

# Appendix B 1: Clinical Land Appraisal Project Discussion Report

## Neonatal Services, Obstetrics & Paediatrics

July 2022





GIG  
CYMRU  
NHS  
WALES

Bwrdd Iechyd Prifysgol  
Hywel Dda  
University Health Board



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## Section 1: Executive Summary

A face to face workshop was held on the 28<sup>th</sup> of April 2022 with representatives from Obstetrics, Neonatal care & Paediatrics Services to determine, from a clinical perspective, the best area to develop a new Urgent and Planned Care Hospital. This was followed up with to ensure that the findings were reflective of the whole service and not just those present in the workshop.

Attendees were asked to consider three areas within a zone, ranging between Narberth and St Clears as defined by the *A Healthier Mid and West Wales Strategy* consultation, while appraising their potential ability to deliver Safe, Sustainable, Accessible and Kind services using the data that the service felt was important when making such decisions.

The conversations and deliberations throughout the day failed to reach a consensus of opinion on an area within the agreed zone, however the following conclusions were drawn :

The zone would present a clinical risk to the delivery of services due to a reduction in birth numbers, neonatal admissions (including days of respiratory care provided), and acute paediatric admissions, 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 conversations and deliberations achieved consensus of opinion in the following area:

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



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## Table of Abbreviations

Abbreviation	Meaning
CHANTS	Cymru Inter-Hospital Acute Neonatal Transfer Service – dedicated Swansea based service that operates within South Wales, providing safe transfer of neonates requiring intensive care and specialist ongoing care according to clinical requirements.
EMRTS	Emergency Medical Retrieval and Transfer Service - a service for Wales that provides Consultant and Critical Care Practitioner-delivered pre-hospital critical care across Wales. It was launched at the end of April 2015 and is a partnership between Wales Air Ambulance Charity, Welsh Government and NHS Wales.
NICU	Neonatal Intensive Care Unit – a unit that provides care for babies needing intensive care and specialist care Unit.
SCU	Special Care Unit - provide special neonatal care and some high dependency care, the unit in Glangwili General Hospital is a SCU with 4 high dependency cots and 8 special care cots. There is 1 cot for stabilisation and short-term intensive care. If a baby is born in Glangwili General Hospital, SCU provides intensive care if required until the baby can be transferred to a NICU or will be born before 32 weeks gestation, they will be transferred to NICU.
WATCH	Wales and West Acute Transport for Children Service - A jointly commissioned team responsible for the safe transfer of critically ill children across South West England and South Wales.

## 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 has been established as a workstream sitting under the Programme Group chaired by the Chief Executive Officer 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 July 2022.

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

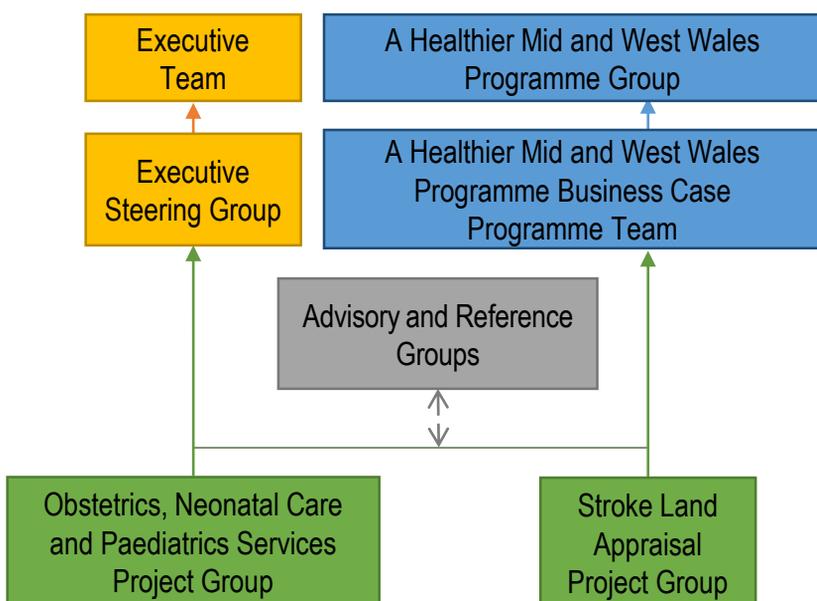
Technical – Whether a site is capable of supporting the development of a new hospital

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 with a focus on Obstetrics, Neonatal Care and Paediatrics Services and Stroke services.



A Obstetrics, Neonatal Care and Paediatrics Services 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 the project group will be to provide a clinical recommendation for site selection to the Board through the AHMWW PBC Programme Team in relation to Obstetrics, Neonatal Care and Paediatrics Services. This will be developed by sharing with wider stakeholders so the final recommendation includes feedback from a variety of sources.

## Section 3: Preparatory Work

A number of activities were carried out leading up to the face to face workshop, such as engaging with service leads to undertake stakeholder mapping, ensuring that the right questions would be asked during sessions, etc.

### Scope Setting

The scope of the clinical appraisal by Obstetrics, Neonatal Care and Paediatrics Services was identified and set by the Executive Steering Group as a service area that needed to be included as part of the wider clinical land appraisal project, in response to the Board recommendation following public consultation in 2018. Committing to: **A focussed piece of work on clinical pathways to model the impacts and opportunities of the new hospital configuration and community model for Maternity and Child Health. This will examine a range of options which will ensure consultant-led obstetrics, midwifery led care, acute paediatrics and neonatal care are maintained across Hywel Dda.**

This was recorded as part of the Project Initiation Document (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 four headers.

### Stakeholder mapping

There are a number of organisations that are involved as part of children, young people and expectant parent's care, as well as a range of individuals and services within Hywel Dda University Health Board which support the pathways within the Obstetrics, Neonatal Care and Paediatrics services.

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.

## Section 3: Preparatory Work

### 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 high 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. To support the discussion a total of:

- 4 Consultant Led Births scenarios
- 13 Midwife Led Births scenarios
- 7 Births (Consultant and Midwife Led) scenarios
- 4 Neonatal scenarios
- 4 Paediatric scenarios

were developed by the Health Analytics team providing estimated activity for each of the proposed scenarios based on pre-COVID data in line with the Programme Business Case and *A Healthier Mid and West Wales* Strategy modelling.

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.

## Section 4: Methodology

This section covers how the data and modelling for the workshop was collected and the process for sense checking 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 Document (PID) which set out the scope and purpose of the workshop, along with assumed stakeholder mapping and engagement needs and timescale for the project.

During this initial meeting a request was made for data which would enable discussions to take place to appraise each of the sites.

The data utilised was based on pre-COVID data in line with the Programme Business Case and *A Healthier Mid and West Wales* Strategy modelling. The data sets requested included;

### Paediatrics

- Level of predicted activity at the new urgent care site (to include modelling of predicted activity flow to Bronglais and Swansea Bay)
- Flows into the service (drive time analysis current v predicted)
- Impact on access to Emergency Department/ Minor Injury Unit usage

### Obstetrics

#### Consultant-led obstetrics (new urgent care site):

- Understand the number of Swansea Bay births that are complex births vs MLU
- Level of predicted activity (to include modelling on predicted flow to Bronglais and Swansea Bay)
- Flows into the service (drive time analysis current v predicted)

#### Midwifery led care:

- Model how many sites we have for births and what level of service could be provided in each
- Level of predicted activity (to include modelling on predicted flow to Swansea Bay)
- Flows into the service (drive time analysis current v predicted)
- Predicted home births activity

### Neonatal care

- Model impact of predicted birthing activity on Neonatal care

## Section 4: Methodology

The table below shows the sources of the datasets used to produce all the reports. The reports are listed in [Appendix 1: Data Pack \(reviewed during workshop 2\)](#)

Dataset/Information	Resourced From
Admitted_Episodes, Admitted_Transfers, Admitted_Spells, Ward_Attenders, Maternity_Births and AE	HDUHB Data Warehouse
APC_ConsultantEpisode, APC_HospitalSpellAmittingEpisode, CHE_Births and EDD_Attendance	DHCW Data Warehouse
Lower Super Output Area with population	<a href="#">Lower Super Output Area (Isoa) population estimates</a>
Distance and Drive times	<a href="#">Open Source Routing Machine</a>

### 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. Determining factors which could be quantified were distance and drive times.

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 4: Methodology

### Sense checking

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 outputs.

Touchpoint 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 the 11<sup>th</sup> of March 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’s Neonatal Services, Obstetrics & Paediatrics services.

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 were 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.

No additional items were raised or requested at this stage.

Following this virtual workshop the materials were developed for the face to face workshop, covered in more detail under the ‘Workshop activities’ heading, which was initially sense checked 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.

This report was circulated as part of a third virtual meeting with the wider attendee groups to ensure that it accurately reflected discussions during the face to face workshop and conveyed the feelings and views of the service, as well as their recommendation to Board in relation to the clinical land appraisal. There were a number of comments and queries raised by the service which were noted and provided the basis for the sense checking by the Clinical Reference Group.

## Section 4: Methodology

### Sense checking

Following the third virtual meeting with the wider attendee group a Clinical Reference Group was established with rounded membership from within the service, this group acted on behalf of the service in sense checking;

- additional data requests
- follow up meetings
- medical accuracy of the findings and discussions
- relevant clinical guidance was highlighted and correctly referenced
- the Clinical Land Appraisal Project Discussion Report was reflective of their views as a service

During the sense checking undertaken by the Clinical Reference Group, some of the comments made on the day were expanded on to ensure that they were medically accurate and may be clearly understood, some additional information and background to provide context was added to ensure the comments were fully representative of the service.

The Clinical Reference Group also highlighted relevant clinical guidance and referenced these to Section 5: Findings and discussion, full details of the clinical guidance referenced is listed in [Appendix 5: Clinical Guidance](#) and referenced to the relevant discussion contained in Section 5: Findings and discussion.

As part of the whole process, parallel work was also undertaken to engage with the wider Community Health Council members, Staff Partnership Forum, Health Professionals Forum and 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.

## Section 4: Methodology

This sense checking would allow patients and their representatives 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 work did not involve testing the whole of the output report, but rather thematic analysis of the workshops which had been sense checked as part of their third virtual meeting. Their feedback has been included within this document in [Section 6: Conclusions](#).

### Workshop activities

The workshop was structured to allow whole room discussion, with a mixture of open discussion, closed questions and online polls.

The scope of the session required attendees to;

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

The attendees were also informed that the following were out of scope for the session;

- Any area for the new Urgent and Planned Care Hospital outside of the agreed zone

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 rank 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. A high proportion of the workshop attendees chose not to participate in the prescribed ranking question, instead workshop attendees agreed to answer another question, which they agreed the wording for unanimously.

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

## Section 4: Methodology

### Further considerations post workshop

Further additional information was requested by the service during the workshop and by members of the Executive Steering Group to support the development of the clinical appraisal, the outputs from this activity is referenced within the appendices of this paper. The additional information requested has not contributed to the findings and discussion contained in section 5, which are wholly representative of the services views during the workshop. However, have been included as appendices to ensure the process was as inclusive as possible in capturing the wider discussions and activities that took place following workshop 2. The outcomes of the follow up activity have been shared with the Clinical Reference Group for further comment but nothing additional has been noted.

#### 1. Additional data and modelling to support the appraisal:

- Swansea Bay Obstetrics and Singleton Hospital Births
- GP influence on flow to hospital sites
- Re- run the Obstetrics and Paediatrics data requested supplied for the workshop for 21/22 ( previous data supplied was for 19/20 )
- Midwife led neonatal care 2019-20
- Paediatric Emergency Department 2019-20 LSOA (Lower Super Output Area) WIMD (Welsh Index of Multiple Deprivation)
- Paediatric Admissions and Emergency Department Data
- Model the assumption, that parents will travel up to 10 minutes further to access services at a Hywel Dda University Health Board (HDdUHB) hospital rather than Swansea Bay University Health Board (SBUHB) so we could reasonably assume that continues in the future
- Repeat modelling on the above assumption for Paediatric Emergency Department attendances
- Apply the additional 10-minute modelling to existing sites to understand the effect on theoretical activity (to test whether the assumption is reasonable)
- For all the above modelling, carry out more detailed analysis on border postcodes (e.g., SA14, SA18)

## Section 4: Methodology

### Further considerations post workshop

2. A follow up meeting with Clinical leads and Executive leads to further discuss the Clinical appraisal, this meeting took place on 17<sup>th</sup> May 2022.
3. Engagement with WATCH / EMRTS to further explore specialist transport considerations this meeting took place on 26<sup>th</sup> May 2022.
4. Service user engagement around influencing factors on the choice of hospital birthing location, a survey was published on the Hywel Dda Maternity Services Facebook page, the survey was live from the 19<sup>th</sup> May to the 29<sup>th</sup> May 2022.
5. Engagement with CHANTs to further explore specialist transport considerations this engagement was via email on 10<sup>th</sup> June 2022.
6. Engagement around midwifery education and training considerations, a meeting with Swansea University, this meeting took place on 10<sup>th</sup> June 2022.
7. Engagement around medical education and training considerations, a meeting with Health Education and Improvement Wales (HEIW) and Cardiff University, this meeting took place on 14<sup>th</sup> June 2022.
8. Engagement with Pembrokeshire colleagues who were unable to attend Workshop 2, to ensure a balance of views that was representative of the service, these meetings took place 31<sup>st</sup> May 2022 and 21<sup>st</sup> June 2022.

## Section 5: Findings and discussion

This section of the report covers the discussions and polling results that were gathered throughout the face to face workshop.

During the day, the workshop session was recorded by multiple members of the Transformation Programme Office scribing the conversation and supported with audio recording which has been reviewed for note accuracy.

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.

During and after the workshop Slido (a digital polling tool - [www.slido.com](http://www.slido.com)) was used to support the discussion and help clarify statements and sentiments. The outputs, as well as numbers taking part in each poll, have been included in this report although these were completely anonymous. Due to the way the polls are exported from Slido, the raw excel data has been used to reproduce the graphs in this report.

Written quotes provided on Slido have been provided verbatim and not altered, however as a result of thematic analysis other statements captured during the discussion are not verbatim unless directly quoted.

Where there has been ambiguity this has been tested with the service and the Clinical Reference Group to ensure that it is reflective of their views and feelings on the day. The Clinical Reference Group also retrospectively highlighted relevant clinical guidance which can be found in the table of [Appendix 5: Clinical Guidance](#)

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



## Section 5: Findings and discussion – Western Area (Narberth)

### Safe

#### Would the area reduce the number of births that could be delivered in Hywel Dda?

- Yes, a Narberth location would result in a reduction in the birth numbers as many birthing parents from Llanelli and Ammanford would potentially flow to Swansea as their nearest hospital where there may not be any additional capacity

Here are some observations:<sup>4,5,6,21,22,23</sup>

- If birth numbers fall below 2500 \* (currently the number of live births in Hywel Dda University Health Board area are circa. 3000) it will be challenging for staff to maintain their exposure to a wide range of clinical conditions, making it challenging for staff to maintain a wide range of clinical skills particularly to care for high risk deliveries and complex early births
- Maternity services are dependant on other departments such as anaesthetics, ITU and radiology, a reduction in birth numbers similarly will be challenging for staff to maintain their exposure to a wide range of clinical conditions, making it challenging for staff to maintain a wide range of clinical skills
- A small percentage of mothers require a transfer to birth in a specialist hospital in the East due to complex medical conditions, a hospital in Narberth due to longer transfer times, increases the risk of a transfer not being able to be undertaken and increases the clinical risk for both the mother and baby
- Increase transfer time for high-risk mothers from Bronglais General Hospital who need to access specialist services, there is a risk that they will not be able to reach the hospital in time

*\* 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.*

#### Would the area impact on the sustainability of the service? <sup>1, 2,3,8,9,10,12,19,20,22</sup>

- Yes, a percentage of the Health Board's Children and Young People (CYP) reside in the East, there is a risk that those CYP from Llanelli and Ammanford would potentially flow to Swansea as their nearest hospital, if the numbers of CYP fall it will be challenging for the staff to maintain their clinical skills, particularly to care for those CYP requiring High Dependency care

Here are some observations:

- Women and Children's services rely heavily on access to other levels of care e.g. intensive care outside of the Health Board area, any area further West will be increasing critical travel time to accessing specialist care
- Delayed access to specialist transfer services e.g. WATCH, CHANTS etc. could result in an increased risk to CYP and mothers and babies who require enhanced care
- There is a need to continue with provision of a co-located Midwife Led Unit (MLU) in the new hospital within close proximity to obstetrics and neonatal support to ensure safety

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 5: Findings and discussion – Western Area (Narberth)

### Sustainable

#### Would the area maintain or increase birth numbers in Hywel Dda? <sup>4,5,6</sup>

- No, there will be an impact on sustainability of services due to a reduction in critical mass (birth numbers)

#### Would the area maintain or improve rotas? <sup>1,2,5,6,8,9,10,11,13,16,19</sup>

- No, there is a risk that any move further West will make recruitment, retention and rota sustainability worse
- A reduction in births and CYP accessing the service could impact on our ability to attract trainees

#### Other considerations:

##### Education and Training <sup>1,2,7,10,14,15,16,17,18,19,24</sup>

- There is a potential threat to the Directorate's training status, 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, making the service unsustainable and unattractive for trainees and wider substantive recruitment
- If Neonatal respiratory care days (the number of days a baby receives specialist breathing support) reduces across the Health Board, there is a risk the service could become unsustainable and lose its capacity to provide a Special Care Unit (SCU), this would also make the service unsustainable in supporting training
- Several trainee vacancies currently exist within the Obstetrics, Radiology and Anaesthetics service, a move further West is likely to make this issue worse

##### Recruitment challenges <sup>2,3,5,6,7,8,9,10,11,13</sup>

- Recruitment difficulties currently exist within the service including Medical, Nursing\*\*, Midwifery\*\*\*, Therapies, Radiology and Anaesthetics, this issue also exists for our neighbouring Health Board Swansea Bay, any move further West is felt will add to these recruitment challenges
- Recruitment difficulties currently exist within SCU in relation to recruiting experienced neo natal nurses and these recruitment difficulties are likely to remain, and potentially made worse
- The impact of workforce recruitment difficulties could be reduced by looking at what can a different type of workforce do e.g., Physician Associates, Advance Paediatric Nurse Practitioners and Grow Your Own Nursing workforce
- Recruitment challenges within the community are worse in Pembrokeshire, Carmarthenshire can pull from Swansea, Pembrokeshire is unable to attract workforce from Swansea
- A number of Medical, Nursing, Midwifery and Therapy staff travel East into Glangwili, a relocation West risks making the commute unsustainable for the individuals, leading to a potential loss of a significant number of current staff and a risk of increased workforce pressures with an inability to recruit alternative staff.
- Medical staff based within the service are substantially ex trainees, a reduction in the numbers of trainees we are able to recruit will directly impact the sustainability of the service long term, as there is a risk to our ability to recruit permanent members of staff

We have struggled to recruit staff across the Women's and Children's service, any move further West will negatively impact our future recruitment prospects



## Section 5: Findings and discussion – Western Area (Narberth)

### Accessible

#### Would the area change access to obstetric led birthing services in Hywel Dda? <sup>5,6,13</sup>

- Yes, the number of births will reduce. It is likely that people from the East won't access our services

Here are some observations :

- *The number of births in Hywel Dda University Health Board will reduce if the location is Narberth.*
- *A reduction in birth numbers will lead to a reduction in neonatal cots. A reduction in neonatal cots will negatively impact our population, babies will have to stay in Swansea Bay (or further afield) for neonatal care for a longer period, resulting in additional time further away from home and increased travel time and costs for birthing parents*

#### Would the area change access to Midwife led birthing services (MLU) in Hywel Dda?

- The viability of a MLU, if it is not a co-located MLU within a hospital with obstetric and neonatal care is uncertain.
- A MLU in Prince Philip Hospital is currently not viable in terms of staffing or safety.
- There is a need to continue with provision of a co-located MLU in the new hospital within close proximity to obstetrics and neonatal support to ensure birth choices

#### Other considerations:

- The data modelling does not consider patient choice.
- 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 birthing mothers from West Pembrokeshire would benefit in terms of accessibility with a Narberth location
- Due to an increase in travel time trainees and employees may not travel this far
- 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
- Due to an increase in travel time expectant parents and patients may not travel this far

Deprivation is a risk factor in accessing the site



"There is no precedent that patients will flow to a shiny new hospital birthing parents can choose to go where they want"



## Section 5: Findings and discussion – Western Area (Narberth)

### Kind

Are there any considerations that should be made about this area?

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



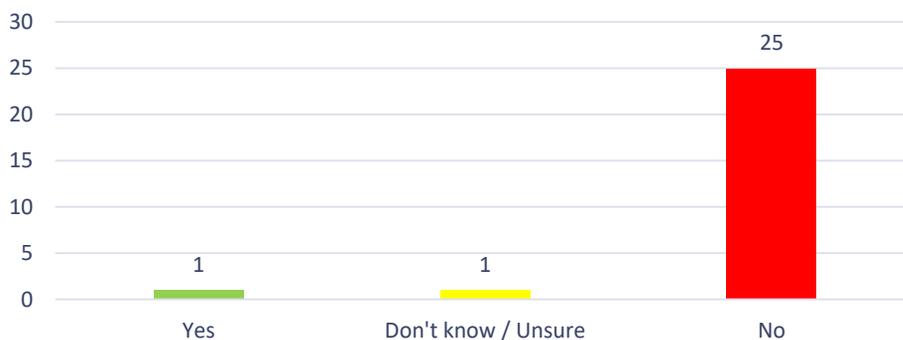
Kindness is the correct care as quickly as possible in the right place, parents want the best for their children and are happy to travel for improved care

## Section 5: Findings and discussion

### Poll results

Following deliberations and once the room felt confident that they had covered the four headings of Safe, Sustainable, Accessible and Kind a poll took place to appraise the area on its ability to deliver a Safe, Sustainable, Accessible and Kind service, the results are as follows:

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



## Section 5: Findings and discussion – Central Area (Whitland)

### Safe

#### Would the area reduce the number of births that could be delivered in Hywel Dda?

- Yes, a Whitland location would result in a reduction in the birth numbers as many birthing parents from Llanelli and Ammanford would potentially flow to Swansea as their nearest hospital where there may not be any additional capacity.

Here are some observations: 4,5,6,21,22,23

- If birth numbers fall below 2500 \* (currently the number of live births in Hywel Dda University Health Board area are circa. 3000) it will be challenging for staff to maintain their exposure to a wide range of clinical conditions, making it challenging for staff to maintain a wide range of clinical skills particularly to care for high risk deliveries and complex early births
- Maternity services are dependant on other departments such as anaesthetics, ITU and radiology, a reduction in birth numbers similarly will be challenging for staff to maintain their exposure to a wide range of clinical conditions, making it challenging for staff to maintain a wide range of clinical skills
- A small percentage of mothers require a transfer to birth in a specialist hospital in the East due to complex medical conditions, a hospital in Whitland due to longer transfer times, increases the risk of a transfer not being able to be undertaken and increases the clinical risk for both the mother and baby
- Increase transfer time for high-risk mothers from Bronlais General Hospital who need to access specialist services, there is a risk that they will not be able to reach the hospital in time

*\* 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.*

Would the area impact on the sustainability of the service? 1, 2,3,8,9,10,12,19,20,22

- Yes, a percentage of the Health Board's Children and Young People (CYP) reside in the East, there is a risk that those CYP from Llanelli and Ammanford would potentially flow to Swansea as their nearest hospital, if the numbers of CYP fall it will be challenging for the staff to maintain their clinical skills, particularly to care for those CYP requiring High Dependency care

Here are some observations:

- Women's and Children's services rely heavily on access to other levels of care e.g. intensive care outside of the Health Board area, any area further West will be increasing critical travel time to accessing specialist care.
- Delayed access to specialist transfer services e.g. WATCH, CHANTS etc. could result in an increased risk to CYP and mothers and babies who require enhanced care.
- There is a need to continue with provision of a co-located MLU in the new hospital within close proximity to obstetrics and neonatal support to ensure safety.

Time critical transfers for sick children and a mother and her baby still in the womb all go East, a hospital in the West will result in longer transfer time, increasing clinical risks



## Section 5: Findings and discussion –Central Area (Whitland)

### Sustainable

- **Would the area maintain or increase birth numbers in Hywel Dda?** <sup>4,5,6</sup>
- No, there will be an impact on sustainability of services due to a reduction in critical mass (birth numbers)

### Would the area maintain or improve rotas?

<sup>1,2,5,6,8,9,10,11,13,16,19</sup>

- No, there is a risk that any move further West will make recruitment, retention and rota sustainability worse
- A reduction in births and CYP accessing the service could impact on our ability to attract trainees

### Other considerations:

#### Education and Training

<sup>1,2,7,10,14,15,16,17,18,19,24</sup>

- There is a potential threat to the Directorate’s training status, 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, making the service unsustainable and unattractive for trainees and wider substantive recruitment
- If Neonatal respiratory care days (the number of days a baby receives specialist breathing support) reduces across the Health Board, there is a risk the service could become unsustainable and lose its capacity to provide a Special Care Unit (SCU), this would also make the service unsustainable in supporting training
- Several trainee vacancies currently exist within the Obstetrics, Radiology and Anaesthetics service, a move further West is likely to make this issue worse

#### Recruitment challenges

<sup>2,3,5,6,7,8,9,10,11,13</sup>

- Recruitment difficulties currently exist within the service including Medical, Nursing\*\*, Midwifery\*\*\*, Therapies, Radiology and Anaesthetics, this issue also exists for our neighbouring Health Board Swansea Bay, any move further West is felt will add to these recruitment challenges
- Recruitment difficulties currently exist within SCU in relation to recruiting experienced neo natal nurses and these recruitment difficulties are likely to remain, and potentially made worse
- The impact of workforce recruitment difficulties could be reduced by looking at what can a different type of workforce do e.g., Physician Associates, Advance Paediatric Nurse Practitioners and Grow Your Own Nursing workforce
- A number of Medical, Nursing, Midwifery and Therapy staff travel East into Glangwili, a relocation West risks making the commute unsustainable for the individuals, leading to a potential loss of a significant number of current staff and a risk of increased workforce pressures with an inability to recruit alternative staff
- Medical staff based within the service are substantially ex trainees, a reduction in the numbers of trainees we are able to recruit will directly impact the sustainability of the service long term, as there is a risk to our ability to recruit permanent members of staff

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



## Section 5: Findings and discussion –Central Area (Whitland)

### Accessible

#### Would the area change access to obstetric led birthing services in Hywel Dda? <sup>5,6,13</sup>

• Yes, the number of births will reduce. It is likely that people from the East won't access our services  
Here are some observations :

- The number of births in Hywel Dda University Health Board will reduce if the location is Whitland
- A reduction in birth numbers will lead to a reduction in neonatal cots. A reduction in neonatal cots will negatively impact our population, babies will have to stay in Swansea Bay (or further afield) for neonatal care for a longer period, resulting in additional time further away from home and increased travel time and costs for birthing parents

#### Would the area change access to Midwife led birthing services (MLU) in Hywel Dda?

- The viability of a MLU, if it is not a co-located MLU within a hospital with obstetric and neonatal care is uncertain
- A MLU in Prince Philip Hospital is currently not viable in terms of staffing or safety
- There is a need to continue with provision of a co-located MLU in the new hospital within close proximity to obstetrics and neonatal support to ensure birth choices

#### Other considerations:

- The data modelling does not consider patient choice
- 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 birthing mothers from West Pembrokeshire would benefit in terms of accessibility with a Whitland location
- Due to an increase in travel time trainees and employees may not travel this far
- 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
- Due to an increase in travel time expectant parents and patients may not travel this far



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



Current public transport and road networks are not suitable to support access to care at the proposed areas for both service users and staff

## Section 5: Findings and discussion – Central Area (Whitland)

### Kind

Are there any considerations that should be made about this area?

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



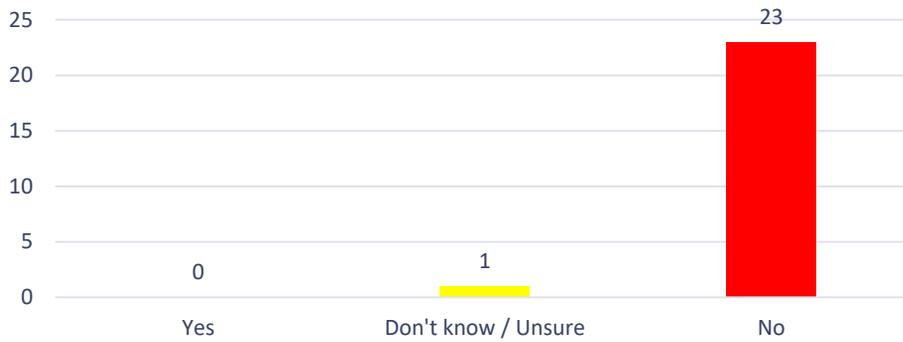
There is no 24 hour retail offer nearby to support families

## Section 5: Findings and discussion

### Poll results

Following deliberations and once the room felt confident that they had covered the four headings of Safe, Sustainable, Accessible and Kind a poll took place to appraise the area on its ability to deliver a Safe, Sustainable, Accessible and Kind service, the results are as follows:

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



## Section 5: Findings and discussion – Eastern Area (St Clears)

### Safe

#### Would the area reduce the number of births that could be delivered in Hywel Dda?

- Yes, a St Clears location would result in a reduction in the birth numbers as some birthing parents from Llanelli and Ammanford would potentially flow to Swansea as their nearest hospital, but it will be less of an impact than the other areas

#### Here are some observations:<sup>4,5,6,21,22,23</sup>

- If birth numbers fall below 2500 \* (currently the number of live births in Hywel Dda University Health Board area are circa. 3000) it will be challenging for staff to maintain their exposure to a wide range of clinical conditions, making it challenging for staff to maintain a wide range of clinical skills particularly to care for high risk deliveries and complex early births
- Maternity services are dependant on other departments such as anaesthetics, ITU and radiology, a reduction in birth numbers similarly will be challenging for staff to maintain their exposure to a wide range of clinical conditions, making it challenging for staff to maintain a wide range of clinical skills.
- A small percentage of mothers require a transfer to birth in a specialist hospital in the East due to complex medical conditions, a hospital in St Clears due to longer transfer times, increases the risk of a transfer not being able to be undertaken and increases the clinical risk for both the mother and baby
- Increase transfer time for high-risk mothers from Bronglais General Hospital who need to access specialist services, there is a risk that they will not be able to reach the hospital in time.

*\* 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.*

#### Would the area impact on the sustainability of the service? <sup>1, 2,3,8,9,10,12,19,20,22</sup>

- The better location for service sustainability from within the zone is St Clears
- Yes, a percentage of the Health Board’s Children and Young People (CYP) reside in the East, there is a risk that those CYP from Llanelli and Ammanford would potentially flow to Swansea as their nearest hospital, if the numbers of CYP fall it will be challenging for the staff to maintain their clinical skills, particularly to care for those CYP requiring High Dependency care

#### Here are some observations:

- There is a risk that we can’t provide the same safe care if we move the site any further West than Carmarthen
- Women’s and Children’s services rely heavily on access to other levels of care e.g. intensive care outside of the Health Board area, any area further West will be increasing critical travel time to accessing specialist care
- Delayed access to specialist transfer services e.g. WATCH, CHANTS etc. could result in an increased risk to CYP and mothers and babies who require enhanced care
- There is a need to continue with provision of a co-located MLU in the new hospital within close proximity to obstetrics and neonatal support to ensure safety



St Clears is a better location than the others, but not where we want it to be, East of St Clears would be preferable

“If it ain't broke don't fix it, the current service operating from Carmarthen is working”



## Section 5: Findings and discussion – Eastern Area (St Clears)

### Sustainable

#### Would the area maintain or increase birth numbers in Hywel Dda? <sup>4,5,6</sup>

- The better location from the three locations to maintain birth numbers is St Clears

#### Would the area maintain or improve rotas? <sup>1,2,5,6,8,9,10,11,13,16,19</sup>

- There is an increased chance of maintaining rotas

Here are some observations:

- Trainees already commute long distances and some choose not to come due to the distance, the placements will be harder to fill if we are asking them to travel further West, it will become much more of a challenge
- Combining medical staffing into one building from Withybush General Hospital and Glangwili General Hospital may make sustainability better and will enable a more enhanced and robust service

#### Other considerations :

##### Education and Training <sup>1,2,7,10,14,15,16,17,18,19,24</sup>

- There is a potential threat to the Directorate's training status, 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, making the service unsustainable and unattractive for trainees and wider substantive recruitment
- If Neonatal respiratory care days (the number of days a baby receives specialist breathing support) reduces across the Health Board, there is a risk the service could become unsustainable and lose its capacity to provide a Special Care Unit (SCU), this would also make the service unsustainable in supporting training
- Several trainee vacancies currently exist within the Obstetrics, Radiology and Anaesthetics service, a move further West is likely to make this issue worse

##### Recruitment challenges <sup>2,3,5,6,7,8,9,10,11,13</sup>

- Recruitment difficulties currently exist within the service including Medical, Nursing\*\*, Midwifery\*\*\*, Therapies, Radiology and Anaesthetics, this issue also exists for our neighbouring Health Board Swansea Bay, any move further West is felt will add to these recruitment challenges
- Recruitment difficulties currently exist within SCU in relation to recruiting experienced neo natal nurses and these recruitment difficulties are likely to remain, and potentially made worse
- The impact of workforce recruitment difficulties could be reduced by looking at what can a different type of workforce do e.g., Physician Associates, Advance Paediatric Nurse Practitioners and Grow Your Own Nursing workforce
- A number of Medical, Nursing, Midwifery and Therapy staff travel East into Glangwili, a relocation West risks making the commute unsustainable for the individuals, leading to a potential loss of a significant number of current staff and a risk of increased workforce pressures with an inability to recruit alternative staff
- Medical staff based within the service are substantially ex trainees, a reduction in the numbers of trainees we are able to recruit will directly impact the sustainability of the service long term, as there is a risk to our ability to recruit permanent members of staff

The offer of an attractive training hospital could help maintain birth numbers and the recruitment and retention of staff



## Section 5: Findings and discussion – Eastern Area (St Clears)

### Sustainable (Continued)

#### Some further observations:

- We are going to create a problem we haven't currently got; mitigations will mean we will have to shift focus from current service enhancements
- It is unclear if Swansea Bay will have the capacity to take our CYP and mothers and babies, existing challenges exist within their health board
- We need to engage with Deanery and Royal college to understand their position regarding the suitability of education and training
- We need to engage with Swansea University midwifery and Nursing education leads



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

## Section 5: Findings and discussion –Eastern Area (St Clears)

### Accessible

#### Would the area change access to obstetric led birthing services in Hywel Dda? <sup>5,6,13</sup>

Yes, there would be an impact

Here are some observations:

- The South Ceredigion population who currently flow to Glangwili General Hospital could choose to go to Swansea also
- Bronglais General Hospital are very reliant on the unit in Glangwili General Hospital any move further West will impact on Bronglais with the potential for mothers and CYP who live to the North flowing to neighbouring Health Boards

#### Would the area change access to Midwife led birthing services (MLU) in Hywel Dda?

- Increased consideration to be given to maintaining MLU in Pembrokeshire the free standing MLU in Pembrokeshire shouldn't be impacted
- There is a need to continue with provision of a co-located MLU in the new hospital within close proximity to obstetrics and neonatal support to ensure birth choices

#### Other considerations:

- 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 from West Pembrokeshire would lose out in terms of travel times in comparison to Narberth and Whitland



10 minutes down the road shouldn't be a problem on a dual carriageway, the further West you go, it is going to be a problem

### Kind

#### Are there any considerations that should be made about this area

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

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

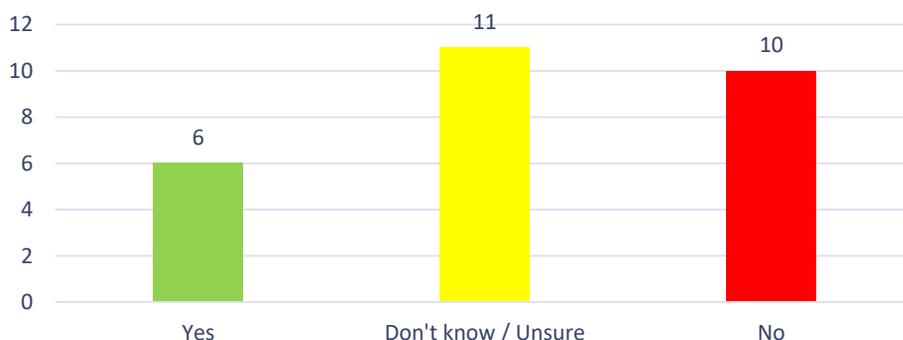


## Section 5: Findings and discussion

### Poll results

Following deliberations and once the room felt confident that they had covered the four headings of Safe, Sustainable, Accessible and kind a Poll took place to appraise the area on its ability to deliver a Safe, Sustainable, Accessible and Kind service, the results are as follows:

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



## Section 5: Findings and discussion

### Poll results

#### A further question was posed:

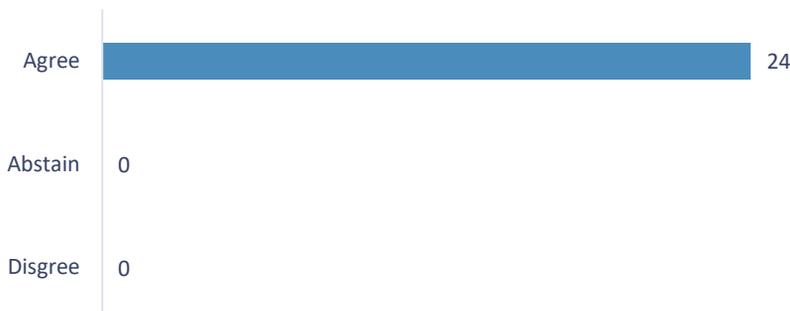
‘ In light of today's deliberations and the information you have available, please rank West, Central and East from best (1) to worst (3) in being Safe, Sustainable, Accessible and Kind?’

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

#### A final question was agreed by workshop attendees:

The workshop attendees agreed to answer another question ( below) , which they agreed the wording for unanimously, all 24 workshop 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.



## Section 5: Findings and discussion

### Findings and Discussion – what else should the Board Consider

- CHANTS are commissioned for one ambulance for the whole area, the further West a hospital is based it will risk impacting the wider tertiary services due to increased transfer times and clinical risk
- Accessibility of the transport services e.g. WATCH and CHANTS 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 services are a co-dependency of Intensive care Units (ITU), Anaesthetics and Emergency Departments (ED)
- An ask for the Workforce appraisal, is 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 consider sustainability and power generation
- There is a need to balance accessibility against quality of 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
- 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
- Swansea don't have a co-located- ED, ITU to support services in Singleton
- Shared care services will become less sustainable
- Pembrokeshire have limited employment opportunities which include the NHS, tourism and agriculture if we lose the NHS we lose a big employer
- Housing need is important particularly for overseas recruitment
- Whitland is a small town with a limited rental market, community infrastructure and amenities this would provide a challenge in attracting students and trainee placements
- Whitland does have a Community Improvement plan proposed

## Section 5: Findings and Discussion – Circulated Polls

Attendees were offered the opportunity to provide some further thought and comments around the reasoning for their consensus statement as well as additional matters they wanted the Board to consider.

This poll was kept open for 72 hours and was shared with all those invited along with the slide decks and previously shared data sets.

Below are the responses which were provided however they have been amended with agreement from the service to help understand the comments made. The original and verbatim responses have been included as part of [Appendix 2: Presentation Slide Pack and Slido Outputs](#)

### **We have provided a consensus statement through our Poll. These are the reasons for that statement and what more we wish the Board to consider.**

- The anxiety and potential risks remain from the proposed location of the new hospital to Women & Child Health perspective, even a choice includes a location more East. There is a huge severe risk from sustainability of this service that may result in collapse of W&C in turn a dominos effect on other services. Health Board must consider:
  - 1. Showground as a option with some services maintained at current GGH
  - 2. W&C breaks away from the new hospital and is located in current GGH site
  - 3. status quo option given the integration of the services that has happened
- Reasons for siting the paediatric/ neonatal/ delivery service in current location have not changed from reconfiguration, including patient flow through the maternity and neonatal networks. Clinical safety concerns should outweigh political expediency in decision making. CHANTS/ WATCH transfers will take longer, putting children at risk. The environmental impact of making more families and staff travel further to access services.

Moving the services westward will lead to reduction in births below 2500 - with subsequent reduction in ability to maintain skills and therefore a safe service. Trainees will be withdrawn endangering rota's and sustainability of service. University status may be jeopardised. Many staff already commute East to West. Further travel will risk staff looking elsewhere for employment closer to home.

- The group is concerned about maintaining a critical mass of paediatric and obstetric patients, and suitable numbers to maintain training on the acute site. The further West a site is chosen, the more patients and births will be lost to Swansea Bay. There are also concerns about long term recruitment in both specialties, as most applicants for posts apply from the east.

This does not mean the group wishes these services to remain at Glangwili, and it is recognised that providing acute care in the long term is not feasible on two sites, and that the Glangwili site is unable to be developed to support additional adult services relocated from Withybush. A new site, as far East as feasible is necessary.

## Section 6: Conclusions and Next Steps

This section brings together the conclusions from the face to face workshop, as well as the highlights of sense checking sessions which took place with the service, wider clinical and patient representative groups as well as patients themselves before being presented.

More detail of the engagement around each of these events can be found in the appendices.

### Face to Face Workshop Conclusions – 29/04/2022

Most people felt that Narberth and Whitland could not provide a Safe, Sustainable, Accessible and Kind area for siting a hospital.

In the individual polls there was not consensus that St Clears could provide Safe, Sustainable, Accessible and Kind care, the largest majority of participants were unsure.

The conversations and deliberations achieved consensus of opinion that the best area to develop a new Urgent and Planned Care Hospital would be to the East of St Clears.

### Clinical leads and Executive leads Feedback – 17/05/2022

An acute Clinical leads meeting took place providing the opportunity to further explore the issues raised during workshop 2 with both Prof. Phil Kloer, Medical Director and Deputy Chief Executive Officer and Lee Davies Executive Director of Strategic Development & Operational Planning.

The group were given an overview of the face to face session, as well as the opportunity for any comments, queries and concerns to be shared with Executive leads. Discussions throughout the meeting largely reflected the views and opinions which were expressed during Workshop 2 and have been captured as part of the findings and discussions within Section 5: Findings and Discussion . An exception report was produced [Appendix 4f Follow up meeting with Clinical leads and Executive leads](#) to capture the themes which are in addition to those captured within the body of the report.

### Sense Check Workshop Feedback – 20/05/2022

Those in attendance had the opportunity to review the thematic analysis of Workshop 2 and the Clinical leads and Executive leads feedback.

There were some amendments made due to error or inaccuracies, as well as a discussion around how the clinical opinion should be underpinned by national clinical guidelines and further sense checking working to explore the clinical opinion.

It was agreed that a Clinical Reference group would be established with rounded membership from within the service, this group acted on behalf of the service area to agree the final discussion report. The final themes identified are listed in Section 5: Findings and Discussions and [Appendix 3: Workshop Themes](#), outputs from the workshop will not be included as an additional appendix.

## Section 6: Conclusions and Next Steps

### Hywel Dda Community Health Council Feedback

- Need to consider access to services for the residents who live in the rural areas of Pembrokeshire
- 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 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

### Stakeholder Reference Group Feedback

- 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

### Staff Partnership Forum Feedback

- 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 6: Conclusions and Next Steps

### Health Professionals Forum Feedback

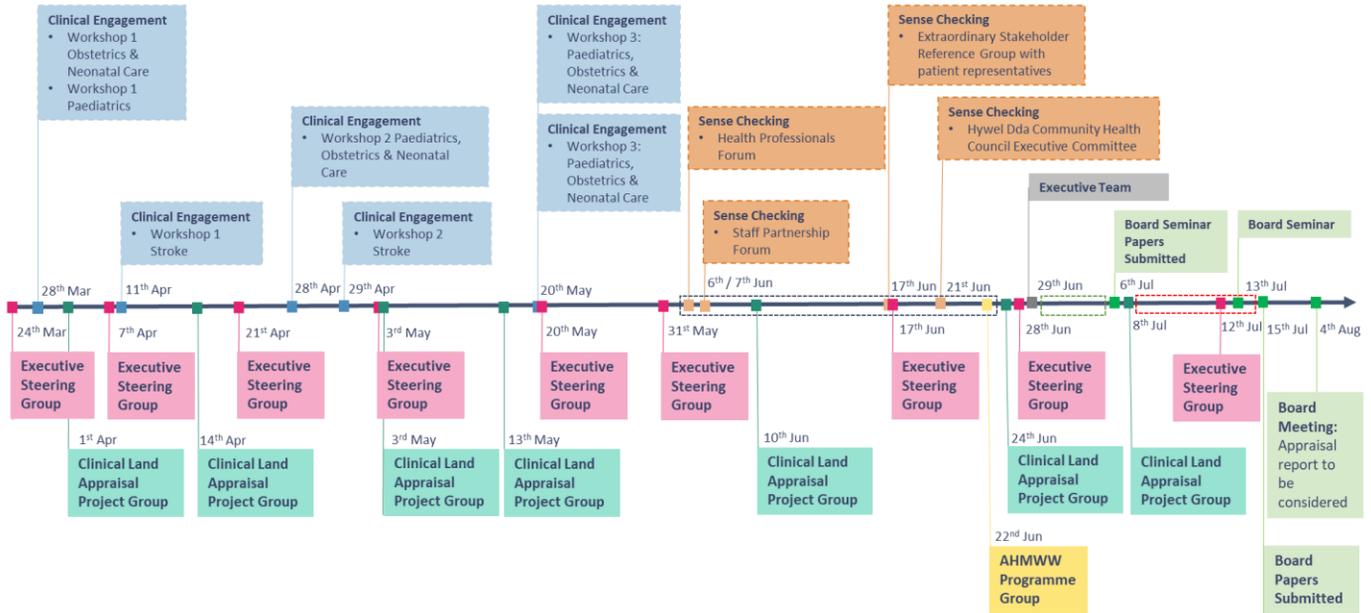
- Regardless of where the hospital is sited, consideration to be given to the access to sustainable community services outside of hospital
- Consideration to be given to patient pathways in terms of enhancing community access to accessible and kind community services via public transport
- Need to consider 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

## Section 6: Conclusions and Next Steps

### 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 timelines have 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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## Appendix 1: Data Pack (reviewed during workshop 2)

Due to the interactive nature of the data packs, it is not possible to embed them within the report. The following data sets were considered, with references indicated below.

**All Births – Appendix B 5**

**Consultant Led Births – Appendix B 6**

**Midwife Led Births – Appendix B 7**

**Consultant Led Obstetrics – Appendix B 8**

**Midwife Led Obstetrics – Appendix B 9**

**Neonatal Services – Appendix B 10**

**Paediatric Activity – Appendix B 11**

**Paediatric Activity – Additional Narrative – Appendix B 12**

**Paediatric Emergency Department activity – Appendix B 13**

## Appendix 2: Presentation Slide Pack and Slido Outputs

### Presentation Slide Pack

This is the presentation that was shared on the day. Slide numbers show running order and were not part of the presentation on the day.

### Slide 1



**A Healthier Mid & West Wales : Clinical Appraisal Workshop 2**

**Consultant-led Obstetrics, Neonatal care & Paediatrics**

**28/4/22, 9:00 - Teifi Suite, Halliwell Centre, Carmarthen, SA31 3EP**

### Slide 2



**Agenda**

Item	Item	Presenter
9:00 am	Sign in and Networking Opportunity	
9:15 am	Welcome and Scope of the Workshop	Lee Davies/ Kathryn Greaves/ Prem Kumar Pitchaikani
9:40 am	Approach to the day	Nick Duffin
9:50 am	Understanding the data	Emma Crawford Gareth Siye
10:30am	Refreshment Break	
10:45 am	Western Area - Narberth	Facilitated by Nick Duffin Consultation Institute
12:15 pm	Lunch	
13:15 pm	Central Area - Whitland	Facilitated by Nick Duffin Consultation Institute
2:45 pm	Refreshment Break	
3:00 pm	Eastern Area - St Clears	Facilitated by Nick Duffin Consultation Institute
4:30 pm	Final Appraisal of the 3 Areas	Facilitated by Nick Duffin Consultation Institute
4:45 pm	Next steps and closing remarks	Clinical Leads

## Appendix 2: Presentation Slide Pack and Slido Outputs

### Presentation Slide Pack

#### Slide 3




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**Welcome and Scope of the Workshop:**  
**Lee Davies (Executive Director of Strategic Development & Operational Planning)**

- Introduction to workshop
- Workshop context within the A Healthier Mid and West Wales Programme Business Case

Out of Scope for today:

- Any area for the new Urgent and Planned Care Hospital outside of the agreed zone

#### Slide 4




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**Future proofing maternity and neonatal services:**  
**Kathryn Greaves (Head of Midwifery and Women's Services)**

**Maternity Care in Wales: a five year vision for the future (2019-2024)**

Overview of maternity and neonatal safety programme – MatneoSSP in Wales

Birth rate plus methodology - service review

Royal College of Obstetrics and Gynaecology - staffing review

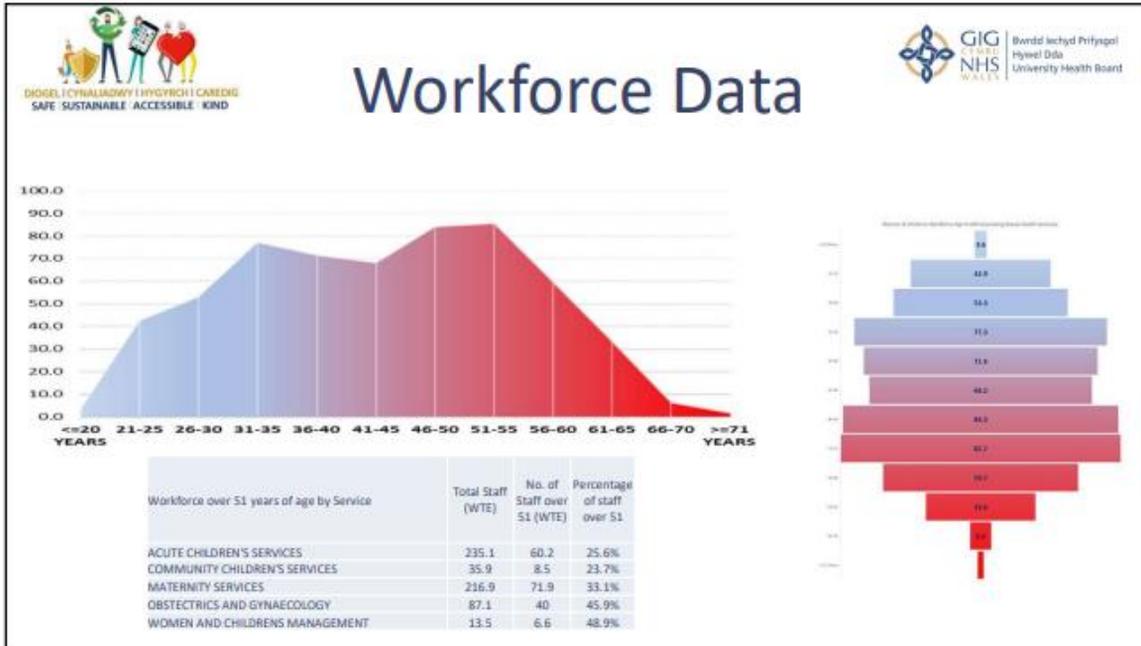


 Family centred care  
 Safe and effective care  
 Continuity of carer  
 Skilled multi-professional teams  
 Sustainable quality services

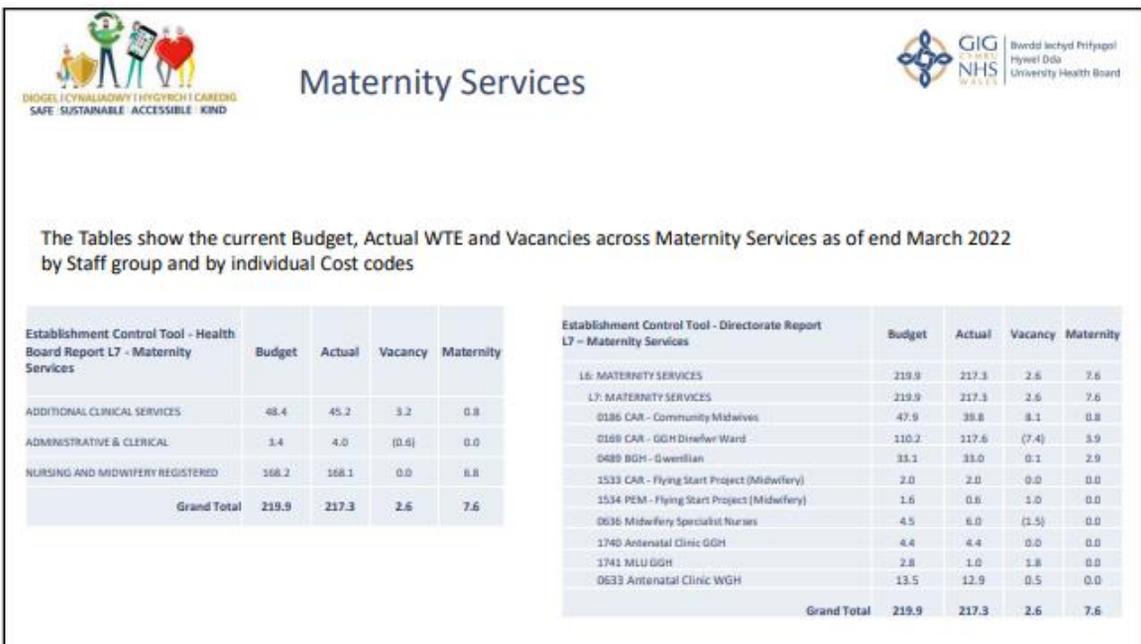
## Appendix 2: Presentation Slide Pack and Slido Outputs

### Presentation Slide Pack

#### Slide 5



#### Slide 6



## Appendix 2: Presentation Slide Pack and Slido Outputs

### Presentation Slide Pack

#### Slide 7

### Maternity Services

#### Maternity Services Workforce Age Profile

Workforce over 51 years of age	Total Staff (WTE)	No. of Staff over 51 (WTE)	Percentage of staff over 51
MATERNITY SERVICES	216.9	71.9	33.1%
Additional Clinical Services	44.5	15.4	34.6%
Administrative and Clerical	4.0	2.0	50.0%
Nursing and Midwifery Registered	168.3	54.5	32.4%

Pipeline Data from Education & Commissioning submissions (Year of output)

	2022	2023	2024	2025	2026
Midwifery	16	20	20	0	15

A third of the current workforce within Maternity Services are over the age of 51.  
The current average retirement age for nursing is 58 therefore we could lose a third of our workforce (over 70wte) by 2030. The above table shows the current Education & Commissioning figures for Midwifery. Although the above output figures are similar to potential retirees, these numbers are not guaranteed starters. To note these figures are based on current workforce establishment levels therefore do not take into consideration any future National changes that may change Midwifery staffing level requirements.

#### Slide 8

### Maternity Services

Maternity Services by Cost code and Staff group	Additional Clinical Services	Administrative and Clerical	Nursing and Midwifery Registered	Grand Total
100 CAR GGH Antenatal Clinic 1740			4.4	4.4
100 CAR GGH Community Midwives 0186			39.7	39.7
100 CAR GGH Dinefwr Ward 0169	29.1	3.0	85.7	117.8
100 CAR GGH Flying Start Project (Midwifery) 1533	1.0		1.0	2.0
100 CAR GGH MLU 1741			1.0	1.0
100 CER BGH Gwenllian 0489	8.6	0.8	23.9	33.3
100 PEM WGH Antenatal Clinic 0633	5.8	0.2	6.1	12.1
100 PEM WGH Flying Start Project (Midwifery) 1534			0.6	0.6
100 PEM WGH Midwifery Specialist Nurses 0636			6.0	6.0
Grand Total	44.5	4.0	168.3	216.9

## Appendix 2: Presentation Slide Pack and Slido Outputs

### Presentation Slide Pack

### Slide 9

## Acute Children's Services

The Tables show the Budget, Actual WTE and Vacancies across Acute Children's Services as of end March 2022 by Staff group and by individual Cost codes

Establishment Control Tool - Health Board Report L7 - Acute Children's Services	Budget	Actual	Vacancy
ADD PROF SCIENTIFIC AND TECHNICAL	0.0		0.0
ADDITIONAL CLINICAL SERVICES	46.9	44.0	2.9
ADMINISTRATIVE & CLERICAL	43.3	46.0	(2.7)
ALLIED HEALTH PROFESSIONALS	0.0		0.0
HEALTHCARE SCIENTISTS	0.0		0.0
MEDICAL AND DENTAL	59.3	44.9	14.4
NURSING AND MIDWIFERY REGISTERED	101.6	102.2	(0.6)
<b>Grand Total</b>	<b>251.1</b>	<b>237.1</b>	<b>14.0</b>

Establishment Control Tool - Directorate Report L7 - Acute Children's Services	Budget	Actual	Vacancy
L7- ACUTE CHILDREN'S SERVICES	251.1	237.1	14.0
0170 CAR - GGH Paediatrics	36.7	30.4	6.3
0172 CAR - GGH SCBU	41.5	40.5	1.0
0171 CAR - GGH Cligerran Ward	37.7	63.5	(9.8)
0173 CAR - GGH OP Paediatrics	5.5	5.5	0.1
0643 WGH - WGH-Med Staff-Paediatrics	11.4	5.5	5.8
0647 WGH - Directorate Support Manager	6.5	8.6	(2.1)
1306 Paediatric Consultant Secretaries	20.1	21.3	(1.2)
0639 WGH Puffin PACU	14.1	4.3	9.8
0487 BGH - Angharad	19.3	15.9	3.4
0188 CAR - GGH Community Admin	7.9	5.5	2.4
0484 BGH - Medical Staff Paeds	12.0	8.9	3.1
1742 Neonatal Outreach Team	3.5	4.2	(0.7)
1758 GGH PACU	14.5	21.2	(6.6)
1787 COVID-19 Paediatrics RSV Surge	0.5	2.0	(1.5)
<b>TOTAL</b>	<b>251.1</b>	<b>237.1</b>	<b>14.0</b>

### Slide 10

## Acute Children's Services

**Acute Children's Services Workforce Age Profile**

Workforce over 51 years of age	Total Staff (WTE)	No. of Staff over 51 (WTE)	Percentage of staff over 51
ACUTE CHILDREN'S SERVICES	235.1	60.2	25.6%
Additional Clinical Services	42.3	13.1	30.9%
Administrative and Clerical	45.7	12.9	28.2%
Medical and Dental	44.9	15.1	33.7%
Nursing and Midwifery Registered	101.2	19.1	18.9%
Add Prof Scientific and Technic	1.0	0	0.0%

Pipeline Data from Education & Commissioning submissions (Year of output)

	2022	2023	2024	2025	2026
Nursing - Child	6	21	8	23	12

A quarter of the current workforce within Acute Children's Services are over the age of 51. The current average retirement age for nursing is 58 therefore we could lose almost 19% of our workforce by 2030. The above table shows the current Education & Commissioning figures for Child Nursing. Although the above output figures are similar to potential retirees, these numbers are not guaranteed starters. To note these figures are based on current workforce establishment levels therefore do not take into consideration any future staffing level changes.

## Appendix 2: Presentation Slide Pack and Slido Outputs

### Presentation Slide Pack

#### Slide 11



### Workforce Pipeline Data



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The tables below show the HB Nursing numbers submitted to HEIW for Education & Commissioning for the coming years. Also shown are the appointed numbers achieved through streamlining for the last 3 years for those having completed their qualification.

Adult nursing figures have been included to highlight that the number we appoint at the year of output may be significantly lower than the number of places commissioned for the Health Board and therefore must be taken into consideration when planning for the future workforce requirements.

Pipeline Data from Education & Commissioning submissions	2022	2023	2024	2025	2026	Appointed numbers	2019	2020	2021
Nursing - Adult (inc P/T)	166	223	220	196	201	Nursing - Adult	84.32	95.32	87.86
Nursing - Child	6	21	8	23	12	Nursing - Child	4.61	3	7.96
Midwifery	16	20	20	0	15				

Work is underway to look at the Medical workforce pipeline, however due to current inaccuracies and access to data we have been unable to include this data for the land appraisal workshop.

#### Slide 12



### Strategic direction for the service:

Dr Prem Kumar Pitchaikani (Consultant Paediatrician & Joint Neonatal Lead Clinical Director - Women & Child Health)



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**Hywel Dda health board hospitals**



Women and Children's Health Directorate	
2014	Reorganisation of W&C services WGH PACU (12 hours) and MLU, GGH Paediatric Inpatient, SCBU and High risk Maternity unit & MLU
2016	Operating hours in PACU revised to 10:00 – 18:00, 7days per week/suspension of WGH Paediatric
2020	Acute paediatrics centralised to GGH due to COVID response/redeployment of nurse staffing has supported Paediatrics COVID management

- Integration of W&C in South of Health Board
- Improving working relationship both local and regional



## Appendix 2: Presentation Slide Pack and Slido Outputs

### Presentation Slide Pack

#### Slide 13




**Strategic direction for the service:**  
Dr Prem Kumar Pitchaikani (Consultant Paediatrician & Joint Neonatal Lead Clinical Director - Women & Child Health)

- 2018 Health & Care Strategy approved by Board – recommendation 4 specific to Women & Children Services ‘*Model the impacts and opportunities of the new hospital configuration and community model for Maternity and Child Health.*
- Opportunities and Challenges: Consultant-led obstetrics; midwifery led care; acute paediatrics; and neonatal care are maintained across Hywel Dda’
- Maternity, Neonatal and Paediatric services are fundamentally interlinked in terms of pathways of care for families (maternity and neonates) and staffing (neonates and paediatrics).
- The Women and Children’s Health Directorate recently led a successful re-configuration of W & C services highlighted by Royal College of Paediatrics and Child Health review.

#### Slide 14




**Strategic direction for the service:**  
Dr Prem Kumar Pitchaikani (Consultant Paediatrician & Joint Neonatal Lead Clinical Director - Women & Child Health)

Purpose of today:

- Is to provide an objective clinical recommendation from Neonatal care, Obstetric and Paediatric Services on the siting of the new Urgent and Planned Care Hospital, which will be delivered via a report to Board;
- Reinforcing all the success and mitigating any risks .

## Appendix 2: Presentation Slide Pack and Slido Outputs

### Presentation Slide Pack

#### Slide 15



DIOGEL | CYNALIADWY | HYGYRCH | CAREDIG  
SAFE | SUSTAINABLE | ACCESSIBLE | KIND



GIG  
CYMRU  
NHS  
WALES

Bwrdd Iechyd Prifysgol  
Hywel Dda  
University Health Board

### Approach to the Day

This is going to be a participatory workshop with an opportunity to provide your own individual recommendation. We will be taking notes throughout the session to capture some of the discussions.

We ask that you:

- Use the data provided
- Ask questions if you're uncertain about the topics discussed
- Share your views with the group
- Listen to what others have to share
- Make use of the 'Post it' boards at any time when needed or asked
- Respond to Slido polls throughout the session

#### Slide 16



DIOGEL | CYNALIADWY | HYGYRCH | CAREDIG  
SAFE | SUSTAINABLE | ACCESSIBLE | KIND



GIG  
CYMRU  
NHS  
WALES

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Hywel Dda  
University Health Board

### Understanding the Data

Reports available include:

Obstetrics:

- Consultant Led Activity and Consultant Led Birth Activity:
  - Current Activity Mapped based on distance and drive time
  - Current Activity Mapped for Proposed Scenario 1 – Narberth (*Sites at Narberth, Aberystwyth and Swansea*)
  - Current Activity Mapped for Proposed Scenario 2 – Whitland (*Sites at Whitland, Aberystwyth and Swansea*)
  - Current Activity Mapped for Proposed Scenario 3 – St Clears (*Sites at St. Clears, Aberystwyth and Swansea*)

## Appendix 2: Presentation Slide Pack and Slido Outputs

### Presentation Slide Pack

#### Slide 17




**Understanding the Data**

Reports available include:

Obstetrics:

Midwife Led Activity and Midwife Led Birth Activity:

- Current Activity Mapped based on distance and drive time
- Current Activity Mapped for Proposed Scenario 1 – Narberth  
*(Sites at Narberth, Aberystwyth and Swansea)*  
*(Sites at Narberth, Aberystwyth, Llanelli and Swansea)*  
*(Sites at Narberth, Aberystwyth, Carmarthen, Haverfordwest, Llanelli and Swansea)*  
*(Sites at Narberth, Aberystwyth, Carmarthen, Haverfordwest and Swansea)*
- Current Activity Mapped for Proposed Scenario 2 – Whitland  
*(Sites at Whitland, Aberystwyth and Swansea)*  
*(Sites at Whitland, Aberystwyth, Llanelli and Swansea)*  
*(Sites at Whitland, Aberystwyth, Carmarthen, Haverfordwest, Llanelli and Swansea)*  
*(Sites at Whitland, Aberystwyth, Carmarthen, Haverfordwest and Swansea)*
- Current Activity Mapped for Proposed Scenario 3 – St Clears  
*(Sites at St. Clears, Aberystwyth and Swansea)*  
*(Sites at St. Clears, Aberystwyth, Llanelli and Swansea)*  
*(Sites at St. Clears, Aberystwyth, Carmarthen, Haverfordwest, Llanelli and Swansea)*  
*(Sites at St. Clears, Aberystwyth, Carmarthen, Haverfordwest and Swansea)*

#### Slide 18




**Understanding the Data**

Reports available include:

Obstetrics:

Birth Activity:

- Current Activity Mapped based on distance and drive time
- Current Activity Mapped for Proposed Scenario 1 – Narberth  
*(Sites at Narberth, Aberystwyth and Swansea)*  
*(Sites at Narberth, Aberystwyth, Swansea with MLU at Llanelli)*
- Current Activity Mapped for Proposed Scenario 2 – Whitland  
*(Sites at Whitland, Aberystwyth and Swansea)*  
*(Sites at Whitland, Aberystwyth, Swansea with MLU at Llanelli)*
- Current Activity Mapped for Proposed Scenario 3 – St Clears  
*(Sites at St. Clears, Aberystwyth and Swansea)*  
*(Sites at St. Clears, Aberystwyth, Swansea with MLU at Llanelli)*

## Appendix 2: Presentation Slide Pack and Slido Outputs

### Presentation Slide Pack

#### Slide 19




**Understanding the Data**

Reports available include:

Obstetrics:

Neonatal Activity:

- Current Activity Mapped based on distance and drive time
- Current Activity Mapped for Proposed Scenario 1 – Narberth *(Sites at Narberth, Aberystwyth and Swansea)*
- Current Activity Mapped for Proposed Scenario 2 – Whitland *(Sites at Whitland, Aberystwyth and Swansea)*
- Current Activity Mapped for Proposed Scenario 3 – St Clears *(Sites at St. Clears, Aberystwyth and Swansea)*

#### Slide 20




**Understanding the Data**

Reports available include:

Paediatrics Activity:

- Current Activity Mapped based on distance and drive time
- Current Activity Mapped for Proposed Scenario 1 – Narberth *(Sites at Narberth, Aberystwyth and Swansea)*
- Current Activity Mapped for Proposed Scenario 2 – Whitland *(Sites at Whitland, Aberystwyth and Swansea)*
- Current Activity Mapped for Proposed Scenario 3 – St Clears *(Sites at St. Clears, Aberystwyth and Swansea)*

## Appendix 2: Presentation Slide Pack and Slido Outputs

### Presentation Slide Pack

## Slide 21




### Understanding the Data

Comparison of Theoretical Numbers Between West Site and East Site of the Zone – Based on Drive Times

Consultant Led Births

Site	Current Actual Births	Current Theoretical Maximum Drive Time	Proposed Area 1	Proposed Area 2	Proposed Area 3	Difference in activity between West and East
			Scenario 1	Scenario 1	Scenario 1	
Bronglais	334	254	336	323	288	- 48
Glangwili	2,015	1,580				-
Withybush	1					-
New Site			1,173	1,230	1,437	264
PPH MLU						-
Singleton		337	662	618	446	- 216
<b>Total</b>	<b>2,350</b>	<b>2,171</b>	<b>2,171</b>	<b>2,171</b>	<b>2,171</b>	<b>-</b>

## Slide 22




### Understanding the Data

Comparison of Theoretical Numbers Between West Site and East Site of the Zone – Based on Drive Times

Consultant Led Births

Site	Current Actual Births	Current Theoretical Maximum Drive Time	Proposed Area 1	Proposed Area 2	Proposed Area 3	Difference in drive time between West and East
			Scenario 1	Scenario 1	Scenario 1	
Bronglais	334	40-50	50-60	50-60	40-50	- 10
Glangwili	2,015	70-80				-
Withybush	1					-
New Site			50-60	50-60	60-70	10
PPH MLU						-
Singleton		30-40	60-70	40-50	40-50	- 20
<b>Total</b>	<b>2,350</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>20</b>

## Appendix 2: Presentation Slide Pack and Slido Outputs

### Presentation Slide Pack

# Slide 23

### Understanding the Data

Comparison of Theoretical Numbers Between West Site and East Site of the Zone – Based on Drive Times

Midwife Led Births

Site	Current Actual Births	Current Theoretical Number by Drive Time	Proposed Area One				Proposed Area Two				Proposed Area Three				Difference in activity between West and East					
			Scenario 1	Scenario 2	Scenario 3	Scenario 4	Scenario 1	Scenario 2	Scenario 3	Scenario 4	Scenario 1	Scenario 2	Scenario 3	Scenario 4	Scenario 1	Scenario 2	Scenario 3	Scenario 4		
			Narberth	Narberth PPH MLU	Narberth MLUs - BGH, PPH, GGH, WGH	Narberth MLUs - BGH, PPH, GGH, WGH	Whitland	Whitland PPH MLU	Whitland MLUs - BGH, PPH, GGH, WGH	Whitland MLUs - BGH, PPH, GGH, WGH	St Clears	St Clears PPH MLU	St Clears MLUs - BGH, PPH, GGH, WGH	St Clears MLUs - BGH, PPH, GGH, WGH						
Bronglais	77	43	69	86	43	43	66	63	43	54	54	43	43	-	15	-	12	-	-	
Glangwili	364	188			106	167			98	139			91	152	-	-	-	-	15	-
Withybush	138	294			143	143			188	188			212	212	-	-	-	-	69	69
New Site PPH MLU			327	295	112	112	317	323	75	75	381	336	58	58	54	41	-	54	-	54
Singleton		74	143		135		74	136	153	135	74	104	149	135	-	-	29	-	-	-
<b>Total</b>	<b>579</b>	<b>539</b>	<b>539</b>	<b>539</b>	<b>539</b>	<b>539</b>	<b>539</b>	<b>539</b>	<b>539</b>	<b>539</b>	<b>539</b>	<b>539</b>	<b>539</b>	<b>539</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>

# Slide 24

### Understanding the Data

Comparison of Theoretical Numbers Between West Site and East Site of the Zone – Based on Drive Times

Midwife Led Births

Site	Current actual births	Current theoretical max drive time	Proposed Area One				Proposed Area Two				Proposed Area Three				Difference in drive time between West and East					
			Scenario 1	Scenario 2	Scenario 3	Scenario 4	Scenario 1	Scenario 2	Scenario 3	Scenario 4	Scenario 1	Scenario 2	Scenario 3	Scenario 4	Scenario 1	Scenario 2	Scenario 3	Scenario 4		
			Narberth	Narberth PPH MLU	Narberth MLUs - BGH, PPH, GGH, WGH	Narberth MLUs - BGH, PPH, GGH, WGH	Whitland	Whitland PPH MLU	Whitland MLUs - BGH, PPH, GGH, WGH	Whitland MLUs - BGH, PPH, GGH, WGH	St Clears	St Clears PPH MLU	St Clears MLUs - BGH, PPH, GGH, WGH	St Clears MLUs - BGH, PPH, GGH, WGH						
Bronglais	77	40-50	50-60	50-60	40-50	40-50	50-60	50-60	40-50	40-50	40-50	40-50	40-50	-	10	-	10	-	-	
Glangwili	364	50-60			40-50	40-50			40-50	40-50			30-40	35-40	-	-	-	-	10	10
Withybush	138	40-50			30-40	30-40			40-50	40-50			40-50	40-50	-	-	-	-	10	10
New Site PPH MLU			50-60	50-60	40-50	40-50	50-60	50-60	40-50	40-50	60-70	60-70	50-60	50-60	10	10	10	10	10	10
Singleton		30-40	60-70		30-40	30-40	40-50		30-40	30-40	40-50		30-40	30-40	-	-	20	-	-	-
<b>Total</b>	<b>579</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>20</b>	<b>-</b>	<b>10</b>	<b>10</b>	<b>10</b>	<b>10</b>

## Appendix 2: Presentation Slide Pack and Slido Outputs

### Presentation Slide Pack

#### Slide 25




### Understanding the Data

Comparison of Theoretical Numbers Between West Site and East Site of the Zone – Based on Drive Times

Paediatrics

Site	Current Actual Births	Current Theoretical Maximum Drive Time	Proposed			Difference in activity between West and East
			Area 1 Scenario 1	Area 2 Scenario 1	Area 3 Scenario 1	
Bronglais	1,354	584	1,249	1,187	1,092	157
Glangwili	8,001	3,399				-
Withybush	2,079	3,864				-
New Site			5,497	5,896	6,339	842
PPH MLU						-
Morrleston		2,261	3,762	3,425	3,077	655
<b>Total</b>	<b>11,434</b>	<b>10,508</b>	<b>10,508</b>	<b>10,508</b>	<b>10,508</b>	<b>-</b>

#### Slide 26




### Understanding the Data

Comparison of Theoretical Numbers Between West Site and East Site of the Zone – Based on Drive Times

Paediatrics

Site	Current actual activity	Current theoretical max drive time	Proposed			Difference in drive time between West and East
			Area 1 Scenario 1	Area 2 Scenario 1	Area 3 Scenario 1	
Bronglais	1,354	40-50	50-60	50-60	40-50	10
Glangwili	8,001	50-60				-
Withybush	2,079	40-50				-
New Site			50-60	50-60	60-70	10
PPH MLU						-
Morrleston		20-30	50-60	50-60	30-60	-
<b>Total</b>	<b>11,434</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>

## Appendix 2: Presentation Slide Pack and Slido Outputs

### Presentation Slide Pack

#### Slide 27

  
DIOGEL | CYNALIADWY | HYGYRCH | CAREDIG  
SAFE | SUSTAINABLE | ACCESSIBLE | KIND

 Bwrdd Iechyd Prifysgol  
Hywel Dda  
University Health Board

**Refreshment Break**



#### Slide 28

  
DIOGEL | CYNALIADWY | HYGYRCH | CAREDIG  
SAFE | SUSTAINABLE | ACCESSIBLE | KIND

 Bwrdd Iechyd Prifysgol  
Hywel Dda  
University Health Board

**Western Area - Narberth**

<u>Safe</u>	Sustainable
Accessible	Kind

## Appendix 2: Presentation Slide Pack and Slido Outputs

### Presentation Slide Pack

#### Slide 29

**Western Area - Narberth**

- Would the area reduce the number of births that could be delivered in Hywel Dda?
- Would the area impact on the sustainability of the service?

Sustainable

Accessible

Kind

#### Slide 30

**Western Area - Narberth**

Safe

Accessible

Kind

- Would the area maintain or increase birth numbers in Hywel Dda?
- Would the area maintain or improve rotas?

## Appendix 2: Presentation Slide Pack and Slido Outputs

### Presentation Slide Pack

#### Slide 31




**Western Area - Narberth**

Safe	Sustainable
<ul style="list-style-type: none"> <li>Would the area change access to obstetric led birthing services in Hywel Dda?</li> <li>Would the area change access to Midwife led birthing services in Hywel Dda?</li> </ul>	Kind

#### Slide 32




**Western Area - Narberth**

Safe	Sustainable
Accessible	<p>Are there any considerations that should be made about this area?</p>

## Appendix 2: Presentation Slide Pack and Slido Outputs

### Presentation Slide Pack

## Slide 33



DIOGEL | CYNALIADWY | HYGYRCH | CAREDIG  
SAFE | SUSTAINABLE | ACCESSIBLE | KIND



GIG CYMRU NHS WALES  
Bwrdd Iechyd Prifysgol  
Hywel Dda  
University Health Board

Western Area - Narberth

### Summary

- Does this area enable safe, sustainable, accessible and kind services? Why?
- If not, what mitigations would enable it to do so?
- Does this area prevent safe, sustainable, accessible and kind services? Why?

## Slide 34



DIOGEL | CYNALIADWY | HYGYRCH | CAREDIG  
SAFE | SUSTAINABLE | ACCESSIBLE | KIND



GIG CYMRU NHS WALES  
Bwrdd Iechyd Prifysgol  
Hywel Dda  
University Health Board

Lunch

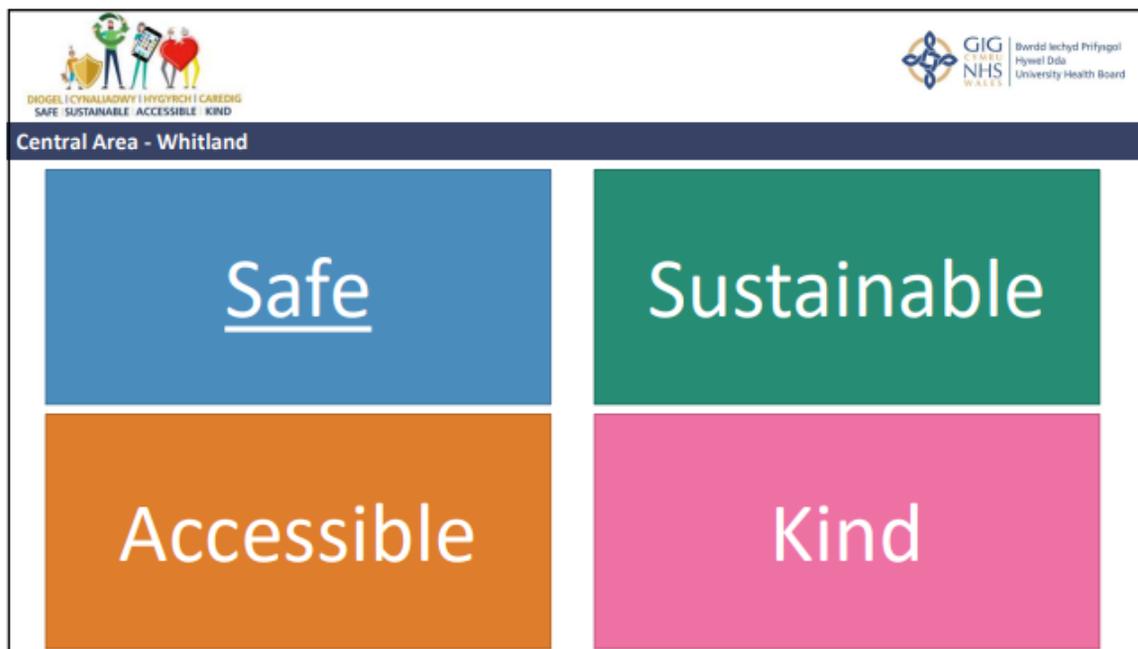


Time for food

## Appendix 2: Presentation Slide Pack and Slido Outputs

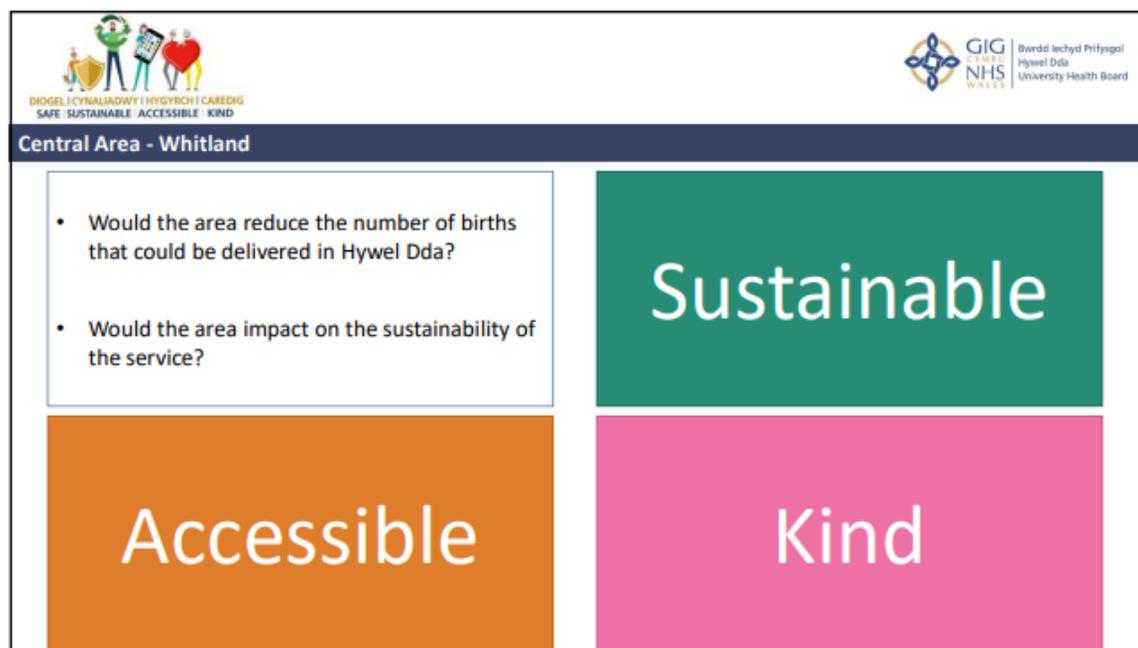
### Presentation Slide Pack

#### Slide 35



Slide 35 content: A 2x2 grid of colored boxes. Top-left: Blue box with the word 'Safe' in white, underlined. Top-right: Green box with the word 'Sustainable' in white. Bottom-left: Orange box with the word 'Accessible' in white. Bottom-right: Pink box with the word 'Kind' in white. The slide includes logos for GIG CYMRU NHS WALES and the 'SAFE SUSTAINABLE ACCESSIBLE KIND' motto in the top corners, and the text 'Central Area - Whitland' in a dark blue header bar.

#### Slide 36



Slide 36 content: A 2x2 grid of colored boxes. Top-left: A white box with a thin border containing two bullet points:
 

- Would the area reduce the number of births that could be delivered in Hywel Dda?
- Would the area impact on the sustainability of the service?

 Top-right: Green box with the word 'Sustainable' in white. Bottom-left: Orange box with the word 'Accessible' in white. Bottom-right: Pink box with the word 'Kind' in white. The slide includes logos for GIG CYMRU NHS WALES and the 'SAFE SUSTAINABLE ACCESSIBLE KIND' motto in the top corners, and the text 'Central Area - Whitland' in a dark blue header bar.

## Appendix 2: Presentation Slide Pack and Slido Outputs

### Presentation Slide Pack

#### Slide 37




Central Area - Whitland

Safe	<ul style="list-style-type: none"> <li>Would the area maintain or increase birth numbers in Hywel Dda?</li> <li>Would the area maintain or improve rotas?</li> </ul>
Accessible	Kind

#### Slide 38



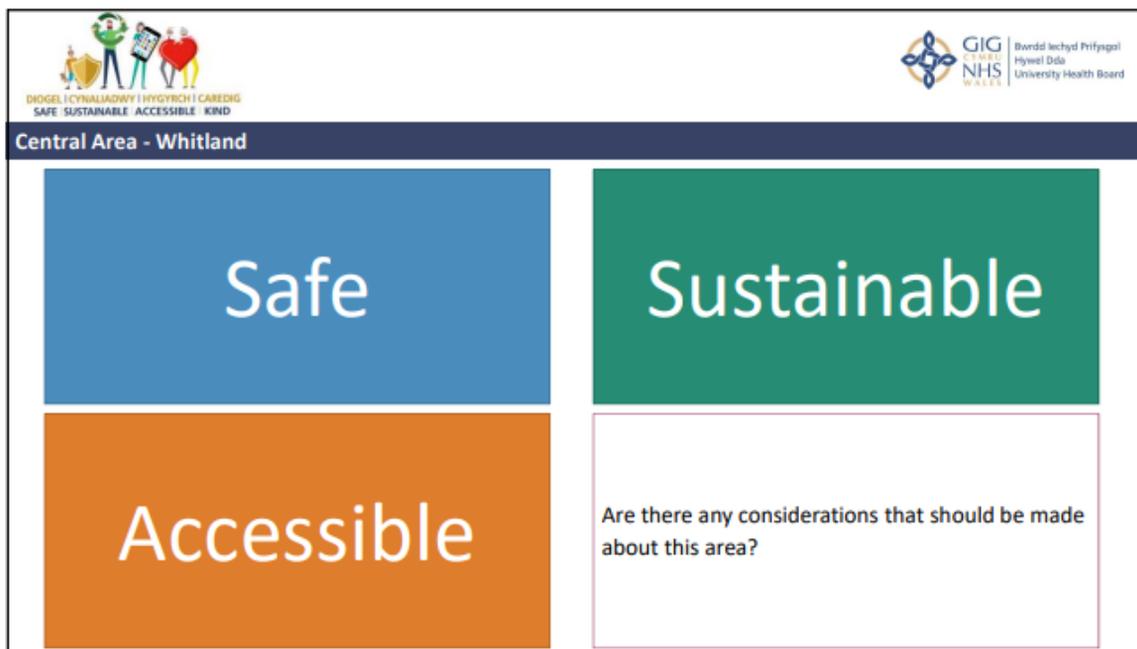

Central Area - Whitland

Safe	Sustainable
<ul style="list-style-type: none"> <li>Would the area change access to obstetric led birthing services in Hywel Dda?</li> <li>Would the area change access to Midwife led birthing services in Hywel Dda?</li> </ul>	Kind

## Appendix 2: Presentation Slide Pack and Slido Outputs

### Presentation Slide Pack

#### Slide 39



Slide 39 content: The slide features a dark blue header with the GIG CYMRU NHS WALES logo on the left and the Bwrdd Iechyd Prifysgol Hywel Dda University Health Board logo on the right. Below the header, the text 'Central Area - Whitland' is displayed. The main content area is divided into four quadrants: top-left (blue) with 'Safe', top-right (green) with 'Sustainable', bottom-left (orange) with 'Accessible', and bottom-right (white) with the question 'Are there any considerations that should be made about this area?'. The DIOGEL | CYNALIADWY | HYGGRCH | CAREDIG logo is in the top-left corner of the slide content.

#### Slide 40

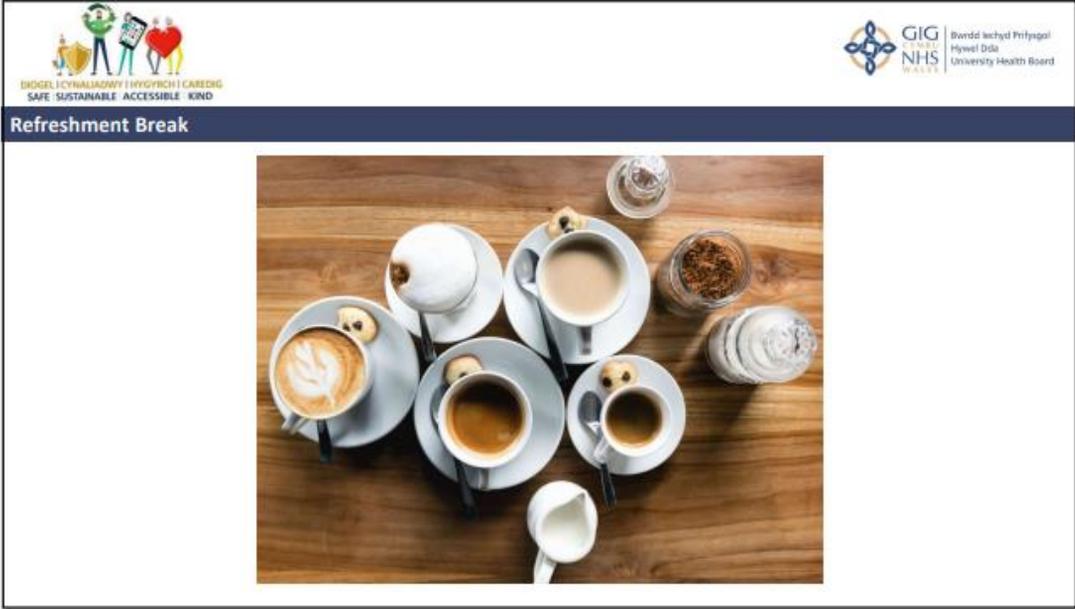


Slide 40 content: The slide features a dark blue header with the GIG CYMRU NHS WALES logo on the left and the Bwrdd Iechyd Prifysgol Hywel Dda University Health Board logo on the right. Below the header, the text 'Central Area - Whitland' is displayed. The main content area has the word 'Summary' centered and underlined. Below it is a list of three bullet points: 'Does this area enable safe, sustainable, accessible and kind services? Why?', 'If not, what mitigations would enable it to do so?', and 'Does this area prevent safe, sustainable, accessible and kind services? Why?'. The DIOGEL | CYNALIADWY | HYGGRCH | CAREDIG logo is in the top-left corner of the slide content.

## Appendix 2: Presentation Slide Pack and Slido Outputs

### Presentation Slide Pack

#### Slide 41



The slide features a top header with the GIG CYMRU NHS WALES logo on the left and the Bwrdd Iechyd Prifysgol Hywel Dda University Health Board logo on the right. Below the logos is a dark blue bar with the text "Refreshment Break" in white. The main content area is a photograph of a wooden table set with several coffee cups, a pitcher of milk, and small jars of toppings.

#### Slide 42



The slide features a top header with the GIG CYMRU NHS WALES logo on the left and the Bwrdd Iechyd Prifysgol Hywel Dda University Health Board logo on the right. Below the logos is a dark blue bar with the text "Eastern Area – St Clears" in white. The main content area is a 2x2 grid of colored boxes: top-left is blue with the word "Safe" (underlined), top-right is green with the word "Sustainable", bottom-left is orange with the word "Accessible", and bottom-right is pink with the word "Kind".



## Appendix 2: Presentation Slide Pack and Slido Outputs

### Presentation Slide Pack

#### Slide 43

**Eastern Area – St Clears**

- Would the area reduce the number of births that could be delivered in Hywel Dda?
- Would the area impact on the sustainability of the service?

**Sustainable**

**Accessible**

**Kind**

#### Slide 44

**Eastern Area – St Clears**

- Would the area maintain or increase birth numbers in Hywel Dda?
- Would the area maintain or improve rotas?

**Safe**

**Accessible**

**Kind**

## Appendix 2: Presentation Slide Pack and Slido Outputs

### Presentation Slide Pack

#### Slide 45




Bwrdd Iechyd Prifysgol  
Hywel Dda  
University Health Board

**Eastern Area – St Clears**

Safe	Sustainable
<ul style="list-style-type: none"> <li>Would the area change access to obstetric led birthing services in Hywel Dda?</li> <li>Would the area change access to Midwife led birthing services in Hywel Dda?</li> </ul>	Kind

#### Slide 46




Bwrdd Iechyd Prifysgol  
Hywel Dda  
University Health Board

**Eastern Area – St Clears**

Safe	Sustainable
Accessible	<p>Are there any considerations that should be made about this area?</p>



## Appendix 2: Presentation Slide Pack and Slido Outputs

### Presentation Slide Pack

#### Slide 47



DIOGEL | CYNALIADWY | HYGYRCH | CAREDIG  
SAFE | SUSTAINABLE | ACCESSIBLE | KIND



Bwrdd Iechyd Prifysgol  
Hywel Dda  
University Health Board

### Eastern Area – St Clears

## Summary

- Does this area enable safe, sustainable, accessible and kind services? Why?
- If not, what mitigations would enable it to do so?
- Does this area prevent safe, sustainable, accessible and kind services? Why?

#### Slide 48



DIOGEL | CYNALIADWY | HYGYRCH | CAREDIG  
SAFE | SUSTAINABLE | ACCESSIBLE | KIND



Bwrdd Iechyd Prifysgol  
Hywel Dda  
University Health Board

### Final appraisal of the 3 Areas



## Appendix 2: Presentation Slide Pack and Slido Outputs

### Presentation Slide Pack

#### Slide 49

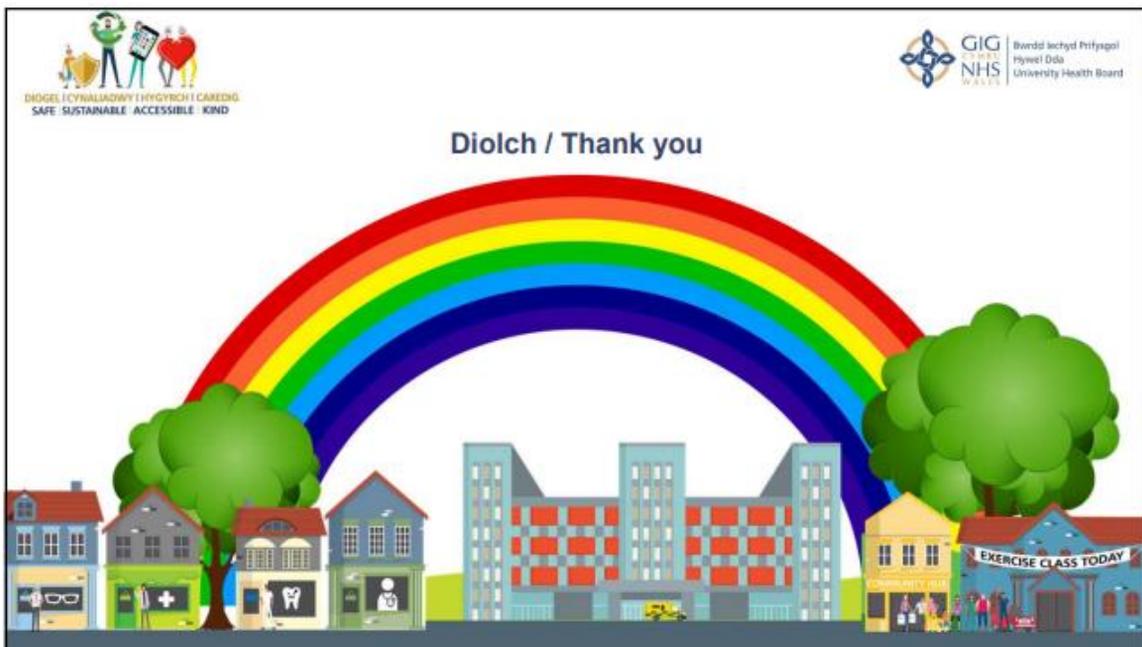


Slide 49 content includes logos for GIG Cymru NHS Wales and the University Health Board, and a list of next steps and closing remarks.

**Next Steps and Closing Remarks**

- Learning and captured reflections from today's workshop gathered into the Clinical Land Appraisal Project Output Report
- Service representative identified to present and take forward Output Report findings with Project Team Support
- Output Report circulated with attendees and project group members for accuracy, comment and feedback
- Hold the Date for a virtual workshop 3 shared for 20/05/2022 in case there are any other considerations that need to be raised
- Presentation and sharing of draft Output Report with stakeholders and reference groups

#### Slide 50



Slide 50 content includes logos for GIG Cymru NHS Wales and the University Health Board, and a large illustration of a rainbow over a town with a sign that says 'EXERCISE CLASS TODAY'.

**Diolch / Thank you**

EXERCISE CLASS TODAY

## Appendix 2: Presentation Slide Pack and Slido Outputs

### Slido Outputs

#### Poll 1

Multiple-choice poll

Will the Western area (Narbeth) allow for Safe, Sustainable, Accessible and Kind services for the majority (children, young people and expectant families)? 0 2 7

Yes

4 %

No

93 %

Don't know / Unsure

4 %

slido

#### Poll 2

Multiple-choice poll

Will the Central area (Whitland) allow for Safe, Sustainable, Accessible and Kind services for the majority (children, young people and expectant families)? 0 2 4

Yes

0 %

No

96 %

Don't know / Unsure

4 %

slido

## Appendix 2: Presentation Slide Pack and Slido Outputs

### Slido Outputs

#### Poll 3

Multiple-choice poll

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

027

Yes



No



Don't know / Unsure



slido

#### Ranking Poll

Ranking poll

**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?**

009

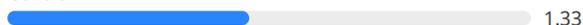
1. East



2. West



3. Central



slido

## Appendix 2: Presentation Slide Pack and Slido Outputs

### Slido Outputs

#### Additional Poll

Multiple-choice poll

**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.**

0 2 4

Agree



100 %

Disagree

0 %

Abstain

0 %

slido

## Appendix 3: Workshop Themes

### West

#### Safe

**Would the area reduce the number of births that could be delivered in Hywel Dda?**

#### **Impact from the loss of critical mass:**

- The service that can be provided will reduce if the number of service users are reduced, a Narberth location is likely to lead to a reduction in patient numbers and births below 2500
- Swansea may not have additional capacity to support our births
- Paediatric and maternity services are co-dependent of Intensive care Units, Anaesthetics and Emergency Departments, learning from elsewhere is that a reduction in critical mass can lead to a more depleted service, with a risk to a loss of skills and more procedures having to be transferred out
- A reduction in patient numbers will result in a reduction in workforce
- Impact on sustainability of services due to a reduction in critical mass (patient numbers)
- The Glangwili site has the critical mass in terms of patient numbers anything that reduces the number of patients is a risk
- Impact on North Ceredigion and Powys, travel times would be greatly increased
- The number of births in Hywel Dda University Health Board will reduce if the location is Narberth

#### **Time Critical transfers:**

- Time critical transfers e.g. neonatal intensive care facilities, cardiac etc. all go East, a hospital in Narberth will result in longer transfer times
- We rely heavily on access to other levels of care e.g. intensive care outside of the Health Board area, any area West of Carmarthen will be increasing travel time to access specialist care
- CHANTS are commissioned for one ambulance for the whole area, the further West a hospital is based will risk impacting the wider tertiary services due to increased transfer times
- Due to bed availability In-Utero transfers can be transferred as far as England, although numbers are small the risk is high, and a hospital further West will increase transfer times
- Increase transfer times provide an increased risk of delivery in an ambulance, we don't have the level of care available locally to care for premature babies before 32 weeks, the risk is that outcomes would be worse from Prem babies if they have to stay, due to us being unable to undertake an In-Utero transfer due to travel time
- 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 transfers can be arranged

## Appendix 3: Workshop Themes

### Safe (continued)

Would the area impact on the sustainability of the service?

- Yes, Women's and Children's services rely heavily on access to other levels of care e.g. intensive care outside of the Health Board area, any area West will be increasing travel time to accessing specialist care
- Yes Glangwili site has the critical mass in terms of patient numbers anything that reduces the number of patients is a risk to the sustainability of the service
- There is a need to continue with provision of a co-located MLU in the new hospital within close proximity to obstetrics and neonatal support to ensure safety

### Sustainable

**Would the area maintain or increase birth numbers in Hywel Dda?**

A fall in birth numbers will directly impact the sustainability of the service

**Would the area maintain or improve rotas?**

**Recruitment difficulties:**

- Recruitment difficulties exist within the Anaesthetics service currently, Anaesthetists currently train in the East, asking staff to travel further is a huge risk to the sustainability of the service
- Recruitment difficulties currently exist within the service including Medical, Nursing, Midwifery, Therapies, Radiology and Anaesthetics
- Recruitment issues also exist for Swansea Bay, any move further West will add to these recruitment challenges
- Recruitment difficulties currently exist within the Special Care Unit in relation to recruiting experienced neo natal nurses and these recruitment difficulties are likely to remain, and potentially made worse
- Lessons from The Grange University Hospital are that several midwives left to work in neighbouring Health Boards due to the changes in the working environment
- Recruitment difficulties exist within the Neonatal care service, this issue also exists for neighbouring Health Board Swansea Bay, any move further West is felt will exasperate these issues
- We struggle to recruit medical staff across the Paediatric service, any move further West will negatively impact our future recruitment prospects
- The impact of workforce recruitment issues could be partly mitigated by looking at what can a different type of workforce do e.g. Physician associates, Advance Nurse Practitioners and grow your own
- Recruitment challenges within the community are worse in Pembrokeshire, Carmarthenshire can pull from Swansea, Pembrokeshire is unable to attract workforce from Swansea
- Medical staff based within the service are substantially ex trainees, a reduction in the numbers of trainees we are able to recruit will directly impact the sustainability of the service longer term
- An ask for the Workforce appraisal is to look at how many staff currently travel into the area, to potentially reflect the impact on the accessibility of Narberth as a site
- Staff morale and a happy workforce is important, there is a lack of career choices in rural areas

## Appendix 3: Workshop Themes

### Sustainable (continued)

#### Education and training:

- Sustainability of trainee posts, a site at Narberth will risk losing a number of medical students as they will not travel that far
- There is a potential threat to our training status and the ability to access trainee medical workforce through a reduction in critical mass, if birth numbers fall below 2500 currently the number of live births are circa 3000
- Training status is also linked to the number of Neonatal respiratory care days ( an interdependency of birth numbers)
- Similar risks exist around the critical mass ( reduction in patient numbers and births) from a Nurse and midwifery training perspective.

#### Building sustainability:

- The design element of the new hospital to consider sustainability and power generation
- Need to consider the Environmental Impact and the decarbonisation agenda on both the site and travel to the site

#### Other considerations:

- Shared care service will become less sustainable

### Accessible

#### Would the area change access to obstetric led birthing services in Hywel Dda?

- It is likely that people from the East won't access our services
- A fall in birth numbers will directly impact the sustainability of a neonatal service
- A fall in birth numbers will lead to a reduction in Neonatal cots

#### Would the area change access to Midwife led birthing services (MLU) in Hywel Dda?

- The viability of an MLU is uncertain if it is not based within an obstetrics service
- There is a need to continue with provision of a co-located MLU in the new hospital within close proximity to obstetrics and neonatal support to ensure birth choices
- A MLU in Prince Philip Hospital is currently not viable in terms of staffing or safety
- MLU in PPH as a mitigation is not a sustainable option likely very low utilisation, women would choose not to go there

## Appendix 3: Workshop Themes

### Accessible (continued)

#### Patient choice:

- There is no precedent that patients will flow to a shiny new hospital, communities prefer reconfiguration of existing facilities
- Birth choice, birthing parents can choose to go where they want

#### Impact of deprivation:

- Deprivation is a risk factor in accessing the site
- There is a need to balance accessibility against quality of area, neither are mutually exclusive
- A reduction in neonatal cots will negatively impact our population, babies will have to stay in Swansea Bay for neonatal care for a longer period

#### Travel times:

- Closest location in terms of travel time for obstetric led expectant parents in Pembrokeshire, reduction in existing travel times which is to Glangwili General Hospital.
- 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 birthing mothers from West Pembrokeshire would benefit in terms of accessibility with a West location
- Due to an increase in travel time trainees and employees may not travel this far
- 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
- Due to an increase in travel time expectant parents and patients may not travel this far
- Current public transport and road networks are not suitable to support access to care at the proposed areas for both service users and staff
- The impact is high for those having to travel further to access care

## Appendix 3: Workshop Themes

### Kind

- Kindness is the correct care as quickly as possible in the right place, parents want the best for their children and are happy to travel for improved care

### Seasonal variation:

- Travel times are vastly increased in holiday season

### Engagement and communication:

- We need to provide choices for birthing parents
- We need to be kind and articulate to the citizens of Pembrokeshire around the potential impact of a reduction in patient numbers and births
- Accessing acute paediatric services in Worthybush General Hospital are difficult to navigate (unkind) as not all services are currently available in WGH
- It is important to ask Children and young people their views
- Engagement with staff is important ,we need to ensure this is being picked up via the workforce evaluation
- Kindness of the site location, is it fair for Pembrokeshire residence to lose to out of County this needs to be balanced against the service status
- Birthing parents will choose based on their own and others experiences, a new hospital could provide an improved experience

## Appendix 3: Workshop Themes

### Central Area

It was felt during workshop 2 that all of the same narrative articulated for Narberth would apply for Whitland, in addition to the following additional comments :

- Whitland is a small town with a limited rental market, community infrastructure and amenities this would provide a challenge in attracting students and trainee placements
- Whitland does have a Community Improvement plan proposed
- 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
- No 24 hour retail nearby to support families

## Appendix 3: Workshop Themes

### East

Discussions for St Clears were that a number of the same issues of moving any further West would apply, in addition to the following themes:

### Safe

#### Would the area reduce the number of births that could be delivered in Hywel Dda?

- It will have some impact on the number of births in Hywel Dda, but it will be less of an impact than the other areas
- there is still the potential to take births below the 2500 required
- Bronglais General Hospital are very reliant on the unit in Glangwili General Hospital any move further West will impact on Bronglais

#### Would the area impact on the sustainability of the service?

- The better location for service sustainability from the three locations is St Clears
- Ethically can I provide the same level of care on less children, we can't provide the same safe care if we reduce numbers
- There is a risk that we can't provide the same safe care if we move the site any further West than Carmarthen

### Sustainable

#### Would the area maintain or increase birth numbers in Hywel Dda?

- The better location from the three locations to maintain birth numbers is St Clears

#### Would the area maintain or improve rotas?

- More of a chance to maintain rotas
- The better location for service suitability from the three locations is St Clears
- Combining staffing into one building from Withybush General Hospital and Glangwili General Hospital may make sustainability better and will enable a more enhanced and robust service

### Mitigations:

- We are going to create a problem we haven't currently got; mitigations will mean we will have to shift focus from current service enhancements
- Swansea have indicated that they don't have capacity to support additional capacity and struggle to maintain their existing service levels as they don't have a co-located ED, ITU to support services in Singleton

## Appendix 3: Workshop Themes

### Sustainable (continued)

#### Education and training :

- Challenges exist with our existing site in Glangwili whereby trainees choose not to come, moving the site any further West including St Clears it becomes a greater challenge in maintaining rotas
- We need to engage with the Deanery and Universities
- St Clears is a better location than the others, but not where we want it to be

### Accessible

#### Would the area change access to obstetric led birthing services in Hywel Dda?

- There would be an impact

#### Travel times

- The South Ceredigion population could choose to go to Swansea also
- Bronglais General Hospital are very reliant on the unit in Glangwili General Hospital
- Increased argument to maintain MLU in Pembrokeshire
- '10 minutes down the road shouldn't be a problem on a dual carriage way, the further West you go it is going to be a problem'
- CYP from West Pembrokeshire would lose out in terms of travel times

### Kind

#### Engagement

- It is likely that based on drive time a proportion of Llanelli and Amman Valley mothers may choose to go back to Singleton instead of traveling to St Clears, however we do not know what expectant parents will choose to do, we need to ask the women that are pregnant now
- We need to engage the service user to understand what influences their choice of birthing location
- The offer of an attractive training hospital could help maintain birth numbers
- 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
- Lessons learnt from The Grange University Hospital, what they thought would happen, didn't happen (predicted) we need to ask
- If we get it right we might be able to get the births back from Swansea
- You place this hospital in the right place, and you might be able to get the majority of those who currently go to Singleton who are high risk and under the care of a consultant back

## Appendix 4a: Hywel Dda Community Health Council Engagement

### Hywel Dda Community Health Council Executive Committee – 21<sup>st</sup> June 2022

#### Terms of Reference:

Community Health Councils (CHCs) in Wales - established by Act of Parliament in 1974 to represent the interests of patients and the public in the National Health Service, independently and without bias.

CHCs are made up of members appointed by Welsh Ministers, local authorities and the voluntary sector, as well as a number of permanent support staff. They have several specific functions and duties connected to the scrutiny and monitoring of health services on behalf of local communities.

The principal role of Hywel Dda CHC (“the CHC”) is to scrutinise the operation of the health service in its district, to make recommendations for the improvement of that service and to advise relevant Local Health Boards and relevant NHS Trusts upon such matters relating to the operation of the health service within its district as it sees fit.

#### Findings and Discussion:

- 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 30minutes, there should be no need to consider this as part of the discussions going forward
- 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

## Appendix 4a: Hywel Dda Community Health Council Engagement

### Hywel Dda Community Health Council Executive Committee – 21<sup>st</sup> June 2022 (continued)

- 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

## Appendix 4b: Stakeholder Reference Group Engagement

### Stakeholder Reference Group – 17<sup>th</sup> June 2022

An extraordinary Stakeholder Reference Group was arranged as part of the sense checking events, with patients invited to share their views, a breakdown of those contacted and the method is as follows.

Service	Letters	Emails	Total	1% response rate
Paediatrics	855	401	1256	13
Well Babies	614	7	621	6
Obstetrics	208	275	483	5
Midwifery	64	74	138	1

There were two patient representatives from the Paediatric service in attendance during the session.

#### Terms of Reference:

The Stakeholder Reference Group (SRG) – established as an Advisory Group of the Hywel Dda University Health Board and was constituted from 1st June 2010.

The purpose of the SRG is to:

- Provide early engagement and involvement in the determination of the UHB’s overall strategic direction;
- Advice to the UHB on specific service improvement proposals prior to formal consultation;
- As well as feedback to the UHB on the impact of the UHB’s operations on the communities it serves.

The SRG has responsibilities under the Equalities Act 2010. The SRG will, in respect of its provision of advice to the Board, provide a forum to facilitate full engagement and activate debate amongst stakeholders from across the communities served by the UHB, with the aim of reaching and presenting, wherever possible, a cohesive and balanced stakeholder perspective to inform the UHB’s decision-making. NB. Even when the SRG is unable to reach a consensus, it has an important role as a forum through which to draw the UHB’s attention to the full range of views. The SRG shall represent those stakeholders who have an interest in, and whose own roles and activities may be impacted by the decisions of the UHB and vice-versa. The SRG’s role is distinctive from that of CHCs, who have a statutory role in representing the interests of patients and the public within their geographic areas.

#### Findings and Discussion:

- 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

## Appendix 4c: Staff Partnership Forum Engagement

### Staff Partnership Forum 7<sup>th</sup> June 2022

#### Terms of Reference:

The Staff Partnership Forum members consist of Directors, Assistant Directors and Trade Union Representatives.

The Partnership Forum is a formal mechanism where NHS Wales Employers and Trade Unions work together to improve health services for the people of Wales. It is the forum where key stakeholders will engage with each other to inform, debate and seek to agree local priorities on workforce and health service issues.

#### Findings and Discussion:

- 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

## Appendix 4d: Health Professionals Forum Engagement

### Health Professionals Forum – 6<sup>th</sup> June 2022

#### Terms of Reference:

The Healthcare Professionals Forum (HPF) - established as an Advisory Group of the Hywel Dda University Local Health Board (the Health Board) and was constituted from December 2010.

As an Advisory Group to Hywel Dda University Health Board, the purpose of the Healthcare Professionals Forum, is to provide advice to the Board on all professional and clinical issues it considers appropriate. Its role does not include consideration of professional terms and conditions of service. As an Advisory Group to the Board, the Forum's role is to:

- provide a balanced, multi-disciplinary view of professional issues to advise the Board on local strategy and delivery;
- facilitate engagement and debate amongst the wide range of clinical interests within the Health Board's area of activity, with the aim of reaching and presenting a cohesive and balanced professional perspective to inform the Health Board's decision making and;
- link in with existing internal clinical engagement structures.

#### Findings and Discussion:

- 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

## **Appendix 4e: Additional data and modelling**

Due to the interactive nature of the data packs, it is not possible to embed them within the report. The following data sets were considered, with references indicated below.

### **Swansea Bay Obstetrics Data – Appendix B 14**

This data was requested by the service, however as it contains sensitive information it has not been shared, but remains referenced to show its consideration.

### **Singleton Hospital Births – Appendix B 15**

This data was requested by the service, however as it contains sensitive information it has not been shared, but remains referenced to show its consideration.

### **GP influence on Paediatric flow to hospital sites – Appendix B 16**

### **Obstetrics and Paediatrics data for 2021/ 2022 – Appendix B 17**

### **Midwife led neonatal care 2019/ 2020 – Appendix B 18**

### **Paediatric Emergency Department 2019/2020 Lowe Super Output Area (LSOA) Welsh Index of Multiple Deprivation (WIMD) – Appendix B 19**

### **Paediatrics Admissions and Emergency Department Data – Appendix B 20**

### **Additional 10 minute drive time summary – Appendix B 21**

## Appendix 4f: Follow up meeting with Clinical leads and Executive leads

### Exceptions Report

#### Overview

An acute Clinical leads meeting took place on Tuesday 17<sup>th</sup> May 2022, providing the opportunity to further explore the issues raised during workshop 2 with both Prof. Phil Kloer, Medical Director and Deputy CEO and Lee Davies Executive Director of Strategic Development & Operational Planning. A list of attendees (clinical leads) was provided by Dr Prem Kumar Pitchaikani Clinical Director - Women & Child Health.

#### Methodology

Discussions throughout the meeting largely reflected the views and opinions which were expressed during workshop 2 and have been captured as part of Section 5: Findings and discussion within the body of the output 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 discussion

##### Safe

- The governance is vital, we must operate within the service standards, a move further West may impact our governance arrangements and our safe operating model
- Pregnancies over the last 10 years have become more complex, we need to ensure a strong team around them, which was the rationale for centralising in Carmarthen as a high proportion of the midwifery workload is unplanned
- Clinical views need to be underpinned by Clinical service standards

##### Sustainable

###### Workforce pressures

- Consideration needs to be given to work life balance; any move further West is likely to impact on this
- There are workforce pressures currently around the recruitment of sonographers in Pembrokeshire

###### Consideration required on future pathways

It is difficult to separate this work without looking at the wider pathway, what role would a repurposed Withybush General Hospital and Glangwili General Hospital play

##### Kind

###### Consideration for lessons learnt and best practice

- We must learn lessons from the reconfiguration in 2014, we need to ensure open and honest lines of communication from the top down

## Appendix 4g: Engagement with Pembrokeshire colleagues

### Exceptions Report

**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 31<sup>st</sup> May 2022 and the 21<sup>st</sup> June 2022.

### Methodology

Some of the discussions throughout these meetings reflected the views and opinions which were expressed during workshop 2 and captured as part of Section 5: Findings and discussion within the body of the output 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

## Appendix 4h: Engagement with WATCH / EMRTS

### Exceptions Report

#### Overview

At the request of the service, engagement took place with WATCH / EMRTS to further explore specialist transport considerations for the land selection on the 26<sup>th</sup> May 2022

#### Methodology

Some of the discussions throughout the meeting reflected the views and opinions which were expressed during workshop 2 and have been captured in Section 5: Findings and discussion within the body of the output 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.

#### Findings and discussions

- Most CYP can be stabilised locally by the local team before onwards transfer, however sometimes they can't be treated until they get to definitive care, i.e. Cardiff or Bristol, and if you're further away the longer this will take
- Weather is an issue, a lot of the time we are travelling by car rather than by air, and at night we only travel by car, closer to East is best for us. The further West you go, the road conditions worsen
- "Quality standards for the care of critically ill or injured children 6<sup>th</sup> edition 2021" <sup>2</sup> states:
  1. Transfer team departs from the transport base within 30 minutes of the clinical decision to accept the patient
  2. The PCC Transport Service arrives at the local referring centre within three hours of the decision to retrieve the child (decision response time)

in the case of West Wales, 3 hours is difficult accepting that it takes us 30 minutes to get on the road.

## Appendix 4i: Engagement with CHANTs

### Exceptions Report

#### Overview

At the request of the service, engagement took place with CHANTs on 10<sup>th</sup> June 2022 to further explore specialist transport considerations for the land selection.

#### Methodology

The service engaged via email with the CHANTs service to understand how the positioning of a new hospital within the defined zone for obstetric and neonatal services may affect the CHANTs service. The response was themed to reflect the comments under Safe, Sustainable, Accessible and Kind.

#### Safe

- From a Network perspective our concerns are mainly around extended time of travel, both from an obstetric and neonatal point of view
- Obstetrics – extra journey time for inutero mothers who require transfer to the nearest Obstetric unit with a NICU and the increased risk of preterm deliveries in the new site
- Neonatal transfers, depending on the identified land selection, could be an additional 30 mins approx. for the CHANTs team to arrive at the baby's cot side, and of course the same applies to the baby journey time when an uplift of care is required from the new site to the nearest NICU cot
- Current nationally agreed KPI's which includes a benchmarking for transport response times is as follows:
  - 'The transport team will arrive with the patient (transfers for uplift of care for intensive care patients in the first 72 hours of life from level 1 and 2 units within 3.5 hours of the referring call.)' Moving further West will impact our response times

#### Accessible

- Repatriations are less time concerning as these babies are more stable, but will still add journey time for both baby and the team (round trip will be an additional hour if the new site is Narberth)

## Appendix 4j: Engagement with Swansea University around midwifery education and training considerations

### Exceptions Report

#### Overview

At the request of the service, a meeting was arranged with the Head of Midwifery Education & Lead Midwife for Education, Swansea University to further explore the services expressed concerns in relation to midwifery education and training considerations.

#### Methodology

Some of the discussions throughout the meeting reflected the views and opinions which were expressed during workshop 2 and have been captured in Section 5: Findings and discussion within the body of the output 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.

#### Findings and discussions

##### Sustainable

- It is more problematic to find the volume of student placements for more rural areas i.e. Withybush and Bronglais, if maternity services move further West, it has the potential to cause an impact on student placements
- At the moment, Glangwili is ideally placed to be able to satisfy the learning requirements of most of our cohort to be able to share between Swansea Bay and Hywel Dda
- Students should be placed within a reasonable travel time from home, a distance of less than 60 minutes is considered reasonable
- Robust public transport would need to be in place to support student placements, NHS Wales Practice Placement Expenses policy<sup>20</sup> advises that:
  - Students are expected to travel by public transport where it is reasonably practical to do so. If they choose to use their own motor vehicle they may only claim the cost of travelling by public transport where this is less than the appropriate mileage costs

## Appendix 4k: Engagement with Health Education and Improvement Wales (HEIW) and Cardiff University around medical education and training considerations

### Exceptions Report

#### Overview

At the request of the service, a meeting was arranged with representatives from Health Education and Improvement Wales (HEIW) and Cardiff University to further explore the services expressed concerns in relation to medical education and training considerations

#### Methodology

Some of the discussions throughout the meeting reflected the views and opinions which were expressed during workshop 2 and have been captured in Section 5: Findings and discussion within the body of the output 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.

### Findings and discussion

#### Sustainable

- The Wales Deanery is having to compete with the likes of London and Birmingham who are more popular options as medical schools, where the population is more geographically compact. This allows the trainees to be able to live in the same place for seven to eight years and be able to commute easily between the hospitals and their home
- Currently the Wales Deanery do not provide placements in Aberystwyth and Bangor as students do not want to travel this far, moving further West is likely to make the training programme less attractive
- If the critical mass ( patient numbers drop) there is a risk that medical students wouldn't see as many acute cases, however there is likely to be the option to invest more in clinic time, to provide a variety of experience
- In the future there may be some challenges around accommodating medical placements to ensure they would get the same learning experience with a reduction in patient numbers; however, It is not felt that you as a hospital are in any danger of losing the clinical placements for medical students for paediatrics
- Mitigations could include looking proactively at the ability to deliver curricula and other aspects of the quality of training, they should always be considered in any planned relocation of service

## Appendix 4I: Service user engagement around influencing factors on the choice of hospital birthing location

### Hospital choices survey

#### Overview

At the request of the service, a survey was produced seeking views around influencing factors on the choice of hospital birthing location.

#### Methodology

The survey was issued via the Hywel Dda Maternity Facebook Page and was live 19th May - 29th May 2022, the survey received 32 anonymous responses, the survey had a total number of 10 questions. The findings and discussions can be found by clicking on the images on the right.

#### Access

It has not been possible to embed the report, but this was considered and referenced as Appendix B 22.

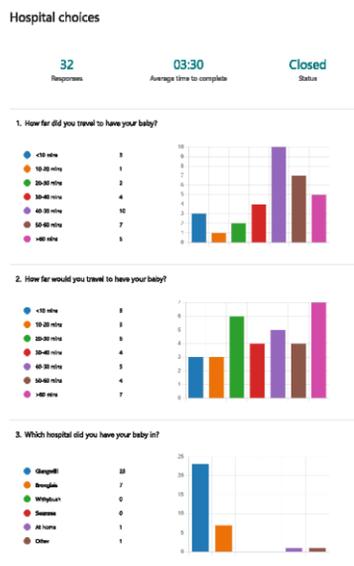
#### Direct output from Forms

It has not been possible to embed the data set, but this was considered and referenced as Appendix B 23.



## Hospital Choices Survey results

Survey was published on the Hywel Dda Maternity Services Facebook Page.  
The survey was live 19th May - 29th May 2022



## Appendix 5: Clinical Guidance

The Clinical guidance is referenced to Section 5: Findings and discussion

1. [RCPCH - High Dependency Care for Children - Time To Move On October 2014](#)
2. [Quality Standards for the Care of Critically Ill or Injured Children 6 th Edition October 2021](#)
3. [RCN Standards for Advanced Level Nursing Practice](#)
4. [Royal College of Obstetricians and Gynaecologists, Labour Ward Solutions \(January 2010\)](#)
5. [Roles and responsibilities of the consultant providing acute care in obstetrics and gynaecology June 2021 \(updated May 2022\)](#)
6. [RCOG Workforce report 2022](#)
7. [A Framework for Practice Optimal arrangements for Local Neonatal Units and Special Care Units in the UK including guidance on their staffing \(November 2018 \)](#)
8. [Physician Associates in Paediatrics](#)
9. [Framework for Advanced Nursing, Midwifery and Allied Health Professional Practice in Wales](#)
10. [Nurse staffing \\*\\* Nursing workforce is calculated throughout the UK using the nurse staffing tool every 3 years](#)
11. [Birth rate plus\\*\\*\\*Midwifery workforce is calculated throughout the UK using the birth rate plus tool every 3 years](#)
12. [Standards of Proficiency for midwives \(2019\)](#)
13. [Calculating Unit Cot numbers and Nurse Staffing Establishment and Determining Cot Capacity \(October 2019\)](#)
14. [Paediatrician of the future: Delivering really good training October 2020](#)
15. [Facing the Future: Standards for acute general paediatric services Revised 2015](#)
16. [Standards for Short-Stay Paediatric Assessment Units \(SSPAU\) March 2017](#)
17. [British association of perinatal medicine Categories of Care 2011](#)
18. [British association of perinatal medicine Service standards for hospitals providing neonatal care August 2010](#)
19. [RCPCH - Facing the Future - standards for children and young people in emergency care settings](#)
20. [Payment of placement expenses HEI Guide April 2022](#)
21. [Making the Case for Better Miscarriage Care in Wales \(2018\)](#)
22. [Maternity Care in Wales A Five Year Vision for the Future \(2019-2024\) \(2019\)](#)
23. [National Maternity and Neonatal Safety Support Programme in Wales \(2022\)](#)
24. [OAA / AAGBI Guidelines for Obstetric Anaesthetic Services \(2013\)](#)

## Appendix 6 - Glossary of terms

**Wales and West Acute Transport for Children Service (WATCH)**, is a jointly commissioned team responsible for the safe transfer of critically ill children across South West England and South Wales.

**Cymru Inter-Hospital Acute Neonatal Transfer Service (CHANTS)**, is a dedicated service that operates within South Wales, providing safe transfer of neonates requiring intensive care and specialist ongoing care according to clinical requirements.

The **Emergency Medical Retrieval and Transfer Service (EMRTS)** is a service for Wales that provides Consultant and Critical Care Practitioner-delivered pre-hospital critical care across Wales. It was launched at the end of April 2015 and is a partnership between Wales Air Ambulance Charity, Welsh Government and NHS Wales.

**Special Care Units (SCU)** these provide special neonatal care and some high dependency, the unit in Glangwili General Hospital (GGH) is a SCU with 4 high dependency cots and 8 special care cots. There is 1 cot for stabilisation and short-term intensive care. If a baby is born in GGH, SCU provides intensive care if required until the baby can be transferred to an NICU or will be born before 32 weeks gestation, they will be transferred to NICU.

**Neonatal intensive care (NICU)**- these units care for babies needing intensive care and specialist care unit.