

**COFNODION Y CYFARFOD BWRDD IECHYD PRIFYSGOL  
HEB EU CYMERADWYO UNAPPROVED  
MINUTES OF THE UNIVERSITY HEALTH BOARD MEETING**

Date of Meeting:	<b>10.30AM, THURSDAY 14 SEPTEMBER 2023</b>
Venue:	<b>CANOLFAN S4C YR EGIN, COLLEGE ROAD, CARMARTHEN SA31 3EQ AND VIA ZOOM</b>

Present:	<p>Miss Maria Battle, Chair, Hywel Dda University Health Board  Mrs Judith Hardisty, Vice-Chair, Hywel Dda University Health Board  Cllr. Rhodri Evans, Independent Member (Local Authority)  Mr Maynard Davies, Independent Member (Information Technology) (VC)  Mr Michael Imperato, Independent Member (Legal)  Ms Anna Lewis, Independent Member (Community)  Ms Ann Murphy, Independent Member (Trade Union)  Mrs Chantal Patel, Independent Member (University)  Ms Delyth Raynsford, Independent Member (Community)  Mr Iwan Thomas, Independent Member (Third Sector)  Mr Steve Moore, Chief Executive  Professor Philip Kloer, Executive Medical Director and Deputy Chief Executive  Mr Andrew Carruthers, Executive Director of Operations  Mr Lee Davies, Executive Director of Strategy and Planning  Dr Ardiana Gjini, Executive Director of Public Health  Mrs Lisa Gostling, Executive Director of Workforce &amp; Organisational Development  Mrs Mandy Rayani, Executive Director of Nursing, Quality &amp; Patient Experience  Mr Huw Thomas, Executive Director of Finance</p>
In Attendance:	<p>Ms Jill Paterson, Director of Primary Care, Community &amp; Long-Term Care  Mrs Joanne Wilson, Director of Corporate Governance/Board Secretary  Ms Alwena Hughes-Moakes, Communications and Engagement Director  Mr Robert Chadwick, Strategic Advisor  Ms Donna Coleman, Llais  Mr Mansell Bennett, Llais  Ms Eldeg Rosser, Head of Capital Planning  Ms Kelly Lock, Opinion Research Services (ORS)  Mr Kester Holmes, Opinion Research Services (ORS)  Mr Nick Durham, BDP (Master Planners)  Mr Scott Matthews, MACE (Project Managers)  Ms Clare Moorcroft, Committee Services Officer (Minutes)</p>

Agenda Item	Item	Action
PM(23)165	<b>INTRODUCTIONS &amp; APOLOGIES FOR ABSENCE</b>	
	<p>Apologies for absence were received from:</p> <ul style="list-style-type: none"> <li>Mr Winston Weir, Independent Member (Finance)</li> </ul> <p>The Chair, Miss Maria Battle, welcomed everyone to this Extraordinary Public Board meeting, held to consider the outcomes and evidence regarding the Land Consultation. Those representing the Shadows Depression Support Group were welcomed in particular, and thanked for</p>	

sharing their stories and experience in advance of the meeting. Miss Battle stated that there are many public meetings held across Hywel Dda, and that the Annual General Meeting on 28 September 2023 will offer an opportunity for members of the public to participate. Today's meeting is to consider a single issue, as outlined above. Before moving onto that item, however, Miss Battle highlighted that – following recent surveys in relation to Reinforced Autoclaved Aerated Concrete (RAAC) at Withybush Hospital (WGH) – six wards and other areas have been temporarily closed, impacting upon staff, patients and visitors. Miss Battle wished to place on record her thanks to all staff and volunteers for their incredible efforts in smoothing the transition and transfer of patients. The closure of parts of WGH and the condition of Glangwili Hospital (GGH) and other areas of the Health Board's estate only serves to underline the need for a new hospital. The impact of poor conditions on patient care continues; as does the expectation that staff work in unacceptable conditions. In addition, services are both too thinly spread and too fragile, for which the consequences will continue to be suffered by patients and staff now and in the future. The west Wales region needs a new hospital, fit for purpose and fit for future generations.

**PM(23)166 DECLARATION OF INTERESTS**

Ms Lisa Gostling declared an interest in that a family member lives immediately adjacent to one of the sites being considered. Whilst noted that this was not material, it was recorded in the interest of openness and transparency.

**PM(23)167 CONSIDERATION OF THE LAND CONSULTATION FINDINGS REPORT AND FURTHER REDUCING THE NUMBER OF SHORTLISTED SITES FOR THE NEW URGENT AND PLANNED CARE HOSPITAL**

Mr Lee Davies presented the Consideration of the Land Consultation Findings Report and Further Reducing the Number of Shortlisted Sites for the New Urgent and Planned Care Hospital report, stating that this meeting represents an important milestone in the process. Members will be aware of the steps already taken, with 11 sites longlisted, five shortlisted and three selected for the consultation. Whilst there was a great deal of information presented for consideration, it was important that this be made available. The Board is being asked to consider key outcomes from the consultation and conscientious consideration, together with technical and commercial information and equality and health impact assessments. It is further recommended that the Board reject three alternative site suggestions for the reasons stated in the report. For the benefit of the public and in the interests of openness and transparency, Mr Lee Davies stated that an In-Committee Board meeting had been held immediately prior to Public Board to receive the latest position on commercial aspects. A summary in relation to this information is included in Public Board papers, with only the commercially-sensitive information redacted. The presentation from Opinion Research Services (ORS) had been previously seen by Board Members at the Board Seminar in August 2023. Mr Lee Davies wished also to acknowledge the support and input provided by Llais.

Ms Kelly Lock and Mr Kester Holmes from ORS gave a presentation

entitled 'New Hospital Site Consultation: 23 February - 19 May 2023 Key Consultation Findings'. Members were reminded that consultation is not a vote; it is an opportunity for stakeholders to express their views. The findings of a consultation need to be considered alongside other information. The consultation had received a good cross-section of responses, although in terms of location of respondents, those living nearer to GGH and WGH had generally been over-represented and those living nearer Bronglais Hospital (BGH) and Prince Philip Hospital (PPH) under-represented. It is important to note that view on sites/suitable locations reflect people's geography. The presentation included the reasons for people's view on each site, both positive and negative.

Other key themes included:

#### Travel

- Geography/access
- Access to sites/poor road infrastructure
- Poor public transport links
- Ambulance response times/more ambulance use
- Carbon footprint

#### Staff Recruitment and Retention

- Moving further west
- Existing staff leaving
- Could be job opportunities for local population
- Proposed community hubs – positive
- Positive about new hospital

#### Future Proofing

- Housing
- Visitor accommodation
- Shops/facilities

Alternative sites had been suggested, with three identified in particular.

A number of respondents remain opposed to the new hospital and support refurbishment of the existing estate. However, there is also positivity towards the proposals. Ongoing dialogue with the population is required. Equality concerns had not focused on specific sites, and were mainly around access.

Miss Battle advised that there had been a full Board Seminar discussion to meet conscientious consideration requirements.

Mr Lee Davies gave his presentation (Appendix 1 in the papers), which he suggested would be helpful to 'frame' discussions, and which reflects the subsequent appendices. The presentation included a reminder of the three sites being considered and a high-level overview. Members were reminded that, following shortlisting of sites, a consultation had been undertaken, together with (as mentioned above) a conscientious consideration process. The Health Board is not planning to consider or reconsider other sites, or its 'A Healthier Mid and West Wales' (AHMWW) Strategy. The process had involved a number of

stakeholders and the timeline was outlined. The organisation has received a Certificate of Best Practice from the Consultation Institute, which represents external validation of the consultation process. There are several key and common themes in feedback (from both stakeholders and conscientious consideration), which are detailed in the presentation.

The Technical Appraisal section provides a sense of the relevant locations of the three sites. Consideration has been given to the issue of accessibility; there is not a significant difference in travel times, however this is dependent on whether individuals are travelling from the east or west of the region. Maps and site maps are provided – it should be noted that site maps are ‘test fit’ only, not proposed layouts. A detailed process has been conducted in terms of technical appraisal. The risk assessment presented to Board in August 2022 has been updated. When risks are considered in detail, most are categorised as low or medium. There are no fundamental issues preventing development and the organisation believes that it is possible to build a hospital on any of the three sites. The differences between each site are elucidated in the detailed papers and information. Expert guidance on building a hospital from a biophilic perspective had been obtained. All three sites are starting from a relatively low base in terms of biodiversity, as they have all been farmed.

The Commercial Appraisal information had (as already mentioned) been discussed at In-Committee Board. There are differences in ownership between the three sites:

- Whitland Spring Gardens has multiple private owners
- Whitland Ty Newydd is in public ownership
- St Clears has a single private owner

There are also differences in terms of what stage discussions have reached with landowners and ability to agree terms. There is a risk that sites will be lost due to the time and complexity of processes involved.

Moving onto the Financial and Economic Appraisal section, Members heard that the economic approach had been refreshed. The capital cost is different from the figure presented earlier in the process, although this is not a material deciding factor.

In the Clinical and Workforce Appraisal section, Members noted that the Clinical Appraisal information has not been updated since the August 2022 Public Board meeting, as the position remains unchanged. Members were reminded of the potential impact of each of the sites on Neonatal, Obstetrics, Paediatric and Stroke services. In terms of Workforce, there was no evidence to suggest that any one site would be better or worse.

Mr Lee Davies concluded by indicating that the Equality and Health Impact Assessments are ‘live’ documents and will be continually refreshed.

Ms Ann Murphy requested information on the acreage of the GGH and WGH sites, to assist with the comparison and 'visualisation' of a new hospital site in comparison. In response, Ms Eldeg Rosser advised that the GGH site is 25 acres and the WGH site 20 acres. Focusing on the issue of transport, Ms Delyth Raynsford highlighted the rural and semi-rural nature of the Hywel Dda region, and enquired whether the importance of transport infrastructure has been raised with Welsh Government. Mr Lee Davies advised that this is a consistent theme and recognised that transport is very much at the forefront of the public's mind. Members were assured that there has been a continuous dialogue with both Welsh Government and Transport for Wales. Whilst there is ongoing work on roads in the area, such as the A40, there is no indication that this will extend beyond the planned programme. Plans and proposals to increase frequency of train services would be of benefit; however, it is envisaged that the main forms of transport will comprise car and bus, ie road. Mr Lee Davies stressed the importance of honesty, in that there are limitations in terms of transport options. A transport strategy is being developed and the Health Board will look to develop and influence this further, in conjunction with Local Authorities. Alternative ways in which to assist people with transport should also be considered. This can be progressed once the location of the new hospital is confirmed. To provide context, Mr Moore explained that the transport strategy to ensure access to the new hospital will be in addition and in conjunction with the activity which will continue in the Health Board's other sites. Members were reminded that central to the AHMWW Strategy was a commitment to provide more care closer to home.

With regard to the Equality Impact Assessment, Mr Imperato observed that the mitigations are widely drawn and suggested that more detail needs to be added as options become more focused. The transport strategy also needs to be referenced. Whilst recognising the statement that this is a 'live document', increased levels of detail are required to provide sufficient assurance. Mr Imperato also reminded Members that the Health Board has certain responsibilities in terms of the Socio-economic Duty and Welsh Language Standards. Accepting these comments, Mr Lee Davies assured Members that the Equality and Health Impact Assessments will be updated, emphasising that there is a whole set of considerations beyond site-specific. Clinical considerations, the wider AHMWW Strategy and the way in which services are designed will all have an impact. Members were assured that further detail will be presented to the Board in due course.

Cllr. Rhodri Evans welcomed the extremely detailed documentation. With reference to the economic summary and difference in cost between sites, Cllr. Evans noted that the range is less than 1.5%. Whilst this was a factor, it is less of a factor in his view, than the areas of risk. There is a clear need for a new hospital as soon as possible. However, in the Commercial Evaluation of Risks table on page 28 of Appendix 1, the figure for one site is 57% and for another is 29%, with the third being 0%. Cllr. Evans enquired how a risk factor of 57% might be viewed in terms of likely success or failure of a project. Mr Lee Davies emphasised that the % figures outlined are describing the % of 'reds' from the criteria

or areas of risk identified, rather than the probability of success or failure. The 0% figure for Ty Newydd does not mean that this site is risk-free. It is more appropriate, perhaps, to examine what and where the risks are and consider them individually in more detail. There are the risks already mentioned around losing sites due to timescales and ability to agree terms. Most risks are in the low/medium category, hence the view that all are technically viable as sites.

Mr Nick Durham and Mr Scott Matthews advised that, in terms of the technical risk analysis, whilst there are some differences in terms of risks between sites, there is very little difference overall across sites. There are one or two individual risks specific to sites – for example, one (Whitland Spring Gardens) contains archaeological remains and involves a 'ransom strip', one has issues regarding the train station which has not re-opened (St Clears). The more significant risks are common to each of the three sites. Members heard that the risks being seen from a technical perspective are not unusual and would be expected in a development of this size and scale. There is nothing of particular concern from a technical perspective. Referencing the table on page 28 of Appendix 1, Cllr. Evans enquired whether any of the specific risks noted were scored/weighted higher than others. It was confirmed that they are factored differently according to the RAG analysis.

Mrs Judith Hardisty wished to begin by adding her thanks to staff at WGH and South Pembrokeshire Hospital in facilitating a swift transfer of patients between the sites. As mentioned, this highlights the nature of the facilities Health Board staff are operating out of and the importance of today's discussions. In terms of the risk of losing sites, and the impact of the timings the Health Board has had to adopt due to its inability to purchase land independently, the organisation is dependent on decisions made elsewhere and Mrs Hardisty queried whether there is any clarity around potential timescales for these. Mr Lee Davies agreed that this is an extremely important point; the Health Board does not have 'control over its own destiny' in this respect. The risk that sites/landowners may remove themselves from the process at any point has always been in existence. Whilst the Ty Newydd site is owned by a partner organisation and there is a process by which it could be acquired, should it be the preferred option, meaning higher confidence in meeting timescales, etc; there are other sites which would need to be acquired in order to gain access to that site. The risk is, therefore, not eliminated. The two other sites are in private ownership; discussions have been progressing with the landowners. The differential between sites in likelihood of being able to agree terms and price is outlined in the table on page 28. The main issue is a result of the timings of the process not aligning with the aspirations of the landowners. Members were reminded that the process is driven by the Business Case process set out by Welsh Government, who have not yet endorsed the Programme Business Case (PBC), due to their requirement to conduct a Strategic Outline Case (SOC) and Clinical Review. It is hoped that the findings of the latter, which has now concluded, will allow Welsh Government to support the PBC. The SOC will be presented to Public Board in November 2023, after which it will be submitted to Welsh Government for consideration. If supported, the Health Board will

progress to an Outline Business Case (OBC), probably in the early part of next year. It is anticipated that a site would then be selected midway through the OBC phase, potentially this time next year. It would not be until funding is secured via a Full Business Case (FBC) that the Health Board would be able to purchase land. The organisation has been raising this significant issue with Welsh Government throughout the process.

Miss Battle requested a reminder of the date when the Health Board submitted its PBC to Welsh Government, and was informed that it had been the first week of February 2022. In view of the RAAC issue, and the resulting need for very expensive short-term repairs, repeated disruption and ongoing risk, Miss Battle enquired whether there is any indication that the process outlined above can be shortened or accelerated. Members noted that representatives from the Health Board had attended a meeting of Welsh Government's Infrastructure Investment Board (IIB) last summer, at which additions were made to the process requirements (SOC and Clinical Review) resulting in delays of approximately 20 months. These are likely to translate into delays in development of the new hospital. With regard to RAAC, the current priority is making safe the highest-risk planks; however, ongoing surveys will be required on an indefinite basis whilst this material exists in the Health Board's estate. Whilst the ultimate treatment is removal, which is the intention in other parts of the UK, this is not yet the plan locally. Welsh Government has provided capital funding to support remedial action, which is welcomed. This is, however, for short term repairs. It is recognised that a definitive long-term plan is required for the WGH site, rather than ongoing remedial work. It should be acknowledged that, in addition to RAAC, there are other significant issues which need to be considered in terms of continuing to provide safe services from the site. A Business Continuity Business Case is currently with Welsh Government for consideration, which covers all sites and includes Fire Safety Works. This has particular relevance for WGH and GGH and is in the tens of millions of pounds, in addition to RAAC. It is vital to minimise disruption by progressing the AHMWW Strategy at the earliest possible opportunity; however, there is no indication of an alternative or shortened process. Welcoming this context, Miss Battle requested confirmation that continuing to sustain WGH and GGH will cost the public purse millions of pounds, as well as cause disruption to services and impact on staff and patients in the intervening period. It was confirmed that this is the case, with the costs being in the tens of millions initially and continuing on an ongoing basis, due to the age of the buildings/estate.

With regard to digital healthcare development, Mrs Chantal Patel enquired around the measures planned to ensure equitable access, requesting assurance that all individuals will be considered. In response, Mr Huw Thomas explained that the Health Board has embarked upon an active digital inclusion programme, which forms part of its long-term direction of travel. In addition, Mr Moore indicated that the Health Board has been linking with Welsh Government to discuss how provision of digital services and rural connectivity can be improved. Mr Iwan Thomas wished to focus on the issue of staff recruitment and retention,

suggesting that it may be necessary to further communicate the potential socio-economic benefits associated with a new hospital to the local population. The region needs good places to work, needs to attract general and specialist staff and encourage and retain staff. Some of the facilities in which staff are working currently are not fit for purpose, and staff, patients and communities deserve better. A new hospital will provide good quality jobs in good quality facilities and assist in retaining young people within the region. It is important for Welsh Government to acknowledge the component of the Well-being of Future Generations Act which focuses on the availability and promotion of good quality jobs in facilities and sectors important to that locality. The Health Board employs more than 12,000 people across three counties and needs to retain these staff. It has an aging workforce and will need to fill posts which naturally become vacant. More work is perhaps required in educating the public around the future workforce requirements and service model in west Wales. A new hospital, regardless of site, provides a significant opportunity to be at the forefront in respect of socio-economic development. There are also opportunities to build on partnerships with local universities and colleges and continue to develop the apprenticeship programme. Mr Iwan Thomas was of the opinion that staff in rural areas will travel for good employment opportunities. The key is Welsh Government support for long-term solutions.

Mr Mansell Bennett was pleased to note mention of the community hubs and facilities, noting that this may serve to mitigate some concerns around travel. However, in view of the train station at St Clears being closed and unlikely to re-open, Mr Bennett enquired whether the Health Board would still pursue this site option, particularly given the clinical view from Obstetrics. Whilst acknowledging this comment, Miss Battle suggested that it is not possible to respond on this specifically, since the whole purpose of the meeting is to consider all of the sites. In response to a query around the percentage of patients who currently access services via public transport, Mr Lee Davies replied that this was in single figures. The importance of public transport was, however, recognised and – should the St Clears station reopen – all three sites would be within 1km proximity of a train station. Referencing the clinical view regarding Obstetrics, Professor Philip Kloer highlighted that this had been an area of focus when considering the five sites. There were concerns around the sustainability of an Obstetrics unit at a new hospital; however, the ambition would be to have an Obstetrics/Neonatology/Paediatric service there. Members' attention was drawn to the figures on page 34 of Appendix 1; whether sited at Whitland or St Clears, the unit would be relatively small, in the lower 20% UK wide, which is the reason for clinicians' concerns. Trainees require access to a range of cases to fulfil training requirements. The further east the unit is sited, the more sustainable it would be. There is no doubt that clinicians focusing on specialist services would be arguing for St Clears to remain part of the process; however, there are other arguments/factors also requiring consideration, not least access for the population from all parts of the region. The drivers for change underpinning the AHMWW Strategy, which were considered in detail during the Discovery Phase in 2016 and 2017, covered a range of clinical services in terms of sustainability. Whilst the position looked stark then, these issues are now coming to pass and are worsening over

time; it was not envisaged by the clinicians involved in this process that progress would be so slow. Professor Kloer suggested that all of the comments made today regarding urgency would only be echoed by clinicians.

Mrs Mandy Rayani wished to highlight that the new hospital is but one element of the AHMWW Strategy. Whilst faced with the very real dilemma of selecting a site and progressing the new hospital build, it should be recognised that the bulk of healthcare is provided within the community. Although there are major concerns around the state of the Health Board's estate, Mrs Rayani emphasised that significant steps are being taken to implement the community-based elements of the AHMWW Strategy. Miss Battle welcomed this important reminder. Whilst agreeing that west Wales requires a solution to its issues with healthcare, Ms Anna Lewis suggested that this is not necessarily straightforward to deliver. The Strategy comprises much more than a new hospital, and Ms Lewis was concerned that the Health Board still appears to be struggling to make the case for change around the fragility of its services, at least based on the consultation findings. Focusing specifically on the recommendation before the Board, to reduce the number of sites from three to two, Ms Lewis suggested that the report presented at Appendix 10 clearly lays out the complexity of the decision which the Board is facing. Within the conclusion to Appendix 10, it is stated that there is a high risk of losing the sites at Whitland Spring Gardens and St Clears. Ms Lewis enquired to what extent the Board is able to make a choice, versus being presented with a 'solution'. Clarification was requested around the consequences, in terms of process, in the scenario that three sites are reduced to one.

Mr Lee Davies welcomed this important query. In respect of the extent to which the Board has a choice, Members were reminded that all three sites currently remain within the process, and dialogue is ongoing with landowners of all three. The Health Board is, therefore, not at the point whereby it has fewer options available. It does, however, face a very real risk, due to timing and the extended timescales, of options being reduced. This is, unfortunately, not within the organisation's control. Mr Lee Davies felt that there are two key factors – the extent to which the Health Board thinks it can reach financially acceptable terms with the landowners, and the timeframe over which landowners are willing to wait. For the first of these factors, there are differences between the two sites identified as 'at risk'; the second factor, timescale, presents a higher risk. There are options which could be explored, although these in themselves would be challenging. Should the Health Board be able to negotiate an alternative process with Welsh Government to identify and acquire a site, this would also potentially satisfy the timing issue. Mr Lee Davies suggested that the Board needs to assess the information with which it is presented. Members were advised that the required process to identify potential sites has been conducted and no other options have since become available. It would be legitimate – should it be necessary – to continue on the basis of one site; or the whole process of identifying sites could be revisited. The potential to lose sites is an inevitable risk of the timelines to which the organisation is having to work. The original vision had been an alignment of processes; however, the requirements have been changed. Mr Moore suggested that, when making changes of

this magnitude, whilst there is a need to be cognisant of risk, this does not invalidate the need to make a choice. Should the position change, however, there will need to be further consideration.

*Board Members took a short adjournment prior to making their decision.*

Miss Battle welcomed back Members, reiterating that today is another important step towards delivering the Health Board's Strategy, agreed in 2018 after extensive consultation with the public and clinicians. The Strategy is based upon a series of integrated health and care centres designed with local communities, right across Carmarthenshire, Ceredigion and Pembrokeshire, and investment in and repurposing Glangwili and Wityhush Hospitals. All of which will bring care closer to home. A vital and much needed part of the Strategy, now more than ever, as has been discussed, is a new urgent and planned care hospital fit for future generations. Today the Board has considered all the evidence to inform it and enable it to decide, based on that evidence, where the new hospital should be sited. Members have been asked to consider the reduction of short list of sites from three sites to two. The consultation final report independently produced by ORS, which incorporates the views from the public and stakeholders gathered from 23 February 2023 until 19 May 2023, has been considered.

Members have also considered today the Equality and Health Impact Assessment, the technical appraisal, the town planning consent strategy, the biophilic assessment and commercial, financial and clinical and workforce appraisals. A great deal of detailed evidence gathering has been undertaken, all of which has been made available to members of the public via the Health Board website. The Board is assured by the Consultation Institute award of a best practice recognition for the land appraisal process and best practice for the public consultation process. In relation to the three sites, Miss Battle summarised the evidence and debate as follows:

#### St Clears

- This site has the highest public support, whilst recognising the difference in responses, depending on where people lived
- It has a high technical risk, which is not insurmountable
- There is a commercial risk but not as high as Spring Gardens
- Most positive site in terms of recruitment and retention of staff and has the less clinical risk

#### Whitland Spring Gardens

- Worry from a commercial point of view – the highest risk
- Neither the public support and highest commercial and clinical risk

#### Whitland Ty Newydd

- Lowest commercial risk
- Lowest technical risk
- Best biophilic opportunity
- Least liked by the public
- In public ownership
- Largest site for expansion
- Closest to train station

On the basis of the above, the evidence presented and the earlier discussion, Miss Battle proposed that the St Clears and Whitland Ty Newydd sites were taken forward. Together with the other recommendations within the report, this was agreed.

Miss Battle wished to express her thanks to the Health Board teams involved in this exercise, and particularly to Mr Lee Davies and Ms Eldeg Rosser. Also, to members of the public, staff, partner organisations, and the wider community for their active participation in the public consultation process regarding the new hospital site. Their valuable insights and thoughtful feedback have provided a solid foundation for the Board's discussion and decisions.

Miss Battle reminded Members that the Health Board had submitted its plans to the Welsh Government in early 2022. These were based on the Discovery Phase mentioned earlier, which had identified concerns around the sustainability and fragility of services; these are now coming to fruition. If the Health Board is successful in its PBC, this could result in unprecedented investment in health and care in west Wales of £1.3bn, creating sustainable jobs and the health services which are so needed. Without this new hospital, services will continue to be spread too thinly and to remain fragile. And the Health Board will be delivering them in two hospitals which are no longer fit for purpose. Never has it been more urgent that the population of west Wales has a new hospital, fit for purpose and fit for future generations.

Miss Battle thanked the Board and concluded the meeting.

The Board:

- **NOTED** the 'Best Practice' Quality Assurance certification achieved from the Consultation Institute
- **CONSIDERED** the key findings from the Land Consultation closing report and following the Board's period of conscientious consideration
- **DECIDED** to reject the three alternative site suggestions based on the rationale provided within the report
- **NOTED** the ongoing development of the Equality and Health Impact Assessment (EHIA)
- **CONSIDERED** the evidence presented in relation to technical and commercial risks
- **CONSIDERED** the impact of the financial report
- **CONSIDERED** reduction of short list of sites for the urgent and planned care hospital from three sites to two sites
- **AGREED** to take forward the St Clears and Whitland Ty Newydd sites.

<b>PM(23)168</b>	<b>ANY OTHER BUSINESS</b>	
	There was no other business reported.	
<b>PM(23)169</b>	<b>DATE AND TIME OF NEXT MEETING</b>	
	9.30am, Thursday 28 September 2023	