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Wendy Ellis

Dear Wendy

## **Re: Question submitted to Hywel Dda University Health Board's Annual General Meeting (AGM)**

Thank you for your email of 21 July 2022 in which you submitted questions for consideration at the Health Board's AGM regarding Withybush General Hospital (WGH). As you have detailed a number of questions, I will address each one of these in turn below:

### **1. *Why are the board so intent on downgrading Withybush hospital and leaving Pembrokeshire without a major hospital?***

Withybush and Glangwili Hospitals have served the population of Pembrokeshire and Carmarthenshire well over many decades. It has however become increasingly clear over the last 15-20 years that the current configuration is no longer suitable for modern health care, leaving many services in an unsustainable position. Furthermore, both hospitals are ageing and in need of significant improvement to bring them up to standard. Our strategy, "A Healthier Mid and West Wales", was developed through significant public engagement and consultation in 2017-18 and seeks to address these issues as part of a broader change in health care, with more of a focus on prevention and population health.

As part of these plans, it is proposed a new urgent and planned care hospital is built for the south of Hywel Dda, to provide high quality and sustainable acute care for the populations of Pembrokeshire and Carmarthenshire. In addition, the repurposed Withybush and Glangwili Hospitals will continue to play an important role in the delivery of health care, including inpatient beds, outpatient clinics and the full range of diagnostic services. This will mean the majority of hospital visits will continue to be to Withybush for Pembrokeshire residents.

In the meantime, our aim is for Withybush to continue to provide high quality urgent, emergency and planned care until the new hospital is opened. We do not propose to downgrade Withybush and want to make the best use of its facilities during the time we are preparing for the new hospital; including making best use of the emergency and urgent care centre, the wards, outpatients, diagnostics and theatres.

## **2. Why is the HB closing wards? In particular the children's ward and how are we going to help parents with travel costs?**

The inpatient children's ward at Withybush (Ward 9) closed in 2014 and was replaced by a Paediatric Ambulatory Care Unit (PACU) based within Puffin ward. Since 2014, the Ward 9 facility has alternatively been utilised for a number of clinical purposes. As a consequence of the COVID-19 pandemic and the long-standing ambition to establish a dedicated, ring-fenced elective surgery ward at the hospital, the Ward 9 facility was established as an elective surgical ward to support the Health Board's overall planned care recovery ambitions, as we seek to reduce the volume of patients waiting to access care. Prior to the pandemic, patients undergoing elective surgery were managed in ward areas which accommodated both elective and emergency pathway patients, with the frequent risk of cancellation due to the prioritisation of patients with emergency needs.

In March 2020, the Paediatric Ambulatory Care Unit (PACU), was relocated to Glangwili General Hospital (GGH), Carmarthen. This was to enable an additional clinical environment to support patient flow across the WGH acute site to facilitate the management of infection control issues relating to the COVID-19 Pandemic. This was approved at the May 2020 Board, as part of the Pembrokeshire response to the pandemic.

The Health Board agreed to review the temporary changes to paediatric services at WGH in March 2021. However, due to the ongoing need to respond to the demands of the pandemic and an increase in admissions in WGH, a temporary decision was made to continue with delivery of PACU emergency services at GGH.

In September 2021, Welsh Government directed all Health Boards to prepare for an increase in paediatric patient presentations of Respiratory Syncytial Virus (RSV). As a result of the Welsh Government direction, the Health Board acted to reinforce the temporary pathway from Pembrokeshire to Carmarthenshire. A detailed communications plan was enacted.

There is currently no other space available within the WGH footprint to support either the paediatric or Same Day Emergency Care (SDEC) services, and this is central to maintaining the temporary pathways as they currently exist. Given the changes made over recent years, the Health Board is currently undertaking a detailed review of acute paediatric services, working closely with the Community Health Council. An update on the Review of Paediatric Services and use of Puffin Ward was presented to the Board in May 2022 - <https://hduhb.nhs.wales/about-us/your-health-board/board-meetings-2022/board-agenda-and-papers-26-may-2022/agenda-and-papers-26-may-2022/item-43-update-on-the-review-of-paediatric-servicespdf/>

In respect of assisting parents with travel costs and arrangements, the Children's Ward is able to accommodate one parent at the bedside. We have provision for accommodation for families at a designated guest house/hotel within the local area, and we would facilitate Health Board approved taxis where applicable and would facilitate travel costs for all, where practically possible. There have been no requests to facilitate travel costs since the change in the pathway.

**3. How many patients in total are being treated in other hospital areas – whom would have previously been treated at Withybush Hospital? – What is the breakdown of illnesses and treatments now being given elsewhere?**

Due to the complexity of this question, it was decided that this would be more appropriately addressed by the Freedom of Information Team, who have been in contact with you directly to seek some additional clarity, to allow for a more comprehensive response.

**4. What is the HB doing to attract medical staff to the area and what training plans are in place?**

The recruitment and retention of staff is one of the Health Board's key priorities. We are in the process of shaping a medical people culture plan, focusing on the things that are important to our medical staff; we have used resources such as medical engagement surveys and intelligence from the frontline to identify the core focuses. An example of this work is our ongoing work to identify how we can support better communication between our primary care and acute medical staff.

We recruit medical staff internationally and help individuals with securing accommodation and accessing information relating to the area – such as for schools, shops, places of worship, applying for National Insurance numbers, banking, applying for driving licence etc. The medical induction programme is currently being reviewed to include a programme for overseas doctors and creating mentoring opportunities to strengthen our service for incoming clinicians.

The Health Board is a keen advocate of continuing professional development (CPD) and has introduced Grand Round which provides a platform for topics and speakers from different specialties and sites to share interesting cases as well as update information; sessions are held every Wednesday lunchtime to make it accessible for interested parties.

The Health Board currently hosts a range of forums and groups which enable development opportunities and offer a place to have a voice to help inform any changes we may wish to support; some of these include:

- Aspiring Medical Leaders Forum

- New Consultants Development programme
- SAS Doctors Forum and Steering Group - working on the SAS Doctor Charter, help SAS doctors feel valued and empowered, opportunity to share their workplace experiences and aspirations to inform the future SAS Agenda. The steering group has appointed an SAS doctor advocate and the first Certificate of Eligibility for Specialist Registration lead in NHS Wales. SAS doctors hold and are invited to apply for leadership roles with the senior medical leadership structure.
- Hywel Dda Trainers Forum - set up in 2021 to allow trainers and educators to come together for CPD, discussion, networking, sharing good practice etc.

The Health Board has a number of Physician Associates (PA) working across its sites to support the medical workforce, as well as medical education. The first Clinical Teaching PA was appointed at WGH in April 2022 to support the teaching of medical students and clinical skills teaching. Consideration is being given to how this can be rolled out across all sites. The PAs help to support the teaching of skills, which then allows more senior medical staff time to undertake other teaching and training duties. The Health Board recognises that the PAs are trained in the medical model and are appointed as permanent staff members. They have the potential to develop skills and knowledge to mirror that of relatively senior medical staff members and provide consistency in service. PAs are not currently able to prescribe, although this position will change in 2024 when regulation is introduced. In conjunction with Health Education and Improvement Wales (HEIW), the Health Board has developed a training programme for PAs in General Practice and the appraisal process for PAs has also been piloted within the Health Board.

Avenues are being explored to encourage learners into our workplace, some of the opportunities currently being developed and grown are:

- Work experience – the Workforce and Organisational Development (WOD) team is in early stage talks to review our work experience programme and build links with primary and secondary schools.
- Medical Students – the number of Medical Students that the Health Board is taking on is increasing year on year.
- Foundation Programme Doctors – new rotations have been created on three sites this year, with continual consideration of new opportunities to encourage trainee doctors to choose our Health Board.
- Health Care Apprenticeship Programme for nursing has doubled this year.
- Grow your own Health Care Support Worker development programme has doubled this year.

The Health Board has adopted a grow your own intervention, which works to overcome the skill shortages being experienced. The programme has proved successful with our first intake of health care apprentices now starting their university education. The Health Board currently has 71 healthcare apprentices; further intakes are in progress with a further 60 individuals starting in late September and 40 in early 2023.

Further vacancies went live this week for fifteen health and social care apprentices, which demonstrates our commitment to integrated working and we are developing a similar model in the community. A similar grow your own approach is being taken in Estates to overcome the shortage of skilled tradesman, as well as other departments, including IT. Opportunities for a grow your own approach within the medical field is being explored, although this will require collaborative working with HEIW to understand the potential opportunities.

**5. Clarification is sought on the development of new community health hubs and why the HB spent £646,000 on Fishguard Health Centre instead of WGH and keeping Goodwick Medical Centre open?**

North Pembrokeshire was identified as an area of real importance in our transforming clinical services conversations and engagement. The Health Board did invest £646,000 in Fishguard Health Centre. This development represents “Phase 1” of our plans to improve services in the Fishguard area and addressed issues around the sustainability of local general medical services. The investment in Fishguard Healthcare Centre estate enabled:

- Amalgamation of the Fishguard and Goodwick GP Practices into the Fishguard Healthcare Centre, with the resulting closure of the Goodwick Practice;
- Amalgamation of the district nursing teams from St David’s and Fishguard into the Fishguard Healthcare Centre;
- Access to local anti-coagulant clinics at Fishguard Healthcare Centre, reducing the need for patients to travel (15 miles/30 minutes travel time) to WGH;
- Improved accommodation for a range of community services including physiotherapy, health visitors, heart failure nurse, district nurses, midwifery, podiatry, community psychiatric nurse, audiology, leg ulcer service and diabetic retinopathy;
- Development of joint staffing opportunities, including the appointment of a shared Practice Manager

At the time of business case preparation, there were specific risks around Goodwick Surgery that required immediate addressing, namely:

- Imminent termination of the property being leased
- A Practice Manager vacancy
- Resignation of salaried GP

The development of Phase II in Fishguard Health Centre will provide the Health Board with opportunities to develop new integrated models of care and staffing, whilst working with colleagues in Pembrokeshire County Council and the Third Sector.

This is an important enabler for the implementation of “A Healthier Mid and West Wales” for the residents of North Pembrokeshire, by delivering the social model for health and care closer to home.

**6. Has the HB considered how the new 20mph speed limits being introduced will impact the ‘golden hour’?**

We have undertaken, with the Welsh Ambulance Service, detailed drive-time analysis as part of our recent land selection process for the new hospital. The zone for the new hospital, between Narberth and St Clears, was originally identified as part of the strategy to ensure we provide an emergency service that is as close as possible to being within an hour for the vast majority of communities in our area.

As planning for the new hospital progresses, we will continue to work with the Ambulance Service and others to understand the implications and opportunities for transport, including the proposed changes to legislation.

Any pathway we put in place, including transfer to an appropriate hospital, will need to be safe for our population. Our programme of transformation has been clinically led, specifically to ensure what is developed improves the safety and quality of care for our patients.

The term 'golden hour' is not a simple 60 minutes - current maximum travel times differ depending on your condition. Emergency response starts at the point of the call to the ambulance service’s clinical contact centre and the arrival of the emergency crew. Paramedics are highly trained and can often provide the immediate care required to allow the extra journey time for patients to be treated at the most appropriate hospital. Some emergencies would also see the response of clinicians, including consultants, at the scene from the Emergency Medical Retrieval and Transfer Service (EMRTS Cymru).

We continue to see advances in provision from emergency services in Wales, such as the extension of the Wales Air Ambulance to a 24/7 service since July 2020.

By making improvements to our staffing challenges and safety of our specialist services, through the new Urgent and Planned Care Hospital, we will also have more senior, specialist doctors available at the front door, so patients have quick access to them, and all the support services needed for their care.

Yours sincerely



**Maria Battle**  
**Chair**