

Ein cyf/Our ref: CHA.9575
Gofynnwch am/Please ask for: Katie Jenner
Rhif Ffôn /Telephone: 01267 239730
Dyddiad/Date: 13 September 2022

Swyddfeydd Corfforaethol, Adeilad Ystwyth
Hafan Derwen, Parc Dewi Sant, Heol Ffynnon Job
Caerfyrddin, Sir Gaerfyrddin, SA31 3BB

Corporate Offices, Ystwyth Building
Hafan Derwen, St Davids Park, Job's Well Road,
Carmarthen, Carmarthenshire, SA31 3BB

Kevin Dyer

Dear Kevin

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

Thank you for your email of 20 July 2022 in which you submitted questions for consideration at the Health Board's AGM regarding workforce and vacancies. As you have detailed a number of questions, I will address each one of these in turn below:

1. Please split the 900 vacancies as advised by Mrs Battle between the main hospitals

When considering vacancies, the Health Board looks at the Whole Time Equivalent (WTE) rather than a number of vacancies, as one whole time equivalent could be filled by more than one member of staff, in the case of part-time working.

As at 31 August 2022, the total Health Board vacancies, including those going through the approval process was 840.42 WTE.

Within this total, the number of vacancies for the acute hospital sites was 531.61 WTE. A further breakdown into the work group and hospital which hold the vacancies is provided in the table below.

Total vacancies	PPH	BGH	WGH	GGH	TOTAL
Additional Clinical Services	3.39	7.92	9.25	36.3	56.86
Additional Professional Scientific and Technical	0	0	3.6	0.6	4.2
Administrative and Clerical	3.8	2.6	1.8	32.21	40.41
Allied Health Professionals	0	4.37	2	3	9.37
Estates and Ancillary	5.17	6	4.93	9.76	25.86
Healthcare Scientists	0	0	1	3	4
Medical and Dental	10	9	17	22	58
Nursing and Midwifery Registered	44.36	54.95	111.8	121.8	332.91
Grand Total	66.72	84.84	151.38	228.67	531.61

2. Given this number of vacancies why are so few jobs advertised?

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Cadeirydd /Chair
Miss Maria Battle
Prif Weithredwr/Chief Executive
Mr Steve Moore

The WTE for vacancies is not visible to the public/applicants. Often, one advert is utilised to advertise a number of available posts. For example, one advert for Band 5 Unscheduled care nurses is currently covering 97 WTE vacancies. The Health Board has also centralised some recruitment pathways, which reduces the number of advertisements published.

All vacancies are advertised on the Hywel Dda University Health Board and NHS Jobs websites. NHS Jobs is the internationally recognised platform to advertise posts. We have a dedicated recruitment campaigns team who undertake campaigns for hard to fill posts. The team utilises social media platforms, outdoor media (for example, tube stations, rail stations, billboards etc) leaflets, newspapers and radio campaigns, along with other mediums as required.

3. Does the board have to make a requirement for Welsh speakers in their adverts?

The Health Board is obliged to comply with the Welsh Language Standards and is therefore required to advertise all vacancies in English and Welsh – unless the vacancy is deemed ‘Welsh not required’. An assessment on the role is undertaken to determine the level of Welsh skill required for the role and that is also included within the advert. All Health Boards in Wales are required to do this.

4. Has survey been carried out to establish how many of Withybush/Glangwili staff would transfer to new hospital?

A workforce appraisal group was created to enable a better understanding of the impact of any new site on our staff. This has included a review of all relevant data and intelligence to assess impact. Our staff were also surveyed to better understand the impact on them personally.

Work has been undertaken to provisionally assess the impact on our workforce and is detailed in the Land Appraisal report. However, as detailed clinical pathways are yet to be determined, we cannot be specific about the people and roles that will be required to transfer to the new site.

We have asked our staff what they believe would be the potential impact upon them. We had a very low response rate, and although informative, this did not give us a holistic picture of the issues that the majority of staff who may be impacted were concerned about. More work will be needed, including regular engagement with existing staff and future staff as we continue on our journey.

5. Why does the proposed new hospital have 90 less beds than the existing combined total of Withybush/Glangwili

Currently, Withybush and Glangwili Hospitals have a combined bed count of 594. A range of scenarios has been modelled as part of the Programme Business Case based on anticipated increases in demand associated with demographic

changes and expected efficiency improvements. In this modelling, the 'Likely scenario' suggested that we will need 504 acute beds on the new site, along with a total of 120 nurse and therapy led community beds across Withybush and Glangwili, therefore totalling 624 beds across the three sites.

The new Urgent and Planned Care Hospital will provide design separation between planned and urgent care, enabling us to ringfence and reduce waiting times whilst responding to unscheduled care pressures.

Glangwili and Withybush will operate as local community hospitals, with therapy and nurse led beds, focusing on rehabilitation and less acute needs. This will strengthen our ability to deliver same day emergency care for ambulatory sensitive conditions, including GP led services for minor injuries and illness, as well as providing step-up and step-down beds for patients requiring additional support in a non-acute hospital setting.

6. What is the projected staff increase to allow Withybush/Glangwili to operate up to transfer and also staff new hospital to allow for its workup?

The Health Board has a 10-year workforce plan, broadly based on a 1% increase in workforce per annum, which has been the trend over recent years. Our workforce plan aims to address the multiple workforce challenges we face, and to attract, develop and retain a more stable workforce in both community and hospital settings. The purpose is to improve standards of wellbeing for our staff and patients alike, improve quality and reduce unnecessary costs.

For example, a more integrated health and care system as described in the Programme Business Case (PBC) will provide better training and experience of working across professional and organisational boundaries and in different settings.

Also, replacing the acute services run over two sites with a single acute service in the new urgent and planned care hospital will enable us to improve quality of care, reduce duplication and deliver economies of scale in a single location. This is likely to be more attractive for the recruitment and retention of staff for several reasons.

The new Urgent and Planned Care Hospital will form part of the solution to safe and sustainable rotas and provide us with the ability to attract doctors, as the rotas will be less demanding on individuals. Another benefit of aligning some of our specialist staff, is allowing them the opportunity to see sufficient patients to maintain and build their expertise in certain areas and to work in networks.

7. Given extra miles that ambulances will need to travel out of Pembrokeshire/Ceredigion what increase is proposed for emergency vehicles.

Emergency Ambulance Services Committee (EASC) and Welsh Ambulance Services NHS Trust (WAST) are key stakeholders in the implementation of our Health and Care Strategy and have been involved in the development of the PBC and in the work done to date on the land appraisal process.

Any changes to our health pathways and the implication on emergency and non-emergency transport will be considered in partnership with EASC and WAST and the appropriate commissioned services. During this process, the Health Board will be liaising closely with EASC/WAST and other organisations where significant pathway redesign has been undertaken, to ensure key lessons from their changes are learnt for our process.

8. Withybush/Glangwili are currently near large police stations. How will this affect policing when new hospital wherever located will be less close?

The Health Board will work with the police to understand the provision they will require on the site of the new hospital as part of the business case development process.

9. Given collapse of NHS dentists in Hywel Dda area what happens to unspent money. Is this ring fenced and returned to Welsh Government or does it go into Hywel Dda's funds?

The Health Board's budget for dental services is currently fully committed to the provision of NHS Dental Services. Primary Care dental services are working in a period of recovery and reset following the pandemic. Dental Practices are working to Welsh Government guidance, prioritising patients with the greatest need in the first instance.

Routine access to NHS Dentistry is difficult at present, due to the high levels of demand for urgent dental care which has been generated by reduced access to services due to the pandemic.

The Health Board is working closely with its Dental Practices to ensure that there is a sustainable increase in access to services for patients. However, recruitment and retention issues and compliance with infection control procedures are impacting on the service's ability to recover to pre COVID-19 access levels.

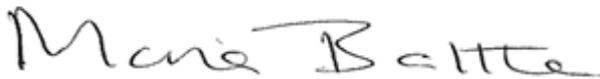
There are contract delivery measures in place to improve access, which may result in the recovery of funding at the end of the financial year. The Health Board actively takes steps to reinvest any existing budget that becomes available in

year on a non-recurrent or recurrent basis, as a result of financial recoveries from performance management and rebasing of dental contracts.

However, the timelines for the procurement of additional dental services, the lead in time for the establishment of a new or replacement Practice, and the capacity for existing Practices to expand services in a short timescale means that the Health Board does not always reinvest funds in the same financial year that they became available.

I trust this information provides a satisfactory response to your questions.

Yours sincerely



Maria Battle
Chair