for 2019/20. They also show theoretical activity if activity had been based on the shortest drive time. This has been done for current sites and each of the three proposed sites within the zone.

Based on the assumption that people might drive an additional 10 minutes to access services at a hospital within HD, an adjustment has been made for those patients who could be within an additional 10-minute drive time from each of the proposed areas. This has been repeated in the last two columns, but with ambulance activity excluded from the modelling on the basis that ambulances would usually take patients to the nearest hospital.

Hospital Site (St Clears Scenario)	2019/20 Actual activity current sites	Theoretical activity based on shortest drive time to current sites (PC prefix)	Theoretical activity based on shortest drive time to current sites (PC prefix incl add'l 10 mins)	Theoretical activity based on shortest drive time to current sites (Maps)	Theoretical activity based on shortest drive time to proposed sites (Maps)	Adjustment for additional 10 minute drive time based on all activity		Adjustment for additional 10 minute drive time based on all activity (less arrivals by ambulance and 999)	
						Adjustment for number within additional 10 minute drive time to proposed site	Revised theoretical activity after adjustment for additional 10 minute drive time to proposed site	Adjustment for number within additional 10 minute drive time to proposed site	Revised theoretical activity after adjustment for additional 10 minute drive time to proposed site
Bronglais Hospital	976	977	977	1,011	1,122		1,122		1,122
Morrison Hospital		1,497	481	2,261	3,077	-1,677	1,400	-1,520	1,557
Withybush Hospital	1,999	3,845	3,845	3,870					
Glangwili Hospital	7,593	4,249	5,265	3,426					
St Clears Area					6,369	1,677	8,046	1,520	7,889
	10,568	10,568	10,568	10,568	10,568	0	10,568	0	10,568

Hospital Site (Whitland Scenario)	2019/20 Actual activity current sites	Theoretical activity based on shortest drive time to current sites (PC prefix)	Theoretical activity based on shortest drive time to current sites (PC prefix incl add'l 10 mins)	Theoretical activity based on shortest drive time to current sites (Maps)	Theoretical activity based on shortest drive time to proposed sites (Maps)	Adjustment for additional 10 minute drive time based on all activity		Adjustment for additional 10 minute drive time based on all activity (less arrivals by ambulance and 999)	
						Adjustment for number within additional 10 minute drive time to proposed site	Revised total after adjustment for additional 10 minute drive time to proposed site	Adjustment for number within additional 10 minute drive time to proposed site	Revised total after adjustment for additional 10 minute drive time to proposed site
Bronglais Hospital	976	977	977	1,011	1,217		1,217		1,217
Morrison Hospital		1,497	481	2,261	3,425	-1,582	1,843	-1,434	1,991
Withybush Hospital	1,999	3,845	3,845	3,870					
Glangwili Hospital	7,593	4,249	5,265	3,426					
Whitland Area					5,926	1,582	7,508	1,434	7,360
	10,568	10,568	10,568	10,568	10,568	0	10,568	0	10,568

Hospital Site (Narberth Scenario)	2019/20 Actual activity current sites	Theoretical activity based on shortest drive time to current sites (PC prefix)	Theoretical activity based on shortest drive time to current sites (PC prefix incl add'l 10 mins)	Theoretical activity based on shortest drive time to current sites (Maps)	Theoretical activity based on shortest drive time to proposed sites (Maps)	Adjustment for additional 10 minute drive time based on all activity		Adjustment for additional 10 minute drive time based on all activity (less arrivals by ambulance and 999)	
						Adjustment for number within additional 10 minute drive time to proposed site	Revised total after adjustment for additional 10 minute drive time to proposed site	Adjustment for number within additional 10 minute drive time to proposed site	Revised total after adjustment for additional 10 minute drive time to proposed site
Bronglais Hospital	976	977	977	1,011	1,279		1,279		1,279
Morrison Hospital		1,497	481	2,261	3,762	-1,475	2,287	-1,374	2,388
Withybush Hospital	1,999	3,845	3,845	3,870					
Glangwili Hospital	7,593	4,249	5,265	3,426					
Narberth Area					5,527	1,475	7,002	1,374	6,901
	10,568	10,568	10,568	10,568	10,568	0	10,568	0	10,568

As can be seen in the table, the number of children going to Morrison increases as the proposed site moves from east to west (from 1,557 to 2,388). The number of children going to Bronglais increases as the proposed site moves from east to west (from 1,122 to 1,279). The number of children going to the proposed new hospital decreases as the proposed site moves east to west (from 7,889 to 6,901).

Appendix 1: Data and Modelling

Stroke Services

Prior to the second workshop, 2 summary tables were shared with the invitees which were based on the contents of the data pack to provide a comparison of theoretical numbers between the sites based on estimated drive time, not distance.

Stroke activity			Scenario 1	Scenario 2	Scenario 1	Scenario 2	Scenario 1	Scenario 2	Scenario 1	Scenario 2	Scenario 1	Scenario 2
Site	Current actual activity	Current theoretical activity by drive time	Narberth HASU and Morriston	Narberth HASU, BGH ASU and Morriston	Whitland HASU and Morriston	Whitland HASU, BGH ASU and Morriston	St Clears HASU and Morriston	St Clears HASU, BGH ASU and Morriston	Regional HASU Swansea	Regional HASU Swansea and BGH ASU	Difference in activity between West and East	
Bronglais	145	57		79		75		64		119	0	-15
Glangwili	205	157									0	0
Prince Philip	186	204									0	0
Withybush	231	229									0	0
New Site			379	322	401	342	447	386			68	64
Morrison			268	246	246	230	200	197	647	528	-68	-49
Total	767	647	647	647	647	647	647	647	647	647	0	0

These data sets were important to the Stroke workshop discussions in terms of understanding impact on delivering treatments within target times and the potential numbers attending which would be needed to sustain any HASU development.

Maximum Drive Time			Scenario 1	Scenario 2	Scenario 1	Scenario 2	Scenario 1	Scenario 2	Scenario 1	Scenario 2	Scenario 1	Scenario 2
Site	Current Actual Activity	Current Theoretical Maximum Drive Time	Narberth HASU and Morriston	Narberth HASU and BGH ASU and Morriston	Whitland HASU and Morriston	Whitland HASU, BGH ASU and Morriston	St Clears HASU and Morriston	St Clears HASU, BGH ASU and Morriston	Regional HASU Swansea	Regional HASU Swansea and BGH ASU	Difference in drive time between West and East	
Bronglais	145	40-50		50-60		40-50		40-50		60-70		-10
Glangwili	205	50-60										
Withybush	186	40-50										
New Site	231		100-110	40-50	100-110	50-60	100-110	50-60			-	10
PPH MLU												
Morrison			90-100	60-70	90-100	60-70	40-50	40-50	110-120	90-100	-20	-20
Total	767	0	-	-	-	-	-	-	-	-	-20	-20

The current actual activity numbers in the tables are based on diagnosed stroke patients. Mimic rates would need to be included on top of these to understand likely demand at each site. This information, along with SNNAP data, is contained within the data pack found in the Stroke discussion report appendix.

Appendix 2: Standards and Planning Guidance

The following documents were identified by the service as part of workshop one as being relevant and important to decision making. During workshop one attendees were asked whether there were additional documents which should be considered but none were identified.

Neonatal services, Obstetrics and Paediatrics

This document was identified as being important by the service as it sets out recommendations on staffing level and trainees based on the numbers of births*.

Table 8 on page 34 of the document identifies varying levels of categories defined by the numbers of births per year.

The table sets obstetric consultant staffing target levels against each category along with numbers of specialist trainees.

Further standards related to midwifery, neonatal and paediatric care which has been included within the appendix of the neonatal services, obstetrics and paediatrics discussion report.

Stroke Services

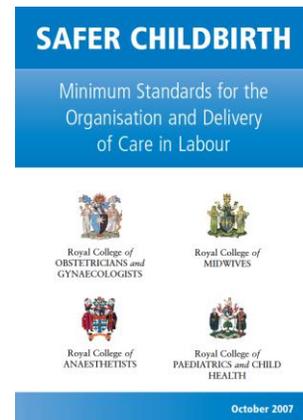
This document (Appendix B 3) was identified as being important by the service as it sets out the key criteria as part of an acute stroke unit.

The appendix within the document from page 11 of the document lays out recommendations in a table the number of patients required to make such a unit sustainable, staffing mixes, treatment targets, etc.

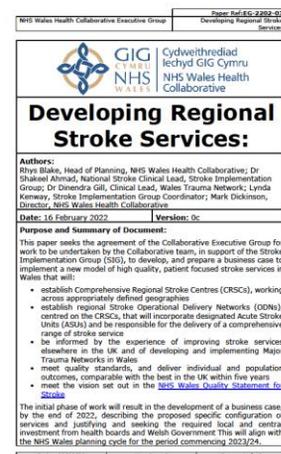
A second planning standards document was also considered by workshop attendees which has been included within the appendix of the stroke discussion report.

* Discussions up until 2021, were based on RCOG Labour Ward standards 2010 which outline concerns around birth numbers falling below 2500, these were superseded by the [Roles and responsibilities of the consultant providing acute care in obstetrics and gynaecology June 2021 \(updated May 2022\)](#) and [RCOG Workforce report 2022](#), where the actual number of births is no longer specified, however there is still clinical opinion that this figure of 2500 is representative of the issues highlighted.

Safer Childbirth: Minimum Standards for the Organisation and Delivery of Care in Labour



Developing Regional Stroke Services



Appendix 3: Clinical Land Appraisal - Identified Risks

This section covers the risks that have been identified as part of the clinical land appraisal which arise as a result of the siting of the new Urgent and Planned Care Hospital. These have been included as part of the wider risk assessment for the overall appraisal process.

Clinical land appraisal provides a different recommendation to the other appraisals

The clinical land appraisal recommendations may not be aligned with the other recommendations as neonatal services, obstetrics, paediatrics and stroke services identified that a West area would be least able to provide Safe, Sustainable, Accessible and Kind services, with the least clinical risk in an East area.

The Board may need to consider the clinical risk to neonatal services, obstetrics, paediatrics and stroke services against the other appraisal activities and the findings of wider organisational engagement that anywhere in the zone would be suitable.

Reduction or loss of engagement into OBC and pathways stages

Services may be less engaged with OBC and pathways work if they feel that their clinical recommendations have been ignored or minimalised.

Loss of engagement could result in impacts on delivering OBC and identifying mitigations which may be required to reduce any identified clinical risks as part of the appraisal recommendations.

Regardless of any decisions made as a result of the appraisal recommendations, services will want to see that recommendations have been thoughtfully considered.

Pathways work and detail of site facilities across the future hospital have not been worked through

Focus during the workshop was on siting of the Urgent and Planned Care hospital within three areas of the agreed zone. Both workshops noted a need to understand pathways beyond initial admission and the potential facilities that would be available to help inform decisions.

Detailed work at the OBC and pathways level could mitigate clinical risks identified during the workshops, particularly where there were assumptions made about what would or would not be possible as part of the new hospital design and across the hospital network of Hywel Dda.

Capacity of other Health Boards and commissioned services have been assumed in recommendations

Assumptions have been made about capacity of other Health Boards and commissioned services and the impact that change in patient flows may or may not have on them.

While engagement has taken place with Welsh Ambulance Service Trust and Welsh Health Specialised Services Committee during the workshops, high level assumptions remain about pathways and capacity of other Health Boards to manage patient flow from the East of Hywel Dda.

Further work will be needed at OBC and pathway level to understand what the extent of the impact could be, and identify mitigations to ensure patient care is not impacted.

Appendix 4: Clinical Land Appraisal: Equalities and Health Impact Assessment

This section covers the equalities and health impacts that have been identified as part of the clinical land appraisal which arise as a result of the siting of the new Urgent and Planned Care Hospital. These have been included as part of the wider equalities and health impact assessment for the overall appraisal process.

These should be considered with the [A Healthier Mid and West Wales Programme Business Case EHIA](#)

Age

The impact of women choosing to give birth an older age was initially identified as negative due to the need to access consultant led birthing, potentially travelling further to the new Urgent and Planned Care Hospital, or choosing to have their births in another Health Board.

Women needing specialist care and transport was discussed as part of the workshops and as part of follow up discussions where the mitigation would be a hospital site in the East area of the zone to enable the best access to tertiary services and specialist transport services provided along the M4 corridor. This area would also likely provide the best opportunities to recruit and retain a workforce to support more complex births.

Access to the hospital for older people was raised in workshops which provided additional impacts to consider when mitigating. Firstly, that transport routes main mostly East to West, but need to consider North to South for patients who may be travelling from North East Carmarthenshire, North Pembrokeshire and South Ceredigion.

Secondly, that for stroke patients who are generally an older cohort, they normally have older family and relatives who visit as part of the rehabilitation process, and their access should be considered also.

A new impact was identified during the workshops around support for children and young people as a result of being unable to support birthing options. Should Paediatric services be unable to sustain clinical skills and competencies due to fewer birth numbers and more children and young people attending other Health Boards, then more paediatric services will need to be commissioned from other health trusts. The mitigation for this is a hospital in the East area of the zone to support the largest number of consultant led births and support the greatest patient birthing choice.

No further age impacts or mitigations were identified.

Disability

The impact of disability on pregnancy was not discussed as a topic in the workshops, however clinical risk for high risk births was covered extensively. As noted for age, the mitigation would be a hospital site in the East area of the zone to enable the best access to tertiary services and specialist transport services provided along the M4 corridor. This area would also likely provide the best opportunities to recruit and retain a workforce to support more complex births.

No further disability impacts or mitigations were identified.

Appendix 4: Clinical Land Appraisal: Equalities and Health Impact Assessment

Sex

A new impact and mitigation has been identified as part of the workshops which particularly impacts on women.

Due to the co-location of Obstetrics and Gynaecology with Paediatrics services and the clinical risks identified due to a reduction in birthing numbers, women are likely to experience a greater impact than men if there are changes to birth numbers as they provide a broader range of clinical support outside of births.

The impact would be mitigated by a hospital sited in the East area of the zone to enable the greatest number of births to reduce impacts on obstetrics and gynaecology services to support women in Hywel Dda.

No further sex impacts or mitigations were identified.

Pregnancy and Maternity

No new pregnancy impacts were identified as a result of the workshops with neonatal and obstetrics, however new information is available to add to mitigations.

While pathways work has not taken pace yet which would further mitigate some of the impacts raised, the recommendation for siting of the new in the East of the zone would support many of the mitigations raised around staffing, transfers and partnership working, while also reducing clinical risk and improving outcomes for birthing families.

The number of births across the Hywel Dda population peaked in 2010/11 at just over 4000 before declining over the past decade to 3163 in 2019/20. This trend of declining birth rates occurred in all three counties but was highest (proportionally) in Ceredigion.

Percentage of Births	Previous 10 years	Previous 15 years	Next 10 years	Next 15 years	Number of Births	Previous 10 years	Previous 15 years	Next 10 years	Next 15 years
	2010-2011 to 2019-2020	2005-2006 to 2019-2020	2020-21 to 2029-2030	2020-2021 to 2034-2035		2010-2011 to 2019-2020	2005-2006 to 2019-2020	2020-21 to 2029-2030	2020-2021 to 2034-2035
Ceredigion	-28.5%	-16.2%	-14.7%	-14.1%	Ceredigion	-199	-97	-61	-58
Pembrokeshire	-21.3%	-17.5%	-6.5%	-4.7%	Pembrokeshire	-278	-218	-55	-36
Carmarthenshire	-18.4%	-10.8%	-6.2%	-4.0%	Carmarthenshire	-369	-198	-82	-45
Total	-21.1%	-14.0%	-7.7%	-5.9%	Total	-846	-513	-199	-141

The decline in the number of births is projected to continue over the next ten years, but at a slower rate, with a further 7% reduction by 2032/33 taking total births just below the 3000-mark. Projections then suggest birth rates will level out if not increase slightly through the 2030s, but longer-range forecasts inevitably have greater uncertainty.

No further pregnancy and maternity impacts or mitigations were identified.