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

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

Appendix B 2: Clinical Land Appraisal Project Discussion Report

Stroke Services

July 2022

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Section 1: Executive Summary

A face to face workshop was held on the 29th of April 2022 with representatives from Stroke Services to determine, from a clinical perspective, the best area to develop a new Urgent and Planned Care Hospital. This was followed up with meetings 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.

While no particular area stood apart as being much better at being able to deliver a Safe, Sustainable, Accessible and Kind service than the others, the conversations throughout the day and final deliberations led to the following conclusions;

- Any of the areas within the zone would be sufficiently able to support a Hyper Acute Stroke Unit when considering number of stroke patients and those with stroke symptoms needing care
- While no clear preference for site was made, the central and Eastern area were considered to be more likely to support recruitment and retention
- The service pathways would have a greater implication than the new Urgent and Planned Care Hospital siting

Contents

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:

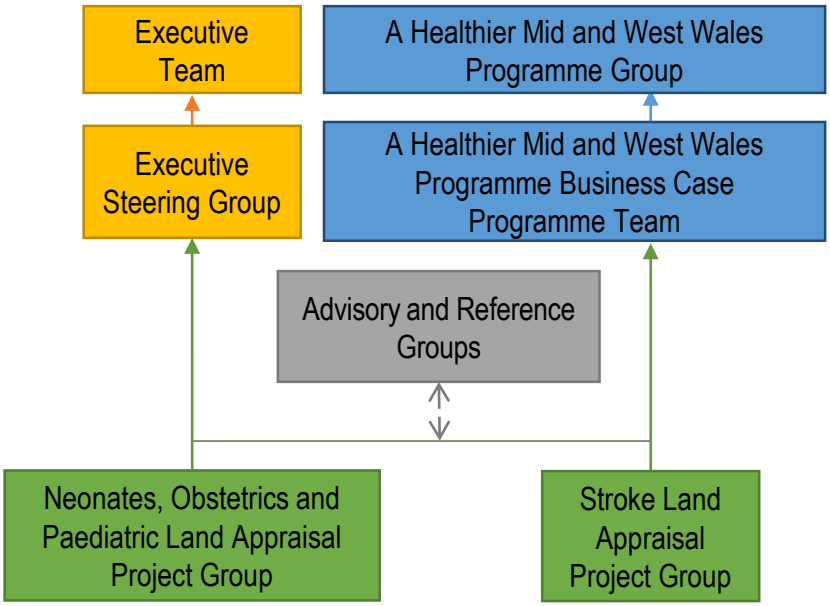
Technical – Whether a site is capable of supporting the development of a new hospital

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 Neonatal services, Obstetrics and Paediatrics and Stroke services.



A Stroke Land Appraisal 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 Stroke 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

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

Scope Setting

The scope of the clinical appraisal by Stroke services was set by the Executive Steering Group who identified the need to include the service as part of the wider clinical land appraisal project.

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.

There was also a requirement to determine whether any of the areas would have a sufficient enough number of patients to support the development of services in the future which the Health Board does not currently provide. In the case of Stroke services, this was the development of a potential Hyper Acute Stroke Unit and so the scope was developed to reflect that the clinical appraisal should consider this for each area.

Although the service were asked to consider if each location has potential to develop a Hyper Acute Stroke Unit, the workshops were not to provide a recommendation to Board as to whether one should be built within the new Urgent and Planned Care Hospital. For this reason, this was noted to be out of scope for the discussions and workshop.

Stakeholder mapping

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

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

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

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.

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

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

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 sets requested included;

- Sentinel Stroke National Audit Programme (SSNAP) Quality Improvement Measures, by hospital site showing:
    - All Stroke Patients;
    - Stroke patients thrombolysed by patient numbers and percentage;
    - Thrombolysed patients door to needle in <= 45 minutes by patient numbers and percentage
- Number of Stroke patients attending at each site
- Number of Stroke 'mimics' (patients who have some symptoms of Stoke but following testing have another illness, that still require Stroke support until confirmed) attending at each site

This was also supplemented with Royal College of Physicians guidance and a NHS Wales Health Collaborative paper on Developing Regional Stroke Services which contextualised the data requested when considering impact on current and future services.

The table below shows the sources of the datasets used to produce the drive time report. The report is noted in Appendix 1: Stroke Data Pack.

Dataset/Information	Resourced From
SSNAP	Sentinel Stroke National Audit Programme
Lower Super Output Area with population	Lower Super Output Area (lsoa) population estimates
Distance and Drive times	Open Source Routing Machine

Section 4: Methodology

Modelling rationale

There are many factors that service users may consider when deciding which hospital location to use, many of which are unquantifiable, such as knowing the hospital site well. Determining factors which can be quantified are 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 11th 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 Stroke 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.

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 the clinical land appraisal.

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

This 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
- Identify areas for the new Urgent and Planned Care Hospital with potential to develop a Hyper Acute Stroke Unit
- Identify areas for the new Urgent and Planned Care Hospital if there is not a Hyper Acute Stroke Unit

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

- Providing a recommendation to Board on the development of a Hyper Acute Stroke Unit
- 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.

Although no further information or data was required by attendees on the day to make a decision, it was noted that representatives from Glangwili General Hospital were not present, so follow up work was undertaken to seek their views, which has been included under Section 6: Conclusions.

Section 5: Findings and Discussion

Overview

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.

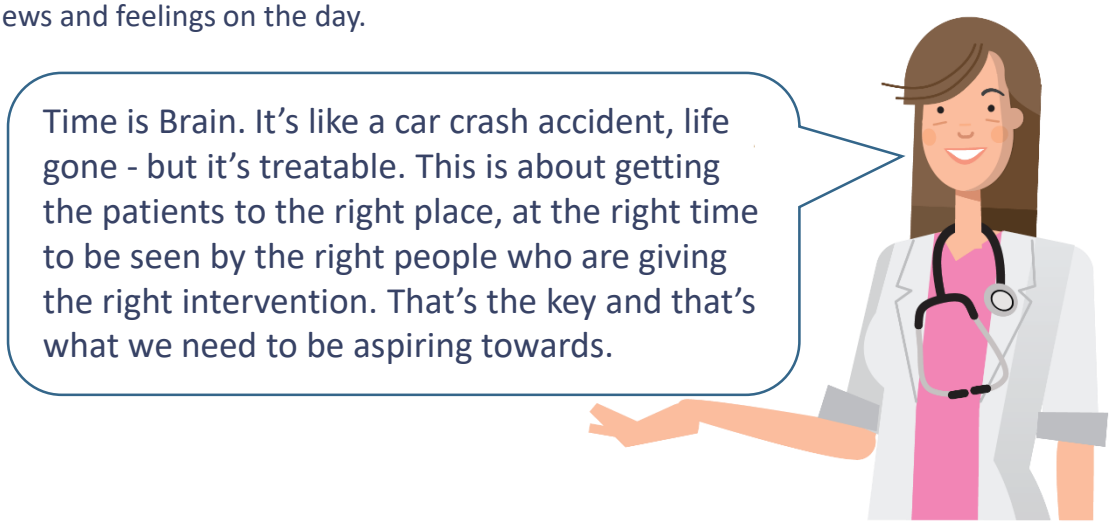
Those attending were informed that all of their contributions would be recorded anonymously unless they explicitly wished to be quoted as part of this output report. There may be additional quotes where the person providing them did not wish to be attributed.

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) 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. The views expressed in the post workshop polls have not been tested in workshops and are the views of individuals. Due to the way the polls are exported from Slido, the raw excel data has been used to reproduce the graphs in this report.

It is important to note that there has been no interpretation of comments or discussions made on the day. 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, this will be shown with the use of question marks.

Where there has been ambiguity this has been tested with the service to ensure that it is reflective of their views and feelings on the day.



Section 5: Findings and Discussion – Western Area (Narberth)

Safe

Would the area reduce the level of stroke services that could be delivered in Hywel Dda?

- Creates unmet demand in Swansea from Hywel Dda patients in the East needing urgent care and would result in the most patients being taken to Swansea
- Prince Philip would no longer provide stroke services due to distance to Morriston, but Bronglais would.

Here are some observations:

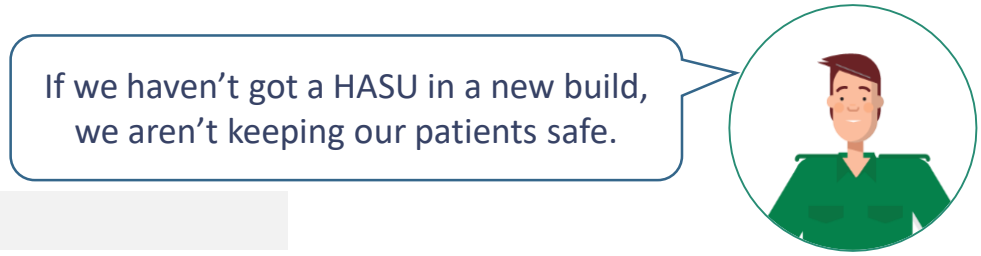
- *It would need a huge amount of engagement with Swansea Bay to get them to take on our stroke patients… they don't leave once they enter the bed… you are talking about building a 2000 bedded unit in Morriston to observe all of this.*
- *Harder to access specialist thrombectomy services due to being further from M4.*

Would the area maintain or improve treatment options?

- Improve the multi disciplinary team support through consolidated rotas
- Potential to attract stroke specialists if enough patients in a single location

Here are some observations:

- *All options would require staffing an additional site in a workforce that is already depleted so would need to close services in another setting.*
- *Current model of care is not dissimilar to the Grange – we would be facing similar issues to the Grange and creating additional workforce challenges staffing remote step down. Rehab needs to be as part of the new hospital.*



Sustainable

Could the area support the development and operation of a HASU?

- Yes, when considering those who may have symptoms of Stroke also

Here are some observations:

- *Numbers would still sustain a HASU with mimics, but people in the East would lose access.*

Would the area maintain or improve rotas?

- In the short term rotas would be improved through consolidation of existing service staff
- Future recruitment may be an issue

Here are some observations:

- *Would need to relocate stroke services currently in Withybush General Hospital and Glangwili General Hospital to properly staff the new hospital.*
- *Would be easier for Pembrokeshire staff to work there, but harder for Carmarthenshire staff where recruitment is already difficult*

Section 5: Findings and Discussion – Western Area (Narberth)

Accessible

Would the area maintain or improve access to stroke services in Hywel Dda?

- Access to stroke services would change to allow treatment and transfer to the new Urgent and Planned Care Hospital
- Access to stroke services would be improved with a Hyper Acute Stroke Unit

Here are some observations:

- *When you look at the patients in Aberystwyth the travel time is around 100 minutes… but they still have to go to a place which has all the resources for the best outcome for the particular patient.*
- *To understand where the hospital needs to be, we need to understand the pathways and I think that's why stroke is so complex to understand.*

Would the area change door to needle treatment times?

- Ambulance waits are an issue, reduces impact of area within zone
- Would support those in Pembrokeshire where access to main roads can take longer

Here are some observations:

- *What you're really looking for is the right balance between population density, distance travelled and how good is that place to live for employees.*
- *We're discussing whether we travel next to 30 or 40 minutes geographically at a time when we've got 12 hour plus waits for an ambulance so where does that come into it?*

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

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

Kind

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

Here are some observations:

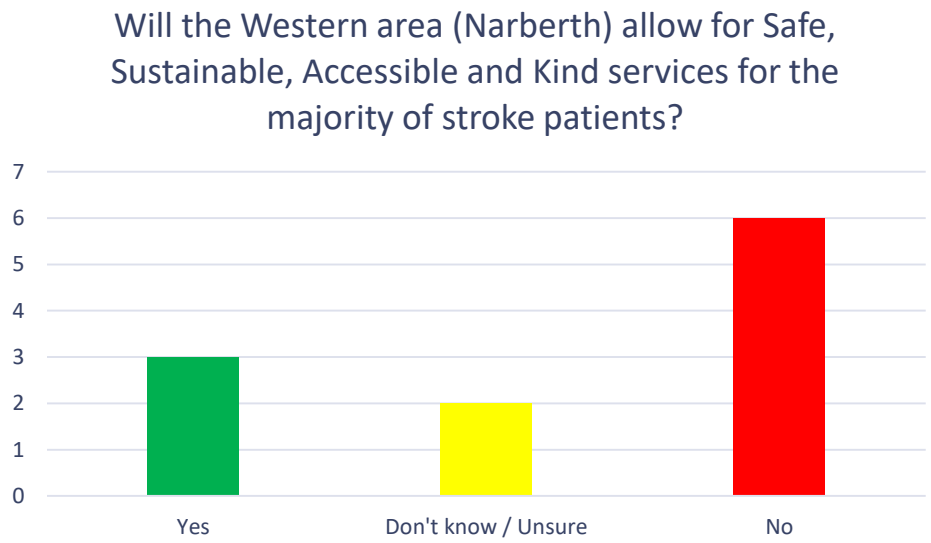
- *Western site would be kindest for Pembrokeshire which are older and have higher travel time considerations.*
- *Least kind for patients in the East, but younger population are more resilient against travel times.*

Section 5: Findings and Discussion – Western Area (Narberth)

Poll Results

Following the discussion the room used Slido to answer a poll. The question is as it appeared on the day however the spelling of Narberth has been corrected from Narbeth.

11 people responded to this poll, which they had several minutes to answer with responses.



11 people responded to this poll, which they had several minutes to answer, with responses received before and during a comfort break. The number of responses is reflective of the attendees of the day.

Section 5: Findings and Discussion – Central Area (Whitland)

Safe

Would the area reduce the level of stroke services that could be delivered in Hywel Dda?

- Level of care would be unaffected, but majority of Carmarthenshire patients would go to Morriston
- Being able to send on medical patients once diagnosed to other sites will free up ability to support stroke patients

Here are some observations:

- *Not all patients will be stroke patients, a lot of them will have to be sent back to a medical team or to a different site.*
- *Whitland is more accessible with A40, easier to go East to M4 but would depend if on main road or in town.*

Would the area maintain or improve treatment options?

- Centralised multi disciplinary team rotas would improve treatment as well as accessing coastal medical programme
- Welsh Ambulance Service Trust (WAST) have the greatest impact on accessing timely interventions but the central area provides even timely coverage

Here are some observations:

- *If we're thinking about treatment as the broader treatment then people being able to travel and being part of the journey for the person at a site further east is probably a bit better for the majority of the population.*

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

Sustainable

Could the area support the development and operation of a HASU?

- Yes, when considering those who may have symptoms of Stroke also

Here are some observations:

- *In many ways the siting is a secondary consideration to the services it provides.*

Would the area maintain or improve rotas?

- Area has the potential to maintain and improve multi disciplinary team rotas through bringing staff to one site
- Recruitment is likely to be easier, but would also be dependent on what is available for staff to draw them to the service

Here are some observations:

- *Centralising rehabilitation will improve rotas assuming staff are willing to travel to the new hospital to work.*
- *Would be better for trainees due to being closer East to colleges and universities.*

Section 5: Findings and Discussion – Central Area (Whitland)

Accessible

Would the area maintain or improve access to stroke services in Hywel Dda?

- Concerns about road access to area, could be vulnerable to traffic delays, but recognise that there is approximately 10 minute drive time across whole zone
- Concerns about family access to site as they are an important part of the rehabilitation and discharge process

Here are some observations:

- *We don't know the actual sites, but if the new hospital is actually in Narberth, Narberth is a pain to get to off the road where as the new hospital can only be on the main road in Whitland so there's probably an accessibility improvement.*
- *Being further East would be more accessible over the whole treatment pathway.*

Would the area change door to needle treatment times?

- Closer to Carmarthen, but central enough to support Pembrokeshire
- From the Central area pathways are going to have a greater impact on door to needle treatment times

Here are some observations:

- *The travel time is irrelevant compared to how long it takes to get an ambulance and then the moment you hit the hospital, how fast your pathways are to get your thrombolysis.*
- *In terms of travel time, even from the East and West it is minimal as long as your admission pathways are appropriate.*

Need to think about green health, the ability for patients to go outside and into a pleasant environment.

It's part of therapy as well isn't it? Walking on different surfaces.

If a family has small children then a little play area, that sort of thing.

Kind

- Area seems to have the least amenities available for relatives and family members visiting. Need to consider how they will access services during rehabilitation

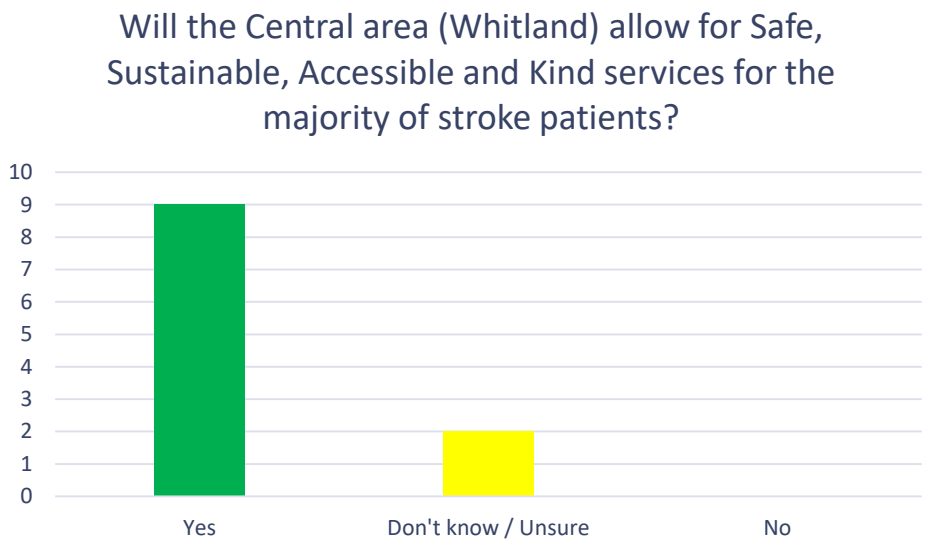
Here are some observations:

- *It might be worth taking into account the local facilities and some things available for those people, so for example bed and breakfast and shops.*
- *When you've got a family member in hospital, if you look at Withybush, its quite cool in that its got a shopping centre next to it.*

Section 5: Findings and Discussion – Central Area (Whitland)

Poll Results

Following the discussion the room used Slido to answer a poll. The question is as it appeared on the day.



This poll also had 11 responses which reflected the room, however the deliberation was received much faster and so a comfort break was not taken during the poll and moved into the next section.

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

Safe

Would the area reduce the level of stroke services that could be delivered in Hywel Dda?

- Largest catchment area based on theoretical travel time, providing the greatest service coverage across all three counties
- With areas around Llanelli and Ammanford providing the greatest proportion of calls within Carmarthenshire for WAST, removal of acute stroke services from Prince Philip would mean these calls would go to Swansea Bay as this would be the closest appropriate site. Only if the new site provided services above those provided in Swansea Bay would it be considered if a longer travel time could be justified

Here are some observations:

- *If you're talking about trying to be more self sufficient in your own Health Board boundary, the more Eastern it is the more argument you've to be able to draw that larger population to the unit rather than being reliant on someone else.*

Would the area maintain or improve treatment options?

- Centralised services would improve multi disciplinary team rehabilitation
- Greatest patient numbers would enable a centre of excellence to be developed, attracting staff who want to specialise and enhancing treatment

Here are some observations:

- *If that's the centre of excellence, it will attract people that want to work in stroke.*
- *There will be opportunities in local communities for general rehab or stroke ESD [Early Supported Discharge] which people will want to stay in that locality for and would have the ability to access after their admission.*

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

Sustainable

Could the area support the development and operation of a HASU?

- Yes, when considering those who may have symptoms of Stroke also

Here are some observations:

- *By having the greatest number of patients the unit would be more attractive.*

Would the area maintain or improve rotas?

- Most East site puts it closest to training placements from Swansea and Cardiff, which would support future and existing staff
- Potential to create centre of excellence would greatly support recruitment and retention for staff wanting to specialise

Here are some observations:

- *Centralisation of services also develops a community and it would be good to have infrastructure to support that.*
- *At a senior consultant level we've got 4 sites and we have to look at the training batch and it's not looking very great at the moment to the location would make it more attractive.*

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

Accessible

Would the area maintain or improve access to stroke services in Hywel Dda?

- Good infrastructure already with plans for improvement for rail access
- Visitor access from North Pembrokeshire, North Carmarthenshire and South Ceredigion as part of the rehabilitation process is disadvantaged – focus had been largely focused on East – West transport routes which has better access to public services

Here are some observations:

- *The trunk road and end of dual carriage way is very close and need to look at public transport and buses. Depends on how close it is to those trunk roads.*
- *Compare with the other two areas then it's just on top.*

Would the area change door to needle treatment times?

- Concern that people are going to have to travel further distances i.e. Llanelli to Swansea for initial treatment, return to new site for rehabilitation before heading back home again
- No impact on access to Thrombectomy which is accessed via air ambulance

Here are some observations:

- *You've got a patient who has a stroke, a big stroke, and they're within the window for one of the interventional treatments so you drive them from Nantgaredig to a HASU in wherever it is outside St Clears. Then you get a helicopter to take them somewhere else and you're heading back in the wrong direction when you could have gone to Morriston.*
- *Once you're in an air ambulance you're talking a minute or 2 travel time from St Clears to Morriston.*

The more patients that you have coming through the unit, the safer it will be because people will be up to speed and constantly having the patients through.

Sustainability will come into that too as we sustain the staff as well as their morale and skills, they're working in an area they want to work and are not being called to other wards.

Kind

- Kindest option based on populations it can serve.

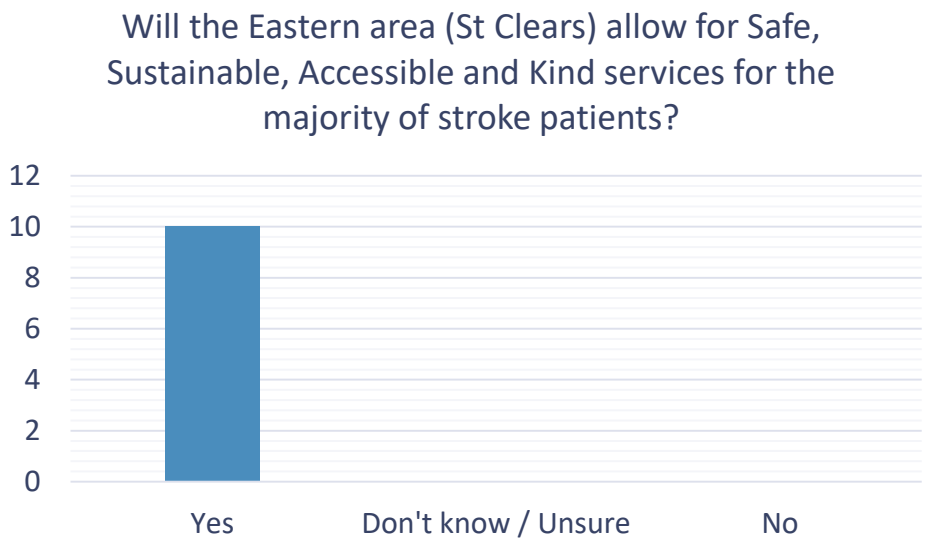
Here are some observations:

- *You're always going to have the argument that what you're setting up and centralization is not in the interests of Pembrokeshire but then it can be in the interest of a larger portion of people.*

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

Poll Results

Following the discussion the room used Slido to answer a poll. The question is as it appeared on the day.

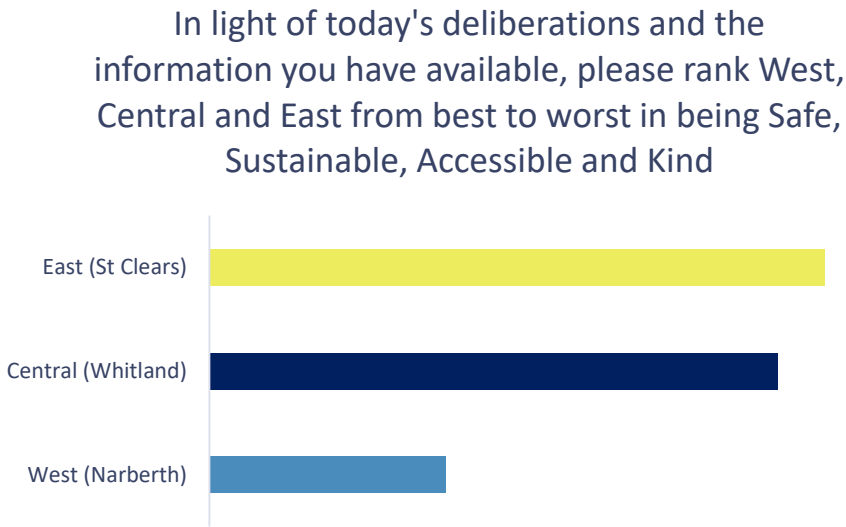


This poll had 10 responses as one of the attendees left just before the poll was taken. They had contributed in the discussions although we cannot make any assumptions around the way they could have voted.

Section 5: Findings and Discussion – Closing Polls

As part of the workshop, the final activity taking place was a ranking exercise based on all the information and discussions that had taken place during the day.

The poll once again took place on Slido, with 10 responses received and no abstentions. The participants had several minutes to consider and summary discussions took place only after the 10th response was received.



The participants were asked to rank the areas between 1 (the best) and 3 (the worst), which has produced this graph. Narberth received the lowest score and in the ranking poll was considered unanimously the worst.

The East area scored marginally better than the Central area however the participants did not agree unanimously that one was better than the other.

The participants in the room were able to see the results as they were generated, without knowing how each of the areas were scored. They were asked on seeing the results if this was reflective of how they felt and the room agreed.

The room were asked whether there was anything that separated the East area from the Central area and it was felt that generally there was not much difference between the two sites as it was the pathways which were more important.

It was felt by some that a centralised service in the East zone bringing more stroke patients to one place would be more beneficial for workforce retention and recruitment, potentially developing into a centre of excellence for stroke with more attractive roles that are not currently offered.

Section 5: Findings and Discussion – Circulated Polls

At the conclusion of the workshop, attendees were offered the opportunity to provide some further thought around mitigations to each of the areas as to how they could provide Safe, Sustainable, Accessible and Kind services.

This poll was kept open for 48 hours and was shared with all those invited along with the slide decks and previously shared data sets. As Slido allows for anonymous responses, we do not know whether they were made by attendees or invitees, however only those invited or present had access to these polls

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 3: Presentation Slide Pack and Slido Outputs.

What mitigations for stroke services should be considered to enhance a Western (Narberth) hospital?

- Site should be close to main trunk road for ease of access.
- Would require sufficient capacity in Swansea Bay University Health Board Hyper Acute Stroke Unit for Hywel Dda population in East of Hywel Dda.
- Transport links for all but especially those coming from East and North of catchment area.

What mitigations for stroke services should be considered to enhance a Central (Whitland) hospital?

- Same as West option

What mitigations for stroke services should be considered to enhance a Eastern (St Clears) hospital?

- Close to trunk road.
- More consideration of those travelling from West of catchment area.
- Still need to consider access to Hyper Acute Stoke Unit in Swansea Bay University Health Board but would be for fewer of population.

What else should the Board consider?

- Stroke rehabilitation facilities (space and equipment) required on new site to sustain Multi Disciplinary Team rehabilitation approach and utilise skilled therapy workforce on less sites. Also to reduce multiple transfers between sites.
- Stroke Early Supported Discharge and pathways needs to be developed across the Health Board to reduce length of stay in acute site for less complex strokes.
- Important to make the location attractive for staff in relation to facilities on site and accessibility.
- Facilities to support staff health and well being as well as considering child care.
- Consider accommodation for attracting staff from outside of Health Board to relocate, agency staff and students working here temporarily. This should be available for all and not reserved for medical staff.
- Site should be conducive to patient wellbeing and rehabilitation with green space inside and outside and Facilities to enable mobility and practice of everyday tasks like crossing the road and going to a shop.

Section 5: Findings and Discussion – What Else Should the Board Consider?

There were several topics covered throughout the workshop that the attendees felt was important for the Board to consider. They have been collated here as they may not have matched the theming throughout the day, or apply to all three areas within the zone.

What else should the Board consider?

- The pathways around admission, treatment, rehabilitation and discharge are more important than the site of the new hospital, although it is generally accepted that the central and East area are better than the West
- The new hospital doesn't sit in isolation but is part of a hospital system with Bronglais and Prince Philip, the area selected for the new hospital will have an impact on services delivered in these three locations
- Stroke rehabilitation needs to be co-located with any centralised service or HASU as it would reduce patient outcomes if stepped down to an area without stroke consultant cover
- Centralising of patients should also consider staffing resources to ensure that they are reflective as closely as possible to activity levels, especially if they are to increase
- Wider planning around the new hospital site would need to be strongly managed by the local authority to ensure that fast food chains and shops which would impact healthy lifestyles are not encouraged as this can impact patients as well as visitors
- Wider planning should explore development of shops which can provide amenities for families and visitors who stay for longer periods, as well as bed and breakfast or hotels which will also be needed if not possible on site
- Site should consider use of green spaces for therapy interventions, as well as for families visiting, i.e. playground for children
- Site should consider accommodation for student trainees on placement and locum staff who do not live in our area. Previously holiday cottages have been used which have been very costly
- Should look at providing gym or social facilities on the site to support existing staff, attract new staff and create a sense of community
- Conversations need to take place with Swansea Bay about how a model and pathways could work between the two Health Boards, particularly with initial admission and discharge
- Workforce planning is needed to understand the impact of staff travelling into the Health Board to understand potential sustainability

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 could not provide a Safe, Sustainable, Accessible and Kind area for siting a hospital.

While there was no clear split in the rankings between the East and Central zones, in the individual polls there was 100% agreement that the East could provide Safe, Sustainable, Accessible and Kind care.

One of the participants was not in the room for appraising the East area or the ranking, however if they had answered “don’t know/ not sure” the East area would still have received the highest level of agreement.

The participants agreed all three areas could support a Hyper Acute Stroke Unit in the future if any of the zones were selected, however conversations around pathways would be more critical in understanding Safe, Sustainable, Accessible and Kind future service provision within the zone.

Stroke Steering Group Feedback – 12/05/2022

The group were given an overview of the face to face session, as well as the opportunity for any comments, queries, concerns to be shared with clinical leads from the Transformation Programme Office.

Prior to the Workshop 3, no additional comments had been received. Details of the discussions are included in Appendix 5: Stroke Steering Group Clinical Engagement in more detail, but there were no additional discussion points that had not been raised during the workshop.

Sense Check Workshop Feedback – 20/05/2022

Those in attendance had the opportunity to review the thematic analysis of Workshop 2 and the Stroke Steering Group Feedback.

There were some amendments made due to error or inaccuracies, as well as a discussion around how the pathways between the new hospital and the wider hospital network would work.

There were no further issues raised with the themes being taken forward to form further sense checking. As this was going over the themes identified in Section 5: Findings and Discussions and Appendix 4: 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 the positioning of a HASU within the new hospital to mitigate any potential reduction in critical mass based on the assumption that patients from Cross Hands, Llandovery, Llandeilo etc. would go to Swansea Bay
- Need to consider pathways in terms of providing care closer to home by utilising local hospitals for specialised stepped down therapies
- Consideration to be given to data, specific to travel times to and from areas where there is an assumption that patients will attend Swansea Bay instead of Hywel Dda and the new hospital site, taking into consideration all three localities
- Assumption that Hywel Dda will see a significant shift in staff relocating to Swansea Bay due to the new HASU to be located there

Stakeholder Reference Group Feedback

- Fair consideration should be given to patient pathways as part of the land selection
- 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?

Health Professionals Forum Feedback

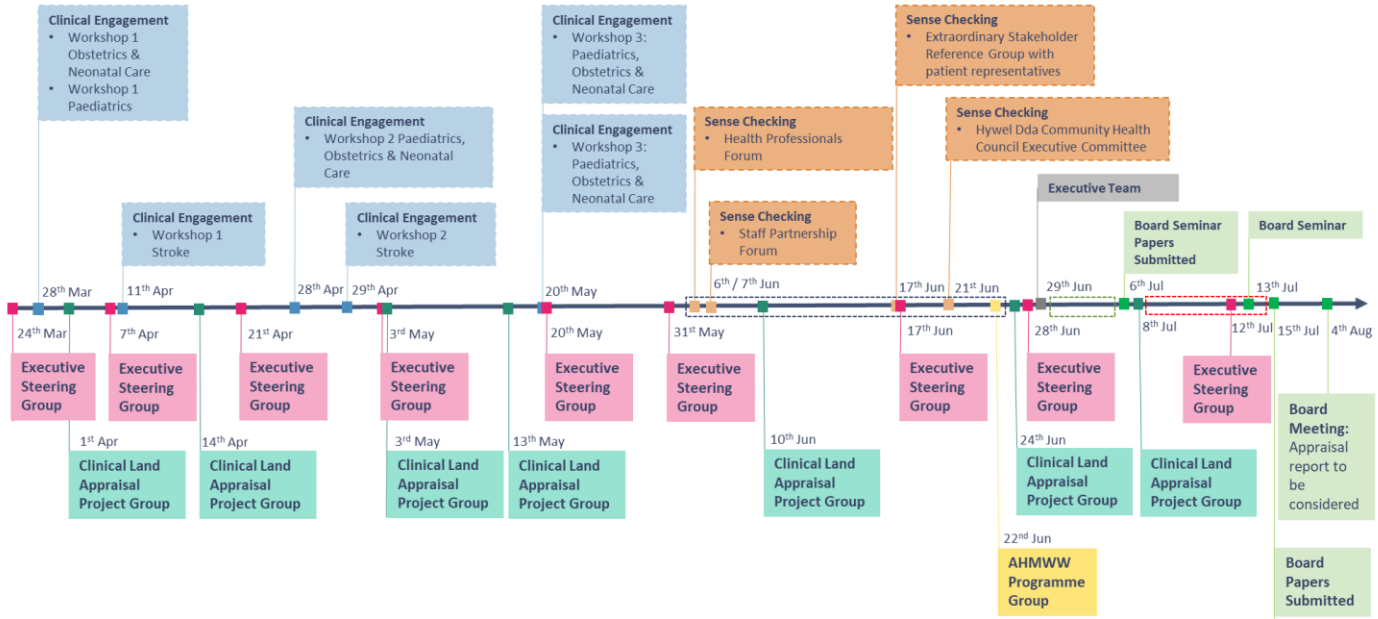
- Regardless of where the hospital is sited, consideration to be given to the access to sustainable community services outside of hospital
- Consideration to be given to patient pathways in terms of enhancing community access to accessible and kind community services via public transport
- Need to ensure 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 timeline has been developed to ensure that the recommendations for both project areas can be delivered alongside the wider appraisal processes, particularly as there are interdependencies with the workforce, economic and financial and technical appraisals.

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

Appendices

Contents

Appendix 1: Stroke Data Pack

Accessing the Data Pack

The data requested was circulated ahead of workshop 1 and 2 in HTML format.

As the data sets are interactive it has not been possible to include them within the document, the data pack was referenced as Appendix B 4: Stroke Data Pack.

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

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

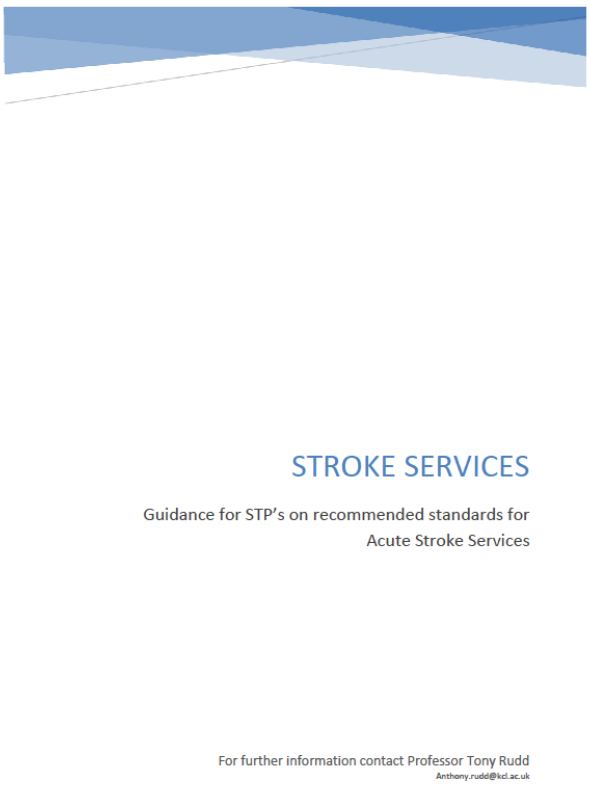
The current actual activity numbers in the tables are based on diagnosed stroke patients. Mimic rates would need to be included on top of these to understand likely demand at each site. This information, along with SNNAP data, is contained within the data pack.

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

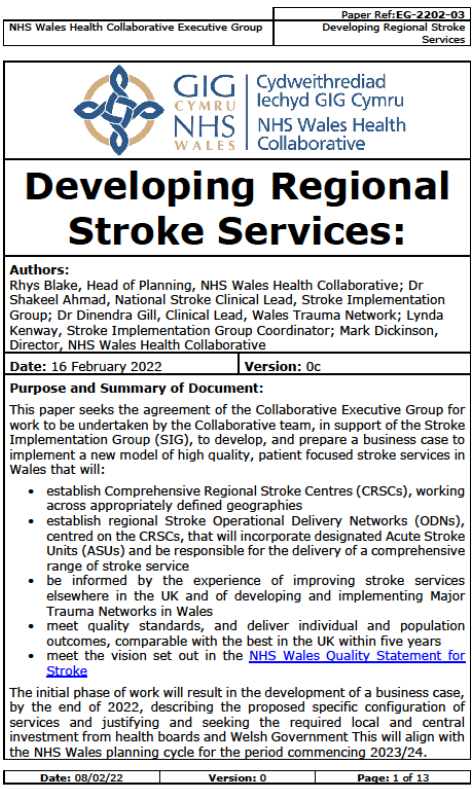
Appendix 2: Stroke Service Standards and Planning Guidance

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

Guidance for STP's on recommended standards for Acute Stroke Services



Developing Regional Stroke Services (Appendix B 3 of Board Papers)



NHS Wales Health Collaborative Executive Group	Paper Ref:EG-2202-03 Developing Regional Stroke Services

GIG CYMRU NHS WALES | Cydweithrediad Iechyd GIG Cymru NHS Wales Health Collaborative

Developing Regional Stroke Services:

Authors:
Rhys Blake, Head of Planning, NHS Wales Health Collaborative; Dr Shakeel Ahmad, National Stroke Clinical Lead, Stroke Implementation Group; Dr Dinendra Gill, Clinical Lead, Wales Trauma Network; Lynda Kenway, Stroke Implementation Group Coordinator; Mark Dickinson, Director, NHS Wales Health Collaborative

Date: 16 February 2022	**Version:** 0c

Purpose and Summary of Document:

This paper seeks the agreement of the Collaborative Executive Group for work to be undertaken by the Collaborative team, in support of the Stroke Implementation Group (SIG), to develop, and prepare a business case to implement a new model of high quality, patient focused stroke services in Wales that will:

- establish Comprehensive Regional Stroke Centres (CRSCs), working across appropriately defined geographies
- establish regional Stroke Operational Delivery Networks (ODNs), centred on the CRSCs, that will incorporate designated Acute Stroke Units (ASUs) and be responsible for the delivery of a comprehensive range of stroke service
- be informed by the experience of improving stroke services elsewhere in the UK and of developing and implementing Major Trauma Networks in Wales
- meet quality standards, and deliver individual and population outcomes, comparable with the best in the UK within five years
- meet the vision set out in the NHS Wales Quality Statement for Stroke

The initial phase of work will result in the development of a business case, by the end of 2022, describing the proposed specific configuration of services and justifying and seeking the required local and central investment from health boards and Welsh Government This will align with the NHS Wales planning cycle for the period commencing 2023/24.

Date: 08/02/22	Version: 0	Page: 1 of 13

Developing Regional Stroke Services was identified as being important by the service as it sets out the key criteria as part of an acute stroke unit, it can be accessed via Board Papers as Appendix B 3.

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

Appendix 3: Presentation Slide Pack and Slido Outputs

Presentation Slide Pack

This is the presentation that was shared on the day with an amendment on slide 13 where it originally stated 'PPH MLU' in error which was raised and discussed in the face to face workshop. Slide numbers show running order and were not part of the presentation on the day

Slide 1

Slide 2

Agenda

	Item	Presenter
9:00 am	Sign in and Networking Opportunity	
9:15 am	Welcome and Scope of the Workshop	Lee Davies/ Dr Senthil Kumar
9:25 am	Approach to the day	Nick Duffin
9:35 am	Understanding the data	Emma Crawford
9:50 am	Western Area - Narberth	Facilitated by Nick Duffin Consultation Institute
10:35 am	Refreshment Break	
11:00 am	Central Area - Whitland	Facilitated by Nick Duffin Consultation Institute
11:45 pm	Eastern Area – St Clears	Facilitated by Nick Duffin Consultation Institute
12:30 pm	Final Appraisal of the 3 Areas	Facilitated by Nick Duffin Consultation Institute
12:45 pm	Next steps and closing remarks	Clinical Leads

Appendix 3: Presentation Slide Pack and Slido Outputs

Presentation Slide Pack

Slide 3

Welcome and Scope of the Workshop

Lee Davies:

- Workshop context as part of A Healthier Mid and West Wales Programme Business Case
- Additional appraisal workshops taking place

Slide 4

Welcome and Scope of the Workshop

Hywel Dda Stroke Care

4 sites
Acute stroke units (ASU)
Provide acute care- thrombolysis
Predominant workload shared by General Medical teams.
Thrombectomy services- Bristol 8-8, Walton 24/7

Appendix 3: Presentation Slide Pack and Slido Outputs

Presentation Slide Pack

Slide 5

Welcome and Scope of the Workshop

Hyper Acute Stroke Unit (HASU) Definition

Hyper acute services provide expert specialist clinical assessment, rapid imaging and the ability to deliver intravenous thrombolysis 24/7, typically for no longer than 72 hours after admission. (Definition- SSNAP)
7 days a week
Fully staffed MDT with appropriate patient/ staff ratios.

Slide 6

Welcome and Scope of the Workshop

Acute Stroke Unit (ASU) Definition

Acute stroke care services provide continuing specialist day and night care, with daily multidisciplinary care, continued access to stroke trained consultant care, access to physiological monitoring and access to urgent imaging as required. In-hospital rehabilitation should begin immediately after a person has had a stroke.

Appendix 3: Presentation Slide Pack and Slido Outputs

Presentation Slide Pack

Slide 7

Welcome and Scope of the Workshop

Time is Brain

- Thrombolysis – 4.5 hours from time of onset (1 in 8 benefit)
- Thrombectomy – 6 hour from time of onset (NNT – 2.6)
- Timely assessment vital – Saves lives and reduces disability
- More developments – Time window to treatment will increase
- Timely Specialist assessment with appropriate resources is vital

Slide 8

Welcome and Scope of the Workshop

Standards for the Delivery of Stroke Services

Set by RCP based on various clinical evidence.
NICE Quality Standard QS2, 2016
SSNAP- Measures processes of care (clinical audit) provided to stroke patients, as well as the structure of stroke services (organisational audit) against evidence based standards.
(https://www.strokeaudit.org/Documents/National/AcuteOrg/2019/2019-AOANationalReport.aspx)

Appendix 3: Presentation Slide Pack and Slido Outputs

Presentation Slide Pack

Slide 9

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University Health Board

Welcome and Scope of the Workshop

Todays Purpose:

- Focussing on land selection from a Stroke perspective
- Consider areas which are Safe, Sustainable, Accessible and Kind
- Identify an optimal area for the new Urgent and Planned Care Hospital with a potential Hyper Acute Stroke Unit
- Identify an optimal area for the new Urgent and Planned Care Hospital if there is not a Hyper Acute Stroke Unit

Out of Scope for today:

- We won't be providing a recommendation to Board on the development of a Hyper Acute Stroke Unit
- Any area for the new Urgent and Planned Care Hospital outside of the agreed zone

Slide 10

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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 Sli.do polls throughout the session

Appendix 3: Presentation Slide Pack and Slido Outputs

Presentation Slide Pack

Slide 11

Understanding the Data

Reports available include:

Stroke Activity:

Current Activity Mapped based on distance and drive time

Current Activity Mapped for Proposed Scenario 1 – Narberth	*(Sites at Narberth and Swansea)*
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 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 and Swansea)*
Current Activity Mapped for Proposed Scenario 3 – St Clears	*(Sites at St. Clears, Aberystwyth and Swansea)*
Current Activity Mapped for Proposed Scenario 4 – Swansea	*(Site at Swansea)*
Current Activity Mapped for Proposed Scenario 4 – Swansea	*(Sites at Aberystwyth and Swansea)*

Slide 12

Understanding the Data

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

Stroke Activity			Proposed Area One		Proposed Area Two		Proposed Area Three		Proposed Area Four			
			Scenario 1	Scenario 2	Scenario 1	Scenario 2	Scenario 1	Scenario 2	Scenario 1	Scenario 2	Scenario 1	Scenario 2
Site	Current Actual Activity	Current theoretical activity by drive time	Narberth HASU and Morriston	Narberth HASU, BGH ASU and Morriston	Whitland HASU and Morriston	Whitland HASU, BGH ASU and Morriston	St Clears HASU and Morriston	St Clears HASU, BGH ASU and Morriston	Regional HASU Swansea	Regional HASU Swansea and BGH ASU	Difference in activity between West and East	
Bronglais	145	57		79		75		64		119	0	-15
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Total	767	647	647	647	647	647	647	647	647	647	-	-

Appendix 3: Presentation Slide Pack and Slido Outputs

Presentation Slide Pack

Understanding the Data

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

Max Drive Time			Proposed Area One		Proposed Area Two		Proposed Area Three		Proposed Area Four			
			Scenario 1	Scenario 2	Scenario 1	Scenario 2	Scenario 1	Scenario 2	Scenario 1	Scenario 2	Scenario 1	Scenario 2
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Glangwili	205	50-60										
Withybush	186	40-50										
New Site	231		100-110	40-50	100-110	50-60	100-110	50-60			-	10
PPH												
Morriston			90-100	60-70	90-100	60-70	40-50	40-50	110-120	90-100	-20	-20
Total	767	-	-	-	-	-	-	-	-	-	- 20	- 20

Western Area - Narberth

Safe

Sustainable

Accessible

Kind

Appendix 3: Presentation Slide Pack and Slido Outputs

Presentation Slide Pack

Slide 15

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Western Area - Narberth

- Would the area reduce the level of stroke services that could be delivered in Hywel Dda?
- Would the area maintain or improve treatment options?

Sustainable

Accessible

Kind

Slide 16

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Hywel Dda
University Health Board

Western Area - Narberth

Safe

- Could the area support the development and operation of a HASU?
- Would the area maintain or improve rotas?

Accessible

Kind

Appendix 3: Presentation Slide Pack and Slido Outputs

Presentation Slide Pack

Slide 17

Western Area - Narberth

Safe

Sustainable

- Would the area maintain or improve access to stroke services in Hywel Dda?
- Would the area change door to needle treatment times?

Kind

Slide 18

Western Area - Narberth

Safe

Sustainable

Accessible

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

Appendix 3: Presentation Slide Pack and Slido Outputs

Presentation Slide Pack

Slide 19

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 20

Refreshment Break

Appendix 3: Presentation Slide Pack and Slido Outputs

Presentation Slide Pack

Slide 21

Central Area - Whitland

Safe

Sustainable

Accessible

Kind

Slide 22

Central Area - Whitland

- Would the area reduce the level of stroke services that could be delivered in Hywel Dda?
- Would the area maintain or improve treatment options?

Sustainable

Accessible

Kind

Appendix 3: Presentation Slide Pack and Slido Outputs

Presentation Slide Pack

Slide 23

Central Area - Whitland

Safe

- Could the area support the development and operation of a HASU?
- Would the area maintain or improve rotas?

Accessible

Kind

Slide 24

Central Area - Whitland

Safe

- Would the area maintain or improve access to stroke services in Hywel Dda?
- Would the area change door to needle treatment times?

Sustainable

Kind

Appendix 3: Presentation Slide Pack and Slido Outputs

Presentation Slide Pack

Slide 25

Central Area - Whitland

Safe

Sustainable

Accessible

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

Slide 26

Central Area - Whitland

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?

Appendix 3: Presentation Slide Pack and Slido Outputs

Presentation Slide Pack

Slide 27

Eastern Area – St Clears

Safe

Sustainable

Accessible

Kind

Slide 28

Eastern Area – St Clears

- Would the area reduce the level of stroke services that could be delivered in Hywel Dda?
- Would the area maintain or improve treatment options?

Sustainable

Accessible

Kind

Appendix 3: Presentation Slide Pack and Slido Outputs

Presentation Slide Pack

Slide 29

Eastern Area – St Clears

Safe

- Could the area support the development and operation of a HASU?
- Would the area maintain or improve rotas?

Accessible

Kind

Slide 30

Eastern Area – St Clears

Safe

- Would the area maintain or improve access to stroke services in Hywel Dda?
- Would the area change door to needle treatment times?

Sustainable

Kind

Appendix 3: Presentation Slide Pack and Slido Outputs

Presentation Slide Pack

Slide 31

Eastern Area – St Clears

Safe

Sustainable

Accessible

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

Slide 32

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?

Appendix 3: Presentation Slide Pack and Slido Outputs

Presentation Slide Pack

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

Slide 33

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

Final appraisal of the 3 Areas

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

Slide 34

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Bwrdd Iechyd Prifysgol
Hywel Dda
University Health Board

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

Appendix 3: Presentation Slide Pack and Slido Outputs

Presentation Slide Pack

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

Slide 35

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

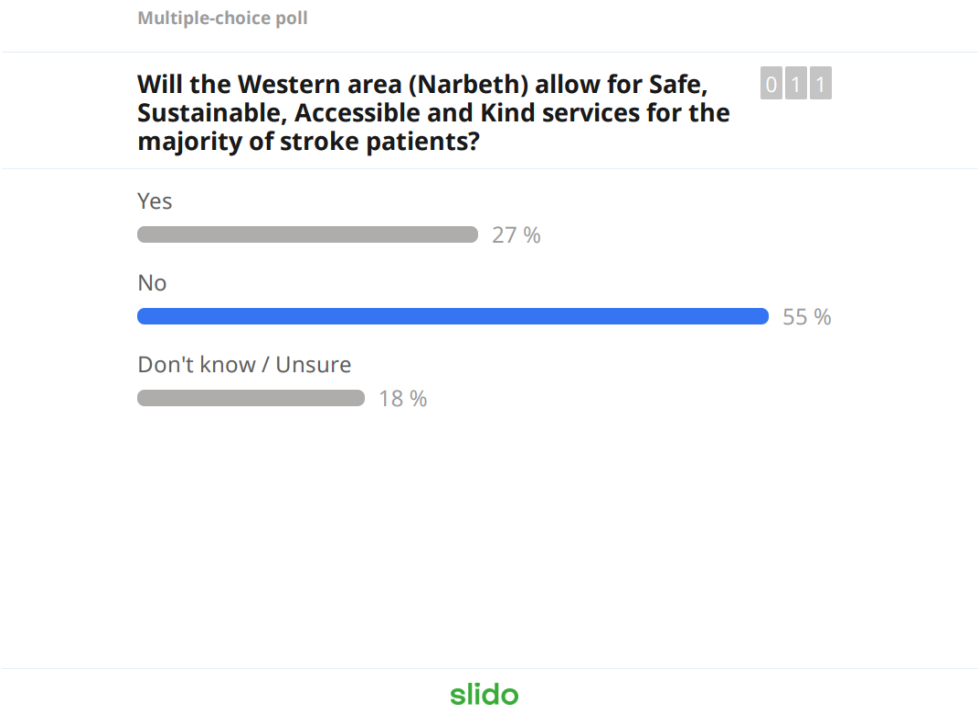
Diolch / Thank you

Appendix 3: Presentation Slide Pack and Slido Outputs

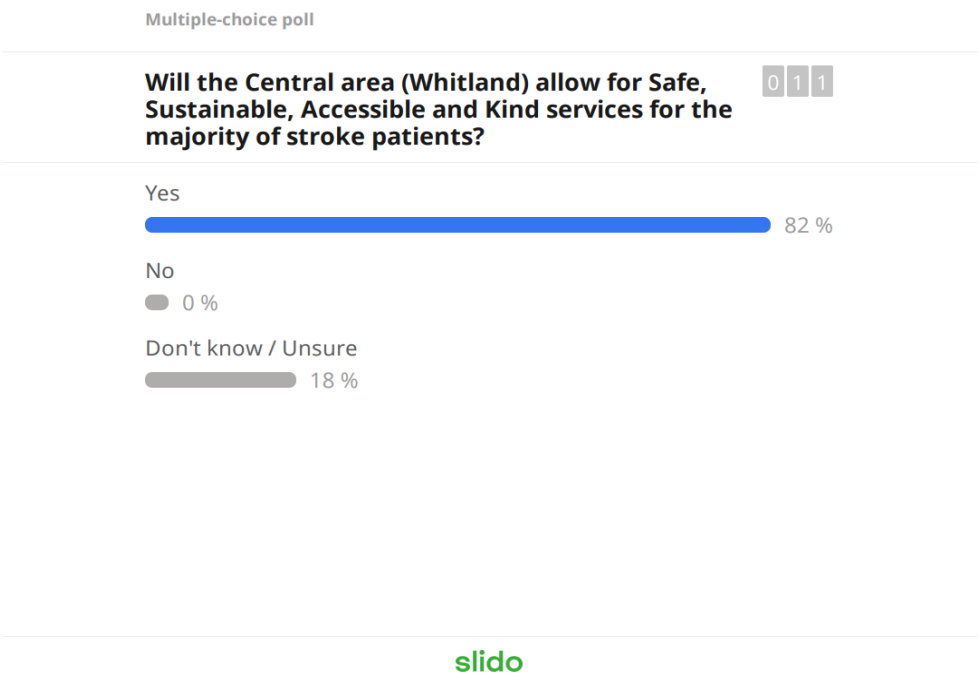
Slido Outputs

The Slido Polls and post workshop polls have been exported and included below. The questions and answers are as they were presented and have not been altered in any way.

Poll 1



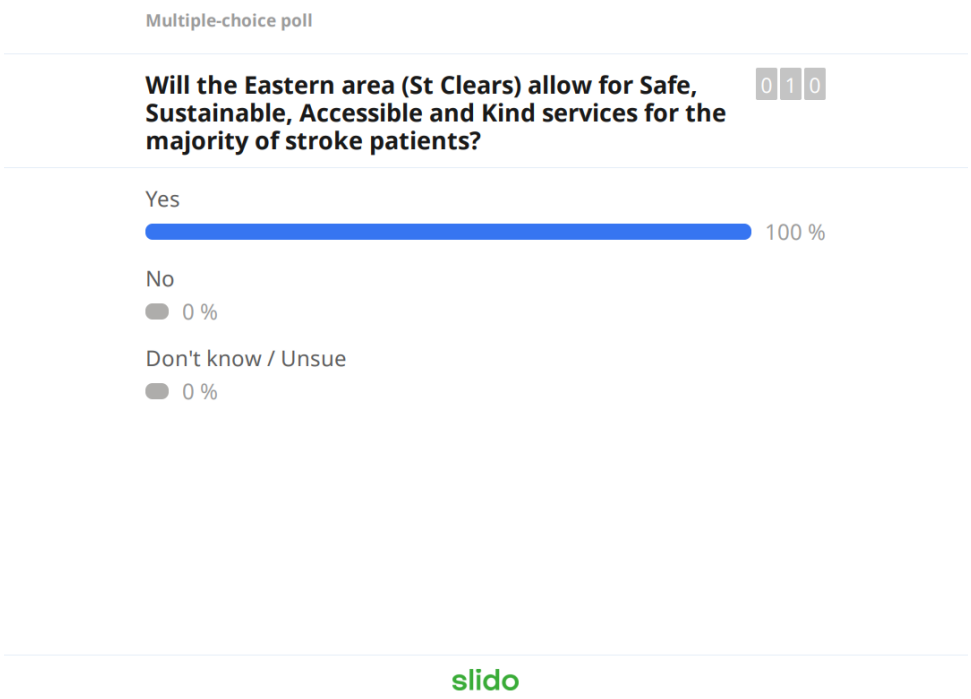
Poll 2



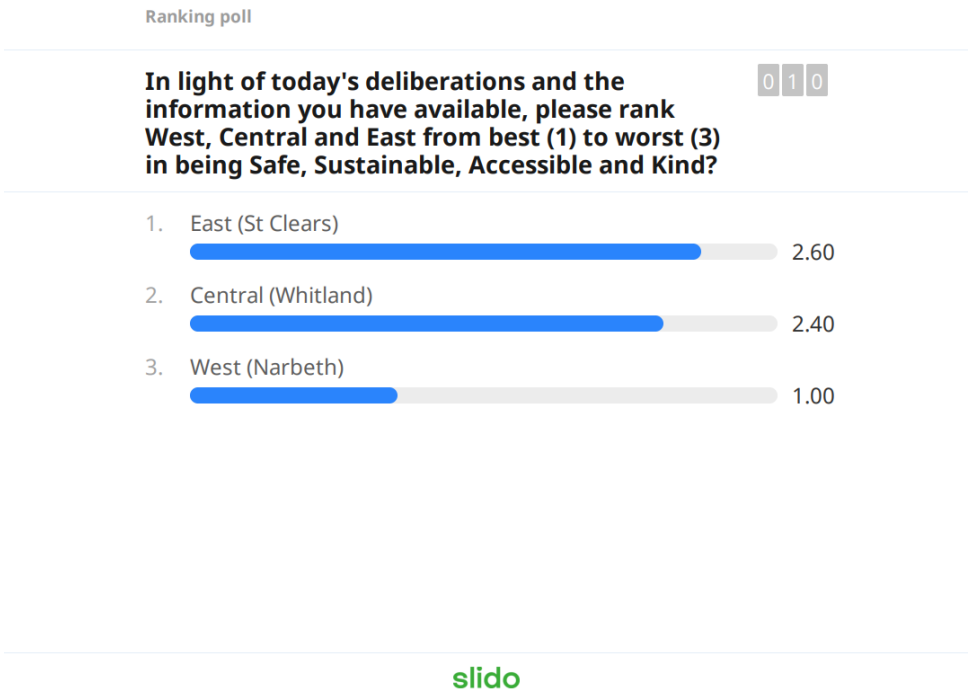
Appendix 3: Presentation Slide Pack and Slido Outputs

Slido Outputs

Poll 3



Poll 4



Appendix 3: Presentation Slide Pack and Slido Outputs

Slido Outputs

These are the outputs from the circulated poll as submitted via Slido once the workshop was concluded. They have not been amended or altered in any way. These responses were all submitted by the same individual, although it is not possible to identify whether they attended the face to face workshop or completed the poll afterwards when the information was circulated with all invitees.

What mitigations for stroke services should be considered to enhance a Western (Narberth) hospital?

- Site should be close to main trunk road for ease of access.
- Would require sufficient capacity in SBUHB HASU for HD population in East of HD.
- Transport links for all but especially those coming from East and North of catchment area.

What mitigations for stroke services should be considered to enhance a Central (Whitland) hospital?

- Same as West option.

What mitigations for stroke services should be considered to enhance a Eastern (St Clears) hospital?

- Close to trunk road.
- More consideration of those travelling from West of catchment area.
- Still need to consider access to HASU in SBUHB but would be for fewer of population.

What else should the Board consider?

- Stroke rehabilitation facilities (space and equipment) required on new site to sustain MDT rehab approach and utilise skilled therapy workforce on less sites. Also to reduce multiple transfers between sites.
- Stroke ESD and pathways needs to be developed across HB to reduce LOS in acute site for less complex strokes.
- Important to make the location attractive for staff in relation to facilities on site and accessibility.
- Facilities to support staff health and well being as well as considering child care.
- Consider accommodation for attracting staff from outside of HB to relocate, agency staff and students working here temporarily. This should be available for all and not reserved for medical staff.
- Site should be conducive to patient wellbeing and rehabilitation with green space inside and outside and Facilities to enable mobility and practice of everyday tasks like crossing the road and going to a shop.

Appendix 4a: Workshop Themes

General Observations before structured discussion and areas highlighted as relevant to all sites

Number of sites delivering stroke services:

- How Bronglais and Prince Philip would treat patients would change depending on whether there was a HASU in the new hospital
- Positioning of hospitals in West Wales have developed around population centres and county boundaries
- Harder to consider changes to hospital sites because of this as hospitals are embedded within communities
- Bronglais serves populations outside of Hywel Dda, approximately 1/3rd of acute medical admissions are from outside of area which will include strokes and mimics

Importance of pathways:

- Need to consider providing services differently with 'Treat and Transfer' centres to give people immediate care before sending to the most appropriate place
- Need to consider pathways between 'Treat and Transfer', the centralised service and potential HASU, rehabilitation and discharge
- Pathways mitigate the impact of transport issues and need to be considered into the design (special access into hospital for immediate diagnostics)
- Need to ensure that there are proper discharge pathways in place to move people through the pathways
- Being unable to discharge impacts on the ability to deliver stroke care in the units, admit people into the unit and release ambulances to where they are needed
- From a stroke perspective, it is not appropriate for most patients to step down to repurposed sites as they are likely to develop other conditions, restroke, etc.
- Any stepping down of patients must be left solely at the discretion of their consultant

Relationships with other care providers in the stroke pathway:

- Morriston Hospital already experiencing pressures across their services
- Big assumption that Swansea Bay are able to take Hywel Dda/ Llanelli patients
- People are currently coming to Prince Philip from Swansea area as they believe they will get faster treatment
- To access Thrombectomy in Bristol without losing time, patients in Llanelli would benefit from going to Morriston and onwards rather than going East beyond Carmarthen
- Pressures on Welsh Ambulance Service Trust (WAST) impact on ability to deliver timely interventions
- Need to understand and learn from the Grange as Hywel Dda are looking at a similar concept
- A large chunk of WAST work is in Carmarthenshire with the larger population centres and that is likely to go to Swansea Bay regardless of the three sites which will impact on ambulance travel and journey times
- The further East the site, the more likely that ambulances will travel to the new hospital if there is uncertainty about distance (Ammanford area for example) if the new hospital can provide faster offloads for the ambulances

Appendix 4a: Workshop Themes

Relationships with other care providers in the stroke pathway (continued):

- Need to consider local developments with local authority around the hospital to ensure that there are amenities available for traveling visitors, staff, etc. and that these are appropriate around the hospital, i.e. avoiding fast food chains and promoting healthier living
- Need to work with local authorities and social services so that the pathway into social care is consistent and not having to manage multiple referral routes out

Workforce:

- Need to know where are staff live and could come from to understand the impact of the areas – to be captured in the workforce appraisal
- Currently running 4 sites with depleted workforce, need to understand how a new hospital will be staffed without impacting services
- Need to look at future workforce and developing roles
- Rotas and workforce assumptions should consider wider stroke service team, not just medical rotas
- Location of hospital will have a minor impact when compared to the workforce impact of trying to step down target numbers of stroke patients with the current level of care they receive in existing units
- Resources in the hospital should be proportionate to the activity but this is not always the case and it isn't something that Health Board is always good at when planning multidisciplinary services
- The Board needs to be aware that if activity is being centralised then there needs to be the appropriate resources to support that
- Not stroke related, but need to build on and sustain the Coastal Medicine Programme which draws students down and could support Stroke in the future
- By bringing services together to one site it would greatly support retention if there was a community feel to it
- Need to look at supporting staff commutes, such as park and ride schemes from Carmarthen. People are used to travelling to existing sites, could staff be transported on from there in shuttle busses

Hospital Build:

- Knowing what would and would not be on the site would help to understand the pathways that may be in place and help mitigation locations
- Knowing where zones are in relation to transport infrastructure such as on the public transport access, trunk roads or in the town, etc. would mitigate concerns around accessibility
- Need to consider access to Helipad and making sure that it would be suitable for larger helicopters such as those used by coastguard which are larger than the usual air ambulances

Appendix 4a: Workshop Themes

Hospital Build (continued):

- Need to consider play areas for families with children and accommodation for all staff not just medical staff to help draw trainees into the area
- Need to consider green spaces, ability for patients to go outside as part of there therapy and walk on different services should be part of the design
- Hospital design should consider social aspects for staff such as a gym, swimming pool or shared space so that a hospital community can develop like that seen in Cardiff

West

Safe

Would the area reduce the level of stroke services that could be delivered in Hywel Dda?

- More patients in the East would need to access services in Swansea Bay, but the population of West Wales would have better access overall with a site further West if Swansea Bay were able to take Llanelli patients
- Can't assume that Swansea Bay can take the patients, which would then have an impact on those in the East of Hywel Dda

Would the area maintain or improve treatment options?

- Doesn't really matter where the hospital is regarding quality of care because we will have the same
- Rehabilitation facilities and care after a stroke has a bigger impact on outcomes, needs to be alongside the new site
- Would be unable to sustain therapies and stroke consultant rotas on a 5th site, so would need to consolidate Withybush and Glangwili

Sustainable

Could the area support the development and operation of a HASU?

- Could still run a HASU, but fewer patients to sustain it
- If the site had a HASU, a rehab unit in the hospital, the full package of stroke care, it only just comes down to the numbers of patients which is lowest in the East

Would the area maintain or improve rotas?

- Question is would the staff be willing to travel far East enough
- Staff would be coming from existing units in Withybush, Glangwili and some from Prince Philip
- Depends on where there homes are and where they're travelling to
- To run step down in Glangwili or Withybush it needs significant out of hours cover and we need to run acute medical on call in the new hospital. It's not just stroke governance, it's acute medical on call cover, anaesthetic support on five sites. Would need to close Withybush or Glangwili or both to make it sustainable
- Might be difficult to get trainees this far East from Swansea and further East

Appendix 4a: Workshop Themes

East (continued)

Accessible

Would the area maintain or improve access to stroke services in Hywel Dda?

- Need to understand where the border is and how it shifts between Hywel Dda and Swansea Bay if the site is this far East. Would the border be Nantgaredig for example?

Would the area change door to needle treatment times?

- If patients have to go further West before travelling East for thrombectomy we would be reducing patient outcomes
- More patients would benefit from timely thrombolysis than thrombectomies which should be a consideration for siting
- More patients may benefit from thrombectomy in the future so might need to consider the largest catchment area

Kind

- Think to the population of Pembrokeshire, particularly the likes of Fishguard and Pembroke Dock which are reasonable population centres for us. The vast majority of our stroke patients are in their 70s, 80s and 90s and a lot of them have families and spouses particularly older spouses.
- For that population the kind thing is to minimize their travel for relatives when visiting
- Young strokes are rare and families are usually more mobile and more resilient to travel so perhaps less of an issue
- Would be less kind for those outside of Pembrokeshire and potentially Pembrokeshire itself if we are unable to get the right resource at the site

Central

Safe

Would the area reduce the level of stroke services that could be delivered in Hywel Dda?

- *No additional comments made in comparison to West*

Would the area maintain or improve treatment options?

- As there are general medicine patients (mimics) a more central location will be accessible for more population
- Being central between the repurposed hospitals would allow for easier step down of medical patients, but it doesn't have a real impact as the zone is relatively small

Appendix 4a: Workshop Themes

Central (Continued)

Sustainable

Could the area support the development and operation of a HASU?

- The extra 20 patients and the associated mimics would not provide any extra sustainability over Narberth

Would the area maintain or improve rotas?

- Centralised rehab should improve rotas over 7 days
- Least impact on workforce if willing to travel as it is halfway between existing units in WGH and GGH

Accessible

Would the area maintain or improve access to stroke services in Hywel Dda?

- If we are describing the broader treatment to include rehabilitation time moving Eastwards is better to give people visiting that ability to get to the site as part of the recovery journey as it covers more of the population
- It's in the name, Central

Would the area change door to needle treatment times?

- Not much difference regarding driving times and dual carriageway right to Whitland
- Don't know actual site but knowledge of the area would suggest it would be directly on the main road, so probably an accessibility improvement
- Change in travel time is minimal, all depends on pathways when patients arrive

Kind

- Need to consider family members and people visiting and travelling long distances, it might be worth taking the local facilities into account
- This area has the least available in the area

East

Safe

Would the area reduce the level of stroke services that could be delivered in Hywel Dda?

- More patients of Hywel Dda could be treated, however unsure of how far the boundaries would be extended

Would the area maintain or improve treatment options?

- Would be more self sufficient within the Health Board and able to provide more treatments to a larger population without reliance on others
- With greater patients being brought in it would be possible to develop a stroke centre of excellence with staff having better skills

Appendix 4a: Workshop Themes

East (Continued)

Sustainable

Could the area support the development and operation of a HASU?

- Easier to sustain a HASU if staff are part of a specialist team with higher numbers of stroke patients and fewer general medicine patients

Would the area maintain or improve rotas?

- A busier unit would be more attractive for recruiting staff into the unit, especially if it is a centre of excellence with protection from other wards
- Hard to say now if the current staff will be in the new unit, but a centralised service and centre of excellence will definitely improve future recruitment
- There will be opportunities in local communities for general rehab or stroke PTSD which people will want to stay in that locality would have the ability to
- Would be easier to "sell" and promote a career in stroke at a new hospital with a centre of excellence

Accessible

Would the area maintain or improve access to stroke services in Hywel Dda?

- Once people from Dale or Fishguard get to the A roads, it is very short travel time to the zone

Would the area change door to needle treatment times?

- Longer travel time to the East from Pembrokeshire as the road network is less developed than when travelling West
- Risk that people who would be eligible for travel to Bristol by air ambulance would spend more time on the road and travel the wrong way but mitigated by air transport reducing the travel time significantly

Kind

- Will be less kind for those in the West, but it will provide a better service for the majority of Hywel Dda and their families and visitors

Appendix 4a: Workshop Themes

Final Appraisal Feedback

- General agreement that there is very little difference between Central and East, but both better than West
- East is a marginally better site over central but not substantially better because it all depends on sustaining patient numbers, whether Swansea will take patients, and recruitment pull from Swansea and Cardiff
- Safety and treatment options would be unlikely to change, but staff would develop and retain a better skill set if they have access to more stroke patients
- A HASU is most likely to be sustainable in the East due to patient and mimic numbers

Other questions raised

Were the sites presented in the same order as the other group (Paediatrics and Obstetrics) and how was it compared to this session?

Yes, sites presented in the same order with the same process. They had different concerns because they were a different service but arrived to different outcomes. Both sessions were definitely concerned about patients first, but perceptions on how to do that were different.

Would there be any major implications from Primary Care?

No, have very little to do with the treatment, more concerned about the aftercare and admission into hospital

Appendix 4b: Stroke Steering Group Clinical Engagement

The group were given an overview of the clinical land appraisal project and how it fits in with the three other appraisals (economic, workforce, technical).
They were presented with the Slido poll questions based on Safe, Sustainable, Accessible and Kind that were used in the workshop.

The assumptions that were discussed were repeated, these were;

- Considerations should be made around acute admissions
- Not consider the pathways for this work
- WGH and GGH would not have a stroke unit
- PPH wouldn't have a stroke unit but this is dependent on work with Swansea
- Bronglais would still admit as a stroke unit

People were asked to think about it, and could share views post meeting.

Views were shared which mirrored the workshop findings that the location of the hospital was not as important as the pathways to treat people on admission as the travel distance between the three areas in the zone is minimal.

Reflections from people in the workshop were shared with the group that included;

- Further East would be slightly better from a workforce and retention
- There would be multiple opportunities to share views going forward, the workshop was only the beginning of the engagement
- The ask was specifically for stroke and not the wider hospital
- The merging of units wouldn't create an unsafe service
- Uncertainty about what would be in a hospital which could influence decisions
- Rehabilitation should be on the site and not step down after 72 hour
- Need to explore learning from the Grange hospital

Views from those not present in workshop 2 included;

- Travel time would make a difference for those who have to travel and may need to consider a dedicated transfer vehicle to meet target times
- The argument for East being preferable is reduced if there is only one stroke unit in Pembrokeshire/ Carmarthenshire rather than three, so people who want to work in Hywel Dda in stroke services will go there
- People coming from the outskirts of St Davids to St Clears of Llandovery to Narberth are more likely to feel the impact of a move in site, but most will not notice a difference across the zone.
- Whitland is impacted by road infrastructure either side
- Llandeilo and Llandovery to Morriston can be difficult for patients to access, and it may be similar trying to access a service further West

Appendix 4c: Hywel Dda Community Health Council Engagement

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

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' are present on site within 30 minutes, 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 4c: Hywel Dda Community Health Council Engagement

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

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

- In terms of what further considerations do you believe need to be made as part of stroke services and neonatal services, obstetrics and paediatrics clinical recommendation to Board - response received: **The CHC are unable to answer this question due to the CHC having insufficient information and being lay volunteers**

- In terms of what further considerations do you believe need to be made as part of the clinical recommendation to Board response received: **The CHC are unable to answer this question as it has not seen the full clinical report/ recommendation to the Board**

Appendix 4d: Stakeholder Reference Group Engagement

Stakeholder Reference Group - 17/06/2022

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

78 letters were posted and 27 emails sent to patients who used stroke services between December 2021 and March 2022 and they were represented by the Stroke Association on their behalf 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 [University Health Board], 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 4e: Staff Partnership Forum Engagement

Staff Partnership Forum – 07/06/2022

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?

Appendix 4f: Health Professionals Forum Engagement

Health Professionals Forum – 06/06/2022

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 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