PTHB Board

Thu 10 October 2024, 14:00 - 15:30

Via Teams

Agenda

14:00 - 14:00
0 min

1. PRELIMINARY MATTERS

Board_Agenda_10Oct24.pdf (1 pages)

1.1. Welcome and apologies for absence

Chair

1.2. Declarations of interest

All

1.3. Questions to the Board from the public

14:00 - 14:00
0 min

2. ITEMS FOR APPROVAL/RATIFICATION/DECISION

2.1. Temporary Service Changes

Attached *Chief Executive*

Board_2.1_Cover paper Temporary Changes.pdf (30 pages)
Board_2.1a_Appendix 1 - Engagement Report.pdf (65 pages)
Board_2.1ai_Public Meeting Notes Llanidloes.pdf (15 pages)
Board_2.1aii_Public Meeting Notes Glantwymyn.pdf (13 pages)
Board_2.1aiii_Public Meeting Notes Brecon.pdf (8 pages)
Board_2.1aiv_Public Meeting Notes Llandrindod Wells.pdf (10 pages)
Board_2.1b_Appendix 2_Llais Supplementary Information.pdf (7 pages)
Board_2.1c_Appendix 3 - PTHB Staff and Primary Care Engagement Report.pdf (16 pages)
Board_2.1d_Appendix 4 - Decision Case_Minor Injury Unit.pdf (20 pages)
Board_2.1e_Appendix 5 - Level 2 Assessment MIU.pdf (18 pages)
Board_2.1f_Appendix 6 - Decision Case_ Inpatient (Clinical Co-location).pdf (33 pages)
Board_2.1g_Appendix 7 - Level 2 Assessment Wards - RTGH.pdf (15 pages)
Board_2.1h_Appendix 8 - Level 2 Assessment Wards - Rehab.pdf (17 pages)

14:00 - 14:00
0 min

3. OTHER MATTERS

3.1. Any Other Urgent Business

Chair

3.2. Close

3.3. Date of the Next Meeting: 27 November 2024 via Microsoft Teams

POWYS TEACHING HEALTH BOARD
BOARD MEETING
THURSDAY 10 OCTOBER 2024
14:00 – 15:30

GIG CYMRU NHS WALES
Bwrdd Iechyd Addysgu Powys
Powys Teaching Health Board

AGENDA

1: PRELIMINARY MATTERS				
14:00	**1.1**	Welcome and Apologies for Absence	Verbal	Chair
	1.2	Declarations of Interest	Verbal	All
	1.5	Questions to Board from the public	Verbal	Director of Corporate Governance
2: ITEMS FOR APPROVAL/RATIFICATION/DECISION				
14:10	**2.1**	Temporary Service Changes	Attached	Chief Executive
6: OTHER MATTERS				
15:00	**6.1**	Any Other Urgent Business	Verbal	Chair
	6.2	Close		
	6.3	Date of the Next Meeting: ▪ 27 November 2024		

MESSAGE TO THE PUBLIC:

Powys Teaching Health Board is committed to openness and transparency and conducts as much of its business as possible in a session that members of the public are normally welcome to attend and observe. At present Board meetings are held virtually and livestreamed. Members of the public are able to view the livestream or view the uploaded copy of the meeting on demand.

Bwrdd Iechyd Addysgu Powys
Powys Teaching Health Board

Agenda item: 2.1

PTHB BOARD	**Date of Meeting: 10 October 2024**
Subject:	**Proposals for Temporary Changes to PTHB Services**
Approved and presented by:	Chief Executive Officer
Prepared by:	Executive Medical Director Executive Director of Nursing, Quality, Women and Family Health Executive Director of Allied Health Professions, Health Sciences and Digital Director of Clinical Strategy Assistant Director of Community Services Deputy Director, Communications, Engagement and Corporate Governance
Other Committees and meetings considered at:	Board In-Committee - 30 May 2024 Executive Committee - 16 July 2024 Board - 24 July 2024 Executive Committee - 2 October 2024
Appendices:	1. Public and Stakeholder Engagement Report and Annexes 2. Llais Engagement – Supplementary Information 3. Staff and Primary Care Engagement Report 4. Minor Injury Units: Decision Case 5. Minor Injury Units: Impact Assessment 6. Inpatient Wards: Decision Case 7. Inpatient Wards (Ready To Go Home Units): Impact Assessment 8. Inpatient Wards (Specialist Rehabilitation): Impact Assessment
PURPOSE:	
This report updates the Board on the work that has taken place in relation to proposals for temporary changes to some health services provided by Powys Teaching Health Board and makes recommendations on the next steps.	

RECOMMENDATION(S):

The Board is asked to:

- **NOTE** the changes to decision-making and timeframe agreed following the mid point review with Llais on 13 August 2024.
- **RECEIVE and DISCUSS** the delivery of the engagement process and the key themes identified from the engagement process.
- **RECEIVE and DISCUSS** the correspondence with Llais.
- **RECEIVE and DISCUSS** the update on staff engagement.
- **RECEIVE and DISCUSS** the update on primary care engagement
- **TAKE ASSURANCE** from the assessment of delivery confidence and **NOTE** the Monitoring and Evaluation Frameworks and implementation timetable.
- **TAKE ASSURANCE** from the assessment of the engagement and decision-making process.
- **APPROVE** the implementation of temporary changes to Minor Injury Unit Services in Brecon and Llandrindod Wells to open from 8am to 8pm for a six month period, with evaluation and monitoring in place as set out in the Monitoring and Evaluation Framework.
- **APPROVE** the implementation of temporary changes to community hospital model with Llanidloes and Bronllys as "Ready To Go Home" units and with a strengthened role for Brecon & Newtown to provide community inpatient rehabilitation for a six month period, with evaluation and monitoring in place as set out in the Monitoring and Evaluation Framework.

Approve/Take Assurance	Discuss	Note
X	X	X

ALIGNMENT WITH THE HEALTH BOARD'S WELLBEING OBJECTIVES:

1. Focus on Wellbeing		The proposed temporary service changes would help us to maintain the quality and value of our services (transforming in partnership) through effective utilisation of human resources and reduced reliance on agency staffing (develop workforce futures) making best use of the health board estate (innovative environments) whilst maintaining core standards of care and outcomes for patients (provide early help and support; enable joined up care).
2. Provide Early Help and Support	Y	
3. Tackle the Big Four		
4. Enable Joined up Care	Y	
5. Develop Workforce Futures	Y	
6. Promote Innovative Environments	Y	
7. Put Digital First		
8. Transforming in Partnership	Y	

SECTION 1: SUMMARY

Health services in Powys face a number of significant challenges to quality, value and sustainability. Temporary changes to Minor Injury Unit opening hours and the clinical model for Inpatient Wards were discussed at meetings of the Board on the 30 May (In-Committee) and then the 24 July 2024 (in public) prior to a period of engagement with the public, staff, primary care and wider stakeholders. This paper shares the learning and insights from this engagement which have been subject to conscientious consideration in our ongoing review of these proposals.

Based on this work, the Executive Committee recommends the proposals for temporary change as clinically sound, based on a demonstratable case for change supported by evidence of need and impact, and with a clear clinical & operational basis.

The proposed service models have been clearly articulated and are feasible and deliverable. Potential impacts have been satisfactorily identified, including through the process of engagement, and proportionate mitigations have been identified (e.g. in relation to continued provision of end of life care, GP and step-up admissions, awareness of MIU model and alternatives when the service is closed).

Overall, these temporary changes will deliver clear benefit for our patients and communities through improved quality and value, improved pathways of care, reduced deconditioning, and more effective workforce utilisation within available resources.

This report therefore provides an update to the Board on work to consider temporary changes to a number of services provided by Powys Teaching Health Board. It:

- Sets out the background to the proposals and changes made to engagement and decision-making since the meeting of the Board on 24 July 2024 (Section 2)
- Provides a summary of the process of public and stakeholder engagement and the key themes we heard (Section 3) with further detail available in the Public and Stakeholder Engagement Report (Appendix 1)
- Summarises our engagement with Llais, the statutory independent Citizen Voice Body for health and care in Wales (Section 4)
- Updates the Board on engagement with staff (Section 5) and with primary care (Section 6)
- Provides summary assurance from the Chair of the Strategic Change Programme Board (Section 7)
- Sets out the key issues and learning in relation to proposals for temporary changes to Minor Injury Unit services and recommends a way forward (Section 8)
- Sets out the key issues and learning in relation to proposals for temporary changes to the inpatient model of care and recommends a way forward (Section 9)
- Provides an update in relation to Older Adult Mental Health Inpatient Services (Section 10), and
- Provides an overview of assurance in relation to Delivery Confidence and Implementation (Section 11) and Engagement & Decision Making (Section 12).

SECTION 2: BACKGROUND TEMPORARY CHANGE PROPOSALS

At a meeting of the Board on 24 July 2024, the Health Board gave consideration to the significant challenges to the quality and sustainability of health services in Powys, and specifically to a number of operational proposals for improving quality and value on a temporary basis.

The Board heard that a Strategic Change Programme Board had been established to lead this work on behalf of the Executive Committee, chaired by the Director of Clinical Strategy.

Through the work of that Programme Board, two schemes had been developed by dedicated workstreams led by an Executive Director and supported by a designated Senior Responsible Officer (a senior clinician or manager from the Health Board), and work to consider quality and value opportunities had been approved by the Executive Committee in relation to:

- Dedicated units for patients according to clinical need, to optimise clinical outcomes and value.
- Changes to operational hours of Minor Injury Units to improve efficiency and effectiveness of same day response.

At the meeting on 24 July 2024 the Board:

- RECEIVED a report noting the status of the Integrated Plan 2024-29 and Annual Delivery Plan 2024-25.
- Took ASSURANCE that two of the three temporary service changes have progressed as planned (dedicated units for patients according to clinical need and MIU opening hours)
- NOTED that further work was under way to identify additional schemes for future consideration including in relation to Older Adult Mental Health inpatient services.

The Board noted that a period of engagement would take place on planned temporary changes from 29 July 2024 to 25 August 2024, and this was launched ahead of schedule by the 25 July 2024.

We are a listening and learning organisation, and through our reflection with Llais at our mid point review on 13 August, we agreed a change in the nature of the engagement process with the effect that instead of engaging on decisions already made, the purpose of the engagement would be to seek views on proposals for future decision by the Board. The Board meeting on 10 October 2024 represents that decision point.

Linked to this agreement, the timetable for engagement was reset to end on 8 September 2024.

The outcome of the mid point review and the response from Llais is included in the Appendix 2.

The Board is asked to NOTE the changes to decision-making and timeframe agreed following the mid point review with Llais on 13 August 2024.

SECTION 3: ENGAGEMENT WITH THE PUBLIC AND EXTERNAL STAKEHOLDERS

A report on engagement with the public and external stakeholders is included in Appendix 1 and is summarised below.

The initial engagement plan was developed and approved by the Health Board's Executive Committee on 16 July 2024 prior to review & assurance at a meeting in public of the Board on 24 July 2024. This set out a period of engagement from Monday 29 July 2024 to Sunday 25 August 2024.

The engagement as envisaged at that time would provide an opportunity to raise awareness of temporary changes, and to gather feedback to aid implementation and mitigation, with the temporary changes being implemented alongside or shortly after the conclusion of the engagement. The engagement plan was implemented ahead of schedule, with the main engagement activities commencing from Thursday 25 July 2024.

As part of the Health Board's ongoing liaison with Llais, as the statutory independent Citizen Voice Body for health and care in Wales, two actions were agreed as part of a mid-term review of the engagement on 13 August 2024:

- A report on the findings from the engagement period on these proposals would be presented to a meeting in public of the Board, where decisions on these proposals would be made prior to implementation (including identification of mitigations in response to the feedback we have heard). This meeting has been arranged for 10 October 2024.
- The closing date for the engagement was reset to 8 September 2024.

Section 3 of the Engagement Report provides more information about the engagement process, including an Engagement Plan delivery report at Annex 1.

During the engagement period we heard from a range of voices including residents, patients, politicians, staff, partner organisations and GPs and Llais. We directly heard from nearly 800 voices through survey responses and correspondence (735 online survey responses in addition to 32 written submissions direct to the health board and 17 via Llais) and in addition to this the engagement has reached out to thousands of interested individuals and organisations (e.g. 80 individuals through online webinars, an estimated 500 individuals attending four public meetings, publicly available petitions exceeding 3000 signatures, approximately 80 third

sector representatives attending locality meetings and over 1000 unique visits to the health board engagement hub).

Section 4 of the Engagement Report provides more information about who responded and how.

The feedback we have received from online survey responses, correspondence, webinars and public meetings has been analysed to identify the principal themes, which relates to:

- Minor Injury Unit proposals
- Community Hospital Inpatient Services proposals
- Wider Health and Care Issues
- Engagement Process

A greater proportion of responses expressed concern or opposition to the MIU and inpatient proposals than expressed support for the proposals.

Specifically in relation to the proposals for changes to **Minor Injury Units**, the key themes included:

- We heard **praise for MIU services** with several respondents sharing personal and family experiences of care and treatment in Powys Minor Injury Units and other urgent care services.
- We heard concerns about the potential **travel and transport impact** if MIU hours are reduced (for example if there is a need to travel to urgent care services elsewhere including A&E outside the county).
- We heard concerns that the proposals may have an **impact on other services including A&E, ambulance, ShropDoc or primary care services**, and also that people feel reassured that the MIU is there for the times when they may need it particularly given that A&E services are not provided in the county.
- We heard concerns about **care and treatment overnight** for people who still attend a community hospital even though the MIU is closed.
- We heard **misunderstanding regarding the role of MIU** and the services provided, for example in relation to the treatment of medical emergencies and life-limb-threatening conditions. We also heard calls for increased marketing promotion of the services provided (and those not provided), including that some people were not aware of MIU.
- We heard from people about their **civic pride in local community hospitals** and concerns that services may decline or be downgraded. This also included comments about wider service delivery in Powys towns and villages (e.g. banks, post offices, schools).
- We heard concerns whether the proposals were **temporary or permanent**, including whether this may affect recruitment and retention of clinical staff and maintenance of skills. In relation to staffing, we also heard comments

regarding wider work under way in the county to review the staffing model for MIU services which are outside the scope of this engagement as they do not affect where and how people access MIU services.

- A number of potential **equality and wellbeing impacts** in relation to Equality Protected Characteristics and Well-being of Future Generations Goals were identified, which are summarised in Section 6 and Section 7.
- We heard **some support for the proposals** as a prudent step to address demand within available resources.
- We heard **alternative or complementary proposals**, including that MIU opening hours be maintained and/or increased at these and other sites in the county, and that Brecon remain open until midnight.
- We heard **suggestions for mitigating potential impacts** of any changes, for example through promotion and marketing of alternatives to MIU.
- We heard **calls for expanded facilities** in Powys including the provision of District General Hospital Services, comments about the way the NHS is funded locally and nationally, and questions about the sustainability of services outside the scope of this engagement including maternity and outpatients. Issues and themes outside the direct scope of this engagement are discussed in more detail in Section 5.3 of the Engagement Report.
- We heard comments about the **engagement and decision-making process**, including comments about the robustness of the case for change, and requests to stop or pause engagement on proposed changes. Issues and themes relating to the engagement process are discussed in more detail in Section 5.4 of the Engagement Report.

Specifically in relation to **community hospital inpatient proposals** the key themes included:

- We heard praise for community hospital inpatient services with several respondents sharing **personal and family experiences** of care and treatment in Powys community hospitals.
- We heard concerns about the potential **travel and transport** impact, particularly for family and unpaid/informal carers, if patients do not meet the criteria for admission to their most local hospital and that this may also impact on patient care and recovery if they have less access to their family during their hospital stay.
- We heard concerns about **continuity of care** including whether patients may experience multiple hospital moves if their condition improves or deteriorates.
- We heard concerns about the potential **impact on the range of services** available at their most local community hospital, including in relation to end of life care, direct GP admissions, and the potential to reduce or prevent acute hospital admissions.
- We heard from people about their **civic pride** in local community hospitals, the way in which facilities had benefited from public subscription and fundraising and concerns that services may decline or be downgraded. This

also included comments about wider service delivery in Powys towns and villages (e.g. banks, post offices, schools).

- We heard concerns whether the proposed model would tackle the challenges in relation to extended stay in hospital and deconditioning, particularly without **improvements in social care**.
- We heard concerns whether the proposals were **temporary or permanent**, including whether this may affect recruitment and retention of clinical staff and also the maintenance of their skills in "Ready To Go Home Units".
- We heard scepticism that the proposals were financially driven rather than also responding to quality and safety challenges, but also scepticism that the proposals may not deliver **financial benefits**.
- A number of **potential equality and wellbeing impacts** in relation to Equality Protected Characteristics and Well-being of Future Generations Goals were identified, which are summarised in **Section 6 and Section 7**.
- We heard **support for the proposals** as a step to address the challenges to quality and sustainability of health services in the county but also that further discussion and design would be needed in order to agree the permanent sustainable shape of services.
- We heard **alternative or complementary proposals**, including that the model should be piloted at a single site.
- We heard **suggestions for mitigating potential impacts** of any changes, for example through awareness of flexible visiting and promotion of travel and transport support.
- We heard calls for **expanded facilities in Powys** including the provision of District General Hospital Services, comments about the way the NHS is funded locally and nationally, and questions about the sustainability of services outside the scope of this engagement including maternity and outpatients. Issues and themes relating to the wider health and care system and/or outside the direct scope of this engagement are discussed in more detail in **Section 5.3** of the Engagement Report.
- We heard comments about the **engagement and decision-making process**, including comments about the robustness of the case for change, and requests to stop or pause engagement on proposed changes. Issues and themes relating to the engagement process are discussed in more detail in **Section 5.4** of the Engagement Report.

In relation to **wider health and care factors**, some respondents specifically asked for the development of District General Hospital and A&E services in the county, for the expansion of community hospital facilities, for news on the next steps on North Powys Wellbeing and for changes to the financial settlement for Powys from UK Government or Welsh Government.

In relation to the **engagement and decision-making process**, we received a number of calls for the engagement process to be paused or stopped, and/or for a further period of formal consultation to take place before any changes are

implemented. We also received requests for clarification for how temporary changes would be kept under review, and how the ongoing work to design the future permanent state of safe and sustainable health services would be taken forward.

Section 5 of the Engagement Report provides more details regarding the feedback received, with specific impacts in relation to Equality Factors set out in **Section 6** and in relation to Well-being of Future Generations in **Section 7**.

The Board is asked to RECEIVE and DISCUSS the delivery of the engagement process and the key themes identified from the engagement process.

SECTION 4: ENGAGEMENT WITH LLAIS (THE CITIZEN VOICE FOR HEALTH AND CARE IN WALES)

The Board welcomes the relationship of constructive challenge and representation with Llais.

We have continued to engage with Llais through this period, including through their non-voting attendance at Strategic Programme Board, through the mid point review of engagement, and through touchpoints with the Regional Director and Chief Executive.

Discussions at our mid point review of engagement on 13 August provided a timely opportunity for reflection, and pursuant to this we agreed a change in the nature of the engagement process with the effect that instead of engaging on decisions already made, the purpose of the engagement would be to seek views on proposals for future decision by the Board. Our meeting on 10 October 2024 represents that decision point.

Llais also ensured that correspondence received by Llais in relation to the proposals for temporary change were shared with the Health Board. These submissions are reflected in the engagement summary above, and in our Public and Stakeholder Engagement Report in the Appendix 1.

Following engagement, the Powys Regional Director of Llais has written to the health Board to share their observations which are included in Appendix 2.

The Board is asked to RECEIVE and DISCUSS the correspondence with Llais.

SECTION 5: ENGAGEMENT WITH PTHB STAFF

A report on engagement with PTHB staff and with primary care is included in Appendix 3 and is summarised below.

Our staff and their representatives are key partners in the design and delivery of future services, and we have continued to use our well established mechanisms to engage and inform.

In addition to our existing well-developed engagement arrangements with the trade unions, such as the Local Partnership Forum and regular monthly meetings, Staff Side have an open invitation to attend Programme Board and the Working Group meetings so that staff voice is embedded throughout the Programme.

There is also an escalation process to the Executive Director of People and Culture for the Staff Side Chair should any matters of concern arise that cannot be resolved at Programme Board.

Where appropriate the Health Board's relevant workforce policies have been applied. Flexibility has been given for our local trade union representatives and has been kept under review to ensure the trade unions have the required time to support their members through the change process.

Engagement has taken place with staff within the specified services, and wider staff across the organisation and partner organisations have been able to contribute their views through the public and stakeholder engagement process.

We recognise that the impact and sensitivities of the pre-election period immediately prior to the engagement period placed some constraints on the scope to undertake pre-engagement prior to presentation to the Board in July, but the health board sought to undertook reasonable steps to accelerate and escalate engagement immediately post the UK General Election to address this. This provides an important opportunity for learning, particularly given that the Senedd Cymru (Members and Elections) Act 2024 will have the effect of increasing the frequency of Senedd Cymru elections.

A wide range of engagement activities were put in place including:

- Multiple meetings with trade union representatives (Unison and RCN)
- Approximately 30 staff engagement events
- Opportunity given to all staff to attend individual meetings
- Collation of written feedback on the proposals
- Visits to affected departments by the Executive Director of Nursing and Midwifery supported by a follow up meeting held virtually.

The engagement insights gathered from staff have contributed to the updated proposals, impact assessments and mitigation plans set out below.

Key quantitative and qualitative measures in relation to staff impact and experience have been identified in the proposed Monitoring and Evaluation Frameworks, with updates due to be presented to the Board during the six month temporary implementation period. Our intention is that our staff continuing to be at the heart

of learning for these temporary changes, and we are committed to continuing to work with colleagues in the design and development of proposals for the future permanent state of safe and sustainable health services in the county.

Subject to the views of the Board in relation to these proposals for temporary changes, engagement with staff will continue through final design & readiness, implementation & delivery, and monitoring & evaluation.

The Board is asked to RECEIVE and DISCUSS the update on staff engagement.

SECTION 6: ENGAGEMENT WITH PRIMARY CARE

A report on engagement with PTHB staff and with primary care is included in the Appendix 3 and is summarised below.

We recognise and value the vital role Primary Care plays in serving local communities in Powys, their primary care expertise and the understanding this brings of the very challenges being faced as well as the opportunities for improvement.

Primary care engagement has been well established in the county including through the developing cluster arrangements, as well as participation in the work to date on Better Together which has informed the case for change. However, we recognise that similar to our engagement with PTHB staff the opportunity for early discussions regarding these specific temporary change proposals was made more difficult by the pre-election period. Immediately following the election and in the lead up to our Board meeting on 24 July 2024 an accelerated plan for engagement was put in place, but we acknowledge that concerns regarding pace and awareness that have been raised.

During the engagement period, the Health Board has been in contact with all GP practices, all of whom have had the opportunity to meet with Health Board representatives through county-wide Local Medical Committee (LMC) meetings and/or through 1:1 meetings between individual practices. The Health Board has also received direct correspondence from GPs. Established mechanisms such as primary care cluster arrangements have also provided the opportunity for rich discussion and debate, and this will continue to be the case going forward.

Across this engagement, key issues and themes have included:

- Arrangements for GP / step-up admissions including prevention of unnecessary admission to DGH particularly in relation to "Ready To Go Home" Units.
- Arrangements for end of life or palliative care particularly in relation to "Ready To Go Home" Units.

- Travel and transport, access to family and carers, and/or continuity of care closer to home if not admitted to most local community hospital.
- Community hospital staff retention and maintenance of skills.
- Availability of social care and home support.
- Some scepticism about the case for change.
- Support for the proposals.
- Understanding and recognition of the case for change.
- Temporary vs. permanent nature of proposals and plans for developing and agreeing the longer term shape of health services.

The Health Board Executive Team has ensured conscientious consideration of the key issues raised by primary care, and these have contributed to the updated decision cases, impact assessments, and mitigations. No viable or feasible options have been identified that enable the Health Board to respond to the immediate presenting challenges to quality and value, but feedback through this engagement process and on an ongoing basis can and will continue to inform the development and agreement of the future permanent state of safe and sustainable health services in the county.

Alongside our continued accelerated cluster development, a number of additional measures are in hand to continue to strengthen clinical leadership, engagement and governance including the establishment of the Health Board's Healthcare Professionals Forum (target establishment: Q4) and a new clinical governance forum for Community Hospital Services (target establishment: Q3).

If the proposals for temporary change were approved by Board there would also be engagement with GPs in final readiness assessments as well continual engagement with primary care in monitoring and evaluation as outlined in Sections 8 and 9.

Building on these foundations will ensure ongoing and strengthened partnership with primary care to ensure a shared understanding of the challenges we face, and of the opportunities and solutions for the future to develop and agree the permanent future state of safe and sustainable health services in the county.

The Board is asked to RECEIVE and DISCUSS the update on primary care engagement.

SECTION 7: OVERVIEW OF CLINICAL ASSURANCE OF PROPOSALS

The two workstreams have provided activity data and relevant evidence which strongly supported the clinical rationale for change. The activity data also indicated that both "cases" were clinically and operationally prudent and feasible, and demonstrated our continued commitment to the Duty of Quality.

Since the presentation to the Board on 24 July 2024, the Strategic Change Programme Board has continued to work with both workstreams to reflect on the

valuable insights gathered from public & external stakeholders, staff and primary care, and continued to and test the robustness and readiness for temporary change.

This work is summarised below, and reflects our updated assessment of:

- The principal benefits
- Our delivery confidence and the pre-requisites for implementation and delivery
- Key mitigation factors to respond to the issues identified during engagement, and
- The principal measures within an evaluation & monitoring framework to ensure that benefits are realised, potential downside impacts are identified, and that triggers to consider stop/pause of temporary changes are identified.

The process has been commended to by the Chair of the Strategic Change Programme Board as clinically led, clinically driven, and informed by insight and engagement, and has been endorsed by the Executive Committee.

SECTION 8: TEMPORARY CHANGES TO MIU OPENING HOURS

PTHB provides minor injury units in Brecon, Llandrindod Wells, Welshpool and Ystradgynlais. This is in addition to minor injury services provided by a number of GP practices in Powys.

As reported to the Board on 24 July 2024, PTHB minor injury unit services face several challenges:

- On average, our minor injury units in Brecon and Llandrindod Wells see just one or two people per night. This is not a good use of public resources or of the specialist skills of the Emergency Nurse Practitioners who provide these services.
- Nearly all patients who attend overnight could or should attend during the day. For example, we are not able to offer a 24-hour x-ray service so patients needing an x-ray need to come back during the day.
- It is difficult to recruit and retain sufficient Emergency Nurse Practitioners to run the current opening hours.
- Because we cannot always find staff with the right skills, we often need to close a Minor Injury Unit at short notice. This is a growing problem. Between January and September 2024 Llandrindod Wells has had to reduce hours 57 times, while Brecon was closed overnight 28 times. During week beginning 30 September, Brecon MIU is closed overnight on 3 of 7 nights, whilst Llandrindod Wells is closed early on 5 of 7 nights. This means that we are not able to provide a reliable service.

The workstream has identified opportunities for temporary changes so that the service is safer and more reliable:

- Offer more reliable opening times and reduce the number of unplanned closures.

- Reduce the level of "lone working" hours where a single clinician is on duty overnight. This is safer for staff, and safer for patients.
- Encourage more people to "phone first" wherever possible. This means that our specially trained staff can assess your needs over the phone, provide advice on first aid and self-care, book a slot that is convenient to you, or direct you to a more appropriate service.
- Enable us to redirect and redeploy some staffing to other vacancies or high cost agency spend areas.

In response to these challenges, the following changes to MIU opening hours were proposed:

	Brecon	Llandrindod Wells	Welshpool	Ystradgynlais
Current	24 hours	7am to midnight	8am to 8pm	8:30am to 4pm
	Every day	Every day	Every day	Monday – Friday (excl. Bank Holidays)
Proposed	*Changed*	*Changed*	*Unchanged*	*Unchanged*
	8am to 8pm	8am to 8pm	8am to 8pm	8:30am to 4pm
	Every day	Every day	Every day	Monday – Friday (excl. Bank Holidays)

Review of Case for Change

Based on conscientious consideration of the findings from engagement, the Executive Committee continues to endorse and commend the case for change which is attached in Appendix 4. Making these temporary changes will help us to stabilise the service now and reduce uncertainty and associated risk, so that we can focus on making permanent plans for a safe and sustainable future.

The underpinning data have been reviewed and refreshed and continues to support the case for change. A critical learning during the engagement period has been examples of misperception regarding the role of MIU and the services provided, and particularly our concern that members of the people consider that MIU may provide treatment for medical illnesses and for potentially life/limb-threatening injuries, which is not the case albeit that where appropriate our staff will seek to provide immediate first aid whilst awaiting 999 ambulance response. Reflecting on this experience, there is an opportunity to strengthen our approach to marketing and awareness raising to ensure that patients are aware of the conditions amenable to MIU care.

No feasible alternatives have been identified during the engagement, although alternative suggestions have been put forward for consideration as part of the longer term work to develop and agree the future permanent shape of safe and sustainable health services in the county rather than in response to the pressing case for temporary change. We have also received comments regarding the health board's work to revise our MIU staffing model to better reflect activity and demand. Whilst this is outside the scope of this engagement, we recognise that this provides an opportunity for learning and for reassurance.

If these proposals are approved, it is important to note that the time frame will potentially coincide with the planned rolling programme of replacement of some x-ray facilities in the county. It will be important to ensure that marketing activity adequately disambiguates between temporary changes to opening hours and these planned improvements to x-ray facilities.

Key Impacts and Mitigations

An integrated impact assessment is attached in Appendix 5. This summarises the detailed consideration that has taken place of the potential impact of these proposals across a range of quality, equality and wider strategic factors.

Our summative quality assessment is that this proposal will deliver an overall quality benefit, as there are high potential positive impacts that outweigh downside impacts with clear potential for sufficiency of mitigation. Overnight closure will reduce current risk associated with unplanned short-notice closure due to staffing issues, and offers significant efficiency improvements due to low overnight utilisation. MIU already experiences unpredictable overnight closures due to staffing availability which creates a risk that patients may attend to find the unit closed, so the proposed change offers a more reliable and predictable service pathway. A clinical protocol is already in place for unscheduled attenders when MIU is closed at community hospital sites. Experience of previous changes to hours in Welshpool and Llandrindod Wells provides further assurance of manageability and risk. Attending MIU in a medical emergency is likely to cause unnecessary delay in receiving essential time-critical care from 999/A&E/DGH.

In relation to equality impacts, there is low risk of adverse impact in relation to equality related characteristics.

This is because MIU is not a service for life/limb-threatening injuries or for medical emergencies. Also MIU in Powys current offers radiology during daytime hours only so patients who are suspected of having a fractured bone already need to be signposted (e.g. to attend MIU when x-ray is next open or an Emergency Department).

MIU has low activity out of hours and in the significant majority of cases overnight issues amenable to MIU care can be treated overnight through self-care (e.g. advice from 111) before attending the local MIU the following morning.

The impact of closure will be reduced by signposted repeat attenders appropriately (e.g. some patients attending after 8pm are "follow up" patients. They would be more appropriately scheduled to attend earlier in the day).

There is an opportunity to reinforce 111 as a source of overnight urgent care advice to signpost to the most appropriate service including to MIU when it is next open.

Some comments received during engagement highlighted concerns that people on lower incomes may be impacted if they need to divert to A&E overnight. However, risk and impact is very small for reasons outlined above (most conditions amenable to MIU care can reasonably wait to be seen in the same unit the following day; x-ray not available overnight; severe injuries and medical emergencies already need 999/A&E).

Mitigation of potential impacts is therefore considered proportionate and deliverable, including:

- A marketing campaign would raise awareness of the revised opening hours if approved (Health Board already requires regular cascade to promote short notice changes to opening hours).
- The marketing campaign would include awareness of alternatives to MIU including more detailed information about which facility to access for given conditions and clinical advice from 111.
- Relevant directories of service including NHS 111 Wales Online directory would be updated to provide consistent information regarding the current service offer.
- There would be continued promotion of Phone First for all MIU attendances (this will help MIU attenders know whether MIU is open or closed, and signpost to alternatives).
- There would be new visible signage at hospital entrances to signpost to alternative services.
- The need for the Health Board to issue frequent messaging to raise awareness of short notice changes to MIU overnight opening times would significantly reduce, also reducing confusion and uncertainty for patients.

Other key steps include:

- Identification of key measures for monitoring and evaluation framework (including balancing measures) related to patient and carer experience, patient outcomes and process measures.
- Engagement with staff, patients, partner organisation in monitoring and evaluation including two-monthly updates to Board.
- Temporary changes to be reviewed no later than six months.

- Ongoing staff engagement to maintain skills and support development & agreement of future permanent model.
- Reinforce and raise awareness with community hospital staff of protocol for unscheduled attenders.
- Ensure clear disambiguation from x-ray replacement programme to avoid myth and misunderstanding.

Monitoring and Evaluation Framework

An evaluation framework has been developed for the Minor Injury Units collaboratively with clinical, operational, finance, workforce and information colleagues, and is included in Appendix 4.

This sets out a range of measures including:

- Patient Safety
- Patient Experience
- Improved workforce utilisation and reduction in workforce expenditure
- Reduction in ad hoc changes in opening hours due to staffing
- Staff experience

Active monitoring against the agreed measures would be put in place on an ongoing basis, with Evaluation and Monitoring at least monthly through the Strategic Change Programme Board and two-monthly updates to Board.

In addition to the agreed Monitoring and Evaluation Framework measures, the following would be collected at the 3-month and 6-month points to contribute to mid-point and summative review:

- Primary Care, Third Sector and Social Care feedback on the model
- PTHB Staff Experience Feedback
- Service User/patient stories

If implementation of proposals for changes in MIU opening hours are approved by the Board, a transition period of at least 6 weeks will be required reflecting existing rota arrangements. This therefore anticipates full implementation no later than 30 November 2024 with six-month review by 31 May 2025 to assess the impact of the change to inform onward decision making.

Delivery Confidence

If the proposals for temporary change are approved by the Board, we have a high level of delivery confidence:

- Indicative plans for ongoing staff engagement including adjustments to staffing rotas to enable implementation have been developed.

- A start date for the temporary change in opening hours will be confirmed. An indicative date of 1 November 2024 has been identified for planning purposes, but this will be confirmed through final delivery assurance checks by the Executive Committee with the expectation that this is no later than 1 December 2024.
- Subject to this, work can be progressed at pace to develop and deliver an ongoing marketing campaign.
- Monitoring and Evaluation Framework measures have been identified, and arrangements can be progressed to implement the framework.

The Board is asked to APPROVE the implementation of temporary changes to Minor Injury Unit Services in Brecon and Llandrindod Wells to open from 8am to 8pm for a six month period, with evaluation and monitoring in place as set out in the Monitoring and Evaluation Framework.

SECTION 9: TEMPORARY CLINICAL COLOCATION OF PATIENTS (READY TO GO HOME UNITS AND REHABILITATION UNITS)

The Board heard on 24 July 2024 that the current model for Powys Teaching Health Board inpatient care delivery includes inefficiency, inequity, variance and poor outcomes for patients.

Across 155 inpatient beds, patients with a wide variety of clinical and social needs are located according to their nearest community hospital site. This can then require a staffing model that is established to deliver care to a mixed model of needs on eight different sites, which leads to a requirement for a staffing model that always meets the highest level of need, does not always reflect the skills and variation that best reflects the patient needs, and comes at a significant cost.

At the same time, there are at any given time, over 40-50% of the patients having been clinically optimised and are awaiting onward care, and it is recognised that many of these patients could be supported with lower levels of care, require the support of a system wide team, and to be supported in maintaining their independence whilst stranded in hospital care.

It has therefore been proposed that there would be benefits to both the system and patients themselves, in organising the care around the patients very differently. It is recognised that there will always remain a group of patients who require a period of intensive rehabilitation following care in an acute hospital environment (whether related to a medical condition such as a Cerebra-Vascular Event or simply deconditioning following a period of more generalised illness). For such patients, we would want to continue to wrap around their care, a multi-disciplinary team who can offer the highest level of clinical community-based care, focus on rehabilitation, reablement and enablement, and set some clear therapy led goals for discharge. By building on the current ward arrangements where this is provided in Newtown and Brecon, it is proposed to extend this focus to include all of the beds on these

sites, whereby the team can be resourced and developed to maximise their support to this cohort of patients specifically at these locations.

At the same time, where patients are ready to go home (clinically optimised) and are awaiting onward care, these patients can also be directed for care on just two sites (one in North Powys and one in South Powys). This would again allow for a configuration of workforce that better reflects the needs of these patients, helps to keep them optimised, and provides a locus where all teams can come together to undertake assessment and brokerage of onward care.

Recognising that this is a different approach for access to community hospital care, and that this could have impacts to the workforce, patients and families, it is understood that careful evaluation of such change will be required. As well as the monitoring of quantitative and qualitative measures, such change will require some further engagement with wider communities, and it is anticipated that some early test of change could then better inform not only such future discussions, but help better shape the future offer at all community hospital sites.

Key mitigations identified prior to engagement include ongoing communication with patients and families, and continuing to strengthen our approach to flexible visiting to best meet the needs of patients, families/carers and the service.

Our engagement with the public, staff, primary care, and wider partner organisations has enabled us to review and revisit these proposals.

Review of Case for Change

Based on conscientious consideration of the findings from engagement, the Executive Committee continues to endorse and commend the case for change, which is included in Appendix 6.

No feasible alternatives have been identified during the engagement, although alternative suggestions have been put forward for consideration as part of the longer term work to develop and agree the future permanent shape of safe and sustainable health services in the county rather than in response to the pressing case for temporary change.

Key Impacts and Mitigations

An integrated impact assessment is included in Appendix 7 and Appendix 8. This summarises the detailed consideration that has taken place of the potential impact of these proposals across a range of quality, equality and wider strategic factors.

For the Ready To Go Home Units, our summative quality assessment is that this proposal will deliver an overall quality benefit, as there are high potential positive impacts that outweigh downside impacts with clear potential for sufficiency of

mitigation. Key positive impacts include the potential to reduce length of stay and associated deconditioning which can have an adverse impact on patient recovery.

Our assessment has identified low impact in terms of unintended consequences of this change as there will be no reduction in overall bed numbers and this reflects a more efficient model of care.

In relation to overall potential equality impacts for the Ready To Go Home Units, there is an overall low-to-moderate risk of adverse impact for some families & unpaid/informal carers and patients in relation to socio-economic circumstances and social exclusion. This relates to changes in location for provision of some patients awaiting onward care which may result in further distances to travel to visit for some families and carers furthest from the RTGH units. Some engagement feedback expressed concern that this may impact on access to Welsh Language.

Reasonable and proportionate mitigation steps are feasible, including through the development of clear clinical protocols including admission criteria, seeking to admit patients within the same cluster community area where clinically appropriate and feasible, continuing to maintain and strengthen flexibility in visiting hours, providing advice and support to access travel & transport options, working with PAVO community connectors etc.

This can build on our learning from well-established arrangements in Brecon and Newtown where these hospitals already act as the main centre for community inpatient stroke rehabilitation for patients across South Powys and North Powys respectively, with families and carers to travelling to these dedicated bases during the period of inpatient specialist rehabilitation.

Conversely, the model aims to reduce unnecessary delays in hospital enabling more patients to return home (including to a care home where appropriate) more quickly and also to return more quickly to Powys from hospitals outside the county.

If the proposed temporary Ready To Home Units are approved, the principal mitigations are deliverable and achievable including:

- Improved patient outcomes and experience including decreased risk of patient harm through hospital acquired deconditioning.
- Improved operational relationships across the system.
- Improved efficiency in delivery of care
- Potential to reduce reliance on temporary staffing
- Model supports strategic ambition in Health & Care Strategy and Integrated Plan
- Flexible visiting times will be maintained and strengthened to mitigate potential increased journey times
- Expand information and signposting for Ready To Go Home Units including to travel and wider social support

- Maintenance of Welsh Language policies to support patients to communicate in language of choice.
- Criteria led admission will be implemented for all admissions, including End of Life and GP Direct Admissions

Other key steps include:

- Identification of key measures for monitoring and evaluation framework (including balancing measures) related to patient and carer experience, patient outcomes and process measures
- Engagement with staff, patients, partner organisation in monitoring and evaluation including two-monthly updates to Board.
- Establishment of community hospital clinical governance forum with GP engagement.
- Temporary changes to be reviewed no later than six months.
- Ongoing staff engagement to maintain skills and support development & agreement of future permanent model.

For the proposed specialist rehabilitation units, our summative quality assessment is that this proposal will deliver an overall quality benefit, as there are high potential positive impacts that outweigh downside impacts with clear potential for sufficiency of mitigation. Key positive impacts include the potential to improve patient outcome and experience through improved efficient and effectiveness of the rehabilitation model across the health board.

Our assessment has identified low impact in terms of unintended consequences of this change as rehabilitation provision will continue across all sites, there will be no reduction in overall bed numbers and this reflects a more efficient & effective model of care.

In relation to potential equality impacts for the rehabilitation units, there is an overall low-to-moderate risk of adverse impact for some families & unpaid/informal carers and patients in relation to socio-economic circumstances and social exclusion. This relates to changes in location for provision of some patients receiving specialist inpatient rehabilitation which may result in further distances to travel to visit for some families and carers furthest from the specialist rehabilitation units.

Reasonable and proportionate mitigation steps are feasible, including through the development of clear clinical protocols including admission criteria, seeking to admit patients within the same cluster community area where clinically appropriate and feasible, continuing to maintain and strengthen flexibility in visiting hours, providing advice and support to access travel & transport options, working with PAVO community connectors etc.

This can build on our learning from the existing arrangements in Brecon and Newtown which already act as the main centre for community inpatient stroke rehabilitation for patients across South Powys and North Powys respectively, with

families and carers to travelling to these dedicated bases during the period of inpatient specialist rehabilitation.

Conversely, the model aims to improve quality and outcomes for patients through more effective and efficient provision of specialist rehabilitation.

If the proposals for temporary establishment of specialist rehabilitation units are approved, principal mitigations are deliverable and achievable including:

- Improved patient outcomes and experience
- Improved rehabilitation culture across the organisation
- Improved efficiency in delivery of specialist rehabilitation
- Potential improved staff recruitment and retention to specialist units
- Model is in alignment with current stroke service
- Model supports strategic ambition in Health & Care Strategy and Integrated Plan
- Model supports delivery of NHS Wales Rehabilitation Framework and NICE Guidance for Stroke.
- Flexible visiting times will be maintained and strengthened to mitigate potential increased journey times
- Expand information and signposting for Rehab Units including to travel and wider social support
- Maintenance of Welsh Language policies to support patients to communicate in language of choice.
- SOPs will clarify criteria-led admission

Other key steps include:

- Identification of key measures for monitoring and evaluation framework (including balancing measures) related to patient and carer experience, patient outcomes and process measures
- Engagement with staff, patients, partner organisation in monitoring and evaluation including two-monthly updates to Board.
- Establishment of community hospital clinical governance forum with GP engagement.
- Temporary changes to be reviewed no later than six months.
- Ongoing staff engagement to maintain skills and support development & agreement of future permanent model.

Monitoring and Evaluation Framework

An evaluation framework has been developed for the Ready To Go Home Units and Rehabilitation Units collaboratively with clinical, operational, finance, workforce and information colleagues. This is included in Appendix 6.

This sets out a range of measures including:

- Reduction in care pathway delays
- Reduction in length of stay

- Reduced complexity on discharge
- Improved workforce utilisation
- Reduction in number of patients awaiting repatriation
- Patient outcomes
- Patient and carer experience
- Step Up Admissions (RTGH)
- Sentinel Stroke National Audit Programme (Rehabilitation Units)

All measures apply to both proposals except where stated.

Active monitoring against the agreed measures would be put in place on an ongoing basis, with Evaluation and Monitoring at least monthly through the Strategic Change Programme Board and two-monthly updates to Board.

In addition to the agreed Monitoring and Evaluation Framework measures, the following would be collected at the 3-month and 6-month points to contribute to mid-point and summative review:

- Primary Care, Third Sector and Social Care feedback on the model
- PTHB Staff Experience Feedback
- Service User/patient stories

If implementation of proposals for colocation based on clinical need are approved by the Board, a transition period of at least 4 weeks will be required to establish full operating capability of the Ready to Go Home Units and Rehabilitation Units. This therefore anticipates full implementation no later than 30 November 2024 with six-month review by 31 May 2025 to assess the impact of the change to inform onward decision making.

Delivery Confidence

If the proposals for temporary change are approved by the Board, we have a high level of delivery confidence:

- Indicative plans for ongoing staff engagement including adjustments to working arrangements to enable implementation have been developed.
- Admission criteria and clinical protocols (e.g. for end of life care, GP / step-up admissions, specialist rehabilitation, RTGH) have been drafted as part of our delivery confidence assessment and can be finalised and agreed including through review processes with primary care.
- Subject to this, a start date for temporary changes will be confirmed through final delivery assurance checks by the Executive Committee with the expectation that this is no later than 1 December 2024.
- Work can be progressed at pace to develop an ongoing marketing campaign.

- Work can be progressed to strengthen flexible visiting arrangements and to develop patient/family/carer information materials for Ready To Go Home Units including signposting to travel/transport advice and support.
- Monitoring and Evaluation Framework measures have been identified, and arrangements can be progressed to implement the framework including through the establishment of a community hospital clinical governance forum with GP engagement.

Recommendation

The Board is asked to **APPROVE** the implementation of temporary changes to community hospital model with Llanidloes and Bronllys as "Ready To Go Home" units and with a strengthened role for Brecon & Newtown to provide community inpatient rehabilitation for a six month period, with evaluation and monitoring in place as set out in the Monitoring and Evaluation Framework.

SECTION 10: OLDER ADULT MENTAL HEALTH SERVICES

Further work has been under way to identify additional schemes for future consideration including in relation to Older Adult Mental Health inpatient services.

Detailed work in a dedicated workstream reporting to the Strategic Change Programme Board has confirmed that no feasible scenarios requiring immediate, urgent or temporary changes to Older Adult Mental Health inpatient services have been identified. Instead, the opportunities and challenges for these services and for the patients who use them will be addressed through the forthcoming work to develop and agree the permanent future state of safe and sustainable health and care services for the county.

An update on this work was received by the Executive Committee on 2 October 2024, and endorsed the recommendation from the Strategic Change Programme Board.

SECTION 11: DELIVERY CONFIDENCE AND IMPLEMENTATION

The Executive Committee reviewed the updated Cases for Change, Impact Assessments and Monitoring & Evaluation Framework at its meeting on 2 October 2024.

Based on this review the Committee has a high degree of confidence that the case for change remains valid and appropriate, that benefits that can be realised to improve quality & value, and that work is in hand to address potential impacts.
Monitoring and Evaluation Frameworks have been developed to support the Health Board to ensure that benefits are realised, and with appropriate balancing measures in place.

In line with our Duty of Quality, we will utilise a quality management system to assess the impact of these temporary changes, ensuring that we are using the quality standards of Safe, Timely, Effective, Equitable, Efficient and Person-Centred

to underpin our implementation, evaluation and monitoring of these temporary changes. The Quality Management System is illustrated below and central to it is ensuring that we have a learning environment.

Subject to the views of the Board it is recommended that the final delivery assurance assessment is delegated to the Executive Committee. Regular updates will be presented to the Board as outlined in the Monitoring and Evaluation Frameworks.

The Board is asked to TAKE ASSURANCE from the assessment of delivery confidence, and NOTE the Monitoring and Evaluation Framework and implementation timetable.

SECTION 12: ASSURANCE OF ENGAGEMENT AND DECISION MAKING

As highlighted above, a key theme identified during the engagement process related to the engagement and decision-making process, and as a Health Board we acknowledge the passion and pride that communities have for local health services and the strength of feeling reflected during the engagement including through a number of petitions.

We are a listening and learning organisation, and through our reflection with Llais at our mid point review on 13 August we agreed a change in the nature of the engagement process as set out above.
In the context of assurance of engagement and decision making, the key consideration for the Board is whether we are satisfied that Welsh Government guidance on service change and associated requirements have been met.

It is important for the Board to consider the impact of each proposal on its own merits, and particularly in the context of the pressing need for urgent changes to maintain quality/safety and value for patients, the temporary nature of these proposals, and the express commitment for a wide public debate to design and

deliver the permanent future state of safe and sustainable health services in the county.

Welsh Government guidance on changes to health services recommends engagement of four weeks for changes that are small in nature:

Extract from Welsh Government Guidance:

> **Engagement – up to 4 weeks**
>
> Small service change which exhibits one of more of the following characteristics:
>
> - premises or service move within same community area
> - temporary closure of premises
> - anticipated small number of people affected or moderate change with small impact

Based on conscientious consideration of the feedback we have received during the engagement period our assessment remains that a four week period of engagement is appropriate for changes of this nature, particularly given the revised approach agreed through the mid point review with Llais.

Proposals for temporary changes to opening hours of Brecon Minor Injury Unit	• Temporary change for six months • Temporary closure of premises overnight only • Small number of patients affected (average of 1.4 people per night) • The nature of Minor Injuries means that they can normally wait until the service is next open, including with self-care advice (e.g. from 111) • As now, patients requiring x-ray overnight, with injuries outside the scope of MIU, or with medical issues/illnesses are signposted • ShropDoc GP Out of Hours Service unaffected
Proposals for temporary changes to opening hours of Llandrindod Wells Minor Injury Unit	• Temporary change for six months • Temporary closure of premises overnight only • Small number of patients affected (average of 0.8 people per night) • The nature of Minor Injuries means that they can normally wait until the service is next open, including with self-care advice (e.g. from 111)

	• As now, patients requiring x-ray overnight, with injuries outside the scope of MIU, or with medical issues/illnesses are signposted • ShropDoc GP Out of Hours Service unaffected
Establishment of "Ready To Go Home" unit in Llanidloes	• Temporary change for six months • PTHB continues to provide overall the same number of beds from the same locations as now • Where clinically appropriate and feasible, patients continue to receive care within the same cluster community area • Potential for more patients to return more quickly to the cluster community care from hospitals outside Powys • Small number of patients affected through being admitted to a RTGH unit rather than their most local community hospital
Establishment of "Ready To Go Home" unit in Bronllys	• Temporary change for six months • PTHB continues to provide overall the same number of beds from the same locations as now • Where clinically appropriate and feasible, patients continue to receive care within the same cluster community area • Potential for more patients to return more quickly to the cluster community care from hospitals outside Powys • Small number of patients affected through being admitted to a RTGH unit rather than their most local community hospital
Expansion of role of Brecon Hospital in the provision of rehabilitation	• Temporary change for six months • PTHB continues to provide overall the same number of beds from the same locations as now • Where clinically appropriate and feasible, patients continue to receive care within the same cluster community area as now • Small number of patients affected through being admitted to a specialist rehab unit rather than their most local community hospital • No change to current arrangements for specialist stroke rehabilitation

Expansion of the role of Newtown Hospital in the provision of rehabilitation	• Temporary change for six months • PTHB continues to provide overall the same number of beds from the same locations as now • Where clinically appropriate and feasible, patients continue to receive care within the same cluster community area as now • Small number of patients affected through being admitted to a specialist rehab unit rather than their most local community hospital • No change to current arrangements for specialist stroke rehabilitation

In the event that future proposals come forward to make these temporary changes permanent and/or for more substantial changes to the permanent future shape of safe and sustainable health services then this would potentially reach the threshold for a longer period of engagement and/or for a full public consultation.

The Board is asked to TAKE ASSURANCE from the assessment of the engagement and decision-making process.

SECTION 13: DEVELOPING A ROUTE MAP TO SUSTAINABILITY

These temporary changes are intended for a six month period, with monitoring and evaluation in place as outlined above. This will support the Health Board to stabilise key elements of current service delivery so that we can build on learning from these temporary changes and re-focus on designing and delivering the future permanent shape of safe and sustainable health services.

An update on the work to design and deliver the future shape of services will be presented to the Board in November alongside an update on implementation of the temporary changes if approved.

NEXT STEPS:

If the recommendations above are accepted by the Board, the next steps would include:

- Strategic Change Programme Board remains in place for ongoing oversight, review and assurance of readiness, implementation, monitoring & evaluation, mitigation actions.
- October/November: Final readiness for implementation of temporary changes
- 27 November 2024: Monitoring and Evaluation Update to PTHB Board Meeting; Arrangements for next phase of public engagement towards development of permanent future model of safe and sustainable health services in Powys
- By 30 November 2024: Complete implementation of temporary changes

- 29 January 2025: Monitoring and Evaluation Update to PTHB Board Meeting
- 26 March 2025: Monitoring and Evaluation Update to PTHB Board Meeting
- By June 2025: Six month evaluation to PTHB Board Meeting and decisions on next steps

IMPACT ASSESSMENTS WERE UNDERTAKEN AS PART OF THE EXECUTIVE OPPORTUNITIES WORK WHICH WILL BE REVIEWED AND REFINED AS PART OF THE PROGRAMME ARRANGEMENTS IN PARALLEL WITH FURTHER ENGAGEMENT AND COMMUNICATION

This section must be completed for all strategic organisational decisions including approval of health board policies.

QUALITY:

	No impact	Negative	Positive	Both	
Safe					Quality Impact Assessments are included in the Appendices
Timely					
Effective					
Efficient					
Equitable					
Person Centred					
Workforce					
Leadership					
Culture					
Information					
Learn, Improve, Research					
Whole Systems Approach					

EQUALITY:

	No impact	Negative	Positive	Both	
Age					Equality Impact Assessments are included in the Appendices
Disability					
Gender reassignment					
Marriage / civil partnership					
Pregnancy / maternity					
Race					
Religion or Belief					
Gender					
Sexual Orientation					
Welsh Language					
Socio-economic status					
Social exclusion					
Carers					

RISK ASSESSMENT:

	Level of risk identified				
	Very Low (0-3)	Low (4-8)	Moderate (9-12)	High (15-25)	
Clinical			X		The proposals aim to support the health board to respond on a temporary basis to a number of challenges to the experience, safety and outcomes of PTHB services within the context of the financial challenges for PTHB and the wider NHS. There are significant risks to the health board and to patients if action is not taken, but it is also recognised that the engagement period has generated an understandable strength of feeling particularly given civic pride in local health facilities.

Financial			X		
Corporate			X		
Operational			X		
Reputational			X		

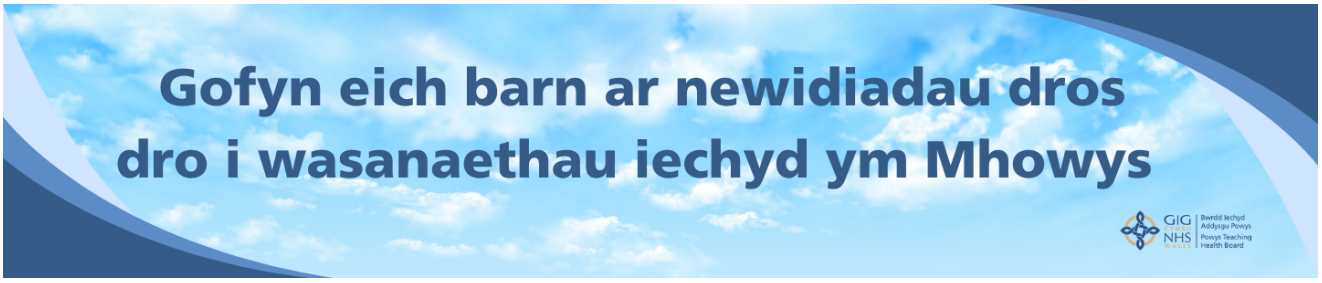
Appendix 1

Public & Stakeholder Engagement Report

Seeking your views on proposals for temporary changes to health services in Powys

29 July 2024 to 8 September 2024

Version 1, 2 October 2024



Document Control

Version	Date Issued	Revisions
Version 0.1	24 September 2024	First draft report for review by Strategic Change Programme Board on 27 September 2024.
Version 0.2	27 September 2024	Report updated for PTHB Executive Committee on 2 October 2024 to reflect discussions at Strategic Change Programme Board.
Version 1	2 October 2024	Final report following review by Executive Committee.

About This Report

This report has been prepared by Sue Ling, Engagement Manager, and Adrian Osborne, Deputy Director (Engagement, Communication and Corporate Governance), Powys Teaching Health Board, to summarise the process and findings of engagement on "Seeking your views on temporary changes to health services in Powys" from 29 July 2024 to 8 September 2024.

It focuses on feedback from public and external stakeholders. It does not include staff engagement relating to work arrangements and terms and conditions, or engagement with primary care (e.g. GP practices, clusters) which are discussed in a separate report.

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Contents

1. Executive Summary

The NHS across the UK, and locally in Powys, faces a number of challenges to maintain quality, safety, outcomes and financial sustainability for patients and communities. Waiting times for planned care increased during the COVID pandemic and remain high. Inflationary pressures affect the whole of the public sector, increasing the costs of service delivery. More people are living longer with multiple health conditions. And there are pressures on staffing, including that the proportion of people of working age is reducing.

Powys Teaching Health Board therefore proposed some immediate steps to help maintain quality services within available resources.

The specific changes that would affect where and/or how patients access health services in Powys were:

- Reducing the opening times of the Minor Injury Units in Brecon and Llandrindod Wells to 8am to 8pm
- Changing the model of inpatient care with Bronllys & Llanidloes designated as our "Ready To Go Home" units (providing focused care and support for patients who are ready to return home but are waiting for a package of community care) and Brecon & Newtown expanding on their existing role as our centres for stroke rehabilitation to provide support for more patients who need more specialised inpatient rehabilitation in a community hospital setting.

More information about the background and proposals is set out in Section 2.

An initial engagement plan was developed and approved by the Health Board's Executive Committee on 16 July 2024 prior to review & assurance at a meeting in public of the Board on 24 July 2024. This set out a period of engagement from Monday 29 July 2024 to Sunday 25 August 2024.

The engagement as envisaged at that time would provide an opportunity to raise awareness of temporary changes, and to gather feedback to aid implementation and mitigation, with the temporary changes being implemented alongside or shortly after the conclusion of the engagement. The engagement plan was implemented ahead of schedule, with the main engagement activities commencing from Thursday 25 July 2024.

As part of the health board's ongoing liaison with Llais, as the statutory independent Citizen Voice Body for health and care in Wales, two actions were agreed as part of a mid-term review of the engagement on 13 August 2024:

- A report on the findings from the engagement period on these proposals would be presented to a meeting in public of the Board, where decisions on these proposals would be made prior to implementation (including identification of mitigations in response to the feedback we have heard). This meeting has been arranged for 10 October 2024.

- The closing date for the engagement was reset to 8 September 2024.

Section 3 of this report provides more information about the engagement process.

During the engagement period we heard from a range of voices including residents, patients, politicians, staff, partner organisations and GPs and Llais. We directly heard from nearly 800 voices through survey responses and correspondence (735 online survey responses in addition to 32 written submissions direct to the health board and 17 via Llais) and in addition to this the engagement has reached out to thousands of interested individuals and organisations (e.g. 80 individuals through online webinars, an estimated 500 individuals attending four public meetings, publicly available online petitions exceeding 3000 signatures, approximately 80 third sector representatives attending locality meetings, and over 1000 unique visits to the health board engagement hub).

Section 4 of this report provides more information about who responded and how.

The feedback we have received from online survey responses, correspondence, webinars and public meetings has been analysed to identify the principal themes, which relates to:

- Minor Injury Unit proposals
- Community Hospital Inpatient Services proposals
- Wider Health and Care Issues
- Engagement Process

A greater proportion of responses expressed concern or opposition to the MIU and inpatient proposals than expressed support for the proposals.

Specifically in relation to the proposals for changes to **Minor Injury Units**, the key themes included:

- We heard **praise for MIU services** with several respondents sharing personal and family experiences of care and treatment in Powys Minor Injury Units and other urgent care services.
- We heard concerns about the potential **travel and transport impact** if MIU hours are reduced (for example if there is a need to travel to urgent care services elsewhere including A&E outside the county).
- We heard concerns that the proposals may have an **impact on other services including A&E, ambulance, ShropDoc or primary care services**, and also that people feel reassured that the MIU is there for the times when they may need it particularly given that A&E services are not provided in the county.
- We heard concerns about **care and treatment overnight** for people who still attend a community hospital even though the MIU is closed.

- We heard **misunderstanding regarding the role of MIU** and the services provided, for example in relation to the treatment of medical emergencies and life-limb-threatening conditions. We also heard calls for increased marketing promotion of the services provided (and those not provided), including that some people were not aware of MIU.
- We heard from people about their **civic pride in local community hospitals** and concerns that services may decline or be downgraded. This also included comments about wider service delivery in Powys towns and villages (e.g. banks, post offices, schools).
- We heard concerns whether the proposals were **temporary or permanent**, including whether this may affect recruitment and retention of clinical staff and maintenance of skills. In relation to staffing, we also heard comments regarding wider work under way in the county to review the staffing model for MIU services which are outside the scope of this engagement as they do not affect where and how people access MIU services.
- A number of potential **equality and wellbeing impacts** in relation to Equality Protected Characteristics and Well-being of Future Generations Goals were identified, which are summarised in Section 6 and Section 7.
- We heard **some support for the proposals** as a prudent step to address demand within available resources.
- We heard **alternative or complementary proposals**, including that MIU opening hours be maintained and/or increased at these and other sites in the county, and that Brecon remain open until midnight.
- We heard **suggestions for mitigating potential impacts** of any changes, for example through promotion and marketing of alternatives to MIU.
- We heard **calls for expanded facilities** in Powys including the provision of District General Hospital Services, comments about the way the NHS is funded locally and nationally, and questions about the sustainability of services outside the scope of this engagement including maternity and outpatients. Issues and themes outside the direct scope of this engagement are discussed in more detail in Section 5.3.
- We heard comments about the **engagement and decision-making process**, including comments about the robustness of the case for change, and requests to stop or pause engagement on proposed changes. Issues and themes relating to the engagement process are discussed in more detail in Section 5.4

Specifically in relation to **community hospital inpatient proposals** the key themes included:

- We heard praise for community hospital inpatient services with several respondents sharing **personal and family experiences** of care and treatment in Powys community hospitals.

- We heard concerns about the potential **travel and transport** impact, particularly for family and unpaid/informal carers, if patients do not meet the criteria for admission to their most local hospital and that this may also impact on patient care and recovery if they have less access to their family during their hospital stay.
- We heard concerns about **continuity of care** including whether patients may experience multiple hospital moves if their condition improves or deteriorates.
- We heard concerns about the potential **impact on the range of services** available at their most local community hospital, including in relation to end of life care, direct GP admissions, and the potential to reduce or prevent acute hospital admissions.
- We heard from people about their **civic pride** in local community hospitals, the way in which facilities had benefited from public subscription and fundraising and concerns that services may decline or be downgraded. This also included comments about wider service delivery in Powys towns and villages (e.g. banks, post offices, schools).
- We heard concerns whether the proposed model would tackle the challenges in relation to extended stay in hospital and deconditioning, particularly without **improvements in social care**.
- We heard concerns whether the proposals were **temporary or permanent**, including whether this may affect recruitment and retention of clinical staff and also the maintenance of their skills in "Ready To Go Home Units".
- We heard scepticism that the proposals were financially driven rather than also responding to quality and safety challenges, but also scepticism that the proposals may not deliver **financial benefits**.
- A number of **potential equality and wellbeing impacts** in relation to Equality Protected Characteristics and Well-being of Future Generations Goals were identified, which are summarised in **Section 6 and Section 7**.
- We heard **support for the proposals** as a step to address the challenges to quality and sustainability of health services in the county but also that further discussion and design would be needed in order to agree the permanent sustainable shape of services.
- We heard **alternative or complementary proposals**, including that the model should be piloted at a single site.
- We heard **suggestions for mitigating potential impacts** of any changes, for example through awareness of flexible visiting and promotion of travel and transport support.
- We heard calls for **expanded facilities in Powys** including the provision of District General Hospital Services, comments about the way the NHS is funded locally and nationally, and questions about the sustainability of services outside the scope of this engagement including maternity and outpatients. Issues and themes relating to the wider health and care

system and/or outside the direct scope of this engagement are discussed in more detail in **Section 5.3**.

- We heard comments about the **engagement and decision-making process**, including comments about the robustness of the case for change, and requests to stop or pause engagement on proposed changes. Issues and themes relating to the engagement process are discussed in more detail in **Section 5.4**.

In relation to **wider health and care factors**, some respondents specifically asked for the development of District General Hospital and A&E services in the county, for the expansion of community hospital facilities, for news on the next steps on North Powys Wellbeing and for changes to the financial settlement for Powys from UK Government or Welsh Government.

In relation to the **engagement and decision-making process**, we received a number of calls for the engagement process to be paused or stopped, and/or for a further period of formal consultation to take place before any changes are implemented. We also received requests for clarification for how temporary changes would be kept under review, and how the ongoing work to design the future permanent state of safe and sustainable health services would be taken forward.

Section 5 of the report provides more details regarding the feedback received, with specific impacts in relation to Equality Factors set out in **Section 6** and in relation to Well-being of Future Generations in **Section 7**.

2. Background:

The information in this section reflects the position as agreed following the mid-term review with Llais on 13 August 2024.

The NHS across the UK, and locally in Powys, faces a number of challenges to maintain quality, safety, outcomes and financial sustainability for patients and communities. Waiting times for planned care increased during the COVID pandemic and remain high. Inflationary pressures affect the whole of the public sector, increasing the costs of service delivery. More people are living longer with multiple health conditions. And there are pressures on staffing, including that the proportion of people of working age is reducing.

Powys Teaching Health Board has therefore proposed some immediate steps to help maintain quality services within available resources.

Powys Teaching Health Board is proposing some temporary service changes to the following services:

- Minor Injury Units in Powys
- Community Hospital inpatient services across Powys

These proposals, if approved by the Board on 10 October, would see temporary changes implemented from Autumn 2024. Once implemented, the changes would be in place for six months and alongside this the health board would continue to engage with patients, communities, staff and wider stakeholders in order to develop and agree the permanent state of safe and sustainable services for the future.

The proposals were as follows:

2.1 Minor Injury Unit Opening Hours

The health board proposed temporary changes to the opening hours for some PTHB Minor Injury Units.

It has proved increasingly difficult to staff the county's minor injury units. There are frequent overnight and evening closures because appropriately trained staff are not available. This creates uncertainty for patients.

And, typically, around one to two people per night attends the MIU in Brecon or Llandrindod Wells, and in the significant majority of cases their care needs could wait until the morning or would be better addressed elsewhere – for example because they need the specialist resources in a major hospital A&E department. Whilst this does offer convenience for patients it does not offer the best use of precious NHS resources.

Following careful consideration of these challenges, the health board proposed the following changes to opening hours of PTHB minor injury units:

Unit	Current Opening Hours	Proposed Future Opening Hours from Autumn 2024
Brecon	24 hours Seven days a week	8am to 8pm Seven days a week
Llandrindod Wells	7am to Midnight Seven days a week	8am to 8pm Seven days a week
Welshpool (no change)	8am to 8pm Seven days a week	8am to 8pm Seven days a week
Ystradgynlais (no change)	8.30am to 4pm Mon-Fri except bank holidays	8.30am to 4pm Mon-Fri except bank holidays

Alongside these changes to opening hours in Brecon and Llandrindod Wells, the health board also proposed temporary changes to staffing across the health board's minor injury units so that it has better alignment with service activity and demand. These staffing changes would not affect where and how patients access minor injury services.

2.2 Community Hospital inpatient services

Too many patients are spending too long in hospital. This increases the likelihood of "deconditioning" where patients lose muscle strength, lose the ability to take care of themselves, and become disoriented. This can make it more difficult to return to their previous levels of activity and functioning when they return home and can increase the chances of readmission to hospital.

Also, it is difficult to reach out to all parts of a large rural county with the specialist skills needed for the best multi-disciplinary care, and there is too much reliance on very expensive agency staffing.

The health board therefore proposed some changes to the clinical model for inpatient care in Powys community hospitals.

The number of community hospital beds and their locations would remain unchanged across the county. Four hospitals would take on a more specialised focus to help ensure the best quality and outcomes for patients.

- Two hospital wards would be designated as our "Ready to Go Home" units. These would provide focused care and support for patients who are ready to return home but are waiting for a package of community care. They would be located at Llanidloes Community Hospital and Bronllys Community Hospital. This is alongside the continued role of Glan Irfon and Knighton.

- Two hospital wards would have an enhanced specialist role to support patients who require inpatient rehabilitation. This will build on the existing arrangements for stroke rehabilitation. So, they would be located at Breconshire War Memorial Hospital and Montgomery County Infirmary (Newtown).
- Our other hospital wards (Ystradgynlais, Llandrindod Wells, Welshpool and Machynlleth) would continue to operate as general medical wards. Some patients who would currently receive care on these wards would instead receive their care in Bronllys or Llanidloes (e.g. if they are "ready to go home") or in Brecon or Newtown (if they require more intensive rehabilitation).

Overall, these proposals aim to reduce unnecessary extended stays in hospital, so that patients are able to return to their home including a care home. They also aim to help us bring patients back into Powys more quickly from hospitals in neighbouring counties.

2.3 Decision Making Process

An initial engagement plan was developed and approved by the Health Board's Executive Committee on 16 July 2024 prior to review & assurance at a meeting in public of the Board on 24 July 2024. This set out a period of engagement from Monday 29 July 2024 to Sunday 25 August 2024.

The engagement, as envisaged at that time, would provide an opportunity to raise awareness of temporary changes, and to gather feedback to aid implementation and mitigation, with the temporary changes being implemented alongside or shortly after the conclusion of the engagement. The engagement plan was implemented ahead of schedule, with the main engagement activities commencing from Thursday 25 July 2024.

As part of the health board's ongoing liaison with Llais, as the statutory independent Citizen Voice Body for health and care in Wales, two actions were agreed as part of a mid-term review of the engagement on 13 August 2024:

- A report on the findings from the engagement period on these proposals would be presented to a meeting in public of the Board, where decisions on these proposals would be made prior to implementation (including identification of mitigations in response to the feedback we have heard). This meeting has been arranged for 10 October 2024.
- The closing date for the period of engagement was reset to 8 September 2024.

This engagement report will therefore form part of an updated set of recommendations for consideration at a meeting in public of the Board on 10 October 2024.

3. Engagement Process:

3.1 Context

A period of four weeks engagement was planned in line with Welsh Government guidance on service change recognising that each proposed service change is small in nature as:

- Premises or service move within same community area (in relation to changes to the inpatient model, the health board will continue to provide the same number of beds from the same locations although for a small number of patients who are either ready to go home or requiring inpatient rehabilitation this may be provided from a different location than now which will normally be within the same cluster area)
- temporary closure of premises (a temporary closure of MIU premises overnight is proposed in Brecon and in Llandrindod Wells)
- anticipated small number of people affected or moderate change with small impact (an average of 1.4 people per night in Brecon and 0.8 people per night in Llandrindod Wells use MIU during the proposed hours of closure; in relation to the community hospital inpatient proposals, and a small number of patients per week would receive their inpatient care in a different location to now whilst conversely the temporary model aims to support more patients to return to Powys more quickly from acute and community hospitals outside the county).

A detailed engagement plan was developed, setting out the engagement objectives, timeline, stakeholders, activity and response process. A stakeholder map was developed for all proposals to help identify priority engagement audiences including staff, residents, partners and other agencies.

Progress to deliver the plan was monitored through the PTHB Engagement and Communication Team in the lead up to, during, and following the engagement period. A summary of planning and delivery is set out in Annex 1.

The following objectives for the plan were identified.

- To inform staff, residents, patients and all other interested stakeholders about the proposed temporary changes and the reasons for wanting to implement them
- To provide sufficient information to enable stakeholders to better understand the reasons before responding to the engagement exercise
- To seek feedback on these and, in particular, to capture views on any negative impacts, mitigations and other suggestions that people may have
- To explain that we are planning further engagement and conversations about the long-term shape of health services for the people of Powys in the autumn of 2024

3.2 Timeline

The initial engagement plan was developed and approved by the Health Board's Executive Committee on 16 July 2024 prior to review & assurance at a meeting in public of the Board on 24 July 2024. This set out a period of engagement from Monday 29 July 2024 to Sunday 25 August 2024.

As part of the health board's ongoing liaison with Llais, as the statutory independent Citizen Voice Body for health and care in Wales, two actions were agreed arising from the mid-term review of the engagement on 13 August 2024:

- A report on the findings from the engagement period on these proposals would be presented to a meeting in public of the Board, where decisions on these proposals would be made prior to implementation (including identification of mitigations in response to the feedback we have heard). This meeting has been arranged for 10 October 2024.
- The closing date for the period of engagement was reset to 8 September 2024.

3.3 How did we engage?

Powys Teaching Health Board has worked with partners in the Powys Regional Partnership Board to develop a shared online engagement portal called Have Your Say Powys (www.haveyoursaypowys.wales) which is available in English and Cymraeg as well as supporting compliance with digital accessibility standards.

An engagement hub for the proposed temporary service changes was established on both the English and Cymraeg portal which hosted all the engagement material.

The purpose of the portal included:

- Providing residents and wider stakeholders with all the information they need at their fingertips so as to better understand the proposals, the context, the opportunities and channels they can use to respond, and
- Enabling them to provide their feedback easily in whichever way they prefer using the tools and channels promoted

The engagement materials available on the site for the temporary services change proposals comprised:

- An Issues Paper - this provided detailed information about the reasons why the health board was proposing the temporary service changes and what these would look like
- Your Questions Answered - this document consisted of a list of questions that people might have about the proposed changes, and the answers. This was updated over the engagement period based on questions posed in either the webinars or feedback in the survey responses
- An Easy Read version of the Issues Paper

- A survey seeking views on the proposals including impacts, mitigations and any other suggestions/views that people wished to give
- A bilingual poster which could be downloaded and placed in communities, highlighting the closing date and with a QR code and details of how to get to the HYS portal
- Details of two webinars which people could register for followed by videos of these for people who were unable to attend to watch when convenient
- Details of how to request paper copies of the Issues Paper and survey, including through a dedicated telephone line (five copies were requested)

The Engagement and Communications Team also used the following channels to raise awareness of the engagement exercise so that residents/stakeholder views could be captured.

- Information about the engagement was sent to key stakeholders including GPs, clusters, MSs, MPs, County Councillors, Town and Community Councils, third sector organisations via the PAVO information cascade, and distribution via RPB and PSB networks,
- Social media posts were developed to raise awareness and encourage feedback. They included the web address to the engagement portal and a QR code which people could scan. These were scheduled across the health board's channels which include Facebook, X (formerly Twitter), Instagram and NextDoor.
- Social media adverts were developed and scheduled inviting residents to sign up to the health board's free 'have your say' engagement newsletter subscription service ahead of the launch of the exercise. This meant people would receive information about this and future engagement exercises directly via email to their inbox.
- All residents who had subscribed to the health board's free engagement news subscription service (govDelivery) received a weekly email which linked them to the website and the engagement portal so they could respond to the survey.
- Other subscribers to our Start Well, Live Well, Age Well, News and Engagement News topics in govDelivery were also sent one or a series of news bulletins. These gave details around the proposals, the webinars, the reset of the closing date and invited people to give their views via the survey. In total on average for each bulletin around 98% of the emails were delivered with no bounce back and over 600 residents were reached.
- A partner pack of social media posts was shared with key organisations that sit on the Powys Engagement and Insight network to request their support to promote the period of engagement via their social and digital channels.
- Hard copies of the poster were printed and distributed by the team so that they were visible in most Powys hospitals where proposals would most impact residents. They contained both a QR code and the web address for the engagement portal.

- Hard copies of the poster were also offered to local partner organisations (including by download from the engagement hub) for display in the public and community buildings.
- Digital posters were displayed on the health board's digital display screens in community hospitals and clinics across Powys. This enabled both patients and staff to see the details of the engagement exercise, how to give their views and the closing date.

Engagement activities also included:

- Two online webinar events hosted on Microsoft Teams to raise awareness of the proposals and to answer questions.
- A representative from the PTHB engagement and communication team attended the PAVO locality network meetings that took place during the engagement period. These meetings are hosted by the Powys Association of Voluntary Organisations and provide an opportunity for representatives from the voluntary sector to come together and share updates and feedback resident views or concerns on community and public services. The PTHB officer shared details about engagement, took hard copies of all the documentation and listened and fed back views given.
- The health board accepted all requests to attend public meetings that were received during the engagement period. This included a meeting in Llanidloes hosted by Llanidloes Town Council, a meeting in Glantwymyn hosted by Glantwymyn Community Council, and meetings in Brecon and Llandrindod Wells hosted by Brecon, Radnor and Cwm Tawe Liberal Democrats.

4. Who responded to the engagement and how?

There were various channels that the health board used to promote the engagement enabling people to respond, ask questions and raise their concerns.

This report provides a summary table below, a section for each and where appropriate a more detailed annex.

Method	Numbers
Survey	**735** responses were received (see Section 4.1)
Webinars	**80** people attended the two online webinars (see Section 4.2)
Petitions	During the period of engagement, we have been informed of a number of petitions relating to the proposed changes but at the time of writing (17 September 2024) no petitions have been formally submitted to the health board for consideration. For two petitions, information is publicly available online including the number of signatories. On 27 September 2024 there were 2412 signatures to a petition to keep Brecon MIU overnight and 673 signatures to a petition to open Llandrindod Wells MIU 24 hours (see Section 4.3 and Annex 4). Following preparation of this report the health board has been contacted by representatives on behalf of a written petition and an oral update will be provided to the Board.
Correspondence	We received representations from 22 stakeholders (see Section 4.4a) and 10 submissions via letter or email from members of the public (see Section 4.4b). This is in addition to correspondence received from primary care (e.g. GP practices, clusters) which are discussed in a separate report to the Board.
Contact vis Llais	17 individuals and organisations contacted Llais to share feedback about the proposals. Anonymised feedback from these representations have been shared by Llais with the health board (see Section 4.5).
Public Meetings	We estimate that over 500 people attended the four public meetings held in Llanidloes, Glantwymyn, Brecon and Llandrindod Wells (see Section 4.6).
PAVO locality network meetings	Representatives from various community and third sector organisations were reminded about the engagement exercise and how to have their say by a member of the Engagement and Communications Team at several locality network meetings organised by PAVO (see Section 4.7).
Other	This report does not cover the following areas of engagement which are discussed in separate reports: - Staff engagement relating to terms and conditions and working arrangements - Primary care engagement (e.g. GPs, clusters)

4.1 Engagement Website and Survey

During the engagement period we received 735 responses to the online survey on the Have Your Say Powys website. 734 survey responses were received via the English engagement portal and one via the Welsh engagement portal.

The engagement website provided key documents to explain the proposals and answer the principal questions being raised during the engagement.

The table below sets out the number of visitors/views to each document.

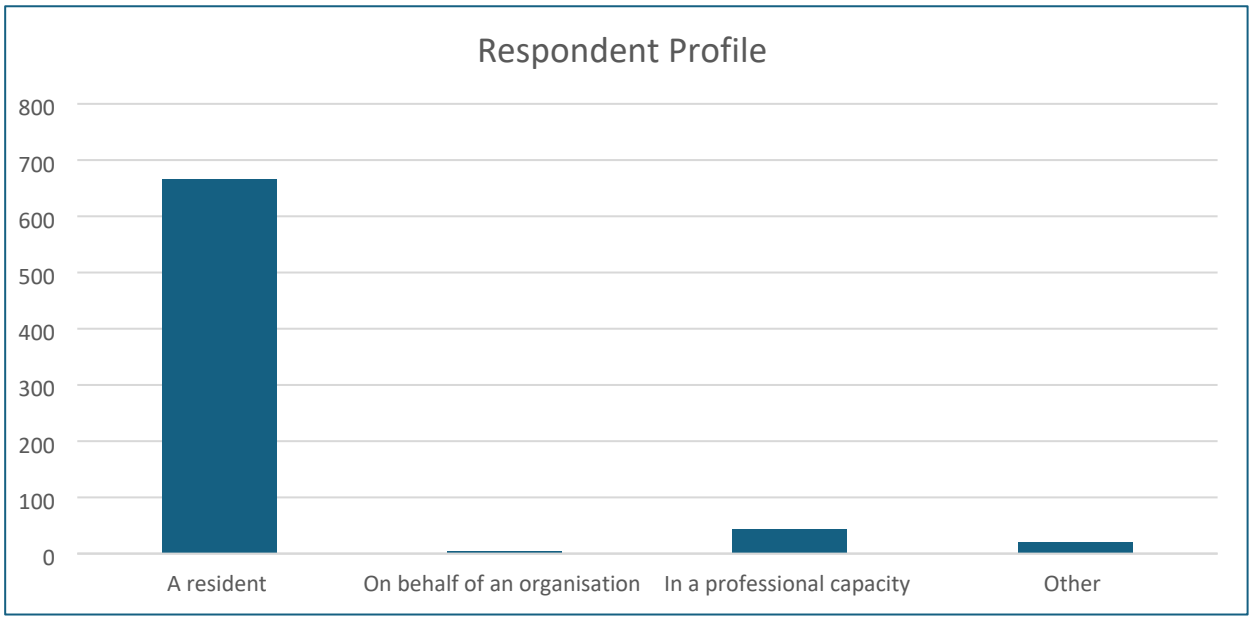
Engagement Materials	No of visitors/views
Issues Paper viewed online	1134
Your Questions Answered viewed online	300
Survey Submissions	735
Posters downloaded	49
Easy Read documents downloaded	101
Key Dates viewed online	163

Q1. About the Respondents

We asked respondents ***"Are you responding as a resident, on behalf of an organisation, or in a professional capacity?"***

90% of respondents stated that they were responding as residents of Powys.

Answer Options	Number of responses	Percentage of total respondents
A resident of Powys (a patient, a family member/carer)	667	90.7%
On behalf of an organisation that supports patients/family members/carers	4	0.5%
In a professional capacity / as a member of staff in the health board or elsewhere	44	6%
Other	20	2.7%
Total	**735**	**99.9%**



Q2. Organisational Responses

If the response to question 1 was "organisation" we asked respondents to let us know which organisation they work for.

The survey platform does not enable "skip logic" so although only four people had selected that they were responding on behalf of an organisation, 34 people had chosen to state what organisation they worked for. Of these, the majority stated, "Powys Teaching Health Board".

The four organisations consisted of two churches, Credu and Dyfi University of the Third Age. Three individual respondents were from another NHS employer (one staff member from Wye Valley Trust, and one staff member from Aneurin Bevan UHB, one staff member from ShropDoc). One person responded saying they worked for the NHS without stating an organisation and one person stated they worked for Powys County Council. One individual responded as a Llanidloes Town Councillor and one as a member of Welshpool League of Friends.

Q3. Location of Respondents

Respondents were asked which Powys locality they live in or nearest to, or if they live outside Powys:

"Powys Teaching Health Board uses a locality-based model to plan services. These proposals would impact some localities/areas more than others, so it is useful to understand and analyse responses in this way. Could you please tell us which Powys locality you live in or nearest to?"

The highest number of responses, collectively representing 60% of all responses, came from the following three localities: Brecon (26.4%), Llandrindod Wells & Rhayader (18%) and Llanidloes (15%).

The following localities generated 5-10% of the responses per locality: Builth Wells & Llanwrtyd Wells (7.6%), Hay & Talgarth (7.1%), and Machynlleth (5.6%).

Other localities represented under 5% of the overall response to the survey.

Locality	No of responses	Percentage of total responses
Brecon	194	**26.4%**
Builth Wells & Llanwrtyd Wells	56	**7.6%**
Crickhowell	37	**5%**
Hay & Talgarth	52	**7.1%**
Knighton & Presteigne	22	**3%**
Llandrindod Wells and Rhayader	132	**18%**
Llanfair Caereinion	5	**0.7%**
Llanfyllin	6	**0.8%**
Llanidloes	113	**15%**
Machynlleth	42	**5.6%**
Newtown	27	**3.7%**
Welshpool & Montgomery	14	**1.9%**
Ystradgynlais	27	**3.7%**
I live outside Powys	8	**1.1%**
TOTAL	735	99.6%

Q4. Minor Injury Unit Proposals

In relation to the proposed changes to Minor Injury Unit proposals, we asked.

"In particular, we would like to know:

- ***the impact, if any, these proposals may have on you and your family,***
- ***the impact, these proposals may have on others (Welsh speakers, people with a disability, older people etc.)***
- ***the steps we can take to reduce any impact***
- ***anything else you would like to say***

Please use this space to give your views."

660 responses were received for this question. The key themes are summarised in Section 5.1.

Q5. Community hospital inpatient services across Powys

In relation to the proposed changes to community hospital inpatient services, respondents were asked the following question in order to capture views from all stakeholders.

"In particular we would like to know:

- ***the impact, if any, these proposals may have on you and your family,***
- ***the impact, these proposals may have on others (Welsh speakers, people with a disability, older people etc.)***
- ***the steps we can take to reduce any impact***
- ***anything else you would like to say***

Please use this space to give your views."

587 responses were received for this question. The key themes are summarised in Section 5.2.

Q6. Longer Term Vision for Health Services

Earlier this year the health board undertook a period of engagement on the health board's "Better Together" work which aims to help develop a future vision for health and care in the county. In the survey for temporary service changes, we asked respondents for their views on the themes that had emerged from this engagement with the question:

"There were 11 key themes that came out of the Better Together conversations held in February and March this year. In these sessions we shared the challenges we are facing and listened to what people said was important or a concern. We'd like you to consider each of the themes and rank these on the basis of what matters most to you and your family. (1 = most important and 11 = least important)."

The purpose of this question was to reflect back what we had heard in our February conversations and to seek further input from Powys residents, staff and others completing the survey.

The answers given help us to better understand what concerns people most and will allow us to reflect upon these and shape the conversations and engagement that will take place from this autumn in order to develop and agree the permanent future shape of safe and sustainable services for the county.

681 people responded to this question. The responses are summarised in Section 5.3.

Q7. Other Issues and Themes

We also asked respondents whether they felt there were any key themes missing in Question 6.

"Finally, what, if anything is missing from this listing?"

Key themes in response to this question are discussed in Section 5.3.

Respondents also used this space to add further comments relating to the specific proposals for minor injury units and community hospital inpatient services. These comments have been incorporated in our analysis in Section 5.1 and Section 5.2.

4.2 Webinars

Two online webinars were hosted by the health board so that interested stakeholders/residents could find out more about the proposals, the context and post questions in the chat function.

Those who registered were also emailed a few days beforehand and asked if they would like to submit questions in advance. This was to ensure all were aware that the webinars would be recorded and then published on the *Have Your Say* engagement portal for others to view.

The webinars were held on:

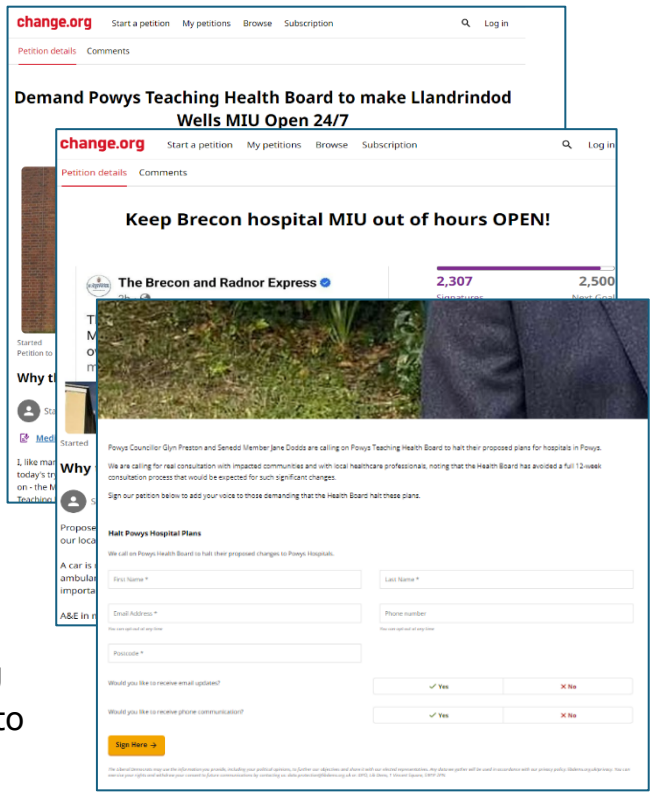
- Thursday 8 August 2024 from 1pm-1.45pm.
- Wednesday 14 August 2024 from 6-6:45pm.

A PowerPoint presentation was given by the Chief Executive of Powys Teaching Health Board and members of her team giving an overview of the current position, why the county has no District General Hospital, how services are commissioned and the logic for the proposals.

Following feedback from the first webinar, it was agreed to shorten the presentation and increase the time for questions.

A recording of both webinars including the response to questions is available from the engagement website.

4.3 Petitions



During the engagement period the health board was made aware of four petitions raised in relation to the proposals.

However, by the end of the engagement period no petitions had been formally submitted to the health board.

Two petitions were in relation to the Minor Injury Unit proposals – one for Llandrindod Wells and one for Brecon. Both were calling for the units to stay open 24/7 seven days a week. As these two petitions are online with publicly available information regarding the number of signatories, we are aware of 2379 signatures on the petition to keep Brecon MIU overnight and 671 signatures on the petition to open Llandrindod Wells MIU 24 hours.

A further petition has been established by Liberal Democrat politicians in Brecon & Radnor, for which no data on signatories has been submitted to the health board.

Following preparation of this report the health board has been contacted by representatives on behalf of a petition in the Llanidloes area, and an oral update will be provided to the Board meeting.

More information about the petitions that were brought to our attention is included in Annex 4.

4.4a Correspondence from Key Stakeholders and Organisations

During the engagement period the health board received correspondence including letters and emails from 22 key stakeholders including Members of Senedd Cymru, members of the UK Parliament, county councillors, town & community councils and Leagues of Friends.

A list of the key stakeholders and organisations that submitted correspondence relating to the engagement is set out in Annex 6.

This also included correspondence being forwarded on behalf of constituents.

The issues raised on correspondence from stakeholders are reflected in the summative analysis in Section 5.

An update on engagement with GPs / Primary Care is set out in a separate report.

4.4b Responses from individual residents

The health board received representations in writing from 10 members of the public.

The issues raised on correspondence from residents are reflected in in the summative analysis in Section 5.

4.5 Llais

17 individuals and organisations contacted Llais – the statutory independent citizen body voice for health and social care in Wales – to share feedback about the proposals. Llais ensured that anonymised feedback was shared with the health board to contribute to this engagement analysis.

The issues submitted to the health board via Llais are reflected in the summative analysis in Section 5.

4.6 Reports from Meetings and Events

Powys Teaching Health Board was invited to attend four public meetings organised during the engagement period, and all invitations were accepted:

Locality	Date	Approximate attendance	Organiser
Llanidloes	Friday 16 August 2024	250	Llanidloes Town Council
Glantwymyn	Thursday 22 August 2024	70	Glantwymyn Community Council
Brecon	Wednesday 28 August 2024	130	Welsh Liberal Democrats
Llandrindod Wells	Thursday 29 August 2024	85	Welsh Liberal Democrats
Total		**535**	

At each meeting the respective chair welcomed the panel and attendees and set out the running order. The Chief Executive Hayley Thomas was then invited to give an overview of the health board's position and the reasons and context for the temporary service change proposals.

Panel members included Town and Community Councillors, GPs, MPs and MSs, the Chief Executive and Chair of Powys Teaching Health Board and other senior members of staff with the specialist knowledge to be able to respond to comments/questions. Notes were taken at each meeting.

The floor was then opened for questions or comments. At each meeting, similar questions were posed, or statements made either by the public, town and community councillors GPs, and politicians.

The issues raised during public meetings are reflected in the summative analysis in Section 5 and in Annex 3.

4.7 PAVO Locality Events

Powys Association of Voluntary Organisations (PAVO) holds regular locality-based meetings with third sector organisations.

A representative from PTHB attended PAVO locality meetings taking place during and shortly after the engagement period, which provided an opportunity to share information about the engagement process. Information was shared with approximately 90 representative across the following locality meetings:

- Llanidloes 13 August 2024
- Ystradgynlais 21 August 2024
- Llandrindod, Rhayader, Builth and Llanwrtyd 22 August 2024
- Machynlleth 3 September 2024
- Hay and Talgarth 4 September 2024
- Knighton and Presteigne 5 September 2024
- Crickhowell 11 September 2024

The issues raised during locality meetings are reflected in the summative analysis in Section 5 and in Annex 5.

5. What did we hear?

The feedback received across the different engagement channels set out in Section 4 is summarised below in the following themes:

- Feedback directly relating to Minor Injury Unit proposals (See Section 5.1)
- Feedback directly relating to Community Hospital Inpatient proposals (See Section 5.2)
- Feedback relating to wider health and care issues (See Section 5.3)
- Feedback relating to the engagement process (See Section 5.4)
- Feedback on other factors (See Section 5.5)

We also received feedback that relates to Equality Factors (see Section 6) and to the Well-Being of Future Generations (see Section 7)

5.1 Minor Injury Unit Proposals

5.1.1 Summary of Feedback

Based on analysis of the responses, the following key themes have been identified:

- We heard praise for MIU services with several respondents sharing **personal and family experiences** of care and treatment in Powys Minor Injury Units and other urgent care services.
- We heard concerns about the potential **travel and transport** impact if MIU hours are reduced (for example if there is a need to travel to urgent care services elsewhere including A&E outside the county).
- We heard concerns that the proposals may have an **impact on other services including A&E, ambulance, ShropDoc or primary care services**, and also that people feel reassured that the MIU is there for the times when they may need it particularly given that A&E services are not provided in the county.
- We heard concerns about **care and treatment overnight** for people who still attend a community hospital even though the MIU is closed.
- We heard **misunderstanding regarding the role of MIU** and the services provided, for example in relation to the treatment of medical emergencies and life-limb-threatening conditions. We also heard calls for increased marketing promotion of the services provided (and those not provided), including that some people were not aware of MIU.
- We heard from people about their **civic pride** in local community hospitals and concerns that services may decline or be downgraded. This also included comments about wider service delivery in Powys towns and villages (e.g. banks, post offices, schools).
- We heard concerns whether the proposals were **temporary or permanent**, including whether this may affect recruitment and retention

of clinical staff and maintenance of skills. In relation to staffing, we also heard comments regarding wider work under way in the county to review the staffing model for MIU services which are outside the scope of this engagement as they do not affect where and how people access MIU services.

- A number of **potential equality and wellbeing impacts** in relation to Equality Protected Characteristics and Well-being of Future Generations Goals were identified, which are summarised in **Section 6 and Section 7**.
- We heard some **support for the proposals** as a prudent step to address demand within available resources.
- We heard **alternative or complementary proposals**, including that MIU opening hours be maintained and/or increased at these and other sites in the county.
- We heard suggestions for **mitigating potential impacts** of any changes, for example through promotion and marketing of alternatives to MIU.
- We heard calls for expanded facilities in Powys including the provision of District General Hospital Services, comments about the way the NHS is funded locally and nationally, and questions about the sustainability of services outside the scope of this engagement including maternity and outpatients. Issues and themes outside the direct scope of this engagement are discussed in more detail in **Section 5.3**.
- We heard comments about the **engagement and decision-making process**, including comments about the robustness of the case for change, and requests to stop or pause engagement on proposed changes. Issues and themes relating to the engagement process are discussed in more detail in **Section 5.4**.

Examples of survey comments:

"If the Brecon MIU closes our nearest accessible hospital is 30 miles away, for others in the region far more. Keep it open 24 hours."

"I am a carer for a family member with complex medical issues. A night time trip to the nearest A&E for a minor injury would take a massive negative impact on their health taking weeks to recover from."

"It's clear this temporary closure is just a stepping stone to permanent closure. While not many people may attend MIU after 8pm it is still a valuable service. If I suffer a cut that needs stitching or gluing that will now result in a very long drive to an over stretched A&E department. My concern is what happens to those that don't have transport."

"I understand that these MIUs are not very busy, but if someone needs help the alternative is to travel to Hereford where, because you are from Powys, you are treated as a second-class citizen. "The Emergency Unit in Hereford is always overworked, and you can be there for many hours waiting to be seen, this is bad for anyone, but given the fact that most attendees wanting urgent care are either elderly or very young then this becomes even worse!"

"I support the proposal and agree it is unlikely to impact me. As long as services providing advice and self-care like 111 are properly staffed and funded then it should not make a difference to others."

"You need to train up more nurses to become emergency practitioners."

"We'd still need to ensure that citizens attending MIU had access to the appropriate point of care or referral into the most appropriate services."

"Temporary always means permanent."

"If the MIU at Brecon Hospital was closed overnight and medical attention was needed we'd call ShropDoc or go to the MIU the following day if need be. Obviously for anything urgent we'd go to A&E or call 999. The function / role of MIUs is clear in its name!"

We need it to stay open longer hours, so people don't have to go to Hereford for minor injuries. It is essential for people in our areas as we have nowhere else to go.

"I am very anxious as what will happen if I have a minor injury at night. I can just afford or ask someone to take me to Brecon but no further."

"I would go to Llandrindod in an emergency. I would want to go at any time of day if I thought I or a member of my family had an issue that needed immediate treatment but wasn't currently life threatening."

"Brecon is too big a town not to have a MIU, if the doctors surgery was an 8am to 8pm that might relieve pressure?"

5.1.2 Potential Impacts Identified

This section of the report provides more detail of the issues raised under the key themes identified above.

Personal and Family Experiences

We heard praise for the services provided by Minor Injury Units in Powys including a range of personal stories and experiences about treatment for the respondent or their family members or friends.

> *"Obviously, a reduction in opening hours is going to have a negative impact on members of the public needing emergency appointments for minor injuries. We are so far away from a major hospital in Llandrindod, so to lose access to MIU after 8pm could be devastating, if not fatal. I've been there for myself, with my husband and with my children many times, and am so grateful for such good care and attention, but injuries and accidents aren't just a day time phenomenon. My husband and son are police officers, and aren't immune to injury after 8pm, in fact, 8pm-midnight can be their busiest time, but there would be nowhere close to go. Please don't reduce your hours, and please, never ever close these units which are a lifeline for the community."*

This reflected value for the service, including access to prompt local treatment reducing the need to travel to a facility such as A&E outside the county.

Some of these personal experiences related to medical issues and life/limb-threatening injuries which are outside the clinical scope of Minor Injury Units (see below).

Travel and transport

We heard concerns regarding the distance to travel to other locations for treatment of minor injuries (e.g. to A&E departments) during the proposed hours of closure from 8pm and 8am including in relation to availability of public transport during these hours.

This included particular issues and concerns for people who may face barriers to access to transport such as older people, young people, people with disabilities, those experiencing socio-economic disadvantage and that therefore these changes may have an adverse economic impact on some people.

> *"I hope you don't close our minor injuries departments, as we live a long way from a DGH and being an elderly population cannot always get there. Is it right that we should have to travel so far especially at night and have to take babies, small children that far. When we have a perfectly good minor injuries department only 8miles away."*

Concerns were also expressed about the potential impact from road closures and inclement weather for accessing minor injury treatment when the MIU is closed.

Impact on other services (e.g. A&E, ambulance, ShropDoc, primary care)

We heard concerns that reducing hours of MIU services may have an adverse impact on A&E and ambulance services. We heard comments that residents can experience long waits for A&E and ambulance services, and concerns that this would increase if activity was diverted from MIU to A&E.

> *"I think the decision to move to overnight closure is shortsighted and one which could result in increased demand presenting at Accident and Emergency Departments or people in need not presenting for care at all."*

Concerns were again expressed about the potential impact from road closures and inclement weather and being able to access A&E outside the county via ambulance if Minor Injury Units were closed.

We heard feedback that indicated that respondents found psychological reassurance in having an MIU located nearby, so that it was available if they needed it – essentially "you don't know that you will need it until you need it". This included views that "need" should not solely be evidenced by activity.

Some people also felt that this may place additional demand on ShropDoc overnight, or for GP services the following morning.

Care and Treatment Overnight

We heard concerns about perceived safety risks for patients and also for staff if patients still attend a community hospital overnight where the MIU is no longer open. This included concerns about delays in access to treatment for patients if the MIU is closed, and potential impact for ward staff if they are called on to provide first aid for unscheduled hospital attenders.

Misunderstanding regarding the role of MIU

Although the MIU is not about life and limb-threatening injuries or medical emergencies, we heard a large number of concerns about how living in our rural county with limited transport options would create life threatening situations if people felt they needed to seek medical attention overnight and the Powys MIUs were closed. There is a view that there is nowhere else to go and a desire to see the MIUs stay as they are.

> *"In these rural areas, minor injury units are a must as there is no hospital for miles. With the Air Ambulance under threat of being re-sited, the minor injury units will definitely be needed. Not everyone has their own transport so local units are vital."*

Again, although the MIU service is for the treatment of non-emergency injuries such as cuts, bumps, bruises and bites, there were comments that suggest the service offers an element of reassurance for our residents when living in such a rural county with District General Hospital services provided outside the county.

Some personal stories were shared of patients receiving emergency first aid at MIU prior to being transferred to an emergency hospital.

> *"I have had several occasions to use the MIU in Llandrindod and it is very reassuring to know that it is there when you need it. I am elderly and so is my Husband. I have had falls and cuts that have been treated at Llandrindod. Please do not cut this service as Hereford is too far now to drive to, it is really important to keep the MIU as it is for the many people in this area who depend on it."*

Linked to this theme, the health board instituted additional promotional activity during the engagement period to reinforce that MIUs do not treat medical emergencies and that our clinical advice is to call 999 or attend A&E as visiting an MIU could create a delay in receiving lifesaving care.

There was also misunderstanding regarding the respective roles of MIU and ShropDoc: out-of-hour GP services provided by ShropDoc are not affected by these proposals and the service will continue to be available for out-of-hours medical care via 111 and other referral routes.

> *"My elderly parents are confused about whether they should seek care from 111, their GP surgery, Llandrindod Wells MIU, or Hereford Hospital. They are often told they are in the wrong place or should have called ahead. Changing the opening hours will likely add to this confusion."*

Civic Pride

We heard concerns that people felt they were experiencing a general reduction in services over time – more broadly across public and commercial services and not limited to the NHS - and that this would impact the future of the county.

People told us that they felt that overnight closure of MIUs overnight would contribute to a general feeling that services are being downgraded and that this would also potentially have a wider longer-term effect on the ability of communities and the county as a whole to grow the economy, recruit staff and encourage young people to stay in county for jobs etc.

> *"We are constantly being stripped of resources in Mid Wales. As a mother of young children, it's very scary that the hospital may not be accessible when we need it."*

Reference was also made to recent changes to A&E and then Minor Injury Unit services at Nevill Hall Hospital in Abergavenny, and also to the Air Ambulance engagement following which a recommendation has been made to relocate the Welshpool base.

Temporary or Permanent

There were several comments which indicated that people were very sceptical that these changes would be temporary and/or that they would quickly become

permanent. This also reflected that there have been previous changes to MIU opening hours in Welshpool and Llandrindod Wells that were made on a temporary basis and where the permanent future model has not yet been subject to engagement and/or consultation.

"The first thing is that this consultation uses the word "Temporary" with no date for it to end. Which infers it will be permanent."

Responding to these issues provide an opportunity to reinforce the temporary nature of these proposals, and to clarify the monitoring, evaluation and review framework that will be in place.

We also heard comments regarding wider work under way in the county to review the staffing model for MIU services which are outside the scope of this engagement as they do not affect where and how people access MIU services. For example, we heard comments that a revised staffing model would not be sufficient to meet current peaks in demand – for example, it could have an adverse impact on achievement of four-hour access targets.

Potential Equality and Wellbeing Impacts

We heard comments and concerns regarding the potential impact a reduction in hours of two MIUs may have on families who have young children, on our ageing population, on people with pre-existing medical conditions who may drop into MIUs overnight and on disabled people who may be more likely to need reasonable adjustments or support to access services in the first place. Tourists were also mentioned by some respondents as being potential users of our MIUs during the holiday seasons, and also military personnel. There was also a mention of the impact on those working in the farming industry as they have a longer than average working day involving farm machinery which may result in accidents later in the evening.

"I live in a very rural part of Powys with all of my family involved in agriculture, I have visited MIU with them on several occasions following accidents that have not required an ambulance, on different occasions they etc, have required immediate stitching, referral on to a larger hospital or prescription only pain relief, none of these were injuries which could wait until the next morning for treatment."

Respondents highlighted projections for an ageing population and there was a view that the health board needed to factor this in and sustain this service as people may be less able to drive somewhere else for assistance as they age and that needs may be exacerbated by rural isolation.

Support for the Proposals

Some respondents were in support of the proposals and felt there would be little impact overall with the number of people using the service being low already.

These respondents were reassured by the low attendance and that that most minor injuries did not require someone to have to visit a MIU between the hours of 8pm to 8am – many minor injuries can wait until the unit is next open, Powys MIUs do not provide x-ray overnight so those patients requiring x-ray are already signposted, and where patients attending MIU are assessed as needed higher acuity care (e.g. A&E) they are already referred or transferred appropriately to alternative services. The respondents in support of the proposal stated that they felt the proposals were both prudent and sensible.

> *"In these days of expensive living, it is only sensible to take steps to reduce the hours at Brecon. The statistics shown make sense of reducing the hours and expense of maintaining the hospital services, when they are not fully used, I support your decision to try it for 6 (six) months. So, then we can review the final results."*

These respondents acknowledged the current staffing challenges and late notice closures and felt the approach was something they could support. For some there were additional comments about ensuring they remained open during the daytime and that there was a proper review after the six months.

Alternative or Complementary Proposals

Several respondents provided suggestions for alternative or complementary proposals, including:

- Establishing an Accident and Emergency Service in Powys.
- Maintaining all MIU units overnight across the county and find the savings elsewhere.
- Considering the closure of one of the two units 24/7 and keeping the other unit open 24/7 and monitor and review it in six months' time.
- Considering an alternative rota whereby Brecon MIU is open 24/7 one week and then Llandrindod Wells unit is open 24/7 the next week.
- Keeping the Brecon MIU open until midnight rather than closing from 8pm to 8am.
- Expanding the hours of x-ray facilities so that more minor injuries can be treated overnight in the county.
- Increasing the hours of MIU services outside the scope of this engagement (e.g. Ystradgynlais).
- Ensuring procedures for ambulance services to convey to MIU were clearly understood.
- Liaising with local military bases both in relation to potential impact and mutual support.
- Remodelling of the MIU service, potentially with ShropDoc, for wider treatment of minor illnesses as well as injuries.

Mitigating Potential Impacts

Several respondents provided suggestions for mitigating potential downside impacts if the proposals are approved. This included:

- Promotion and marketing of the service that MIUs offer (and do not offer) including the hours that x-ray services are open.
- Increasing awareness and knowledge around prevention of a minor injuries and how to treat them so that residents are more confident knowing that they can deal with these at home, particularly if they have an injury overnight.
- Focused activity in the lead up to periods that may be associated with increased likelihood of minor injuries and/or increased concerns about how to access treatment - such as bank holiday, school holiday, inclement weather.
- Information and protocols in place if members of the public attend MIU during hours in which the MIU is now closed.

5.2 Community Hospital Inpatient Proposals

5.2.1 Summary of Feedback

Based on analysis of the responses, the following key themes have been identified:

- We heard praise for community hospital inpatient services with several respondents sharing **personal and family experiences** of care and treatment in Powys community hospitals.
- We heard concerns about the potential **travel and transport** impact, particularly for family and informal/unpaid carers, if patients do not meet the criteria for admission to their most local hospital and that this may also impact on patient care and recovery if they have less access to their family during their hospital stay.
- We heard concerns about **continuity of care** including whether patients may experience multiple hospital moves if their condition improves or deteriorates.
- We heard concerns about the potential **impact on the range of services** available at their most local community hospital, including in relation to end of life care, direct GP admissions, and the potential to reduce or prevent acute hospital admissions.
- We heard from people about their **civic pride** in local community hospitals, the way in which facilities had benefited from public subscription and fundraising and concerns that services may decline or be downgraded. This also included comments about wider service delivery in Powys towns and villages (e.g. banks, post offices, schools).

- We heard concerns whether the proposed model would tackle the challenges in relation to extended stay in hospital and deconditioning, particularly without **improvements in social care**.
- We heard concerns whether the proposals were **temporary or permanent**, including whether this may affect recruitment and retention of clinical staff and also the maintenance of their skills in "Ready To Go Home Units".
- We heard scepticism that the proposals were financially driven rather than also responding to quality and safety challenges, but also scepticism that the proposals may not deliver **financial benefits**.
- A number of **potential equality and wellbeing impacts** in relation to Equality Protected Characteristics and Well-being of Future Generations Goals were identified, which are summarised in **Section 6 and Section 7**.
- We heard **support for the proposals** as a step to address the challenges to quality and sustainability of health services in the county but also that further discussion and design would be needed in order to agree the permanent sustainable shape of services.
- We heard **alternative or complementary proposals**, including that the model should be piloted at a single site.
- We heard **suggestions for mitigating potential impacts** of any changes, for example through awareness of flexible visiting and promotion of travel and transport support.
- We heard calls for **expanded facilities** in Powys including the provision of District General Hospital Services, comments about the way the NHS is funded locally and nationally, and questions about the sustainability of services outside the scope of this engagement including maternity and outpatients. Issues and themes relating to the wider health and care system and/or outside the direct scope of this engagement are discussed in more detail in **Section 5.3**.
- We heard comments about the **engagement and decision-making process**, including comments about the robustness of the case for change, and requests to stop or pause engagement on proposed changes. Issues and themes relating to the engagement process are discussed in more detail in **Section 5.4**.

Examples of survey comments:

"If it means people travelling to visit family, or being sent across the border the impact is huge on the Welsh speaking families."

"These changes do not, currently, have any impact on me or my family but in the future, it may impact my elderly mother. I am acutely aware that it is the lack of availability of care packages in the community that is putting extreme pressure on inpatient services. Unless that issue is addressed no amount of re-organizing inpatient services will ease the problem."

"This will impact on traveling for relatives if not in their local hospital."

"If the ready to go home option reduces the burden on the main hospital, then it is a good thing. Bronllys is easily accessible and should be used more."

"I'm sure moving people further from their home town with the lack of public transport will cause havoc for visiting and maintaining contact with relatives. The T4 goes nowhere near Bronllys!"

"Losing the small hospitals wards and facilities will eventually lead to them closing which in turn puts more pressure on larger hospitals like the Grange where patients can and have been stuck in corridors on beds waiting for space. We need more space not less."

"WHY? Surely, each Community deserves access to all these services."

"Llanidloes would become a care home. Skilled staff will leave, and palliative care lost."

"Having awaited the care package for an elderly person, to have them sent to Newtown or Llanidloes is better than them being sent to Ross on Wye or Bromyard or Leominster from Hereford. Would be even better if Llandrindod had ready to go home beds."

"The government and councils need to appreciate that being a carer, support worker, HCA needs to be better paid so that people will go into this job role, it will always hold up hospitals beds the problem won't go away in 25 years I have never seen so many leave the health and social care. Most will be awaiting for care packages due to lack of carers. Llanidloes hospital will become a nursing home. Hopefully they will keep the palliative care unit open as people deserve to die with dignity and their families with them."

"Local care is very important. There is limited public transport which many of my elderly neighbours rely on so I would be concerned that hospitalised patients would become isolated from their relatives if they are not cared for locally."

"I live locally but also work for adult social care. Having ready to go home in 2 of the hospitals will just mean another move for older people and they have to be further away from where they might live. It will not make any changes as they may still be dependent on families availability or care provision. Moving older people with dementia more than once and placing them away from where they know will mean they are more likely to deteriorate. This will not change what the current issues are."

"I think that having an additional patient rehabilitation unit in Brecon would be a benefit to the community."

5.2.2 Potential Impacts Identified

This section of the report provides more detail of the issues raised under the key themes identified above.

Patient and Family Experience

We heard praise for the services provided by Community Hospital wards in Powys including a range of personal stories and experiences about treatment for the respondent or their family members or friends.

This reflected value placed by individuals on the service, including provision of end-of-life care close to home in a community hospital setting.

> *"Llanidloes hospital is such a vital resource to a large community in Llanidloes. From maternity to end of life care. It is essential that this continue as it is for the community and those that need it. It is not fair for residents of such a large town to always have to go so far away for these important services. Yes, there does need to be a place for patients to go to free up space in larger hospitals, but other options need to be looked at like care homes or other residence where temporary carers can come in and support. The best place is obviously home, so there just needs to be major recruitment in the care sector to allow this."*

Travel and Transport

Feedback was received about the impact these proposals would have on families who did not live near to the hospitals being designated as either "ready to go home" or "rehabilitation". We heard that the proposal may place additional pressure on family members who would need to factor in, plan and travel further afield to visit their family member because they were no longer being discharged to their local hospital ward.

> *"The time and cost involved in traipsing around the county and beyond for patients and families and carers cannot be underestimated especially if they rely on public transport."*

> *"It would make visiting relatives who do not fit the rehabilitation criteria difficult for people living in Brecon."*

This also particularly related to concerns of being admitted to a facility much further from home (e.g. that a Machynlleth resident being admitted to Llewellyn Ward in Bronllys Hospital).

We also heard that this may have a more significant impact for people and families who already faced barriers to access to transport, e.g. due to age, disability, socio-economic status.

> *"The transport network is not sufficient to support these changes."*

Continuity of Care

There were also some comments about the potential emotional distress that could be caused in moving patients away from their locality/current community hospital. Respondents felt that for patients in the older age group this change could cause both confusion and upset and impact their recovery.

> *"Transferring elderly patients to a remote hospital admitting them many miles from home is neither beneficial to their care or kind without evident gain to their health and wellbeing."*

Some respondents highlighted concerns that patients may experience multiple hospital moves if their condition improves or deteriorates. We heard that people felt relatives may be more anxious or distressed if they are not in their most local community hospital.

They were also worried that relatives may be admitted to any "Ready To Go Home" unit – for example, a patient from the Machynlleth area would be admitted to Llewellyn Ward in Bronllys Hospital.

Impact on the range of services – including end of life care

We heard from respondents about the value that they place on local facilities providing end of life care, including the fundraising and wider support from Leagues of Friends and the community to establish end of life facilities in both Bronllys and Llanidloes. People asked whether end of life care would continue to be provided in "Ready to Go Home Units".

> *"I know that in the past the residents of the town have raised thousands of pounds to make provision for the palliative suites. This must not be lost. I can attest to the sanctuary it is for those who are in their last days. The care that their loved ones received is beyond measure."*

We heard concerns that the proposals may impact the way in which GPs work with local community hospitals and the ways in which they admit patients:

> *"The GPs will no longer be able to admit their own patients .E.g. those who do not need DGH care, transfers from DGHs, nor even admit patients for end-of-life care. Some cuts will be counterproductive causing distress to patients and added costs and stress to other related services e.g. community nursing and care services which are underfunded and short of staff."*

We heard that some people felt this would not be an improvement and also that it would not address the key drivers for change set out in the issues paper:

> *"The consequences of these changes won't be an improvement, these changes will limit resources such as medical treatments, specialist physiotherapy or occupations therapy. We have been informed that if these changes are a cash saving exercise, what will saved is very little in comparison, a drop in the ocean, but the effect on the patients in Llanidloes Hospital will be immense."*

Also, some respondents felt that the proposal could have a consequential impact for other services including District Nursing and Leg Club:

> *"Our main concern is the impact that these proposals will have on our Leg Club. We fear that the proposals will significantly increase the workload and pressure on the District Nurses, which will have a knock-on effect on the extended services. If Leg Clubs are unable to operate effectively due to pressures on nurses, then there will be an increase in the number of patients with chronic leg disease, potentially needing hospital care; but that care won't be available in Llanidloes due to the changes that your proposals will make."*

Civic Pride

We heard from local communities that hospital facilities had been established through public subscription (e.g. prior to the establishment of the NHS) and through public fundraising via Leagues of Friends and other community groups. One example was the Garden Rooms at Llanidloes Hospital providing end of life care. We heard concerns that facilities may not be used for the purposes intended from public donations.

Similar to MIUs, we heard concerns that people felt they were experiencing a general reduction in services over time – more broadly across public and commercial services and not limited to the NHS - and that this would impact the future of the county.

We heard that these proposals were perceived as a downgrade, particularly in Llanidloes and Bronllys. We heard concerns that this may be a step in progressive further changes to community hospital services, including scepticism that the changes would be temporary in nature (see below).

> *"Powys Teaching Health Board has already downgraded Brecon Hospital."*

There were views that these proposals could lead to the closure of some of our community hospitals in the future.

Several comments were made by respondents about the importance of sustaining all our community hospitals with some residents stating that they felt the hospitals needed more general capacity rather than the specialist approach being suggested.

Some examples of comments given include:

> *"I believe the decision to close is fool-hardy and will cost the health service financially. We have seen the closure of small units over the years and the larger units struggling to work cost effectively. It is time somebody was brave enough to say that we need to start to reopen smaller units (cottage hospitals) so that we could save money and make the health system more effective for everyone."*

Social Care

Several responses made reference to the link between in-hospital delays and availability of packages of domiciliary care, care packages, assessments for residential & nursing homes and other support to enable patients to return home from hospital.

We heard comments that this was the "root cause" around hospital discharge and concerns that we were just moving the problem back into the county. Views given were mixed – on the one hand some respondents felt this proposal was good and meant patients were closer to home. On the other some people responded that it may also mean that our community hospital beds would be fuller and that we may have an issue when needing to admit patients who needed more nursing/medical inpatient care as opposed to those waiting for a care package.

> *"You could have fifty ready to go home units but unless investment is made in care services after discharge the units will soon fill up as you can't discharge until you are assured, they are going to a safe place."*

We heard views that this was a temporary fix rather than addressing the underlying issues in the care system - the impact being that people would still be in a hospital setting rather than being discharged home and that we were just moving the problem, rather than finding a sustainable solution. We also heard comments that people felt community hospitals (and people's pride in them) were being adversely impacted by issues in social care.

Temporary or Permanent

We heard scepticism that the changes would be temporary and instead that they may be made permanent without further engagement and/or consultation.

Respondents raised concerns that nursing staff in "Ready To Go Home" units may lose their skills if this change was implemented – for example, because the units may be focusing on patients with a lower acuity of needs - and that this may also reduce the potential for a temporary change to be reversed.

There were also concerns that a change in role of some hospitals may affect ongoing recruitment and retention which could then make it more likely that the changes would become permanent, and also that given the proposals are for temporary changes this would create uncertainty for staff.

> *"The Drs & nurses who spoke at the meeting described how impossible it would be to return it to a medical ward once the staff have gone elsewhere. Also, the [palliative] care unit and out-patient clinics would soon have to close for lack of qualified nurses. If a ward for 'clinically optimised' pts.[patients] is really going to unblock the log jam and enable [patients] to be discharged more quickly, then it would better to open an empty ward and use it for that purpose. Until care staff are paid more and properly (for travel time between*

clients) the NHS will not be able to discharge pts.[patients] at the right time. The loss of the current medical care provided in Llanidloes would eventually cause more problems and cost to the NHS. This seems like a ST [short term] solution to chronic, insufficient funding of health & social care. It has little to do with quality of care."

"The downgrading will lead to a loss of skilled staff exacerbating the current recruitment crises and increasing the already high expenditure on agency staff."

Linked to the theme of temporary vs. permanent there were calls for assurances around there being a review and evaluation process in place with performance indicators and ongoing review of any early adverse impacts that may trigger the reversal of temporary changes.

Financial Benefits

Some respondents felt that the proposals were driven by financial considerations and did not recognise the quality and safety challenges and opportunities. Others felt that the proposals may not deliver financial benefits.

Potential Equality and Wellbeing Impacts

The main feedback in relation to potential equality impacts focus on concerns that were would be additional difficulties for family members and friends to travel to visit patients if their care was not being provided in their most local community hospital.

"The case for separating inpatient rehabilitation and "ready to go home" seems a lot less well made. Patients could be located much further from home, and therefore from friends and family. Patient visits particularly for the elderly are very important psychologically."

This included concerns that adverse impact may be more likely to be experienced for patients whose family and carers had barriers to access to travel, for example due to age, disability, socio-economic status and that this may therefore be associated with an economic impact on people with these characteristics.

There were also some concerns about first Welsh language speakers being admitted to a hospital outside their community particularly if this was in an area where nursing staff may have fewer Welsh language skills and/or with difficulties in travel and access for Welsh language speaking family & friends, and how this might affect a person's recovery, wellbeing and interactions. For example, if a patient whose most local hospital is Machynlleth was admitted to Newtown due to their rehabilitation needs.

Support for the Proposals

Several respondents had stated that the proposal would have a positive impact and be a real improvement in enabling people to be discharged from a District General Hospital to a Powys community hospital and be much closer to home and be receiving dedicated care based on the approach set out in the proposal and reduce deconditioning.

We heard that "Ready To Go Home" units could lead to fewer and shorter delays in District General Hospitals which could reduce travel time and impact for family, friends and carers as they instead visit patients in the two designated Powys hospitals.

> *"This is a wonderful idea that will free up beds in the larger hospitals which should hopefully reduce waiting times."*

We heard that improved and specialised care was seen by some respondents as a sensible and efficient way of using the skills of staff to better support Powys patients who were fit for discharge but waiting a care package, or for inpatient rehabilitation.

Alternative or Complementary Proposals

Several respondents provided suggestions for alternative or complementary proposals, including:

- Have a "ready to go unit" at all the hospitals.
- Provide beds for patients who are "ready to go home" via the county's care homes rather than inpatient beds.
- Implement the change in one hospital only and then review after 12 months to reflect on seasonal fluctuations in health needs.
- Expand the range of services available within Powys community hospitals including a higher acuity of care that reduces the need for admission to District General Hospital.

Mitigating Potential Impacts

Several respondents provided suggestions for mitigating potential downside impacts if the proposals are approved. This included:

- Flexible visiting hours.
- Provide care within the same cluster/shire area where possible and clinically appropriate.
- Raise awareness and promote the best travel and transport options for residents who may need to get to Bronllys or Llanidloes as the proposed 'ready to go home' units, as well as to Brecon or Newtown as the designated locations for specialist inpatient rehabilitation, if this is not the person's local hospital.

- Establish a "travel bureau" to provide advice and support to people with difficulties getting to hospital to see family and friends during the temporary period.

5.3 Wider Health and Care Issues

Question 6 of the online survey asked respondents to rank the themes that had emerged from community and stakeholder engagement on "Better Together" earlier in 2024. The top three themes that were ranked as most important were:

- access to services and the coordination of care
- mental health services
- travel and transport in a rural county in terms of being able to get to health care appointments both in and out of the county

The table below indicates the average ranking from most important (lowest score) to least important (highest score).

Ranking	Key Theme	Average Score
1 (Most Important)	Access to services and coordination of care (this refers to the whole spectrum from getting a diagnosis to receiving care post hospital discharge)	2.15
2	Mental Health services (community support closer to home and making the system simpler)	4.35
3	Travel and Transport in a rural county (getting to health care appointments both in/out of county)	4.38
4	Current/Future services (looking at what services are available now and, in the future,)	4.86
5	Our Ageing Population (responding to the needs of older people living with multiple health conditions)	4.97
6	Workforce (recognising and working to respond to an ageing workforce re: recruitment / retaining staff)	6.38
7	Data/Evidence/Research (using robust data and research to inform our health services)	6.84
8	Communications/Education/Information (providing information to help people stay fit and healthy and take responsibility for their own health and wellbeing)	6.88
9	The prevention agenda (raising awareness of what people can do to improve their own health and wellbeing)	6.89
10	Relationships/Partnerships (sustaining relationships with all involved in health care in the county)	7.07
11 (Least Important)	The role our communities, volunteers and unpaid carers play in supporting health and wellbeing	7.14

We heard comments that people found this question difficult to answer and/or difficult to place them in a priority order.

In addition, the feedback we heard during the engagement period also discussed the wider context for the proposals as well as wider health and care issues, including matters outside the scope of this engagement.

As highlighted in Section 5.1, some respondents felt that the proposals for changes to MIU opening hours also included changes to GP out of hours services provided by ShropDoc, although it was stated in the Issues Paper that GP out of hours services were not affected.

Comments were also made regarding the continuity of other services – for example, midwife-led maternity and outpatients at Llanidloes Hospital. The proposals in this period of engagement specifically relate to Minor Injury Unit services and to Community Hospital Inpatient Services.

> *"The plans do not mention the other functions of the hospital such as Out Patients and Midwife Lead Maternity Unit, leaving the prospect that these are also under threat."*

People commented about the overall financial position for the PTHB and for the NHS, including whether requests could be made to Welsh Government or UK Government for additional funding to maintain and/or expand the range of health services available in the county.

> *"Getting sufficient money from central Welsh government to provide the level and appropriate care and health services."*

There were also some comments and concerns about cooperation and coordination between the various cross border health boards or health care trusts.

> *"This decision by PTHB raises the same Cross Border Issues we have discussed previously, where there seems to be no communication or co-operation between neighbouring Health Authorities and certainly no concept of the cost implications. The NHS is a NATIONAL service and shouldn't be compromised by this behaviour of the local Trust Boards."*

Some respondents also called for District General Hospital or A&E services in the county. Information was included in the webinar sessions to explain why there are no feasible options for offering DGH or A&E services in the county, due to factors such as sparse population, clinical governance and critical mass of services.

We also heard comments and concerns about the wider urgent and emergency care system. Some of these themes are reflected in Section 5.1 in the comments regarding impact on ambulance and A&E but we also heard concerns about reliance on 111, e.g.

"The importance of knowing a personal service is available when GP surgeries are closed. The 111 service is not sufficient to provide confidence in help being available. The 999 service is already stretched. Personal, medical, hands-on care is needed."

Others asked for community hospital to be expanded by repatriating services currently provided outside the county in District General Hospitals, and by strengthening the care provided to reduce the need for admission to DGH.

We received questions on the next steps on the North Powys Wellbeing programme on which a decision is awaited regarding the Strategic Outline Case. Comments included whether there may be a longer-term plan to consolidate more services in Newtown, whether the unit will go ahead, and whether there is scope to expand beyond the current proposals to bring more services into the county from DGH.

Some questions were posed in the public meetings about the age of the estate, the overall maintenance and repair of hospital buildings, and the fitness of the estate for the provision of modern care.

In planning for the future of health services, we heard calls to focus on the greatest need and not as someone phrased it on the *'worried well'.* Another respondent spoke about the prevention agenda and stated:

"In a county like ours there has got to be a desire for people to look after themselves as it's obvious the financial challenges will result in less services. Focus on greatest need as per the Better Together cards - frailty, prevention, the Big 4."

We also heard comments about overall recruitment and retention issues, including whether steps could be taken to improve pay and conditions for rural staff both in health and social care to encourage them to live and work in the area. Some responses questions the number of senior directors and managers and the pay levels for these roles.

A number of other themes were also identified in responses to Question 7 in the survey which will help inform the next steps in developing the permanent future of safe and sustainable services, e.g.

- Care provided by Powys County Council
- Reducing waiting lists
- Access to GPs/dentists
- The difference between residential v nursing care and how we recognise and respond to this
- Availability of consultant staff in the county
- Digital access including lack of access to broadband in parts of the county
- Support for unpaid carers
- Welsh language provision

- Improving and recognising the need for palliative care
- Cancer care improvements
- Digital connections including better cross border communications between the health board and the hospitals we commission services from.

5.4 Engagement and Decision-Making Process

A number of calls were made for the engagement period to be paused and/or extended, or for a formal consultation to take place before decisions are made. Some respondents felt the engagement exercise did not sufficiently meet guidance from Welsh Government.

For example, we heard concerns that the engagement process was not sufficient or long enough to allow for full consideration and several respondents commented that the changes would likely happen irrespective of views given.

> *"We are concerned about the haste with which this consultation process has been arranged, with limited time for both the public and staff to provide feedback."*

We heard scepticism that comprehensive engagement would take place on a sustainable future model of health and care for the county. We also heard some comments about the interrelationship between how changes take place in Powys and in neighbouring health boards in Wales and neighbouring counties in England.

We heard comments about the engagement methodology including that the engagement plan did not include in-person events organised by the health board, and also potential steps to increase access for people with sensory impairments.

At the Llanidloes public meeting the following resolution was put forward and passed:

> *"The people, Town Council and health care professionals here present and representative of said stakeholder groups will not accept any downgrading of our hospital - temporary or permanent. We further demand that as our community grows but also ages that the Health Board seek to enhance and increase services at our hospital rather than remove them. Any move contravening the spirit of this resolution will result in the loss of confidence in the Health Board to carry out its primary function of delivering effective health care services within our community."*

It is important to note that as part of the health board's ongoing liaison with Llais, as the statutory independent Citizen Voice Body for health and care in Wales, two actions were agreed arising from the mid-term review of the engagement on 13 August 2024:

- A report on the findings from the engagement period on these proposals would be presented to a meeting in public of the Board, where decisions on these proposals would be made prior to implementation (including identification of mitigations in response to the feedback we have heard). This meeting has been arranged for 10 October 2024.
- The closing date for the period of engagement would be reset to 8 September 2024.

5.5 Other

As stated above, specific engagement and feedback with PTHB staff, and from primary care partners (e.g. GP practices, Local Medical Committee), is set out in separate reports to the Board.

6. Summary of Equality Impacts

Comments and feedback given across all communication and engagement channels have been cross referenced with the Protected Characteristics set out in the Equality Act 2010 as well as other key themes relating to Welsh Language and Socio-Economic impact. The table below highlights the potential impacts that respondents felt could create inequality if the proposals were implemented.

Protected Characteristic	Detail
Age	There were a number of comments raised by respondents to the survey around the potential impact these proposals would have on both the young and the older members of the Powys population. For MIU, the view was that families with young children, older more vulnerable adults would or could be impacted by the closure overnight of the two units in Brecon and Llandrindod Wells. With regard to the in-patient ward proposals we heard concerns primarily relating to older people that the proposal could cause upset, anxiety and stress if a patient were to be discharged anywhere other than their local hospital
Disability	There were several comments suggesting that the proposals would impact people with disabilities in particular if they needed to try and travel further to receive support if the MIUs were closed, or for those with disabilities travelling further to see family members in a community hospital.
Gender Reassignment	There were no impacts highlighted in the survey or other correspondence received.
Marriage and Civil Partnership	There were no impacts highlighted in the survey or other correspondence received.
Pregnancy and Maternity	Whilst some concerns were raised about the potential future of the maternity unit in Llanidloes, no proposals have been put forward that affect maternity services.
Race	There were no impacts highlighted in the survey or other correspondence received.
Religion or Belief	There were no impacts highlighted in the survey or other correspondence received.
Sex	There were no impacts highlighted in the survey or other correspondence received.
Sexual Orientation	There were no impacts highlighted in the survey or other correspondence received.
Unpaid / Informal Carer Responsibilities	Carers voices and concerns were focused on the impact the proposals would or could have on their ability to visit loved ones if they were admitted to a different community hospital than now that may be further from home. Some comments also related to how those with caring responsibilities would access minor injuries care for the people they care for when MIUs are closed.
Welsh Language.	Some views were expressed around the potential impact of moving patients from wards in Welsh Language speaking areas (e.g. Machynlleth, Ystradgynlais) to wards where there may be

	fewer members of staff with Welsh Language skills (e.g. admission to Bronllys Hospital for patients who are "Ready To Go Home", admission to Newtown Hospital for patients requiring specialist inpatient rehabilitation).
Socio Economic Disadvantage	Some respondents expressed concerns that there may be an impact on staffing, de-skilling of employees, travel transport etc. and we also received comments regarding the overall socio-economic wellbeing of communities including on potential impact on young people who may move away if local services are reduced.
Other anyone with a pre-existing medical condition	Some respondents had shared their stories/experience and/or had concerns relating to someone living with or caring for someone with a pre-existing condition.

7. Summary of Impact on Well-Being of Future Generations

This section summarises key issues and themes in relation to the seven well-being goals:

Wellbeing Goal	Considerations	Examples of Feedback
A globally responsive Wales	People in terms of macro-economic, environmental and sustainability factors: Consider the impact of government policies; gross domestic product; economic development; biological diversity; climate	Some longer car or bus journeys for people needing to visit a loved one in a hospital other than their local one if discharged to Llanidloes or Bronllys could add to adverse environmental and climate impact. Some concern was expressed regarding increased travel impact if patients needed to travel to an Emergency Department due to a MIU being closed.
A resilient Wales	People in terms of their use of the physical environment: Consider the impact on the availability and accessibility of transport, healthy food, leisure activities, green spaces; of the design of the built environment on the physical and mental health of patients, staff and visitors; on air quality, exposure to pollutants; safety of neighbourhoods, exposure to crime; road safety and preventing injuries/accidents; quality and safety of play areas and open spaces	Reduced opportunity to walk to the local community hospital to visit a loved one who may have been discharged to one of the proposed "ready to go home" units or rehabilitation centres which would be further away.
A healthier Wales	People being able to improve /maintain healthy lifestyles: Consider the impact on healthy lifestyles, including healthy eating, being active, no smoking /smoking cessation, reducing the harm caused by alcohol and /or non-prescribed drugs plus access to services that support disease prevention (e.g. immunisation and vaccination, falls prevention). Also consider impact on access to supportive services including smoking cessation services, weight management services etc.	Additional distance and travel for patients who can no longer access a Minor Injury Unit during the proposed hours of closure. This was seen as creating an adverse impact on health and wellbeing, increase anxiety and overall health outcomes particularly for individuals who already face some level of disadvantage e.g. due to age, socio-economic status, disability or ill health, carer responsibility.

A more equal Wales	People being able to access the service offered: Consider access for those living in areas of deprivation and/or those experiencing health inequalities	A range of potential equality impacts have been identified in the previous section that will need to be considered – with mitigation actions agreed as appropriate.
A Wales of cohesive communities.	People in terms of social and community influences on their health: Consider the impact on family organisation and roles; social support and social networks; neighbourliness and sense of belonging; social isolation; peer pressure; community identity; cultural and spiritual ethos	Respondents expressed some concerns about community hospitals being specialised and meaning local residents may be moved which would impact social networks and support.
A Wales of vibrant culture and thriving Welsh Language	People in terms of their use of the Welsh Language and maintaining and strengthening Welsh cultural life	Concerns were expressed in relation to the colocation proposals for first language Welsh speakers if they were discharged to an area where staff were not fluent Welsh speakers.
A prosperous Wales.	People in terms of their income and employment status: Consider the impact on the availability and accessibility of work, paid/ unpaid employment, wage levels, job security, working conditions	Respondents expressed concerns about recruitment and retention of health board staff but also the potential de-skilling of staff and pay for those working in the care sector being very poor which was a root cause of patients being delayed in hospital. There were also comments regarding the overall impact on the economic health of communities.

8. Next Steps

The draft Engagement Report and its Annexes were reviewed by the Strategic Change Programme Board on 27 September 2024.

The updated Engagement Report and Annexes reflecting review and assurance by the Strategic Programme Board were then discussed and approved by the Executive Committee on 2 October 2024 for presentation to the Board at a meeting in public on 10 October 2024.

A review and learning session will be held to reflect on the experience of this engagement and help inform the continued development of the Health Board's approach to continuous engagement and consultation.

9. List of Annexes

- Annex 1: Engagement Plan Report
- Annex 2: Engagement Materials
- Annex 3: Notes from the Public Meetings
- Annex 4: Petitions
- Annex 5: PAVO Locality Network Meetings
- Annex 6: Stakeholder and organisational responses
- Annex 7: Responses received after Engagement Analysis

Annex 1: Engagement Plan Report

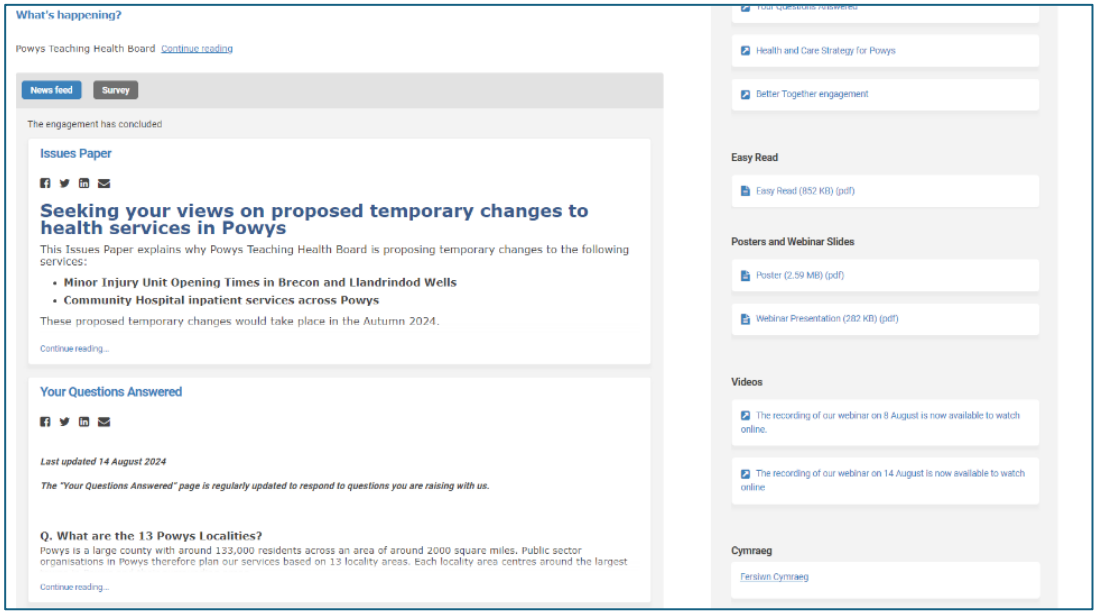
The document embedded below provides a summary of the delivery of the engagement plan during the engagement period (last updated 17 September 2024).

Public and External Stakeholder Engagement & Communication SITREP			
Subject:	Public and External Stakeholder Engagement and Communication SITREP 9 September 2024		
Approved and Presented by:	Deputy Director (Engagement, Communication and Corporate Governance)		
Prepared by:	Deputy Director (Engagement, Communication and Corporate Governance) Engagement and Communication Team		
Purpose:	This paper provides a SITREP on planning and delivery of public and stakeholder engagement on temporary service change from 29 July 2024 to 8 September 2024		
Recommendations:	Strategic Change Programme Board is asked to TAKE ASSURANCE from the report and identify any key ACTIONS or EXCEPTION for consideration by the engagement and communication workstream.		
Executive Summary:	A programme of public and stakeholder engagement is taking place from 29 July 2024 to 8 September 2024 on temporary changes to MIU opening hours and on clinical colocation of inpatient wards. The proposals and engagement approach were discussed at a meeting in public of the board of PTHB on 24 July 2024, and following this the public and stakeholder engagement was launched ahead of schedule on 25 July 2024. Through ongoing engagement with Llais including at a mid term review on 13 August 2024 it was mutually agreed that the outcome of engagement would be presented to a meeting in public of the Board (now scheduled for 10 October 2024) where decisions would be made regarding implementation, and that linked to this change in decision-making arrangements the closing date for engagement would be amended to 8 September 2024. The summary position for each project objective is summarised below.		
	1. Stakeholders	Complete	Overall programme stakeholders have been identified and action was put in place to inform critical stakeholders where possible prior to public engagement
	2. Channels	Complete	All channel activities identified in the original engagement plan and/or subsequently agreed through ongoing review including at the Mid Term Review have been achieved.
	3. Materials	Complete	All agreed materials were developed and completed, including updates to reflect the change in decision making arrangements and the amended closing date.
	4. Timeline	Complete	Engagement activities were implemented and concluded by the revised closing date of 8 September 2024.
	5. Response and Analysis	On schedule	Analysis of engagement responses is under way. Engagement insights are being shared with workstreams to inform updates to case for change and to integrated impact assessments. Draft engagement report due to be presented to Strategic Change Programme Board on 24 September 2024.

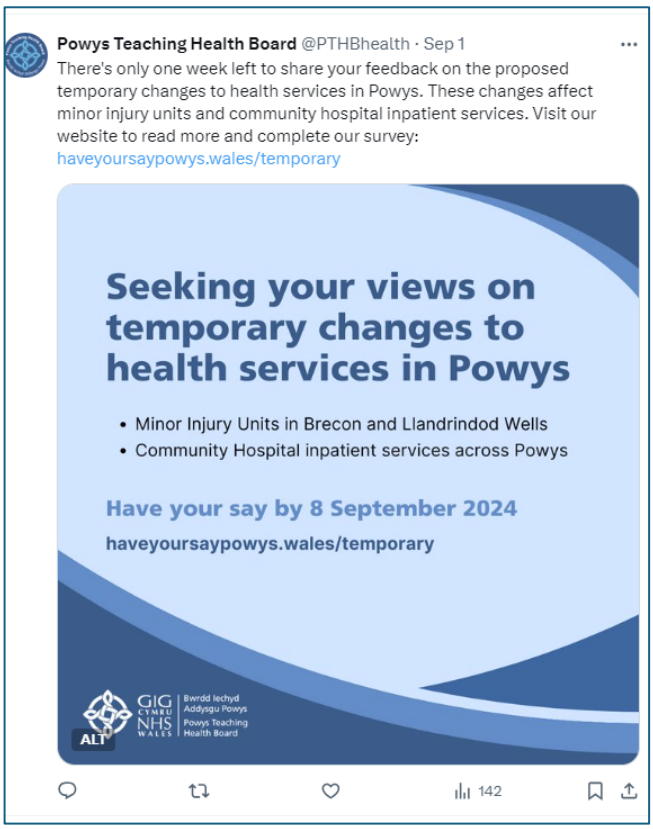
Annex 2: Engagement Materials and Channels

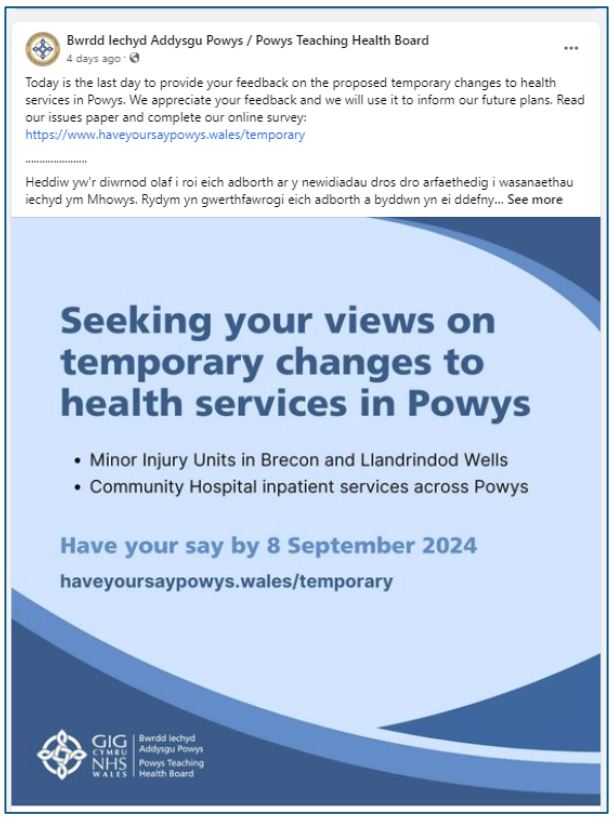
A dedicated engagement hub was established on the Information provided on the HaveYourSay engagement portal at www.haveyoursaypowys.wales/temporary (English) and www.dweudeichdweudpowys.cymru/drosdro (Cymraeg)

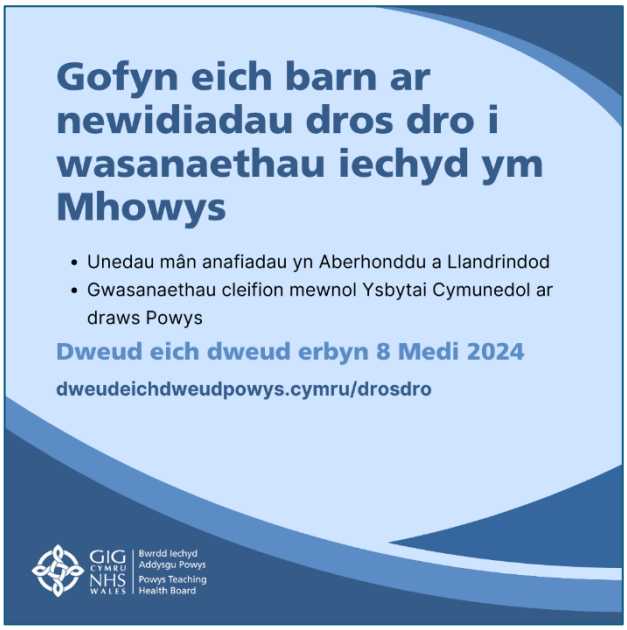
Screenshot of English Language engagement hub:



Examples of the social media posts promoting the engagement exercise on our Facebook and X channels:

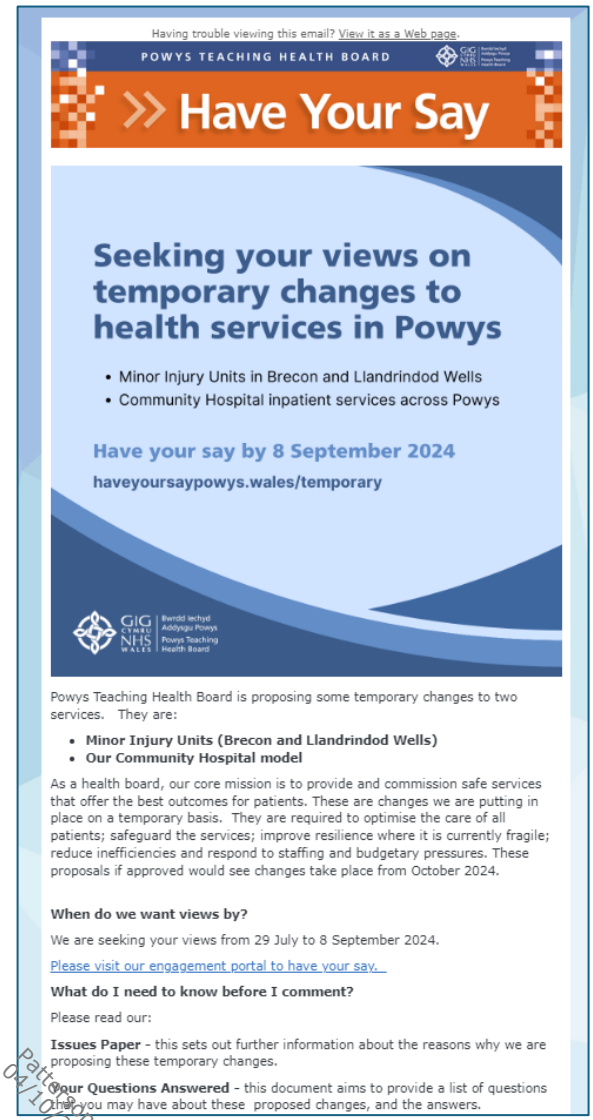






Left: An example of the Welsh graphic published on our social media channels during the engagement period.

Below: Examples of the bulletins sent out to subscribers to the health board's free GovDelivery news channel



Having trouble viewing this email? View it as a Web page.

POWYS TEACHING HEALTH BOARD

» Have Your Say

Seeking your views on temporary changes to health services in Powys

- Minor Injury Units in Brecon and Llandrindod Wells
- Community Hospital inpatient services across Powys

Have your say by 8 September 2024

haveyoursaypowys.wales/temporary

Powys Teaching Health Board is proposing some temporary changes to two services. They are:

- **Minor Injury Units (Brecon and Llandrindod Wells)**
- **Our Community Hospital model**

As a health board, our core mission is to provide and commission safe services that offer the best outcomes for patients. These are changes we are putting in place on a temporary basis. They are required to optimise the care of all patients; safeguard the services; improve resilience where it is currently fragile; reduce inefficiencies and respond to staffing and budgetary pressures. These proposals if approved would see changes take place from October 2024.

When do we want views by?

We are seeking your views from 29 July to 8 September 2024.

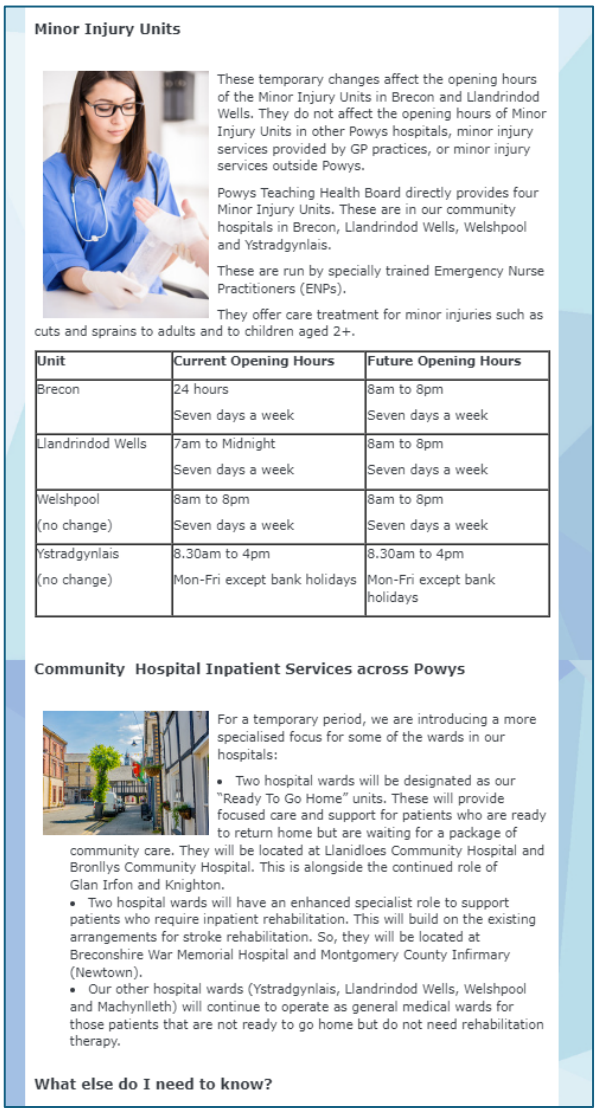
Please visit our engagement portal to have your say.

What do I need to know before I comment?

Please read our:

Issues Paper - this sets out further information about the reasons why we are proposing these temporary changes.

Your Questions Answered - this document aims to provide a list of questions that you may have about these proposed changes, and the answers.



Minor Injury Units

These temporary changes affect the opening hours of the Minor Injury Units in Brecon and Llandrindod Wells. They do not affect the opening hours of Minor Injury Units in other Powys hospitals, minor injury services provided by GP practices, or minor injury services outside Powys.

Powys Teaching Health Board directly provides four Minor Injury Units. These are in our community hospitals in Brecon, Llandrindod Wells, Welshpool and Ystradgynlais.

These are run by specially trained Emergency Nurse Practitioners (ENPs).

They offer care treatment for minor injuries such as cuts and sprains to adults and to children aged 2+.

Unit	Current Opening Hours	Future Opening Hours
Brecon	24 hours Seven days a week	8am to 8pm Seven days a week
Llandrindod Wells	7am to Midnight Seven days a week	8am to 8pm Seven days a week
Welshpool (no change)	8am to 8pm Seven days a week	8am to 8pm Seven days a week
Ystradgynlais (no change)	8.30am to 4pm Mon-Fri except bank holidays	8.30am to 4pm Mon-Fri except bank holidays

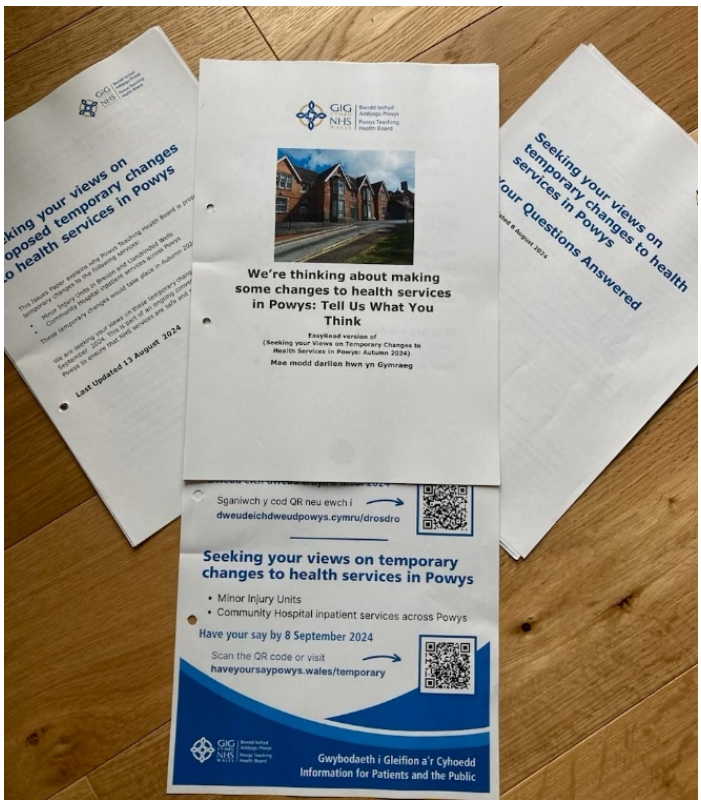
Community Hospital Inpatient Services across Powys

For a temporary period, we are introducing a more specialised focus for some of the wards in our hospitals:

- Two hospital wards will be designated as our "Ready To Go Home" units. These will provide focused care and support for patients who are ready to return home but are waiting for a package of community care. They will be located at Llanidloes Community Hospital and Bronllys Community Hospital. This is alongside the continued role of Glan Irfon and Knighton.
- Two hospital wards will have an enhanced specialist role to support patients who require inpatient rehabilitation. This will build on the existing arrangements for stroke rehabilitation. So, they will be located at Breconshire War Memorial Hospital and Montgomery County Infirmary (Newtown).
- Our other hospital wards (Ystradgynlais, Llandrindod Wells, Welshpool and Machynlleth) will continue to operate as general medical wards for those patients that are not ready to go home but do not need rehabilitation therapy.

What else do I need to know?

Example of printed materials including a poster displayed in a public building and the set of engagement materials (available via our telephone service delivered direct to people's homes)



Annex 3: Notes from the Public Meetings

The health board was represented by the Chair or Vice Chair, Chief Executive and other senior representatives at four public meetings.

A member of the Corporate Governance directorate also attended each meeting to make notes on behalf of the health board. These notes do not represent an official record of the meeting but have enabled the health board to capture key issues and themes to contribute to this engagement report and to our ongoing conscientious consideration and decision making.

Informal records of the four meetings are embedded below

Llanidloes - Friday 16 August 2024 (see document 2.1ai)	2024-08-16 Llanidloes Public Me
Glantwymyn - Thursday 22 August 2024 (see document 2.1aii)	2024-08-22 Glantwymyn Public I
Brecon - Wednesday 28 August 2024 (see document 2.1aiii)	2024-08-28 Brecon Public Meeting - Sur
Llandrindod Wells - Thursday 29 August 2024 (see document 2.1iv)	2024-08-29 Llandrindod Wells P

Annex 4: Petitions

During the period of engagement, we have been informed of a number of petitions relating to the proposed changes but at the time of writing (17 September 2024) no petitions have been formally submitted to the health board for consideration:

Change.org petition: Keep Brecon Hospital MIU out of hours OPEN - https://www.change.org/p/keep-brecon-hospital-miu-out-of-hours-open

2412 signatures on 27 September 2024.

This petition was launched on 24 July 2024 before engagement materials had been published. It refers to the ShropDoc service which are not affected by these proposals

"Proposed "temporary" overnight closure of an extremely valuable service to our locals! As of September 2024.

"A car is not available to all residents of the town. In a medical situation, with ambulance wait times at a worrying high - our little MIU & ShropDoc is so very important to us!

"A&E in neighbouring hospitals are an absolute LAST resort. Why should we as a separate town, join the masses of people from Merthyr/Abergavenny/Cwmbran and wait for something that could take a fraction of the time and emotional distress in our own home town, unless medically advised due to facilities.

"Our children deserve out of hours care that doesn't take just short of 30 minutes to even get to. It is very frightening for anybody who is poorly after hours, let alone when a child is in question.

"Do not let this important service be taken away from us!"

Change.org petition: Demand Powys Teaching Health Board to make Llandrindod Wells MIU Open 24/7 https://www.change.org/p/demand-powys-teaching-health-board-to-make-llandrindod-wells-miu-open-24-7

This petition asks for MIU services in Llandrindod Wells MIU to be open 24/7 which is outside the scope of this engagement.

673 signatures on 27 September 2024.

"I, like many of you, share the struggle of juggling work, family and health in today's trying times. We are blessed to have a local service that we can rely on - the Minor Injuries Unit (MIU) at Llandrindod Wells. However, Powys Teaching

Health Board (PTHB)'s plan for a temporary closure of the MIU late evening could result in adverse effects on the community. This plan undermines the needs and safety of the residents who heavily depend on the vital, prompt services the MIU provides.

For many of us, the alternative of going to Hereford A&E is far from ideal. The amenity is perpetually busy, particularly during the night. Picture ending up there - you're likely to spend the whole night waiting, leaving you with lack of sleep, feeling exhausted. This bears a considerable negative impact on one's capacity to perform regular duties such as work or school the next day.

Patients who are elderly, those with other underlying medical issues, or simply any that require immediate medical attention may be significantly disadvantaged. Some may take weeks to fully recover from spending all night at Hereford A&E because of their weakened condition.

We must urge PTHB to reconsider this decision. Demand that the health board respects the stringent needs of our community, prioritizes our health, and changes to operate the Llandrindod Wells MIU 24 hours a day, seven days a week.

We call for the intervention from the responsible authorities to address this pressing issue. Together, let's make a change. Let's make our voices heard. Sign the petition today."

Following the preparation of this report the health board has been contacted by representative on behalf of a petition within the Llanidloes area and an oral report will be provided to the Board meeting.

Online petition by Brecon, Radnor & Cwm Tawe Liberal Democrats:
https://www.brlibdems.uk/campaigns/halt-powys-hospital-plans

No data currently available regarding number of signatories.

"Local MP David Chadwick and Senedd Member Jane Dodds are calling on Powys Teaching Health Board to halt their proposed plans for hospitals in Powys.

"We are calling for real consultation with impacted communities and with local healthcare professionals, noting that the Health Board has avoided a full 12-week consultation process that would be expected for such significant changes.

"Sign our petition below to add your voice to those demanding that the Health Board halt these plans."

Annex 5: PAVO Locality Meetings

A number of PAVO locality meetings were held during the engagement period which provided an opportunity to share information about the engagement process. The table below summaries the events attended and the discussions that took place.

Locality	Information shared by PTHB
Llanidloes 13 August 2024 Attendees: 17	Temporary Service Change survey, and how to access it. Temporary Service Change webinars for engagement. Issues Paper and FAQs. Confirmed their clients could have a paper copy or easy read, or they could sit and fill it in with them. Acknowledgement around the table of problems of digital access. Encouraged Gov Delivery sign up.
Ystradgynlais 21 August 2024	Temporary Service Change survey and how to take part. Better Together in Autumn.
Llandrindod, Rhayader, Builth and Llanwrtyd. 22 August 2024 Attendees: 19	Temporary Service Change survey and webinars. How to take part, how to get paper copies for vulnerable people the organisations work with, or help them fill it in. Reset of closing date to 8th September. Better Together in the autumn. Encouraged Gov Delivery sign up.
Machynlleth 3 September 2024 Attendees: 20	Update on Temporary Service Change, with Public Meetings and had done webinars. Confirmed how to take part and that easy read and paper copies are available for vulnerable clients. Reminded on end date and that it has been reset. Better Together in the autumn for discussion with communities. Encouraged Gov Delivery Sign up.
Hay and Talgarth 4 September 2024 Attendees: 10	Last chance to have a say on the Temporary Service Change. That paper copies etc were available or workers could support clients to fill it in. Longer discussion on digital exclusion. Better together in the autumn, a community conversation. Encouraged Gov Delivery sign up.
Knighton and Presteigne 5 September 2024 Attendees: 10	Last chance to have a say on the Temporary Service Change. Workers could support clients to fill it in. Better together in the autumn, intended as a real community conversation. Raised Gov Delivery sign up.
Crickhowell 11 September 2024 Attendees: 15	Temporary Service Change Survey has closed, and analysis is taking place. Thanking all for their contributions. A comprehensive report will be published, and on the website. It will be discussed at a meeting in public of the Board on 10th October. Shared feedback from Better Together in Spring and gave update that will be around again in autumn, it is a conversation with the whole community.

	Encouraged sign up for news from PTHB, can select start well, live well, age well, engagement and jobs, and the locality.

Annex 6: Stakeholder and Organisational Responses

Name	Organisation/Title	MIU proposal	Community Hospital proposal
D.C. Stroud F.C.C.A.	Secretary and Treasurer, Ystradgynlais League of Friends YCH.	Y	
Cllr Matthew Dorrance	Powys County Councillor for Brecon West	Y	
Cllr Sandra Davies	Powys County Councillor for Cwmtwrch	Y	
Cllrs Huw Williams, Susan McNicholas and David Thomas	Powys County Councillors representing wards in Ystradgynlais and District	Y	
Cllr Pete Roberts	Powys County Councillor for Llandrindod South	Y	Y
David Powell	Town Clerk and Financial Officer for Llanidloes Town Council		Y
Cllr Jeremy Pugh	Powys County Councillor for Builth Wells	Y	
Cllrs Elwyn Vaughan, Glyn Preston, Gareth Morgan and Gary Mitchell	Powys County Councillors for Llanidloes and Machynlleth areas		Y
Mr J Jones	Mayor, Llanidloes Town Council		Y
James Evans MS/AS	Member of the Welsh Parliament for Brecon and Radnorshire	Y	
Cllr Joy Jones	Powys County Councillor for Newtown East	Y	
Jeremy Paige	Mayor of Machynlleth Town Council		
Aneurin Jones, Mori Edwards, Margot Jones	Llanidloes Leage of Friends		Y
Janet Hipgrave	Secretary to the Llanidloes Womens Royal British Legion		Y
Reverend Monica O'Dea	Presbyterian Church of Wales		Y
Steve Witherden MP	Member of Parliament for Montgomeryshire and Glyndwr	Y	Y
Cllr Raiff Devlin	Powys County Councillor for the Talybont on Usk ward	Y	
Jane Dodds MS/AS and Glyn Preston	MS/AS Member of the Senedd for Mid and West Wales and Powys County Councillor for Llanidloes		Y
Cllr Nia Jenkins	Cabinet Member for Education and Early Years, Neath Port Talbot County Borough Council	Y	
Russell George MS/AS	Member of the Welsh Parliament for Montgomeryshire	Y	

Name	Organisation/Title	MIU proposal	Community Hospital proposal
David Chadwick MP	Member of Parliament for Brecon, Radnor and Cwm Tawe	Y	
Eluned Morgan MS/AS	MS/AS Member of the Senedd for Mid and West Wales		Y

Annex 7: Responses Received After Engagement Analysis

The table below sets out any further responses received following analysis of all the feedback.

Response Source	Date Received	Did the response identify material issues NOT already captured.	Action if "Yes"
Brecon Town Council	24/9/24	No	n/a

Public Meeting Notes

Event: Temporary Service Change public meeting
Organised by: Llanidloes Town Council
Venue: St Idloes Parish Church, Llanidloes
Date and Time: 16th August 2024 at 19.30

Top Table
Major Jamie Jones (JJ)
David Powell, Town Clerk (DP)
Nye Jones, President of League of Friends of Llanidloes Hospital (NJ)
Hayley Thomas CEO Powys Teaching Health Board (HT)
Kirsty Williams Vice Chair, Powys Teaching Health Board (KW)

PTHB staff in attendance:
Samantha Ruthven-Hill
Julia Toy
Simeon Foreman (recording officer)

Attendees: approximately 250 people in the audience.

MS – Member of the Senedd
MP Member of Parliament.

Opening remarks: JJ
Opening address included the following quotes in relation to the proposed temporary service changes (TSC): *"Cynical cost cutting ",* *"Disregarded proper procedure"* *"Query on legality"* *"Certainly not right"* *"Life threatening"* The Town Council sought to pass a resolution to share with PTHB and Welsh Government (WG) that they do not accept any "downgrade" of the hospital. JJ referenced WG guidance on engagement and consultation states that *"substantial service change definition requires 12-week consultation and references codesign with stakeholders".* Meeting asked if anyone in support of a downgrade. No responses.

HT Opening Remarks

HT thanked the Council for the invite and confirmed PTHB colleagues were here to listen to feedback and perspectives.

HT outlined the proposals and reminded the meeting of PTHB's role in delivering the plan and known challenges faced in doing this;
People are spending too long in hospital leading to deterioration
Recruitment challenges across the system (including social care and third sector)
Forecast deficit plan of £22.m and the drivers for this

Temporary Service Changes are:
MIU opening hours for six months.
"Ready to go home" units – Two wards in Llani and Bronllys;

Two specialist inpatient rehab units (building on 2014 stroke rehab work) in Brecon and Newtown
Other wards continue as they are
Same number of beds across Powys but locations would change with the rationale being explained.

Average stay in Llani currently 44 days

30 patients waiting to return to Powys (who we want to bring back)

84/146 beds across PTHB filled by clinically optimised patients ready to move o

Specialist skills in demand and these proposals bring staff together to maximise and strengthen cover

134 vacancies (Nursing and Midwifery) – Llani agency spend in June was 1046 hours of Registered Nurse time and 352 Healthcare Assistant (HCA) time

PTHB worked with Llais and reviewed and changed the engagement period to end on 8 September.

An engagement report containing all letters, views and responses will be to the Board to make a decision on whether to enact the TSC on 10 October 2024.
PTHB would then hold discussions on coproduction and formal consultation on the future of care in Powys.

The telephone number to receive printed copies of engagement materials was provided.

Response JJ
JJ response was: *"plans not properly thought out or safe substantial change so should be a consultation".*

Comment : Dr Andy Raynsford GP

GP referenced his interview with the County Times and stated:
"This does feel this is a downgrade"
"Ward staff would become deskilled"
"Flawed process"
"GPs not consulted and want a proper period of consultation"

Response JJ

JJ "Is this reducing the capacity of GPs to do their job?"

Response Dr Raynsford

GP confirmed it was as they currently provided services such as blood transfusions and iron infusions.

Response HT
In response to a question about ShropDoc being consulted, it was confirmed they were not affected

Confirmed that Welsh Ambulance Service NHS Trust and Powys County Council (social service capacity) were consulted with no response received yet

Acknowledged pressures on social care (impact and cost) and aware of delays for community hospitals

PTHB seeking to deliver patient centred care

Llais has been involved in the Case for Change and midterm review (two weeks in) and their role is not to comment on the 'safety' of services and we have received no correspondence from them on patient safety concerns.

Response JJ

JJ quoted Kate Wright saying there would be *"fewer staff and lower skilled staff".*

President of League of Friends (Nye Jones)

Former ambulance worker
Referenced money from patients and relatives to build and support the hospital.
Letter sent to Carl Cooper on 4 August expressing shock from League of Friends (LoF) (supported for over 100 years) was read out.

"Doesn't believe will be temporary – if implemented we will never go back"

"What will happen with the palliative care suite?" [Provided a story about increased funding up to 150K which avoided PTHB costs]
Fear of down grading staff (especially work on End of Life (EoL)

Listed number of items funded by League of Friends i.e. physio = then closed the unit and former sister (who was nurse of the year) left when the day unit closed.[1]
"Llani will just be a halfway house"

Question: JJ

JJ posed question: *"Can you explain how you will enhance services in Llani?"*

HT response:

Reminded on the repeated drive to reduce use of agency staff across Powys

Heard the point that they (President and others) don't believe it to be temporary but restated that the Health Board are not closing beds or losing staff, and that the Board had sought assurance on both these points and the reversibility of decisions.

Acknowledged concerns about EoL and palliative care concerns and confirmed Llani would continue to deliver EoL in the hospital and the team would continue to work with patients who are admitted (flagging 26 patients had used service in past year).

Explained "cohorting" was to see whether we can get support and increase discharges (with social care/third sector) and test this within rural Wales.

[1] Julia Toy note: the sister left before the day hospital closed as part of Covid response measures.

Former nursing sister of Llanidloes Hospital (as member of the public)
"You can have discharge packages but for them to work you need care homes" We are "stuck with patients from all over Powys" **Response HT** Plan is to use the ward for patients within the locality – "there are enough patients who are clinically optimised to use the ward from the area" *"We are not moving patients from further afield e.g. Ystradgynlais or Bronllys"* Second point about palliative care and was told it was going to be staffed by District Nurses **Response HT** HT advised unit did not use district nurses
Powys County Councillor Gareth Morgan
Day hospital was an excellent unit and now closed – It could have allowed extra care and support to given to patients. **HT response:** Noted and would be included in feedback Confirmed active clinical conversations on ambulatory care support during the day were taking place.
Steve Witherden MP (Labour Party)
Referenced lots of personal experience in consultation from his trade union background and felt *"it was the worst I have ever seen"* He had *"not seen a business case for change or anything disseminated"* *"What is the exact proposal?"* as only seen a PowerPoint *"Where is the documentation and how can general public respond?"*

Challenged temporary and queried *"How can you make staff redundant for six months?"*

6 August letter (apparently not shared with public) seen by him references a reduction in staff from 11.4 to 10.4 nurse.

This is *"disingenuous but can be cleared up with a business case for change"*

Comment: JJ

JJ "*Kate said fewer staff*" "*have you engaged with trade unions*?"

HT response:

- Reminded and explained that all the documents are all on the website (but that PTHB might need to reinforce this message)
- Confirmed there had been engagement with trade union partners and staff as PTHB had a duty to do so.
-

Nye Jones (President, League of Friends of Llanidloes Hospital)

Mr Jones queried the cost of running hospital, the only way to save money is to cut staff and talked about nurses from India being used.

HT response:

We do not have sufficient staff across the health board we use agency

We want to be a place that people come to work

Yes, we have a number of internationally educated nurses and we support them but we still have to use substantial levels of agency to maintain services

Question: Powys County Councillor Glyn Preston

*A*gree with Steve Witherden (MP) that Welsh Government in Cardiff (Labour) overlook mid-Wales on the challenges of reality and there's been an underfunding of health. Two questions posed.

He wanted to know the type of patients for end-of-life care that would be admitted to the hospital.

Seek assurance in five years that PTHB would not close Llani and not considering this.

HT response:

HT admitted that this was quite a difficult question to answer because every case is planned for individually by an Multi Disciplinary Team but that we would look into how we could describe this going forward with patient examples.

"Wish I could give that guarantee - under tremendous pressure trying to achieve - I don't want to go for closures but we may have to look at difficult choices ahead. We are trying to make the best use of the current facilities we have.

"Healthcare will not be the same in five years' time and there will be a formal consultation on any permanent with the public with LLais and also with a strong period of engagement and co-production."

"Need to be difficult decisions".

Comments Kirsty Williams

Confirmed Board had asked about closures, but the truth is that we can't afford to do it without the number of beds.

We might change their use but the capacity is needed.

Bed numbers are still running above pre-pandemic levels but issues with social care capacity mean the beds are still needed.

Comment: JJ

JJ *"would like assurance that beds are not going to close".*

Male Member of the public and Retired GP

Arrived 49 years ago and shared his experience of his wife dying in the palliative care unit

"I can see gross mismanagement"

Agency costs loads of money – a ridiculous amount (example of Sheffield nurse covering a shift and receiving third of amount paid)

"I want to see something done about that"

"Whole of this is political"

"We need to pay care workers enough and no recent governments have had the guts to tackle this – supermarkets pay more"

Male Member of the public
Llais used to be the Community Health Council (CHC) He had spoken to a Llais board member who said Llais had intervened to get it (engagement process) back on track He highlighted the leaflet "Elephant in the room is funding from Cardiff and this had resulted in closures such as the proposed closure of the stroke unit at Bronglais / air ambulance
Powys County Councillor Morgan
Question to the GP – "Are consultants holding clinics at Llani? If so then we need competent nursing staff" *[Added that both his parents died in Llanidloes Hospital.* GP response was he "feels there will be decay slash reduction due to a downgrade in hospital". **HT response:** PTHB worked hard to increase planned care (16 services provided) Inpatient Ward is separate from outpatients and there were no planned changes to Outpatients or the Birthing Unit **Comment: JJ** JJ – *"Kate (Wright) said downgrade nurses and clinics"* **HT response:** No downgrade of staff Ready To Go unit is a nurse lead service seeking to reduce the reliance and use of agency
MS Russell George Conservative Party
What is the plan to reduce reliance on agency staff? This is a well-known issue If services are reduced then it would be harder to retain and recruit how will you get that? Questions

1) What is the workforce strategy?
2) Concern on engagement process and concerns from health professionals quote proposed pause the process and bring forward a 12-week consultation it is a significant service change

HT response:

We are not closing hospital beds it's a different model for a short period

Board agreed six-week period of engagement

Will express their views into the Board following the process set by the Board

Reinforced not a closure but different selection of patients coming into the hospital

Workforce strategy is work in progress;
134 nursing and midwifery WTE vacancies

Lots of work with aspiring nurses, Health Care and Social Care Academy, interface with schools and colleges to encourage NHS careers etc – team going into every Powys secondary schools talking about NHS careers.

Face the challenges from an ageing workforce/retirement and the rurality

Taking steps to be best and attractive place to work

"Noise" unsettles staff when we're trying to steady services and get the patient flow

The actions we are taking to increase staffing is not keeping up with the number of vacancies we have and the use of agency is increasing.

Reminder 86/146 patients are ready to go home.

Comment JJ

JJ *"highly sensitive"*

Female Member of the public

Points as those made by the Senedd man

"I was born in Llani and want to die there"

"Think carefully about a downgrade you will lose talent, and no one will come"

Female Member of the public
Worked in PTHB in mental health and as chair of Mid Cluster *First heard of changes on social media* *Not enough comms – this is causing panic* and focused on the deficit Lots of questions: o If not reducing beds/staff then how are you going to save money? o Six months will not give a proper picture o What next if "good savings" made? Recognise you have a difficult job and pressure from Welsh Government Lots of stress in society Widen consultation and slow it down - let people contribute and tell Welsh Government to hold on
Male Member of the public and former GP
Came to Llanidloes 50 years ago from Scotland - was much busier and sad to see it diminish over the years *Feels like the 999/1000 cuts* *Not heard how you will save money or how it will work* *Social care is the issue (20-year problem)* *This is a condemnation of anyone in management in the NHS and social care* *We need to pay more* *We need a national care service* **Comment JJ** JJ "quite possibly less attractive area to come and work".
Male Member of the public
Clarify the political point we're all here for the hospital

PTHB is body proposing the change is PTHB last year there was a change in the consultation rules when the dispute occurred it was referred to the minister and Llais had the right of referral to Ministers. They have lost their teeth. ("bed blocking at the heart of this") and "they are PTHB's new masters".

Pay enough and offer career progression etc

Female Member of the public

Social care paid less than bar staff

"Why bother doing it?"

Especially if you are an unpaid carer getting £80 per week - i's not sustainable

Female Member of the public

Five-year resident of Llanidloes and supporter of the Community Hospital

"Keep it for our community"

"I put up posters and contacted the Council and got a public meeting"

In my view the model is wrong and very flawed [due to] financial and health reasons"

"Hospital have should have more money spent on it".

Member of the public

"Why punish the hospital when it is social care?"

HT response:

Challenged the term "punish" and highlighted this was a whole system issue which was recognised by all present.
Length of stay prevents patients coming back to Powys and is a reality of deconditioning in hospital

Financial driver to avoid paying for agency and importantly reduce length of stay to improve clinical outcomes for patients.

Female Member of the Public

"Listen to clinicians big warning is more sick people and more pressure on the hospital we need to rethink

"Travel takes a toll on patients and carers "

"Will have more problems by breaking what is currently working well"

Comment JJ

JJ "Are there doctors on the working group?"

HT response:

Acknowledged PTHB learning about strengthening how we talk to local GPs but the case for change for Powys is a nurse led service, driven by nurse leaders.

Male Member of the public

CHC changed to Llais

"It is a national organisation, and they have direct access to Welsh Government".

Member of the public

"Wife is a carer, two uncles are carers and aunt is a social worker"
How often do the Board meet?

Response HT

HT confirmed bi-monthly but there was a specific meeting on TSC decision on 10 October informed by the engagement findings.

The member of the public suggested extraordinary meeting called ASAP.

Response HT

HT would reflect and feedback to the Board the strength of feelings expressed in the public meeting.

1. Current Ward worker/Nurse

Attended two meetings in the Health Board
Received 48-hour notice via text

Told "no one will lose their jobs **but**…."

Social media goes mad

Different info in each meeting

Agency bill – Newly qualified nurse earns £14.83 per hour and agency nurse (mileage and pay) can earn £1100-£1200 per shift with Health Care Assistants getting £22 per hour

PTHB staff don't get double time or time and a half for additional hours.

Personal concern about being deskilled when £57k in debt with student loan. In response to question on "how do I keep my skills up?"

Did get another meeting and information was different

Don't know proposals or Standing Operating Procedures from 1 September

"I do the aspiring nurse work in schools, and I feel like a hypocrite. I might not be even doing observations in future. I won't be doing anything"

Comment: JJ

JJ *"RCN appalled by the changes"*

2. Female Member of the public

"Instead of paying agency pay nurses more money"

Response HT

Reminded on national terms and conditions arising from Agenda for Change and social care pay and responsibility sat with the Council.

Comment JJ

JJ *"enhance working prospects and not downgrade hospital"*

Powys County Councillor Morgan

"Where do we go from here? Suggest we take a delegation on bus to Cardiff to see the First Minister and Health Secretary and protest."

Motion was seconded and PASSED by the meeting.

Nye Jones, President League of Friends, Llanidloes Hospital
How does move plan to get patients to care quicker? **Response HT** Plenty of local patients clinically optimised to come to Llanidloes. Maybe some from Machynlleth or Newtown but the majority from here due to the demand.
Member of the public
Please sign the petition. The Mayor and Council signed the council petition. Council brought this meeting because I asked for it. See you on the bus!
Formal resolution JJ
The following resolution was PASSED by the meeting: "The people, Town Council and health care professionals here present and representative of said stakeholder groups will not accept any downgrading of our hospital - temporary or permanent. We further demand that as our community grows but also ages that the Health Board seek to enhance and increase services at our hospital rather than remove them. Any move contravening the spirit of this resolution will result in the loss of confidence in the Health Board to carry out its primary function of delivering effective health care services within our community."
Meeting closed

Public Meeting Notes

Event: Temporary Service Change public meeting
Organised by: Glantwymyn Community Council
Venue: Glantwymyn Community Centre
Date and Time: 22 August 2024 at 19.30

Top Table:
Councillor Iwan Pughe-Jones, Chair Glantwymyn Community Council (IPJ)
Sandra Evans, Clerk to Community Council. (SE) Also took notes.
Hayley Thomas, (HT) Chief Executive Officer, Powys Teaching Health Board (PTHB)
Carl Cooper, Chair of the Board PTHB (CC)
David Farnsworth (DF) Assistant Director Community Services PTHB.
John Thomas, PTHB recording officer

Opening remarks - IPJ
Welcomed people to the meeting, thanked the PTHB representatives for coming along, recognised that people were passionate about local health services but asked that they be respectful of those PTHB representatives when speaking.
HT Opening Remarks on Temporary Service Change (TCS)
HT thanked the council for the invite and confirmed PTHB colleagues were here to listen to feedback and perspectives. HT outlined the proposals and reminded the meeting of PTHB's role in delivering the plan and known challenges faced in doing this; o People are spending too long in hospital leading to deterioration o Recruitment challenges across the system (including social care and third sector) and extent of spend on agency staff. o Forecast deficit plan of £22.m and the drivers for this o Large spend on agency nursing o Large proportion of spend is on purchasing services from DGHs. Temporary Service Changes are: Stopping overnight MIU opening hours for six months. Some MIU opening times are unchanged. "Ready to go home" units – Two wards in Llanidloes and Bronllys; Two specialist inpatient rehab units (building on 2014 stroke rehab work) in Brecon and Newtown

Other wards continue as they are.

Same number of beds across Powys but locations would change with the rationale being explained.
Average stay in Llanidloes was 44 days on Friday but as o today this was now 35. All Llanidloes bed are full.

9 patients waiting to return to Powys (who we want to bring back)

77 patients in our bed base who are clinically ready to move on.

Specialist skills in demand and these proposals bring staff together to maximise and strengthen cover

134 WTE (Whole time equivalent) nursing vacancies (Nursing and Midwifery) – agency spend in June was 1046 hours of Registered Nurse time and 352 Healthcare Assistant (HCA) time

PTHB worked with Llais and reviewed and changed the engagement period to end on 8 September.

An engagement report containing all letters, views and responses will go to the Board to make a decision on whether to enact the TSC on 10 October 2024.

This autumn, PTHB would be continuing to explore with the community how it can further shape services. Will be followed by 12-week formal consultation for any permanent change proposals.

Explained that (for the current engagement) those online could obtain printed copies of documentation and questionnaire by phoning the health board.

Dr Jonathan Shaw of Dyfi Valley Health

Local GP partner Dr Shaw was invited to present to the meeting on behalf of local clinicians.

He said that if local GPs felt that the proposals would improve patient care that they would be fully supportive of them. He said that the changes were not about improving patient care.

It's the belief of all GPs, nurses and hospital consultants that the proposals would be hugely damaging to the frail elderly across Powys.

He criticised the manner in which GPs were informed of the proposals, giving one day's notice to a Friday evening meeting where they were told that the changes were going to happen. And were told that they had 48

hours to submit questions. They submitted a detailed letter listing concerns, but this was not mentioned at PTHB board.

GPs have offered to sit down to discuss other avenues for savings, but this has not been taken up.

Understand that rural health care is expensive to deliver in some areas but that considerable savings are made in other parts of the service, compared to towns/cities.

Dr Shaw said that the proposals could mean elderly patients having to travel far afield (Bronllys) if local wards were full.

He added that, for Welsh speaking patients, being cared for by Welsh speaking staff was important, particularly for those with dementia. Welsh provision may not be available away from Machynlleth.

He queried what would happen if a patient was at Llanidloes and then developed a chest infection. Would she/he be transferred to a more skilled up ward (where there were beds) or go the nearest District General Hospital?

End of life care is currently provided locally with the input of a consultant, who is also against the proposals. We will no longer be able to provide this service.

We currently have priority admission to the ward at Machynlleth for step-up care. This would no longer be possible. We would have to take the patients the health board wants us to.

Proud of the new developments at the hospital. Blood transfusions and complex blood investigations would stop with these proposals.
Similarly, the practice and the local cancer unit were investigating providing some chemotherapy treatments in the local ward. The importance of providing care close to home.

Have not seen any evidence that this will improve care. Health board has not allowed any input from doctors, nurses, therapists or patients into developing these proposals.

Dr Shaw said he didn't believe the proposals were temporary as rearranging staffing, moved equipment, changed care would not be easy to reverse.

He wondered what other changes would come in later to fix the health board's (wider) funding problems.

Dr Shaw urged people to make their voice heard – lobbying Senedd member and MP and by writing to Llais.

(Dr Shaw's speech is attached as Appendix 1).

1. PTHB response to Dr Shaw.

HT thanked Dr Shaw for his comments. She said that his comments would be considered at Board.

She added that the pace of change is fast and that there was always more to do to engage. She had spoken to clinical staff who appreciated the need to change.

There is no intention to move patients to distant hospitals. Part of the reason that Llanidloes was chosen at RTGH was because of its closeness to Newtown.

She added that the health board was continuing to try and strengthen the number of Welsh speakers in its staff.

In terms of End-of-Life care, Llanidloes would continue to provide EOL, and she added that admissions to hospitals would always be a MDT discussion. (Multi-Disciplinary Team)

In terms of evaluation, currently working through the exact criteria for evaluation.
HT also said that she feels that if the temporary changes don't work that they can be reversed immediately.

2. Questions from the floor

Fiona Cauley Chair of Local Patient's Forum

The problem is with the lack of social care provision and the shortage of nurses. She said that she didn't understand how these proposals would address these.

Response HT
HT said that the health board is working with partners at PCC and 3rd sector to look for solutions to the social care challenge. She added that by bringing patients with similar conditions together, it would be easier to plan with the existing workforce and reduce the dependency on agency staff. In terms of rehab care, we will be able to upskill and cross skill existing and new staff. HT said that it would be inevitable that there would always be a need for some agency staff, though.

HT talked about the work to boost the workforce. Academy team had engaged with some 3,800 secondary pupils and were aiming to engage with 6,000 this coming academic year, encouraging them to consider roles in health and social care. Also proud to be bringing overseas staff to work with us. Can't just stop using agency staff. If did, would have to close some 50 beds. It's a challenge to get nursing staff to work in rural Wales.

Dr. Sara Bradbury-Willis spoke of the satisfaction that the existing nursing team get from their work and that these good and passionate nurses will leave. She added that clinical staff from Bronglais visit Bro Dyfi to get their community experience and questioned if this would still be an attractive option for them if the temporary changes were made. She said that the health board had plans to reduce staff. Dr Bradbury-Willis also spoke of her fears of centralisation and that the health board was not trying to improve care across the county. She said that GPs understand the challenges of budget management and she and Dr Shaw added that GPs wanted to help find solutions.

- A lady (red top, name not given) felt that clinical staff were leaving because they didn't feel heard.

- CC acknowledged the comments made and hoped that their presence at the community council meeting showed that they were listening. The board has a responsibility to be a learning and listening board and tries to do this to the best of its responsibility.

- DF stressed the importance of developing staff and wanted nurses to go to the 'top of the ladder'. Bringing together RNs helps with this. PTHB has an older workforce, and it also loses staff as they progress their career (in and out of Powys). Next focus for overseas nursing staff is Machynlleth.

- Retired health visitor said that to upgrade (her licence?) she would have had to travel to Bristol. It's difficult to upgrade and return locally. She added that if patients had to travel to other areas, they are removed from their circle of friends which is important in terms of recuperation.

- HT responded that there were no plans to move patients to Bronllys and said that she heard what the clinician was saying about travel for training.

- Cllr. Bedwyr Fychan, Vice Chair of Glantwymyn Community Council asked how much of a saving will the proposed changes achieve. And will the savings justify the impact of the changes. He also asked how the health board and council were working together to enable

patients to go home once they are ready with support and care within the community.

- HT responded that the expected savings were some £500,000 overall and added that this is not going to be the solution to its financial deficit. She said that better outcomes for patients were more important than the financial benefit.

- DF added that bringing together similar patients may give us better social care support.

- Cllr. Fychan also asked about the long-running discussions between PAVO, PTHB and PCC around recruitment and retention - that have been going on for years. What progress has there been with those? We should be starting to see the results of those now with people coming through the system.

- CC agreed that there had been many discussions over the years and had sympathy with Cllr. Fychan's point. He said that the health board had to save £10m to reach a point where it has a £23m deficit. And that Welsh Government said that it had to make further savings. Together, the health board and the community need to develop a new sustainable model for health in Powys.

- Dr Shaw thanked the board for attending but said that it was only attending because every single GP in Powys had thrown up their hands in horror at the proposals. You've only now opened this up. Why did DF say that we had no right to come back (input)?

- CC said that the board had taken a particular approach but had listened and had amended that approach – it had listened and learned.

- Dr Shaw said that grouping patients in RTGH won't move them through the system faster because the packages of care still won't be available.

- DF agreed that there was a social care market failure but believed that by grouping similar patients together that it will be easier to engage with social workers re discharge. And added that he would happily share where the benefits would be.

- The lady in the red top asked if the health board had looked at models outside Powys. She talked about planned discharge work at Ceredigion and said that GPs were central to that work.

- HT said that the board had looked at other models, but these hadn't been tested in a rural setting. She said that the engagement process had been reviewed with Llais and that that conversation had led to an extended stage and agreement to take a paper to Board. She added that the health board will still need a further long-term discussion, over two stages, including a 12-week formal consultation on any permanent proposals.

- A lady in the green top told of her friend's mum who had to take on a caring role (for her mum) when Bronglais wanted to discharge and there wasn't a package of care available. She also described the difficulties of having to travel to Singleton for cancer treatment. She said the health board needs to increase the services locally.

- HT acknowledged the difficulties but said that it was difficult to staff more acute services locally and that specialist services need a certain level of patient activity in order for clinicians to maintain their skills.

- A lady in the audience asked why the health board did not provide social care 'in-house'? Better wages might get more carers. Same, with nurses.

- HT said that nursing wages were negotiated on an all-Wales level, through Agenda for Change but in house provision (for social care) was a question for us to look at.

- The lady responded that the health board could fight for higher nursing wages.
- HT described how agency nursing costs are 'eye-watering' and that pay for agency staff can cause tension with PTHB staff. She said if she could stop employing agency staff she would.

- A lady in black asked Dr Shaw how beds would be allocated in Machynlleth in future.

- Dr Shaw responded that 80-90% of patients are stepdown patients from DGHs currently and that step-up patients can be allocated by the local practice.

- DF said that there is a team of support workers in hospitals working with wards on the flow of patients to community hospitals. (In future, as now) should there be a step-up patient that needs admitting, GPs will take priority.

- There was a suggestion that Dr Shaw was saying that the practice would lose autonomy.

- DF said that the GP priority situation would not be changing.
- A lady said it was important that local doctors could allocate to local beds.
- HT apologised if there was miscommunication on this point (GP allocation to local beds).
- Dr Bradbury-Willis asked if that would still be the case in RTGH beds.
- HT confirmed that would still be the case as long as the staff could manage.
- A lady asked if the changes happen, when would they start? She also talked about the difficulties of relying on family for transport and talked about the build-up of ambulances outside DGHs.
- HT agreed that with her points about ambulance pressures. She said that the changes would depend on decision on 10/10. If Board goes ahead, there would be potentially a 2-week mobilisation period and the health board would need to communicate the changes (to all stakeholders).
- A retired nurse praised the openness of management when working for PTHB but asked how discharge planning would work and said that she didn't understand how the proposals will benefit patients. The lack of social care was still the problem.
- HT said that she didn't want patients to be moving from one Powys hospital to another but that some will need to go to RTGH beds. She said that if it doesn't work it would be reversed. She said that she'd be quite happy to come back in 6 months and to say she's wrong (if it doesn't work) but that the current situation is imperfect. Nursing care is excellent, but people are not thriving when delayed in hospital.
- A lady in blue asked wasn't this all about social care.
- DF said that bringing together patients with similar levels of need will bring staff with the relevant skills together. It's about how we specialise.
- Dr Bradbury-Willis said that very week a Multi-Disciplinary Team meeting was held and asked who's going to provide preventative care and what would be the point of the virtual ward (if the changes happen). She said that social care doesn't engage that well. She stressed the importance of preventative work. We do have MDTs, but

social care is the same bottleneck. This was shared with Vaughan Gething years ago. The workforce needs to be listened to.

- DF agreed with 90% of the Dr's point and said that we are not changing the workforce.

- Dr Bradbury-Willis said but you are changing the workforce.

- HT said that she respected the Dr's view but referenced the stability of the wider workforce.

- A gentleman at the back of the hall asked how the changes would be evaluated. What would be the criteria? If just patient flow is measured, the six months won't be long enough.

- HT said that it wouldn't just be patient flow, but the team were still working on the criteria. However, it was likely to include outcomes for patients, length of stay and staff and patient feedback. She added that that question will have to be asked at Board and there would likely be other factors.

- DF added that we will ask, have we achieved what we wanted and what was the financial impact.

- A lady asked if the health board was looking at more centralisation. If treatments such as physio were provided elsewhere, travel would be difficult.

- HT said that there were no plans to centralise other services. For example, at Llanidloes we are not planning to change maternity, end of life, outpatients etc.

- The same lady asked how the board had got into this financial position.

- HT responded that the situation had worsened in recent years. Reality is that we are needing agency staff, a lot of the budget is spent on purchasing care from DGHs (which has increased in cost). This is outstripping our current allocation. We are not unusual in this respect. Because 60% of our budget is spent buying services, we feel that more keenly.

- Another lady in the audience urged the health board to do more to encourage young people into the sector. Do more to speak to schools. Maybe offer bursaries. As there is a lack of Welsh speakers – a lot of the local children speak Welsh. She referred to the questionnaire and said that the ranking question was frightening. Asking about other

services scared me. Are mental health services going to change? I wasn't comfortable with these questions.

- HT said that the health board has a programme working with schools and had engaged with 3,500 pupils in this academic year and aiming for 6,000 in the next. She said that she was sorry the lady had had a fright, but she urged people not just to do the questionnaire but also to get in touch with Llais.

- Cllr. Glyn Preston asked if GPs would still be able to admit patients to Llanidloes as that wasn't the understanding of the Llanidloes practice. He said that he was looking forward to seeing that in writing. He added that the health board being in listening mode was the bare minimum. The health board should have done formal public consultation.

- HT said that the health board is trying to organise further meetings with Llanidloes and Machynlleth GPs to clarify some of the points made. We are in-between a rock and a hard place. Will be going to formal consultation for permanent changes. Our view is that, for temporary changes, it is appropriate to listen through engagement process and that pausing this process would cause more uncertainty. There has been a strong call to go to 12 weeks consultation and this will be assessed in Board in public session. I believe we are following (NHS) guidance.

- Gwynedd County Councillor for Corris and Mawddwy, Cllr. John Pughe Roberts said that he was leaving the meeting with a negative view, that the health board doesn't seem to be listening. People can't get social services. Why couldn't Machynlleth have more beds, like Dolgellau, to help people get home? It is different in rural areas compared to towns. Patients in Ysbyty Gwynedd could come home tomorrow but there isn't social care or community beds available. He added that the health board should go to Ysgol Bro Hyddgen to get pupils to work in the local services when they leave school. He also urged the health board to work more closely with Betsi Cadwaladr Health Board. We need to come together, not work in silos.

- HT said that the health board is working across boundaries with Betsi Cadwaladr (including through the Mid Wales Joint Planning Committee) but there was always more that could be done.

- CC described the next steps – a paper to Board on 10/10. Board is the decision-making body but is accountable to Welsh Government and was working within the framework set by WG. He said that he had heard a lot of different views in the meeting but also a lot of commonalities. We don't have a DGH so we can focus on primary

and community care. If we are on the same page, that's something. We can work together. We will make decisions based on the evidence put forward. He said that the decision is not a foregone conclusion and that the evidence would be given full and conscious consideration. And he urged people to keep getting involved as we will need to develop a new sustainable model. He thanked the community for the opportunity listen and learn.

- IPJ said that he had heard lots of passionate views at the meeting. He said that there seemed to have been a breakdown in communication, but the health board has heard our concerns. We feel deprived of local health services, everything seems to have been taken away from beautiful mid Wales. He thanked the health board for coming along and thanked the community council clerk Sandra Evans for organising the meeting in a few short weeks.

  The meeting ended at approximately 9.30pm.

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- These notes record the questions raised and the responses and comments provided by Hayley Thomas (HT), Chief Executive Officer, PTHB, Carl Cooper (CC) Chair of the Board, PTHB, and David Farnsworth (DF) Assistant Director Community Services. The meeting was chaired by Cllr. Iwan Pughe-Jones (IPJ), Chair of Glantwymyn Community Council.

  Appendix 1.

  Dr Shaw's presentation to the Glantwymyn meeting.

If we believed that these changes would improve patient care then we would be up there, on the stage with the health board trying to persuade you that these changes should go through. However, make no mistake – this is NOT about improving patient care.

It is the belief of all GPs and all nurses and even hospital consultants that these changes will be hugely damaging to the care of all of our frail elderly relatives and friends not just in Bro Ddyfi but across the whole of Powys. In fact - we believe that this could be the beginning of the end of our community hospitals.

On Thursday 18th July – we were given ONE DAYS notice to attend a meeting with the health board. At that meeting we were told that these changes were going to happen. The only reason given to us was to save money. We were told that the health board were meeting the week after to sign these off and we had just over 48 hrs to submit any questions. We had had none of the required period of consultation and when we did submit a detailed letter listing all our concerns to the board meeting it was ignored – not even mentioned.

Even with such drastic short-notice changes, we offered to sit down with the Health Board to discuss possible savings that would not have such a terrible effect on patient-care. We appreciate there is a budget deficit, but so far the Health Board has chosen not to consult local doctors. Refusing to talk to the workers on the ground, who have daily experience of patient care does not make sense to us – does it to you?

We know rural health care has high costs in some areas, that is inevitable in a geographically stretched and diverse county. But we also make considerable savings in other areas compared to towns or Cities. Why do rural dwellers, who contribute so much to the economy and life and culture of Powys have to bear such drastic service cuts?

However – let me outline to you all what these changes will mean for your family, your neighbours and your friends. Let's use a couple of very common example that we GPs face regularly. At the moment, if your elderly mother was taken ill or needed strengthening after a stay in Bronglais, she would be cared for, by us, at Machynlleth Hospital until she was ready to go home.

With these proposed changes once your elderly mother is ready to go home but needed carers to go in - she will be taken either to Llanidloes hospital – or if their ward is full – to Bronllys – a full 4 hour round trip away. How often will you be able to make that 4 hour round trip?

And in Machynlleth we ensure that Welsh speaking patients can converse in a familiar language to reduce confusion and speed recovery especially of those with dementia. That might not be the case elsewhere. Translators can be pulled in, but at what cost? How long would that take? Is that a respectful, proper level of service for our Welsh speaking community?

Once in Llanidloes or Bronllys, what if she develops a chest infection? Then she will be transferred back to one of the more skilled-up wards (and we don't know where that would be at the moment, it might even be Machynlleth - IF there is a bed – if not she will have to go to the nearest busy district general hospital. (*bronglais etc)*

And what about your husband who is dying of end stage cancer – who can't quite cope with his pain at home but whose lifelong wish was to de somewhere surrounded by family. Currently we provide expert, local end of life care with the input of a consultant – who also believes that these changes are a terrible idea. With the new model of care being imposed by the Health Board, we will no longer be able to provide this service. We think that this concern alone means that you should fight with all of your might to stop these changes going through as there is no other place to provide that level of care in Powys. *(example with consent)*

And one more example – what about your close friend who develops a nasty infection at home? Who would benefit from a few days of intravenous fluids and antibiotics? Currently if we want to admit and provide care – close to home for this patient - we have priority admission to our own ward. This would no longer be possible. We would have to take the patients the Health Board wants us to take. Those important clinical, medical decisions would be out of our hands, made by office administrators watching the pennies and the pounds.

We are so proud of the new multi-million pound hospital that Machynlleth so desperately needed and deserved. We already provide so many services such as blood transfusions and complex blood investigations which will go with these changes. We were even in discussions with our local cancer unit looking at ways to provide some chemotherapy treatments in our local hospital ward. We do this to provide care, close to home, to avoid patients being admitted to busy impersonal large hospitals and to allow family and friends to easily visit their poorly loved one which in and of itself is so beneficial to their recovery.

The health board tells you this will improve patient care.....we believe the exact opposite.
They have not been able to give us one single piece of evidence to support their case.
They have not allowed anyone who actually does this work – not doctors, nurses, therapists or for that matter....patients – any input into this massive change to your community hospital network.

They tell you it's temporary and will be evaluated after 6 months. This simply does not add up. Once you rearranged hospital provision, moved equipment and staff and care, once you have down-skilled a ward and nurses and therapists have left to find better jobs you cannot magically click your fingers and reverse those changes. Be in no doubt, this change will be permanent, and may even be the start of further down-grading and centralisation of rural services. We believe you deserve better.

And as this was such a sudden and unexpected imposition of a major change, who knows what other 'changes' would come in later, as this hospital plan will NOT fix the Health Board funding problems.

We urge you as our patients, as our neighbours, as our friends to make your voices heard. Lobby your Senedd Member, write to your MP but maybe the best way to do this is by writing to Llais whose job it is to make sure your voices are heard and not ignored the website is on your seats

Public Meeting Notes

Event:	**Temporary Service Change Public Meeting**
Organised by:	**Liberal Democrats**
Venue:	**Castle Hotel Brecon**
Date & time:	**28 August 2024 7-9pm**

Top Table:

Chair:	Jane Dodds MS (Liberal Democrats) - JD David Chadwick MP (Liberal Democrats) - DC Hayley Thomas, CEO PTHB - HT Carl Cooper, Chair PTHB - CC Richard Stratton, Assistant Medical Director PTHB - RS David Farnsworth Assistant Director, Community Services PTHB - DF
In attendance:	Tab Wheeler, Communications Manager PTHB (recording officer)

Attendees: Circa 110 people in the audience at the beginning, rising to approx. 130 during meeting

NOTE: Event was live streamed on Facebook.

Opening Remarks: Jane Dodds (JD)
Welcomed people to the meeting and set out housekeeping and ground rules for the meeting. Explained that the meeting was being live streamed on Facebook. (Participants were not informed in advance)
Opening Remarks: David Chadwick (DC)
Clearly stated the Liberal Democrat's opposition to PTHB proposals saying "These proposals will make the NHS worse"
Opening Remarks: Hayley Thomas (HT)
Gave a 15 minute presentation setting out the case for change.
Statement from JD
We want changes paused until proper consultation is organised Why didn't the health board organise a public meeting?

What does 'temporary' mean?

Response HT.

If the changes are to be made permanent, then we will enter into a formal 12-week consultation process

Temporary is a period of six months after which we will assess the effect and impact of the changes.

Question: James Evans MS/AM

How many people phone MIU and are directed elsewhere?
What message does reducing services give to those we are training as part of your 'Grow our own' programmes?

Response David Farnsworth (DF)

We do not currently keep data on people that are signposted, but we direct people to where they need to be and are able to give advice on self-care if MIU is not appropriate.

We have a range of programmes to grow our own and are dedicated to developing staff.

Question: Powys County Councillor Matthew Dorrance

I have seen various services close in Brecon recently; Day Hospital, Crug Ward and now overnight MIU. What is the long term plan for Brecon?

Response HT

Listed a number of development and training programmes we ran in PTHB last year over 3,000 young people ages 11-18 were contacted about training in health care. This year we hope to reach 6,000.

In the long term we want to consult with the public on our previously stated aims of establishing three regional rural centres in Powys including one in Brecon. However, in the meantime the current setup is problematic, and we need to find a way together.

Comments: Trish Fretton – Brecon Town Council

People want access to frontline services and a reduction in bureaucracy

An MIU nurse told my partner 'Don't worry, they will never close MIU because of the military in Brecon.'

Lots of visitors come to Brecon and need to use MIU services.

Consistency should not be an overall reduction in services.

We are a rural community, so it is even more important that services are available locally.

I don't like the term 'clinically optimised' It doesn't sound like a phrase that would be used by people who care for people. Can we please have plain language.

When people are worried, they want to be able to see someone.

Response Richard Stratton (RS).

Minor Injury Units are, by definition, for Minor Injuries.

Gave an apology for jargon and explained 'clinically optimised' means that they are back to their normal level of health and that there is no additional benefit to being in hospital.

Comment : Female Member of the public

Although we are talking mostly about MIU, I feel strongly about Bronllys. 87% of those consulted with in the move of stroke services from Bronllys to Brecon didn't want it. But it went ahead anyway.

This proposal is further downgrading Bronllys hospital.

Response HT

Stroke move was about improving outcomes for patients.

Comment : Female Member of the public and retired physio

When I was working, I didn't find it difficult to recruit social care workers. Without these, people will be stuck in hospital.

Response HT

We work with PCC to access social care.

Comment: Jo Retired ENP

I am upset to hear you say that MIU nurses don't have the skills [of and A&E].

I have a friend who has anaphylaxis reactions. She has an epi pen that will give her time to get to Brecon but not to Merthyr.

If I had been treated with more respect I would still be working.

Response HT

We do value our ENPs and help with training staff up to be able to do more.

Response DF

We have recruited an ENP clinical lead who is starting soon.

Question: Richard H (running the live stream)

[talking about Andrew Powell, wasp sting victim]. I called 999 and they didn't know how long they would be. Both main roads were closed [to Merthyr and Hereford] Andrew was passing in and out of consciousness. MIU saved his life.

111 says MIU is closed when it is open and sends you to A&E.

Brecon MIU should be used to triage patients before they go to A&E.

How many people go out of Powys for A&E?

Comment : Female Member of the public

It comes down to money. I want to suggest that our MPs and MSs invite the chancellor and Health Minister to come to Powys. We should then drive them from Ystradgynlais to Machynlleth to show the size of the county and demonstrate the need for more money.

Response: JD

I have asked the Health Minister to pause these changes and to visit Powys.

Question: Male Member of the public

I had a bad asthma attack and was taken to MIU. They saved my life. If you take away this service at night patients will suffer and will say to staff that we are not believing in MIU.

What are we doing with outside agencies to ensure that this temporary change will be reversed?

Response: RS

When we have an emergency attend in a GP practice, we can only support and triage when we have a team. Overnight there is only one person working and they would not be able to support an emergency properly.

Response: HT
We want to do more but we can't without more staff. We are training and recruiting as fast as we can.

Question: Female Member of the public

MIU is necessary because we need frontline services in Powys.

Lots of people I see in A&E shouldn't be there and could have been treated in MIU. Why are we being forced to go further?

'Reliably closed' is not a valid argument for closure.
Why are staff not willing to stay?

Question: JD

Can you speak to 111 to make sure that they know about MIU?

Response: DF

111 has a directory of what services are open and available but our irregular opening makes it harder for them. However, we will talk to them.

Comment: ShropDoc GP

I found out about these changes from Facebook. No discussion was had with us [ShropDoc]. I work in Brecon at night and rely on MIU staff for help.

If most overnight attendances come between 8-12 then we should stay open to 12.

Using stats on unplanned closures recently are not fair as there have been recent illnesses but these are not long term.

Response: HT

We have an ongoing dialogue with our affected staff.

Question: Member of the public
I am disappointed in the data we have been given. You say you are going to make Brecon MIU match Welshpool. Why when Brecon sees twice as many people? Have you spoken to the military about these changes? **Response: HT** I have noted the request for more data, and we will endeavour to make this available. No, we have not liaised with the military, but we will do so.
Comment: Male Member of the public
We need a DGH and A&E in Powys. **Response: RS** You can’t have A&E on its own. Needs a lot of other services. Powys simply isn’t big enough to support one.
Comment: Male member of the public
We need Urgent Care Centres in Powys rather than DGHs.
Comment: Fiona - Brecon League of Friends
When Nevil Hall was downgraded, we were told that Brecon would be more important than ever. We want to know that our money was not wasted.
Comment: Female member of the public
MIU has saved me 6 times due to anaphylaxis. It costs £60 in a taxi to go to Merthyr.
Question: Male member of the public
What is the response time for 999? What is the waiting time at A&E? As those are likely to both be long, what is the issue with triage in Brecon first?

Response: DF

999 responses vary by category but 50% of the Red category is within 8 minutes.

Most people waiting in A&E can't be seen in MIU because of the other services they will need.

Question: Maureen - League of Friends

How many specialists no longer come to Brecon that used to? I see my consultant in Llandrindod now and he doesn't know why he no longer goes to Brecon.

Response: DF

Lots of services are delivered in Brecon but it depends on demand as they need a full list to be effective.

Question: Female Member of the public

It is always the front line staff that get cut.
The NHS is over managed.
Do you think that PTHB is over managed?

Question: Richard H

There are now eight estates managers in Bronllys on £50k when there used to be just one estates manager.

Response HT

Lots of work has been done to reduce management and admin costs. But this work does not affect public services and so is not seen by the public as we do not need to engage on those changes.

I believe that PTHB is a lean organisation compared with other health boards and I believe it is managed appropriately.

Closing remarks from Carl Cooper

As Chair of PTHB and as a board overall we are committed to supporting the League of Friends with their work and they are a hugely important partner to the health board.

As a board our responsibility to Welsh Government is to oversee the work of the health board and to listen to the public in order to ensure we are

delivering the best services possible for the community. Thank you for sharing your views with us and we will take them very seriously.
Closing remarks from Jane Dodds
Please do remember to complete and return the engagement survey.

Public Meeting Notes

Event:	**Temporary Service Change public meeting**
Organised by:	**Liberal Democrats**
Venue:	**The Pavilion, Llandrindod Wells**
Date and Time:	**28 August 2024 at 19.30**

Top Table:

Chair: Jane Dodds, Member of the Senedd, Liberal Democrats (JD)
David Chadwick, Member of Parliament, Liberal Democrats (DC)
Hayley Thomas, Chief Executive, Powys Teaching Health Board (PTHB) (HT)
Carl Cooper Chair of Board, PTHB (CC)
Dominic Horne, Assistant Medical Director, PTHB (DH)
David Farnsworth Assistant Director Community Services, PTHB (DF)

In attendance:

Sue Ling, Engagement Manager PTHB, Recording Officer

Attendees: approximately 80 – 90 people in the audience.

Opening remarks: Jane Dodds
Jane welcomed everyone and said that the Welsh Liberal Democrats had organised the meeting but that it was for and about residents and providing an opportunity for people to ask questions and give their points/views. She said that they would give everyone the opportunity to speak. The Welsh Liberal Democrats had invited members of the other parties too. Apologies received from Cefin Campbell, Plaid Cymru.
Opening remarks: David Chadwick
David thanked audience members for attending. He said that he'd received letters from many residents since the news of the temporary service changes. He confirmed that tonight was about listening to views, and he encouraged all here to submit their views issues/concerns and experiences in writing via the survey. He said he was grateful to PTHB for attending and for the briefing that had been given on the challenges being faced. He said the statistics were startling including the fact that the Powys health estate is one of the oldest in the country. Some of the buildings we have actually pre-date the NHS. There are other issues like lengthy waiting times to discharge patients plus problems recruiting and retaining staff.
Running Order explained.
Jane then went on to explain the running order, that there was no fire drill planned and what to do if the fire alarm went off. She explained that everyone who wanted to ask a question would be able to do so and that there was a roving microphone

that would be used after Hayley had given a summary of the proposed changes to MIUs and community hospitals.

Opening remarks: HT

Hayley introduced Carl Cooper and Dominic Horne and thanked people for coming along tonight to listen to the proposals and give their views. Hayley gave an overview of the challenges facing Wales and the UK. And then went on to talk through the challenges that the health board are facing currently. This included the fact that people live longer here than the rest of Wales which is a good thing but does put added pressure on health services. We do have inequalities too and our older population continues to grow. She said that this year we will end the year with a deficit of £23m and have planned savings of £9.9m.
She went on to talk about the MIU proposal and the community hospital in-patient proposal.

Comments/ Questions from the Floor

Jane Dodds

The word temporary. What does this mean? Is this the thin end of the wedge. Is this the beginning of service cuts? Could you please extrapolate and explain what the word temporary means and if you have some explanation about whether there are further cuts ahead. Will it be that in 3 months' time there will be further cuts?

HT Response.
When we pulled together these proposals, we made it clear that we were going to test whether the results will provide the outcomes we want. MIUs are a concern re-core operating hours. We aim to improve and ensure the service is on a less fragile basis. Where it's been tested elsewhere there is evidence, and we want the local evidence base for Powys. We want to test it for six months and then take the evidence back to the Board for a decision.
Regarding more cuts: We need a serious conversation in the autumn about the shape of our services. First stage of engagement will take place followed by a more formal consultation. We will need to change services further, but we don't have a long-term plan yet because we want communities to help us shape that.

Comment: Female member of the public.

I'm very angry. As soon as Labour came into power, they cut the fuel allowances. Caerphilly council has announced that they are now cutting meals on wheels with 300 elderly people affected and now our MIUs are being shortened. Bash the old! Is that what we are up to. Unless we keep a decent health system in our sparsely populated county, we'll all be dying off like flies.

Comment: Jamie Town Councillor

I represent some of the people as a town councillor. NHS dentistry has basically collapsed. We are in an appalling situation where people can't get in to see them. All we are seeing is a decline in services. We have some very serious concerns re-A&E. I've been stuck at the roadside where people have been knocked over/knocked off their bikes. My big concern is that Welsh NHS seem to have set up the system wrong. We can't get the staff. It's a beautiful county to live is so perhaps we can do more to target employees and get more staff. Lots of people would surely want to move here from London. If you are employing agency staff,

then they are not going to work for PTHB because they can earn more money as agency staff. Air ambulance is moving away although I believe there is a potential road service being proposed. So, re the proposal: What about people stuck in hospital, is it that they are not getting the treatment or is it social services and lack of care packages? We are seeing a dissemination of services here. People don't know if there will be ambulances turning up. We need a conversation with the Welsh Government. I appreciate that for people living in the south of Wales and for those Senedd members perhaps they don't care. I appreciate that our facilities are quite backward. Not a reflection on our aspirations. Powys is huge. I have to travel far away for a dentist. I've had a 2 year wait for an NHS dentist so far – it's a very bad state of affairs. We've then got the wind turbines etc. People may start to think they will move out of county. Children are going away to colleges / universities, and they don't want to come back to Powys.

HT Response
How do we encourage people to come and move here. We do have a workforce strategy which is supporting us to do this. E.g. Our Health and Care Academy, Aspiring nursing scheme, and our apprentice scheme and educated nurses and Careers work. We reached over 3,800 11–18-year-olds this year to talk about potential health careers but we are still carrying 130+ vacancies currently.
We would welcome any actions to recruit further staff to move here that people might have.
Emergency response teams/ambulance/dental access. We are doing all we can to try and improve these but it's not good enough.
MIU estimates re- be £250k over a year. Agency costs is a situation where we have to treat our patients and do so safely. It's to such an extent that it is causing a financial issue for us. We will be and continue to liaise with Welsh Government to reduce reliance on agency staff across Wales.
If I take a hard line tomorrow, it would be the like shutting 50 beds.

Comment: Male Member of the public

My eldest daughter damaged her shoulder. We went to MIU in Llandrindod. They did a triage and determined it was not an emergency. There was no X-ray over the bank holiday and not at other times. We then tried to get an arrangement for my daughter to be taken to Hereford via an ambulance. We have no transport. We had nothing for 9.5 hours. On Sunday morning an ambulance arrived. Daughter needed x-rays. The ambulance crew asked that we take her because they were overwhelmed and said they would just be queuing outside the hospital. Ambulance people rang Brecon MIU and arranged for the X-rays to be done there if I could get my daughter there luckily no breaks but severe damage to her shoulder. Shows how much the MIUs are needed, and I don't agree with the proposal.

Question: Jane Dodds MS

What support is there for older people having the resources to get to places? [reference back to resident's point].

HT Response
It's an important point. Our impact assessment will cover the insights for the older population. We do have a broad range of people using our MIUs. Community in-patients tend to be more older people. Length of stay of over 50 days today

creates harm to our patients. The impact assessment will look and consider this. Social care is a situation for us in the county. Community packages of care are lacking – we are working with PCC to look at capacity. We are working with PAVO, Community Connectors, PCC social care and wrap around care to get people home quicker.

Dr Dominic Horne - Assistant Medical Director/ GP in Llandrindod.

When in hospital people end up losing muscle tone and can't mobilise themselves easily. This leads to an increased risk of falls and mental decline too. Changes can last a long time or can also become lifelong. There is an urgency to get people home when they are ready, and the hospital proposals will help this.

Question: Male Member of the public from Llanwrthwl

Money. £22m. What does that represent in terms of the total budget? This is not the first time PTHB has been in this situation and despite saving efforts the Welsh Government has bailed you out. What's to stop that happening again? Investment into Llandrindod hospital. This has been quite considerable. What has materialised from that investment?

£421m budget. £23.9m deficit with £9m worth of savings.

Response CC
I will give some reflection on the role of the Board. Governments over time have found additional money. In response to Alan, I'm directly accountable to the Cabinet Secretary and we are reminded of the legal duties on every health board and there are a number of them. One of them is the financial duty of balancing the books and we are not allowed to carry a deficit and the message from the Cabinet Secretary is not "we will find extra money" it's about us balancing the budget and finding the savings required. Welsh Government require us to manage the deficit now and in future years. It would be foolish to operate on the understanding that Welsh Government will offer more money.

Response DF Investment re- Llandrindod hospital
The hospital has had significant investment in the estate. The estate across all our sites needs updating with the majority pre-dating the NHS. Maintaining it can be a challenge. Money for that is different. It's a Capital grant which comes from Welsh Government. Money has helped us and sustained the building. New roofs and out-patients department means it can now see far more people than it used to. We have the theatres and now have visiting consultants doing gastro entomology etc…
We've also invested into the MIU services and looking far greater at how we expand this. But we have fewer than one person a night currently. We want to find a way of growing this service. We have just appointed a specialist Emergency Nurse Practitioner to help us look at how more can be done in the community to work practically and expand the capabilities of our Emergency Nurse Practitioner nurses and keep more people in their own homes.

Jane Dodds: comment on Budget

A lot of people don't understand the context. Is it rising costs/ a combination of cuts. Why are we in this position? Why the rush to bring these changes? We don't

feel that people have had the opportunity to get the information. A shame that PTHB haven't organised public meetings so people can have their say. As a member of the Welsh parliament, I have written to the new Cabinet Secretary for health and social care. I've asked him for the pressure to be off PTHB and to pause the pressure put on all of us. We don't have a District General Hospital etc… We are the only county without. PTHB can't then make the savings that others can. What choices are ahead?

Response HT.
We appreciate the request for a pause. We must work to deliver our plan in this year. Welsh Government may come back based on that request. No change yet re-the current situation. We have extended our engagement until Sunday 8 September. We will consider all the feedback we've received. My view is that we've met the service change guidance. We do have financial difficulties, increasing demand, costs to purchase out of county care via District General Hospitals and the care in county. Financial position will get worse if we leave things as they are.

Suggestion: Member of the public

Re the training you are providing to lots of young people but then we tend to lose them as the move out of county. Can we aim for more mature people. Perhaps an advertising campaign for the more mature people to come and work for the health board.

Comment: Member of the public from Llandegley

I think it's disgraceful to think about closing the MIU. What has this town got? No hospital? If you want something you go to Hereford or Aberystwyth? I waited six hours in Aberystwyth. I would like to see a hospital at least keep the minor injuries. Someone comes along when you are sat in there, and I haven't had to drive 40 miles. I can't believe that Powys HB are even considering cutting the hours.

Comment: Member of the public

If you look at Welsh Government the way to waste money like introduction of the 20 mile an hour scheme, that cost 60m and now will be taken back in some places. Or widening the pavements here in Llandrindod for push bikes, I have never seen a push bike use it.

Male Member of the Public

Your services to the elderly and plan to bring people home quicker from hospital. Have your heard of the Pivot/Packto scheme? It involves health and local authority and other associated services. Haverford West.

Response HT
I'm not familiar with this but Carl is. We've looked at a lot of models. How we support carers and the lack of join up between services. We are working hard to do more with our local partners like social care (PCC). We do work closely with the

Regional Partnership Board and the third sector and attending these meeting is giving us further insights that we need to reflect upon.

Comment: Female Member of the public

On Friday night my 89 father had a fall. He took my 85 mother with him. Both were on the floor. We had to wait for ambulance and a fire crew. Mother decided she would not be attended too. So, on Saturday morning at 7:30am we went to see her and found her locked in the house, unable to stand. I couldn't get anyone to help. We went to local hospital, and it was locked up. Rang 111. At 1:30pm Mum had appointment at MIU. Possible fracture and had to get her to Hereford hospital. Father had been admitted with a broken hip. Had operation on Sunday morning. Mother also admitted. Took some 15 hours from point arrived at Hereford. My father is my mother's primary carer. Hospital was looking to release her, but she can't be discharged on the basis that there is no one to care for her at home. Both are now in Hereford in two different wards. No joined up thinking at all. If we had a service in Powys that would step in and provide care for people in this situation it'd be great. It would be great for carer support for mother so that she's not stuck in Hereford hospital bed -blocking.

Response HT Sorry to hear about this. There is learning for us as a health system from your experience. Please do come and talk to me at the end of the evening.

Comment: Member of the Public

Agriculture is the most dangerous career. Accidents do happen. More attention is required re- farming industry. An inequality. If I lived in a much more urban area, I would not need to go 70 miles for cancer treatment. Rural areas are least able to sustain the additional costs. There is no public transport, you can't get to places. I wasn't air lifted when I broke my leg. They took me to Hereford/Aberystwyth in the Winter. They'd shut the hospital. (Resident was assured that Bronglais hospital is still open) In the Winter the conditions are tricky. People have strokes and heart attacks and people can't get to District General Hospitals. Comment – I was talking to my GP, and his advice was get in the car and head for Hereford, Aberystwyth OR call an ambulance.

Response HT.
Accessibility is a huge issue including the cost re- travel. It will be part of the impact assessment.

Comment: Male Member of the public

I too agree that it's been a waste of public money used. It pales into insignificance when we see what central government spends, e.g. 8m overseas to support green energy. Many other examples around billions of pounds. Central government is wasting money when we can't keep our own house in order. Everyone in this room needs health care at some point. You can't put a price on that. Need to reign in money spent elsewhere to support health care.

Question: - Member of the public from Builth Wells

If I cut my finger at 7:30pm and it is really bad, where do I go? Do I put a bandage on myself. Seems like with nurses and doctors we were promised a like for like service in Glan Irfon when our community hospital closed. Only people who use Glan Irfon are people coming out of hospital.

Response – DF
MIU is there to treat minor injuries., for immediate first aid and help. To triage patients is part of that. Sometimes there is a good reason a cut finger will end up in A and E. Support is then available through dialling the 111 service. It is to be recognised that practitioners are nurses, it is very skilled and not every nurse can do it. It's about the right people going to the right place at the right time. Challenges us at an individual level. We can't just have a service for just one person a night. Regarding Glan Irfon in Builth Wells we have a service that is run on behalf of the NHS. Reablement, physiotherapy, outpatient areas, dentist, consultant, leg clinic are all offered from there. We continue to have conversations with PCC and PTHB to develop more services at Glan Irfon.

Comment: Member of the public

It's about social services. Is it £11 that a Care Worker gets paid? If you go for a cleaning job you can get £12 an hour. When I had a Care Worker for my husband, they were poorly paid and may not get home until about 10pm at night. More incentive to do the job would get people out of hospital sooner and they'd not be so much bed blocking. Lady in charge of nursing home said they would have to close because they can't get staff. Can't get people from abroad either now to fill the gaps. Need to pay Care Workers more and this would then work out in the long run. We ended up having Care Workers from Worcester and Swansea and we needed two Carer Workers at a time for my husband. They'd come from different directions and different work as a Care Worker. They'd meet up outside our house having never spoken to each other, not knowing anything about my husband. It was very stressful.

Response DF (NB. Powys County Council not at the meeting)

I don't know how much a Care Worker gets paid. Much is delivered by individual companies who are contracted by councils to deliver social care. We need to consider how do we grow the market, make it more efficient and how we work to ensure carers can visit people who living closer together in one round etc.

Response- Jake Berriman County Councillor Llandrindod – PCC pays £12 per hour since 1 April 2024 for real living wage.

Question: Jake Berriman - County Councillor Llandrindod.

Clarity if I may. I think the meeting tonight is about the MIU, and you set out at the start, and you said full year's saving across Powys would be £250k. So, we've spent an hour and a half this evening talking about this but what about the rest of the money? A small fraction. No 2 clarity. A hard line on agency staff would mean 50 beds close. More people would like to be at home and being cared for. We've got tens of millions spent on agency staff, but we could free up beds by getting people out. When can we have a proper conversation at a national level re-integrated care because more needs to be done strategically. We could find hundreds of millions pounds worth of savings if we could find the way to help people in their homes to stay well. When can we have it? This is more a question for Jane and David. And for Hayley to reflect on.

Question: Pete Roberts - County Councillor Llandrindod

Same issue as PCC. PCC are talking about next financial year. We are not in your position. We'd have to have a 141 order now. That's why our council tax went up this year to pay for the things that we need to deliver. We must balance the books at the start and at the end of year. The health sector seems to be working with strange budget sessions. £22m deficit forecast set. Basically, as I see it you either have to make massive fundamental cuts to services or the Welsh Government needs to bail us out or Welsh Government needs then find money elsewhere. If this happens then council tax will rise. Really this is not a problem for Powys. It's an issue for David as the MP. It's a national issue. A change of the formula is needed. Between the last and this censor – average age of population went up from 45 years of age to 50 years of age. What are we doing to show that this is a national funding crisis for the NHS?

Response HT
We are currently in "escalation" because we can't deliver a break-even plan. We must deliver a plan to Welsh Government. We have to set this all out. Planned care treatment times. We submitted in March. They didn't approve our plan. We are still in the same position. Nearly £23m and our savings plan they feel is still undeliverable. We are still in conversations.
Delivering services in a rural setting and we'll continue to advocate for the costs. 60% of our budget is spent on commissioning services and costs of purchasing secondary and specialist care. Completely agree re- the situation. Hayley Thomas works closely with Welsh Government and scale of the challenge is substantial. Need the shape and core offer is going forward.

Response CC
To reinforce that, Jake's question is really important. A lot have a rural dimension, but a lot are wider than Powys. Pete mentioned Welsh Local Government Association. We have NHS confederation has been asking for a national conversation for a long, long time. Conversations with Cabinet Secretary and Minister is something we request/put forward.
Final point briefly that £250k but £22m to find. You are right that we will be coming out in the Autumn about what does the future model of health care look like for us in Powys. In partnership with PCC, Third Sector taking a full systemic approach. It's in that context that the financial dimension and sustainability will need to be considered.

Councillor Pete Roberts - £250k re- MIU. £9m savings to meet the £22m. Where are the rest of the cuts coming from? What have we not heard yet? What can we do locally and nationally, so we know what our budget is? Simple reality is that we as County Councillors we would have the commissioners in, and we might be in trouble. If the system is not working, it leads to problems.

Question: Male Member of the public

This hall is full of angry anxious people as we have no major hospital in the county, and you are taking away what services we have. We can see it is the thin end of the wedge. I would not take bets on when the MIU closes. We have some sympathy as the money from Welsh Government comes from UK government, with an unfair formula. David Chadwick made the point very strongly and you see it on Facebook. I want to know if there is anything you can do, if so what, for re-

negotiating the formula of money given to Welsh Government for Health Care services. When you say you must buy other services from other hospitals? How much does this cost a week? What about the costs per day?

Response HT
£4m a week.
Cost per day in bed? Sorry. Range of cost per day depending on the type of care means there's not a specific cost per day.

Question: Member of the public

Is there anything you can do to renegotiate the amount the UK government gives to the Welsh government?

Response DF: We are appointing someone to help us re MIU, to look at how we run them, look at improving the offer etc.

Comment:
You are wanting to bring someone in to drive more traffic to MIUs, but with less hours, you already struggle. Also, what about the issue re- commissioning and the costs that we pay to our providers re- Wye Valley Trust. Surely, they are charging us more.
Response DF: A fifth of our budget is on primary care – GP, pharmacy, optometrists etc. £79m. Quarter of staff - £117m. We do advocate for Powys. Strength of feeling re- rural health care and our interface with Welsh Government. We are keen to have these conversations re- Welsh Government and NHS confederation and costs re- delivering care in rural communities. We do want to grow our emergency services in Wales. We want them to look at what we do to grow the capability and have the Emergency Nurse Practitioners working to the best of their ability.
Response DH. A few comments. Changes we have been discussing are quite small. Generated a lot of interest. Lots of changes etc. We must think about the future and the challenges we face. Innovative changes is required and we are looking at these. Within the context of the financial and workforce challenges. We are keen to hear your concerns and your priorities within the resources we have.

Closing Comments from Carl Cooper. You ask what could I do? I am appointed by the Cabinet Secretary. I have to respect that very carefully. I don't operate in that political world. The issues raised tonight are often raised and we can reflect on these and on the experiences within Powys. My role is very different. What will happen now and the role of the board. I'm not here to persuade you about the proposals or to defend or oppose them. The Board are responsible. On 10 October we will receive a report, and a particular report will be around the feedback report. That source will be comprehensive and will be alongside other advice and clinical reports etc. so that we take the right decision. Meeting on 10 October is a very important one. We really are committed to listening and learning from this. A sustainable model for health care in Powys. We want to shape this with your help. Thank you.

David Chadwick closed the meeting.
Rural penalty that people of Powys are having to pay. People living in rural areas are feeling this. Asked for a better deal and it's ingrained in the funding formula. Based on population numbers only not on rurality. Brecon, Radnor and Cwm Tawe is biggest constituency, that is the biggest in England and Wales. I'll make sure your voices are heard.

Meeting closed at 9:10pm approximately.

Appendix 2
Engagement with Llais
Supplementary Information

Powys Teaching Health Board and Llais met on 13 August 2024 for a mid-point review of the engagement on temporary changes to health services.

The following actions were agreed:

- The period of engagement will be extended by two weeks to end on 8 September 2024.
- A report on what we have heard during the engagement period on these proposals will be presented to a meeting in public of the Board, where decisions on these proposals would be made prior to implementation (including identification of mitigations in response to the feedback we have heard). We currently expect this meeting in the public of the Board to take place in early October 2024 and will confirm the date with you as soon as possible.

Powys Teaching Health Board wrote to Llais on 13 August 2024 to confirm these actions (Page 3).

Llais wrote to the health board on 23 August 2024 to confirm that these conclusions were representative of the discussion at the mid-point review (Email to Hayley Thomas from Katie Blackburn on 23 August 2024).

Llais wrote to the health board on 3 October 2024 to share their observations following the period of engagement and to contribute to the deliberations of the Board on 10 October 2024 (Page 4).

Dr Carl Cooper, Cadeirydd / Chair
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Hayley Thomas, Prif Weithredwr / Chief Executive
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GIG CYMRU NHS WALES
Bwrdd Iechyd Addysgu Powys
Powys Teaching Health Board

Katie Blackburn
Regional Director
Llais
By email: Katie.Blackburn@llaiscymru.org

13 August 2024

Dear Katie

Temporary Changes to Health Services in Powys: Mid Term Review

Thank you for meeting on 13 August with colleagues from Powys Teaching Health Board for the mid term review of the current engagement on temporary changes to health services in Powys.

The following actions were agreed in relation to the engagement:

- The period of engagement will be extended by two weeks to end on 8 September 2024.
- A report on what we have heard during the engagement period on these proposals will be presented to a meeting in public of the Board, where decisions on these proposals would be made prior to implementation (including identification of mitigations in response to the feedback we have heard). We currently expect this meeting in the public of the Board to take place in early October 2024 and will confirm the date with you as soon as possible.

We anticipate that the engagement website and related materials will be updated by Wednesday 14 August to reflect the latest engagement and decision-making timetable.

Yours sincerely

H Thomas

Hayley Thomas
Chief Executive Officer

cc. Dr Carl Cooper, Chair, Powys Teaching Health Board

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LLAIS
Eich llais mewn iechyd a gofal cymdeithasol | Your voice in health and social care

3 October 2024

Dear Hayley,

Proposed Temporary Service Changes

i) **Opening Hours for PTHB Minor Injury Units**
ii) **Community Hospital Inpatient Wards: Clinical Colocation (Specialist Rehabilitation Beds)**
iii) **Community Hospital Inpatient Wards: Clinical Colocation (Ready to Go Home Units)**

Firstly, can I take this opportunity to thank you and your team for the considerable amount of work that has gone into, not only the engagement process, but also all the supporting documentation.

Following the engagement on these proposed temporary service change proposals I am writing to share several observations in readiness for your Board's consideration at the Extra-ordinary Board meeting on 10th October 2024.

Cadeirydd / Chair: **Athro / Professor Medwin Hughes DL**
Prif Weithredwr / Chief Executive: **Alyson Thomas**
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LLAIS
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a) Process

Following the mid-term review between Powys Teaching Health Board and Llais on 13th August, we note that it was agreed that the engagement should be extended by two weeks and that any decision about the proposed temporary Service changes should be taken at a Board meeting that is held in public.

b) Engagement Report

We note that there was considerable strength of feeling from the communities of Powys about these proposed temporary service changes. In particular, a number of the individuals that we heard from felt a “sense of loss” to their community.

Llais Powys attended three of the four public meetings and received correspondence from groups and individuals also sharing these same concerns.

Llais Powys has shared this feedback with Powys Teaching Health Board and with the Strategic Change Programme Board (which the Regional Director attends as an observer with speaking rights).

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The Powys Teaching Health Board engagement report reflects what Llais Powys has heard not only during the engagement process, but also whilst undertaking its own community engagement activity.

c) Equality Impact Assessment and Mitigation Plan

We note both reports and would welcome the opportunity to continue to work with you on these, and to be further involved in the implementation and monitoring should the Board decide to agree the proposed temporary service changes.

Should the proposed temporary service changes be agreed by the Board, we would want a further conversation based on the following expectations:

i) Llais Powys remains as an observer (with speaking rights) on the Strategic Change Programme Board

ii) assurance of Powys Teaching Health Board's commitment to continually evaluate the temporary service change

iii) That a clear engagement process is put in place, to hear the voices of Powys residents and to help inform options for the future

iv) A commitment to evaluation including the option for reversibility

Cadeirydd / Chair: **Athro / Professor Medwin Hughes DL**
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v) That the mitigation plan and activity is reviewed, evaluated and where necessary adapted, on a regular basis

vi) A commitment to monitor the impact across all affected services including identifying unintended consequences.

In addition, should the Board agree to the temporary service change, Llais Powys will build in visits to all sites/ communities impacted by this change over the course of 2024-2025 and will feedback into the evaluation and options appraisal process.

This letter reflects what we've heard to date, recognising that we will continue to feedback what we hear from the communities of Powys.

Yours sincerely

Regional Director
Llais Powys

Croesewir gohebiaeth yn y Gymraeg a'r Saesneg. Os byddwch yn ysgrifennu atom yn Gymraeg, byddwn yn ateb yn Gymraeg. Ni fydd hyn yn arwain at oedi wrth ymateb i'ch gohebiaeth.

We welcome correspondence in Welsh and English. If you write to us in Welsh, we will answer in Welsh. This will not lead to a delay in responding to your correspondence.

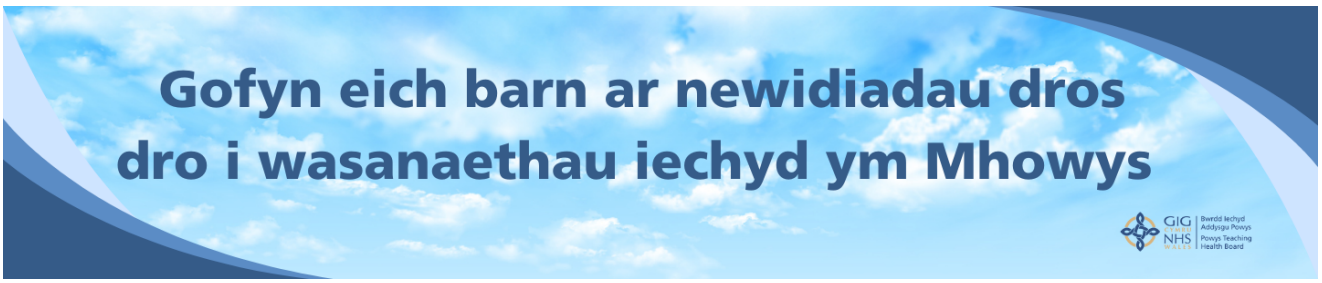
Appendix 3

Staff and Primary Care Engagement Report

Seeking your views on proposals for temporary changes to health services in Powys

29 July 2024 to 8 September 2024

Version 1, 2 October 2024



Powys Teaching Health Board Engagement and Communications Team
Version 1, 2 October 2024

Document Control

Version	Date Issued	Revisions
Version 0.1	30 September 2024	Draft report to PTHB Executive Committee on 2 October 2024.
Version 1	2 October 2024	Final report updated to reflect Executive Committee review

About This Report

This report has been prepared by Adrian Osborne, Deputy Director (Engagement, Communication and Corporate Governance), Powys Teaching Health Board, to summarise the process and findings of engagement on "Seeking your views on temporary changes to health services in Powys" from 29 July 2024 to 8 September 2024 with PTHB staff and with primary care in Powys.

It focuses on engagement with, and feedback from, PTHB staff and with primary care partners. It does not cover engagement with the public & external stakeholders which is discussed in a separate report.

Contact: powys.engagement@wales.nhs.uk

Contents

1. Executive Summary

Engagement with PTHB staff and staff-side representative

Our staff and their representatives are key partners in the design and delivery of future services, and we have continued to use our well established mechanisms to engage and inform.

In addition to our existing well-developed engagement arrangements with the trade unions, such as the Local Partnership Forum and regular monthly meetings, Staff Side have an open invitation to attend Programme Board and the Working Group meetings so that staff voice is embedded throughout the Programme.

There is also an escalation process to the Executive Director of People and Culture for the Staff Side Chair should any matters of concern arise that cannot be resolved at Programme Board.

Where appropriate the Health Board's relevant workforce policies have been applied. Flexibility has been given for our local trade union representatives and has been kept under review to ensure the trade unions have the required time to support their members through the change process.

Engagement has taken place with staff within the specified services, and wider staff across the organisation and partner organisations have been able to contribute their views through the public and stakeholder engagement process.

We recognise that the impact and sensitivities of the pre-election period immediately prior to the engagement period placed some constraints on the scope to undertake pre-engagement prior to presentation to the Board in July, but the health board undertook steps to accelerate and escalate engagement immediately post the UK General Election to address this. This provides an important opportunity for learning, particularly given that the Senedd Cymru (Members and Elections) Act 2024 will have the effect of increasing the frequency of Senedd Cymru elections.

A wide range of engagement activities were put in place including:

- Multiple meetings with trade union representatives (Unison and RCN)
- Approximately 30 staff engagement events
- Opportunity given to all staff to attend individual meetings
- Collation of written feedback on the proposals
- Visits to affected departments by the Executive Director of Nursing and Midwifery supported by a follow up meeting held virtually.

The engagement insights gathered from staff have contributed to the updated proposals, impact assessments and mitigation plans set out below.

Key quantitative and qualitative measures in relation to staff impact and experience have been identified in the proposed Monitoring and Evaluation

Frameworks, with regular updates due to be presented to the Board during the six month temporary implementation period. Our intention is that our staff continue to be at the heart of learning for these temporary changes, and we are committed to continuing to work with colleagues in the design and development of proposals for the future permanent state of safe and sustainable health services in the county.

Subject to the views of the Board in relation to these proposals for temporary changes, engagement with staff will continue through final design & readiness, implementation & delivery, and monitoring & evaluation.

Engagement with Primary Care in Powys

We recognise and value the vital role Primary Care plays in serving local communities in Powys, their primary care expertise and the understanding this brings of the very challenges being faced as well as the opportunities for improvement.

Primary care engagement has been well established in the county, including through the developing cluster arrangements, as well as participation in the work to date on Better Together which has informed the case for change. However, we recognise that similar to our engagement with PTHB staff the opportunity for early discussions regarding these specific temporary changes proposals was made more difficult by the pre-election period. Immediately following the election and in the lead up to our Board meeting on 24 July 2024 an accelerated plan for engagement was put in place, but we acknowledge the concerns regarding pace and awareness that have been raised.

During the engagement period the health board has been in contact with all GP practices, and all have had the opportunity to meet with health board representatives through county-wide Local Medical Council (LMC) meetings and/or through 1:1 meetings between individual practices and the health board as well as through direct correspondence. Established mechanisms such as primary care cluster arrangements have also provided the opportunity for discussion and debate, and this will continue to be the case going forward.

Across this engagement, key issues and themes have included:

- Arrangements for GP / step-up admissions including prevention of unnecessary admission to DGH (district general hospital) particularly in relation to "Ready To Go Home" Units.
- Arrangements for end of life or palliative care particularly in relation to "Ready To Go Home" Units.
- Travel and transport, access to family and carers, and/or continuity of care closer to home if not admitted to most local community hospital.
- Community hospital staff retention and maintenance of skills.
- Availability of social care and home support.
- Some scepticism about the case for change.

- Some support for the proposals.
- Understanding and recognition of the case for change.
- Temporary vs. permanent nature of proposals and plans for developing and agreeing the longer term shape of health services.

The executive team has ensured conscientious consideration of the key issues raised by primary care, and these have contributed to the updated decision cases, impact assessments, and mitigations. No viable or feasible options have been identified that enable the health board to respond to the immediate presenting challenges to quality and value, but feedback through this engagement process and on an ongoing basis can and will continue to inform the development and agreement of the future permanent state of safe and sustainable health services in the county.

Alongside our continued accelerated cluster development, a number of additional measures are in hand to continue to strengthen clinical leadership, engagement and governance including the establishment of the Health Board's Healthcare Professionals Forum (target establishment: Q4) and a new clinical governance forum for Community Hospital Services (target establishment: Q3).

If the proposals for temporary change were approved by Board there would also be engagement with GPs in final readiness assessments as well continual engagement with primary care in monitoring and evaluation.

Building on these foundations will ensure ongoing and strengthened partnership with primary care to ensure a shared understanding of the challenges we face, and of the opportunities and solutions for the future to develop and agree the permanent future state of safe and sustainable health services in the county.

2. Background:

The information in this section reflects the position as agreed following the mid-term review with Llais on 13 August 2024.

The NHS across the UK, and locally in Powys, faces a number of challenges to maintain quality, safety, outcomes and financial sustainability for patients and communities. Waiting times for planned care increased during the COVID pandemic and remain high. Inflationary pressures affect the whole of the public sector, increasing the costs of service delivery. More people are living longer with multiple health conditions. And there are pressures on staffing, including that the proportion of people of working age is reducing.

Powys Teaching Health Board has therefore proposed some immediate steps to help maintain quality services within available resources.

Powys Teaching Health Board is proposing some temporary service changes to the following services:

- Minor Injury Units in Powys
- Community Hospital inpatient services across Powys

These proposals, if approved by the Board on 10 October, would see temporary changes implemented from Autumn 2024. Once implemented, the changes would be in place for six months and alongside this the health board would continue to engage with patients, communities, staff and wider stakeholders in order to develop and agree the permanent state of safe and sustainable services for the future.

The proposals were as follows:

2.1 Minor Injury Unit Opening Hours

The health board proposed temporary changes to the opening hours for some PTHB Minor Injury Units.

It has proved increasingly difficult to staff the county's minor injury units. There are frequent overnight and evening closures because appropriately trained staff are not available. This creates uncertainty for patients.

And, typically, around one to two people per night attends the MIU in Brecon or Llandrindod Wells, and in the significant majority of cases their care needs could wait until the morning or would be better addressed elsewhere – for example because they need the specialist resources in a major hospital A&E department. Whilst this does offer convenience for patients it does not offer the best use of precious NHS resources.

Following careful consideration of these challenges, the health board proposed the following changes to opening hours of PTHB minor injury units:

Unit	Current Opening Hours	Proposed Future Opening Hours from Autumn 2024
Brecon	24 hours Seven days a week	8am to 8pm Seven days a week
Llandrindod Wells	7am to Midnight Seven days a week	8am to 8pm Seven days a week
Welshpool (no change)	8am to 8pm Seven days a week	8am to 8pm Seven days a week
Ystradgynlais (no change)	8.30am to 4pm Mon-Fri except bank holidays	8.30am to 4pm Mon-Fri except bank holidays

Alongside these changes to opening hours in Brecon and Llandrindod Wells, the health board also proposed temporary changes to staffing across the health board's minor injury units so that it has better alignment with service activity and demand. These staffing changes would not affect where and how patients access minor injury services.

2.2 Community Hospital inpatient services

Too many patients are spending too long in hospital. This increases the likelihood of "deconditioning" where patients lose muscle strength, lose the ability to take care of themselves, and become disoriented. This can make it more difficult to return to their previous levels of activity and functioning when they return home and can increase the chances of readmission to hospital.

Also, it is difficult to reach out to all parts of a large rural county with the specialist skills needed for the best multi-disciplinary care, and there is too much reliance on very expensive agency staffing.

The health board therefore proposed some changes to the clinical model for inpatient care in Powys community hospitals.

The number of community hospital beds and their locations would remain unchanged across the county. Four hospitals would take on a more specialised focus to help ensure the best quality and outcomes for patients.

- Two hospital wards would be designated as our "Ready to Go Home" units. These would provide focused care and support for patients who are ready to return home but are waiting for a package of community care. They would be located at Llanidloes Community Hospital and Bronllys Community Hospital. This is alongside the continued role of Glan Irfon and Knighton.
- Two hospital wards would have an enhanced specialist role to support patients who require inpatient rehabilitation. This will build on the existing arrangements for stroke rehabilitation. So, they would be located at Breconshire War Memorial Hospital and Montgomery County Infirmary (Newtown).

- Our other hospital wards (Ystradgynlais, Llandrindod Wells, Welshpool and Machynlleth) would continue to operate as general medical wards. Some patients who would currently receive care on these wards would instead receive their care in Bronllys or Llanidloes (e.g. if they are "ready to go home") or in Brecon or Newtown (if they require more intensive rehabilitation).

Overall, these proposals aim to reduce unnecessary extended stays in hospital, so that patients are able to return to their home including a care home. They also aim to help us bring patients back into Powys more quickly from hospitals in neighbouring counties.

2.3 Decision Making Process

An initial engagement plan was developed and approved by the Health Board's Executive Committee on 16 July 2024 prior to review & assurance at a meeting in public of the Board on 24 July 2024. This set out a period of engagement from Monday 29 July 2024 to Sunday 25 August 2024.

The engagement, as envisaged at that time, would provide an opportunity to raise awareness of temporary changes, and to gather feedback to aid implementation and mitigation, with the temporary changes being implemented alongside or shortly after the conclusion of the engagement. The engagement plan was implemented ahead of schedule, with the main engagement activities commencing from Thursday 25 July 2024.

As part of the health board's ongoing liaison with Llais, as the statutory independent Citizen Voice Body for health and care in Wales, two actions were agreed as part of a mid-term review of the engagement on 13 August 2024:

- A report on the findings from the engagement period on these proposals would be presented to a meeting in public of the Board, where decisions on these proposals would be made prior to implementation (including identification of mitigations in response to the feedback we have heard). This meeting has been arranged for 10 October 2024.
- The closing date for the period of engagement was reset to 8 September 2024.

This PTHB staff and primary care engagement report will therefore form part of an updated set of recommendations for consideration at a meeting in public of the Board on 10 October 2024.

3. PTHB Staff

3.1 About PTHB Staff

Powys Teaching Health Board is the statutory local health board responsible for improving the health and well-being of around 133,000 people in Powys, a largely rural county which covers a quarter of the landmass of Wales and is therefore sparsely populated.

Some our responsibilities also extend to residents outside Powys registered with Powys GP practices, which means that our "commissioner" population is slightly larger than the Powys resident population.

The Health Board is both a provider as well as a commissioner of healthcare for the people of Powys. Given the rural and sparsely populated nature of Powys, many of the more acute and specialised hospital services accessed by Powys residents are provided by neighbouring NHS Trusts in England and neighbouring health boards in Wales.

The health board employs 2478 staff, of which approximately 155 staff of staff are employed in the wards and MIUs that form the basis of these proposals for temporary change.

A wide variety of staff have been involved in the engagement approach which has included the following staffing groups:

- Administration staff, operational leaders and managers
- Registered Practitioners (therapists, nurses, pharmacists)
- Medical Staff
- Health Care Support Workers (nursing and therapies)
- Support staff (facilities and support services)

The engagement approach has also included staff-side representatives on behalf our employees.

3.2 Engagement with PTHB Staff

Our staff and their representatives are key partners in the design and delivery of future services, and we have continued to use our well established mechanisms to engage and inform.

In addition to our existing well-developed engagement arrangements with the trade unions, such as the Local Partnership Forum (recognised Trade Union colleagues who are covered by our Trade Union Recognition Agreement and are members of the Local Partnership Forum) and regular monthly meetings, Staff Side have an open invitation to attend Programme Board and the Working Group meetings so that staff voice is embedded throughout the Programme.

There is also an escalation process to the Executive Director of People and Culture for the Staff Side Chair should any matters of concern arise that cannot be resolved at Programme Board.

Where appropriate the Health Board's relevant workforce policies have been applied. Flexibility has been given for our local trade union representatives and has been kept under review to ensure the trade unions have the required time to support their members through the change process.

Engagement has taken place with staff within the specified services, and wider staff across the organisation and partner organisations have been able to contribute their views through the public and stakeholder engagement process.

We recognise that the impact and sensitivities of the pre-election period immediately prior to the engagement period placed some constraints on the scope to undertake pre-engagement prior to presentation to the Board in July, but the health board sought to undertook reasonable steps to accelerate and escalate engagement immediately post the UK General Election to address this. This provides an important opportunity for learning, particularly given that the Senedd Cymru (Members and Elections) Act 2024 will have the effect of increasing the frequency of Senedd Cymru elections

As part of the engagement approach between July and September, a number of engagement activities have taken place with staff (supported by trade union representatives) which included:

- Multiple meetings with trade union representatives (Unison and RCN)
- Approximately 30 staff engagement events
- Opportunity given to all staff to attend individual meetings
- Collation of written feedback on the proposals
- Visits to affected departments by the Executive Director of Nursing and Midwifery supported by a follow up meeting held virtually

Group	General Feedback
Approximately 20 team engagement sessions with staff and trade union representatives across the following teams: • Ystradgynlais MIU • Brecon MIU • Llandrindod MIU • Welshpool MIU	• The staff were generally supportive of the change to opening hours of the MIU • Some concern regarding public understanding of what is appropriate for MIU attendance
Approximately 10 team engagement sessions with staff and trade union representatives across the following teams: • Graham Davies, Llanidloes • Llewellyn Ward, Bronllys • Brynheulog, Newtown	• Concerns regarding how staff skills would be maintained and the attractiveness of roles due to a changed skill mix of patients • Arrangements regarding palliative care patients

• Epynt, Brecon	• Concerns regarding the management of patient flow and the supporting social care infrastructure • Transportation arrangements internally from one unit to another

Alongside these proposals there has also been ongoing engagement with regards to opportunities to explore additional temporary changes to staffing within MIU services which has been undertaken in parallel with these discussions. However, these **staffing changes would not affect where and how patients access the services**. This feedback is being managed separately in line with (where applicable) health board policy regarding organisational change and the approach for managing temporary staffing changes in conjunction with trade union representatives.

The engagement insights gathered from staff have contributed to the updated proposals, impact assessments and mitigation plans.

Key quantitative and qualitative measures in relation to staff impact and experience have been identified in the proposed Monitoring and Evaluation Frameworks, with regular updates due to be presented to the Board during the six month temporary implementation period. Our intention is that our staff continuing to be at the heart of learning for these temporary changes, and we are committed to continuing to work with colleagues in the design and development of proposals for the future permanent state of safe and sustainable health services in the county

Subject to the views of the Board in relation to these proposals for temporary changes, engagement with staff will continue through final design & readiness, implementation & delivery, and monitoring & evaluation.

4. Primary Care in Powys

4.1 About Primary Care in Powys

We recognise and value the vital role Primary Care plays in serving local communities in Powys, their primary care expertise and the understanding this brings of the very challenges being faced as well as the opportunities for improvement.

Within Powys our local network of GP practices, pharmacists, dental services and optometrists work together to plan and deliver local care within local communities and in three cluster areas.

North Powys Cluster	North Powys Primary Care Cluster comprises 7 GP Practices (combined list size of approximately 64,000 patients), 8 Pharmacies, 7 Optometry Practices, and 9 Dental Practices.	Arwystli Medical Practice Caereinion Medical Practice Dyfi Valley Health Llanfyllin Medical Practice Montgomery Medical Practice Newtown Medical Practice Welshpool Medical Practice
Mid Powys Cluster	Mid Powys Primary Care Cluster comprises 5 GP Practices (combined list size of approximately 29,500 patients), 7 Pharmacies, 4 Optometry Practices, and 5 Dental Practices.	Builth Wells Medical Practice Llandrindod Wells Medical Practice Presteigne Medical Practice Rhayader Medical Practice Wylcwm Street Medical Practice
South Powys Cluster	South Powys Primary Care Cluster comprises 4 GP Practices (combined list size of approximately 45,500 patients), 8 Pharmacies, 6 Optometry Practices, and 8 Dental Practices.	Brecon Medical Group Ystradgynlais Group Practice Haygarth Medical Centres Crickhowell Group Practice

Service Level Agreements and historical arrangements are in place with a number of GP practices for the provision of medical cover to PTHB hospital wards and additionally to Glan Irfon Health and Social Care Centre.

Primary care engagement has been well established in the county, including through the developing cluster arrangements, as well as participation in the work to date on Better Together which has informed the case for change. However, we recognise that similar to our engagement with PTHB staff the opportunity for early discussions regarding these specific temporary changes proposals was made more difficult by the pre-election period. Immediately following the election and in the lead up to our Board meeting on 24 July 2024 an accelerated plan for engagement was put in place, but we acknowledge that concerns regarding pace and awareness that have been raised.

4.2 Engagement with Primary Care

During the engagement period the health board has been in contact with all GP practices, and all have had the opportunity to meet with health board representatives through county-wide LMC meetings and/or through 1:1 meetings between individual practices and the health board as well as through direct correspondence. Established mechanisms such as primary care cluster arrangements have also provided the opportunity for discussion and debate, and this will continue to be the case going forward.

Specific correspondence was received from partners at 8 GP practices, from a GP collaborative, and from the Dyfed Powys LMC.

The purpose of engagement is to gather feedback and insights, and regular workstream meetings and Strategic Change Programme Board meetings have ensured that there has been an ongoing opportunity for the feedback we have heard from primary care to inform and influence the continued development and consideration of proposals for temporary change.

Copies of the suite of correspondence have been shared with Board Members to support their scrutiny and assurance of the proposals for change.

Across this engagement, key issues and themes have included:

- Comments regarding the engagement process and specifically in relation to the level of early engagement with primary care in the development of these specific proposals
- Arrangements for GP / step-up admissions including prevention of unnecessary admission to DGH particularly in relation to "Ready To Go Home" Units.
- Arrangements for end of life or palliative care particularly in relation to "Ready To Go Home" Units.
- Travel and transport, access to family and carers, and/or continuity of care closer to home if not admitted to most local community hospital.
- Community hospital staff retention and maintenance of skills.
- Availability of social care and home support.
- Some scepticism about the case for change.
- Some support for the proposals.
- Understanding and recognition of the case for change.
- Temporary vs. permanent nature of proposals and plans for developing and agreeing the longer term shape of health services.

5. Synthesis

The health board Executive Team has ensured conscientious consideration of the key issues raised by PTHB staff and by primary care, and these have contributed to the updated decision cases, impact assessments, and mitigations. No viable or feasible alternative options have been identified that enable the health board to respond to the immediate presenting challenges to quality and value, but feedback through this engagement process and on an ongoing basis can and will continue to inform the development and agreement of the future permanent state of safe and sustainable health services in the county.

Alongside our continued accelerated cluster development, a number of additional measures are in hand to continue to strengthen clinical leadership, engagement and governance including the establishment of the Health Board's Healthcare Professionals Forum (target establishment: Q4) and a new clinical governance forum for Community Hospital Services (target establishment: Q3).

If the proposals for temporary change were approved by Board there would also be engagement with PTHB staff and with GPs in final readiness assessments as well continual engagement with primary care in monitoring and evaluation.

Building on these foundations will ensure ongoing and strengthened partnership with PTHB staff and with primary care to ensure a shared understanding of the challenges we face, and of the opportunities and solutions for the future to develop and agree the permanent future state of safe and sustainable health services in the county.

6. Next Steps

The draft report was reviewed by the Executive Committee on 2 October 2024 to support conscientious consideration of the proposals for change, potential impacts, and key mitigations.

The PTHB Staff and Primary Care Engagement Report has been updated to reflect discussion by the Executive Committee and will be presented to the Board at a meeting in public on 10 October 2024.

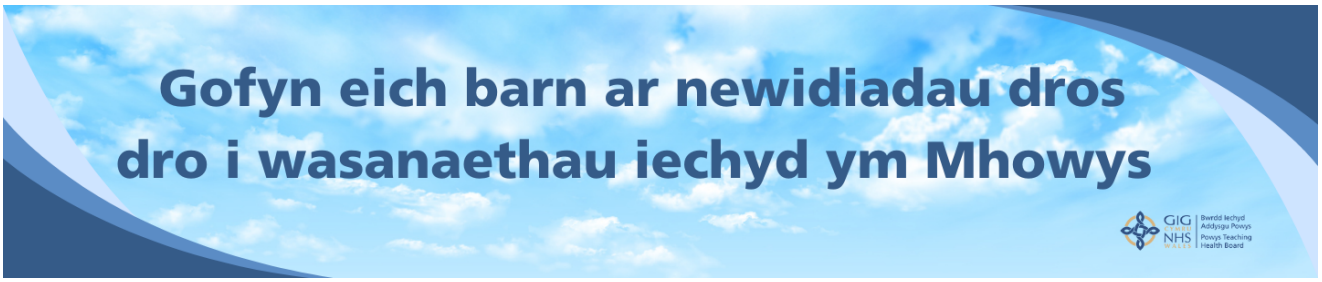
A review and learning session will be held to reflect on the experience of this engagement and help inform the continued development of the Health Board's approach to continuous engagement and consultation.

Appendix 4

Final Case for Decision

Temporary Service Change

Minor Injury Unit Proposals



Powys Teaching Health Board Engagement and Communications Team
Version 1, 3 October 2024

CONTENTS	Page

Executive Sponsor
Executive Medical Director
Senior Responsible Officer (SRO)
Senior Manager Unscheduled Care

1. Background

The NHS across the UK, and locally in Powys, faces a number of challenges to maintain quality, safety, outcomes and financial sustainability for patients and communities.

Waiting times for planned care increased during the COVID pandemic and remain high. Pressure in urgent and emergency care is at record levels across the UK and in Wales. Inflationary pressures affect the whole of the public sector, increasing the costs of service delivery.

More people are living longer with multiple health conditions and there are pressures on staffing, including that the proportion of people of working age is reducing.

Powys Teaching Health Board therefore proposed some immediate steps to help maintain quality services within available resources, involving temporary opening hour changes to the following services:

- Minor Injury Units in Powys - the subject of this final case for decision

These proposals, if approved by the Board on 10 October, would see temporary changes implemented from Autumn 2024.

Once implemented, the changes would be in place for six months and alongside this the health board would continue to engage with patients, communities, staff and wider stakeholders in order to develop and agree the permanent state of safe and sustainable services for the future.

These changes are important in testing new solutions to the challenges facing the health and care system in Powys, which aim to improve consistent access and outcomes for patients and the efficiency and effectiveness of care.

The changes are aligned to the vision articulated in the Health and Care Strategy and support the work underway to test and design a sustainable model of health and care focused on the needs of the Powys population.

2. Summary of the Case for Change

2.1 Overview

The Minor Injury Units (MIUs) in Powys are staffed and led by Emergency Nurse Practitioners, with local GP practices providing support during the day and ShropDoc out of hours. However, the sustainability of these services, particularly regarding opening hours, has faced challenges due to staffing issues.

Current MIU Opening Hours:

- **Llandrindod Wells**: 07:00 – 00:00 (Temporary, reduced since 2017) (early closures on 57 occasions between January and September 2024)
- **Brecon**: 24 hours (though closed overnight 28 times between January and September 2024)
- **Welshpool**: 08:00 – 20:00 (Temporary, reduced since 2020 due to COVID-19 and infection prevention measures)
- **Ystradgynlais**: 08:30 – 16:00

Sustainability and Service Challenges:

Both Llandrindod Wells and Brecon MIUs have struggled to maintain consistent hours in 2024. Llandrindod Wells has had to reduce hours 57 times, while Brecon was closed overnight 28 times between January and September 2024. These reductions reflect ongoing staffing difficulties.

During week beginning 30 September, Brecon MIU is closed overnight on 3 of 7 nights, whilst Llandrindod Wells is closed early on 5 of 7 nights.

Service Access and Appointment System:

The MIUs have adopted a "phone first" system for appointments, although walk-ins are accepted. This approach ensures patients receive appropriate care, with telephone assessments guiding them to the correct service. This system aligns with practices in other health boards and has proven effective and safe, supported by a Standard Operating Procedure (SOP).

Historical Changes and Public Response:

- **Welshpool MIU**: The opening hours were temporarily adjusted at the start of the pandemic, and no complaints have been registered since the change.
- **Llandrindod Wells MIU**: Hours were reduced in winter 2020, with no complaints or incidents recorded following the adjustment relating to operating hours

In summary, while MIUs in Powys continue to provide vital services, their opening hours have been impacted by staffing shortages, leading to closures or

reduced hours. The "phone first" system and temporary reductions have been effective in maintaining patient care without complaints as evidenced by DATIX.

2.2 Current State – what is happening now?

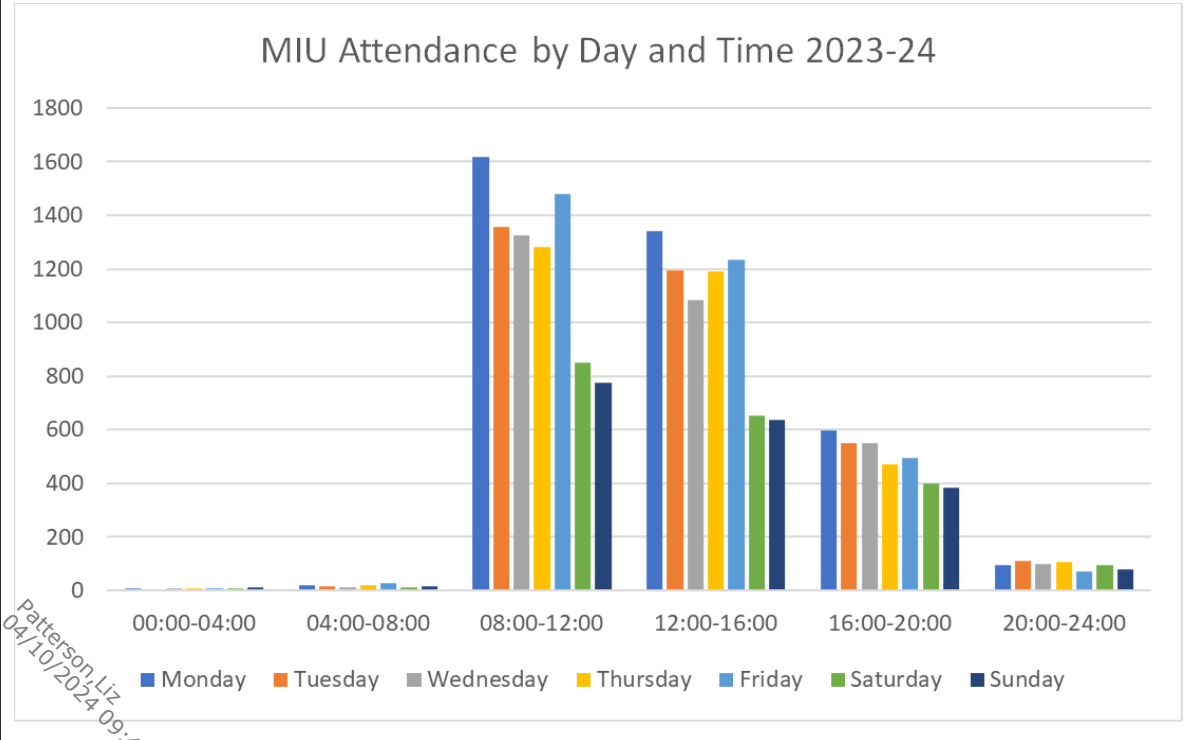
MIUs provide a service for Minor Injuries only. These are by Royal College of Emergency Medicine definition not threatening to life or limb. Patients sustaining a minor injury can safely tolerate a wait time to be seen. Details of who can and who cannot be seen are detailed on the Powys Teaching Health Board internet.

Radiology is available 5 days a week for all MIUs - with a short-duration morning service offered in Brecon at weekends.

Patients requiring urgent X-ray attend neighbouring District General Hospitals (DGHs) for radiology outside of these times. Those needing urgent X-ray would typically have required review in a DGH in any case.

Harm caused, for example, due to a delay or missed fracture in X-ray is reported via DATIX and a monthly audit takes place. Radiology reports confirm there is no DATIX which has been recorded for patient harm acquired from not having access to MIU out of hours. This is most likely due to the very nature of a minor injury service not being life or limb threatening meaning that the vast majority can safely wait to be seen. There has been no evidenced harm reported via DATIX when Brecon MIU is closed overnight or during Welshpool's reduced hours.

Activity by Day and Attendance Times:



Total attendance by number with a seasonal average and closures

2023-2024					
	Total Attendance		Seasonal Average Attendance May – September		Staffing Closures
	In Hours 08:00 - 20:00	Out of Hours 20:00 - 08:00	Daily	Out of Hours 20:00 - 08:00	Jan - 09 September 2024
Brecon	7534	500	24.96	1.4	38
Llandrindod	5378	314	17.27	0.9	57
Welshpool	4055	14	13.37	0.0	N/A
Ystradgynlais	2496	0	7.39	0.0	N/A

January - March 2024	**Brecon**	**Llandrindod**
Total Out of Hours Attendance - -	79	53
Total Discharged with Reattended/Follow-Up (in hours)	21	17
Top 3 Out of Hours Attendance - Brecon & Llandrindod	-	
Laceration	28	
Thermal Burn	9	
Soft tissue/Possible Fracture	16	

An analysis of the data highlights a number of key points:

- More than a quarter of those attending out of hours had to reattend in hours (38 of the 132 total attendances in the table above January to March 2024)
- For those reattending out of hours there is opportunity to reschedule to an earlier time. That would reduce the out of hours attendances even further.
- Out of the remaining 94, their top reason codes were laceration and thermal burns, all of which could have been safely dealt with within the proposed new schedule of hours.

Analysis of activity has also identified a significant daily variation in demand, for example.

- On week commencing the 3 June 2024 Welshpool saw 27 patients in one day.

- The following day it saw 6 patients.
- Whilst there are themes (increase in activity on a Monday & Friday typically seen in each unit) there are fluctuations in demand which cannot be predicted

Sustainability and Safety Challenges

Based on an analysis of the current situation noted above:

Some MIU staff have indicated that they currently feel under-utilised and can be demoralised when working out of hours when patient activity is so low.

As well as considerations around volume of work and maintenance of skills there are additional safety concerns due to lone working which has involved Trade Union representatives, particularly in Llandrindod Wells which is more isolated than Brecon.

It has been necessary for CCTV to be installed as mitigation and a lone working Standard Operating Procedures (SOP) implemented. Whilst site security measures are in place, this does not completely eradicate risk and safety concerns remain as the unit remains isolated from the wards and the patient cohort is unpredictable.

Bank staff are being used to reduce lone working concerns in Llandrindod out of hours, however activity would not warrant two staff members.

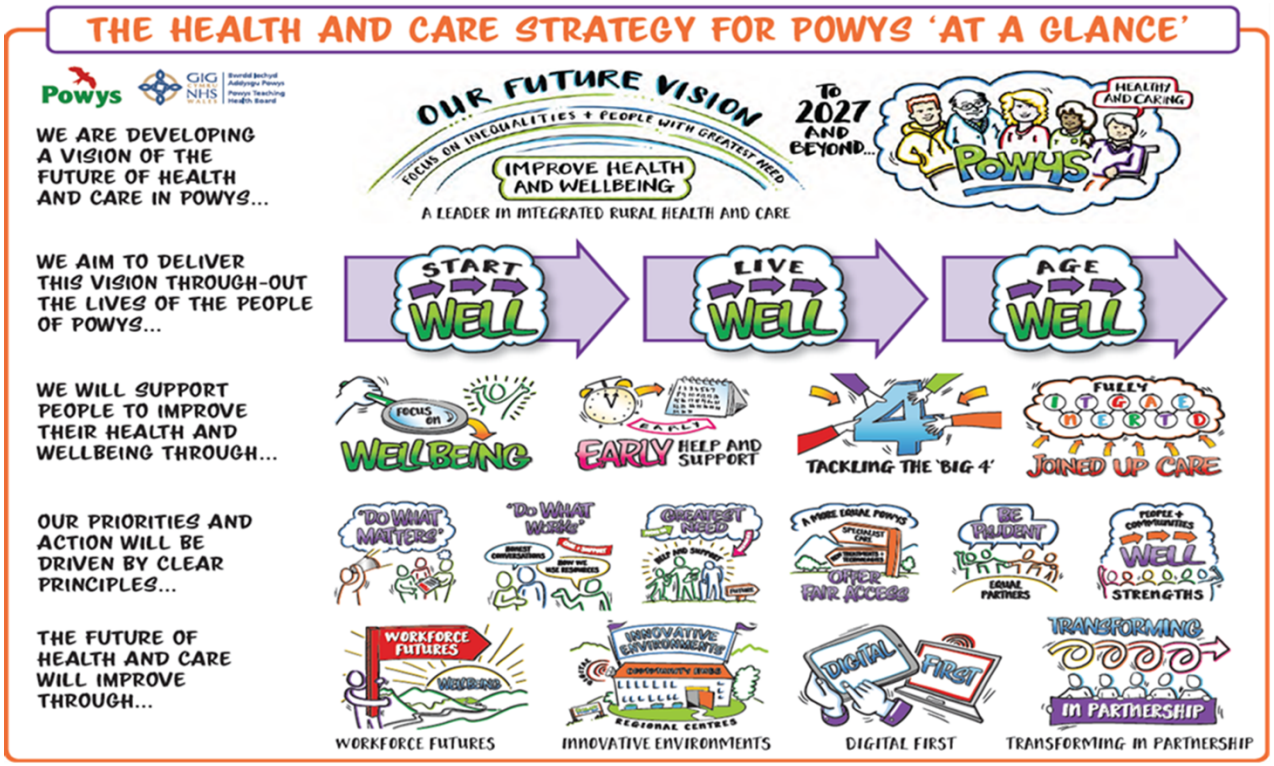
It is important to note that within the Brecon site, the switch board sits on the same corridor as the MIU. Whilst the hospital is locked at night and accessed via an intercom system, there have been recent incidents of members of the public presenting in the hospital site with aggressive/threatening behaviour.

This has been managed with the MIU nurse supporting the switch operator. If the MIU were to temporarily close overnight this would reduce the risk of such incidents occurring in an isolated health care setting.

There have been 3 attendances which have posed a risk to staff in 2024, one involved a physical assault to a staff member. An incident from last year in Llandrindod MIU resulted in an agreement for no lone working on site.

2.3 Future State – What should be happening?

This proposal is key to the delivery of the Vision, Principles, Wellbeing Objectives and Model of Care ambitions described in "A Healthy Caring Powys" the shared long term RPB Health and Care Strategy.



The ten-year strategy was developed in 2017 and much has changed in the intervening period, not least being the unexpected event of the Covid-19 pandemic. Nonetheless, the strategy has been reviewed by all partners and there is strong agreement that the ambition, principles and objectives remain relevant and important. It is strongly aligned to the goals set out in 'A Healthier Wales'.

The ten-year strategy continues to set the framework for the PTHB Integrated Plan. The plan acknowledges that the healthcare system is under significant stress and that change is required. In moving from a system designed in the past and recovering from the impact of covid, the cost of living, and wider current challenges to a system designed for a healthy, caring future, it is recognised that difficult decisions may well be needed.

The proposal has inter-dependencies with key programmes of work within the PTHB Integrated Plan including the National Six Goals for Urgent and Emergency

Care Action Plan, 'Better Together' and the recent 'Routemap to Sustainability' work.

This proposal for service change is therefore set in this wider context - whilst relatively small and temporary in nature, it is part of a broader ambition and supports the testing and evaluation of new approaches, to build a sustainable model of care in Powys.

In relation to benchmarking practice across the UK, it is common practice for Minor Injury Units to operate daytime and evening opening schedules.

Clinical references

- Welsh perceptions of Urgent and Emergency Care: nccu.nhs.wales/urgent-and-emergency-care/framework/welsh-perceptions-of-urgent-and-emergency-care-report/
- Royal College of Emergency Medicine (RCEM) MIU guidance: Microsoft Word - Unscheduled Care Facilities July 09.doc (rcem.ac.uk)

2.4 What is the proposed change?

Temporary service change is proposed to create a standardised 8am to 8pm operating model for three of the Minor Injury Units:

Unit	Current Opening Hours	Proposed Future Opening Hours from Autumn 2024
Brecon	24 hours Seven days a week	8am to 8pm Seven days a week
Llandrindod Wells	7am to Midnight Seven days a week	8am to 8pm Seven days a week
Welshpool (no change)	8am to 8pm Seven days a week	8am to 8pm Seven days a week
Ystradgynlais (no change)	8.30am to 4pm Mon-Fri except bank holidays	8.30am to 4pm Mon-Fri except bank holidays

The use of 'phone first' will continue to be emphasised to improve patient booking and reduce spikes in patients attending. This will reduce the risk of harm caused by people accessing the incorrect health care provision for their needs. The provision remains as it is now, for minor injuries only. The MIUs are not equipped to provide care for patients with life or limb threatening conditions for which only a District General hospital can provide appropriate time critical treatment. Attending an MIU for these conditions would delay access to time critical interventions.

Mitigation of potential risks due to proposed changes

Out of hours attendance	Clear signage outside each hospital site, improved communications approach via internet and print. ShropDoc contactable for 111 OOH issues. Local A&E services all available to the communities and advertised for areas and where

	to seek help. Contact numbers for MIUs will also be displayed detailing when MIU will reopen. Changes will be clearly outlined to partner organisations – e.g. 111, WAST and ShropDoc. Hospital site engagement- training and mitigation plan for all staff who will be in the hospital when MIU is closed for awareness and education of actions for when the MIU is closed. Standard Operating Procedures (SOP) in place for staff looking after those attending out of hours. Feedback in place for audit, monitoring and DATIX audit for out of hours attendance. This plan has been informed by current practices at other sites currently closed out of hours. Audit has demonstrated no harm from adverse incidents. The plan will be kept under review during the evaluation period.
Out of hours contact by phone/email	Communication and advice by the Health Board on accessing the right care at the right time clearly stating where people will get the best care will be ongoing and strengthened. This will include digital communication, promotion in the local press and ongoing releases in social media. Answer phone message advertising opening hours will be operational. There will be signposting to 111 who will advise if people need urgent care or can clinically tolerate a wait until the MIU re-opens. Booking system which supports the availability of ring-fenced appointments early the next day. This supports prompt access for X-ray and further assessment. Answer phone clearly stating what is available, mitigation and a clear ringfence for appointments the next day to prioritise overnight contact for those overnight or OOH contacting the units. As above this plan is informed by current working practice which has been demonstrated to be operating well.
Risk of increased activity in hours exceeding capacity	This will be mitigated for by the phone first system and scheduling of follow up patients to known quieter times. Benchmarking against other Health Boards activity indicates that capacity should not outstrip demand. Clear escalation protocols will help mitigate for exceptional situations.
Risk of patients having to travel unnecessarily	Most patients making contact out of hours will be seen in the same unit early the following day. Any patient needing to travel to a DGH due to more time critical injury would have been likely to need to attend a DGH in any case.
Risk of patient coming to harm due to unmet clinical need during time of closure	Strengthened advice and communications will clearly indicate which patients can safely wait. Patients will be signposted to 111 for advice if in any doubt.
Risk of patients not being able to obtain advice from MIU staff out of hours by telephone	MIU staff are not trained to provide general medical advice. Signposting to 111 for appropriate advice will be strengthened.

Monitoring Systems and Reporting:

- Out of Hours (OOH) Attenders: There are established systems to manage patients who require care when MIUs are closed. The NHS 111 service directs individuals to the most appropriate service based on clinical need, which could include urgent or non-urgent care, dental issues, or referral to Shropdoc for GP Out of Hours Services.
- X-ray Audits: A monthly audit system reviews missed X-rays between minor injury services and radiology. Any missed X-rays are recorded on the DATIX system, investigated, and used for performance reviews.
- DATIX and Audit Reporting: DATIX records incidents, including missed X-rays, and these reports feed into the Clinical Service Group (CSG) Patient Experience Group and CSG Operational Group, where performance and safety are discussed. Routine audits and peer reviews are also conducted, including note audits and radiology reports, to ensure clinical effectiveness**.**

Regular Evaluations:

- Monthly MIU Forum: Team leads, Senior Nurses, and Managers of Unscheduled Care meet regularly to discuss audits, complaints, and incidents. DATIX reports and peer-reviewed audits are essential parts of these discussions.
- Risk Identification and Harm Monitoring: Any adverse events related to patients not receiving timely care due to MIU closures are logged on DATIX. If a patient suffers harm due to delays in care, these incidents are reviewed by the Senior Manager of Unscheduled Care, and the data are used for continuous process improvement.

Access to Care:

- In cases where MIUs are closed or unavailable, patients are directed to appropriate services through the 111 service. For those with life/limb-threatening conditions, immediate referral to a District General Hospital (DGH) is recommended, as MIUs are not equipped to handle such emergencies.
- ShropDoc Services: Out of hours, ShropDoc provides urgent primary care, available through 111. If needed, patients can be referred for face-to-face appointments or home visits based on their clinical condition.

Learning and Improvement:

- Escalation of Concerns: Any adverse event leading to patient harm is escalated according to its severity. These incidents are scored and escalated through operational routes to strategic management boards, where they are evaluated for learning and process refinement.
- Audit Reports and Reviews: Audit results, including any identified risks or harm, are presented at bimonthly CSG operational group meetings and

quarterly quality and safety reviews. These findings contribute to ongoing service evaluation.

Public Communication:

- The Health Board ensures communication regarding MIU services and available alternative care pathways through various channels, including print, digital, and health board service pages.

3. Impact of the Proposed Changes

It is intended that making these temporary changes will stabilise the service and reduce uncertainty and associated risk. This will enable evaluation of the revised operating model to appraise the benefits and understand any impacts.
The intended positive impacts are to:

- Address variation in approach to MIU service provision - offer more reliable opening times and reduce unplanned closures
- Reduce changes to opening hours due to staffing issues which are most significant at Llandrindod Wells
- Stabilise staffing cover
- Reduce the level of lone working hours where a single clinician is on duty overnight. This is safer for staff.
- Encourage more people to phone first wherever possible.
- Enable consistency and assist the management of demand, creating more predictable patterns of usage which will reduce fluctuations in activity noted in the performance analysis above. The proposed changes are expected to deliver circa £300,000 in savings per annum as a result of efficiencies from temporary closure and from wider staffing efficiencies.

Workforce

As noted previously, standard MIU opening hours will allow for the development and up-skilling of the existing workforce by ensuring ENPs are maintaining and developing their skills by being exposed to a regular flow of patient activity.

Staff working consistent, in-hour shifts also enhances opportunities for continuing professional development and the delivery of training.

The revised operating model is also intended to create a safer working pattern and environment, both in relation to fewer unsocial hour requirements and lone working.

Engagement Findings

This section provides a summary of the Patient and External Engagement Report, which is being submitted to the Board alongside the Final Case for Decision

During the engagement period we heard from a range of voices including residents, patients, politicians, staff, partner organisations and GPs and Llais. We directly heard from nearly 800 voices through survey responses and correspondence (735 online survey responses in addition to 32 written submissions direct to the health board and 17 via Llais) and in addition to this the engagement has reached out to thousands of interested individuals and organisations (e.g. 80 individuals through online webinars, an estimated 500 individuals attending four public meetings, publicly available petitions exceeding 3000 signatures, approximately 80 third sector representatives attending locality meetings and over 1000 unique visits to the health board engagement hub).

The feedback we have received from online survey responses, correspondence, webinars and public meetings has been analysed to identify the principal themes. Specifically in relation to the proposals for changes to **Minor Injury Units**, the key themes included:

- We heard **praise for MIU services** with several respondents sharing personal and family experiences of care and treatment in Powys Minor Injury Units and other urgent care services.
- We heard concerns about the potential **travel and transport impact** if MIU hours are reduced (for example if there is a need to travel to urgent care services elsewhere including A&E outside the county).
- We heard concerns that the proposals may have an **impact on other services including A&E, ambulance, ShropDoc or primary care services**, and also that people feel reassured that the MIU is there for the times when they may need it particularly given that A&E services are not provided in the county.
- We heard concerns about **care and treatment overnight** for people who still attend a community hospital even though the MIU is closed.
- We heard **misunderstanding regarding the role of MIU** and the services provided, for example in relation to the treatment of medical emergencies and life-limb-threatening conditions. We also heard calls for increased marketing promotion of the services provided (and those not provided), including that some people were not aware of MIU.
- We heard from people about their **civic pride in local community hospitals** and concerns that services may decline or be downgraded. This also included comments about wider service delivery in Powys towns and villages (e.g. banks, post offices, schools).
- We heard concerns whether the proposals were **temporary or permanent**, including whether this may affect recruitment and retention of clinical staff and maintenance of skills. In relation to staffing, we also heard comments regarding wider work under way in the county to review the staffing model for MIU services which are outside the scope of this

engagement as they do not affect where and how people access MIU services.

- A number of potential **equality and wellbeing impacts** in relation to Equality Protected Characteristics and Well-being of Future Generations Goals were identified, which are summarised in Section 6 and Section 7 of the Engagement Report.
- We heard **some support for the proposals** as a prudent step to address demand within available resources.
- We heard **alternative or complementary proposals**, including that MIU opening hours be maintained and/or increased at these and other sites in the county, and that Brecon remain open until midnight.
- We heard **suggestions for mitigating potential impacts** of any changes, for example through promotion and marketing of alternatives to MIU.
- We heard **calls for expanded facilities** in Powys including the provision of District General Hospital Services, comments about the way the NHS is funded locally and nationally, and questions about the sustainability of services outside the scope of this engagement including maternity and outpatients. Issues and themes outside the direct scope of this engagement are discussed in more detail in Section 5.3 of the Engagement Report.
- We heard comments about the **engagement and decision-making process**, including comments about the robustness of the case for change, and requests to stop or pause engagement on proposed changes. Issues and themes relating to the engagement process are discussed in more detail in Section 5.4 of the Engagement Report.

In relation to **wider health and care factors**, some respondents specifically asked for the development of District General Hospital and A&E services in the county, for the expansion of community hospital facilities, for news on the next steps on North Powys Wellbeing and for changes to the financial settlement for Powys from UK Government or Welsh Government.

In relation to the **engagement and decision-making process**, we received a number of calls for the engagement process to be paused or stopped, and/or for a further period of formal consultation to take place before any changes are implemented. We also received requests for clarification for how temporary changes would be kept under review, and how the ongoing work to design the future permanent state of safe and sustainable health services would be taken forward.

This section provides a summary of the PTHB Staff and Primary Care Engagement Report, which is being submitted to the Board alongside the Final Case for Decision

In relation to staff engagement, well established mechanisms have been used to engage and inform staff and their representatives in the design and delivery of future services. This has included engagement with staff within the specified services, trade unions, the Local Partnership Forum and participation in the Strategic Change Programme Board and working group meetings. An escalation process to the Executive Director of People and Culture was also in place. PTHB workforce policies have been applied as appropriate, including those relating to All-Wales Organisational Change policy.

In relation to primary care engagement, during the engagement period the health board has been in contact with all GP practices, and all have had the opportunity to meet with health board representatives through county-wide Local Medical Committee (LMC) meetings and/or through 1:1 meetings between individual practices and the health board as well as through direct correspondence. Established mechanisms such as primary care cluster arrangements have also provided the opportunity for rich discussion and debate, and this will continue to be the case going forward. Whilst feedback from primary care has primarily focused on the inpatient ward model rather than on MIUs, factors such as potential for activity currently seen overnight to attend primary care, and also on the wider future model for urgent and out of hours care were received.

Integrated Impact Assessment

An integrated impact assessment has been carried out and updated in the light of the engagement findings noted above. This is appended to this report and provides an appraisal of the risk of adverse impacts across a number of domains (Quality, Equality, Legal/ Statutory, Strategic Alignment and Health Outcomes, Market and Partnership, Deliverability, Ethics/Reputation and Social Responsibility, Workforce).

Comments and feedback given across all communication and engagement channels have been cross referenced with the Protected Characteristics set out in the Equality Act 2010 as well as other key themes relating to Welsh Language and Socio-Economic impact. The table below highlights the potential impacts that respondents felt could create inequality if the proposals were implemented.

Protected Characteristic	Detail
Age	There were a number of comments raised by respondents to the survey around the potential impact these proposals would have on both the young and the older members of the Powys population. For MIU, the view was that families with young children, older more vulnerable adults would or could be impacted by the closure overnight of the two units in Brecon and Llandrindod Wells.
Disability	There were several comments suggesting that the proposals would impact people with disabilities in particular if they needed to try and travel further to receive support if the MIUs were closed.

Gender Reassignment	There were no impacts highlighted in the survey or other correspondence received.
Marriage and Civil Partnership	There were no impacts highlighted in the survey or other correspondence received.
Pregnancy and Maternity	Whilst some concerns were raised about the potential future of the maternity unit in Llanidloes, but no proposals have been put forward that affect maternity services.
Race	There were no impacts highlighted in the survey or other correspondence received.
Religion or Belief	There were no impacts highlighted in the survey or other correspondence received.
Sex	There were no impacts highlighted in the survey or other correspondence received.
Sexual Orientation	There were no impacts highlighted in the survey or other correspondence received.
Unpaid / Informal Carer Responsibilities	Some comments also related to how those with caring responsibilities would access minor injuries care for the people they care for when MIUs are closed.
Welsh Language.	There were no impacts highlighted in the survey or other correspondence received.
Socio Economic Disadvantage	Some respondents expressed concerns that there may be an impact on staffing, de-skilling of employees, travel transport etc. and we also received comments regarding the overall socio-economic wellbeing of communities including on potential impact on young people who may move away if local services are reduced.
Other anyone with a pre-existing medical condition	Some respondents had shared their stories/experience and/or had concerns relating to someone living with or caring for someone with a pre-existing condition.

Further considerations have also been made in relation the Future Generations Act requirements and specifically, to the seven well-being goals:

Wellbeing Goal	Considerations	Examples of Feedback
A globally responsive Wales	People in terms of macro-economic, environmental and sustainability factors: Consider the impact of government policies; gross domestic product; economic development; biological diversity; climate	Some concern was expressed regarding increased travel impact if patients needed to travel to an Emergency Department due to a MIU being closed.
A resilient Wales	People in terms of their use of the physical environment: Consider the impact on the availability and accessibility of transport, healthy food, leisure activities, green spaces; of the design of the built environment on the physical and mental health of patients, staff and visitors; on	There were no particular impacts highlighted in the survey or other correspondence received.

	air quality, exposure to pollutants; safety of neighbourhoods, exposure to crime; road safety and preventing injuries/accidents; quality and safety of play areas and open spaces	
A healthier Wales	People being able to improve /maintain healthy lifestyles: Consider the impact on healthy lifestyles, including healthy eating, being active, no smoking /smoking cessation, reducing the harm caused by alcohol and /or non-prescribed drugs plus access to services that support disease prevention (e.g. immunisation and vaccination, falls prevention). Also consider impact on access to supportive services including smoking cessation services, weight management services etc.	Additional distance and travel for patients who can no longer access a Minor Injury Unit during the proposed hours of closure. This was seen as creating an adverse impact on health and wellbeing, increase anxiety and overall health outcomes particularly for individuals who already face some level of disadvantage e.g. due to age, socio-economic status, disability or ill health, carer responsibility.
A more equal Wales	People being able to access the service offered: Consider access for those living in areas of deprivation and/or those experiencing health inequalities	A range of potential equality impacts have been identified above that will need to be considered – with mitigation actions agreed as appropriate.
A Wales of cohesive communities.	People in terms of social and community influences on their health: Consider the impact on family organisation and roles; social support and social networks; neighbourliness and sense of belonging; social isolation; peer pressure; community identity; cultural and spiritual ethos	There were no particular impacts highlighted in the survey or other correspondence received.
A Wales of vibrant culture and thriving Welsh Language	People in terms of their use of the Welsh Language and maintaining and strengthening Welsh cultural life	There were no particular impacts highlighted in the survey or other correspondence received.
A prosperous Wales.	People in terms of their income and employment status: Consider the impact on the availability and accessibility of work, paid/ unpaid employment, wage levels, job security, working conditions	There were comments regarding the overall impact on the economic health of communities

The Full Engagement Report and the Full Integrated Impact Assessment being submitted to PTHB Board set out the **key mitigations** which will be put in place in response to both the engagement feedback and areas where risk of adverse impacts has been identified.

4. Monitoring and Evaluation

An evaluation framework has been developed for the Minor Injury Units collaboratively with clinical, operational, finance and workforce.

This sets out a range of measures including:

- Patient Safety
- Patient Experience
- Improved workforce utilisation and reduction in workforce expenditure
- Reduction in ad hoc changes in opening hours due to staffing
- Staff experience

Active monitoring against the agreed measures would be put in place, with monthly evaluation and monitoring working groups and two-monthly updates to Board.

The following would be collected at the 3-month and 6-month points to contribute to mid-point and summative review:

- PTHB Staff Experience Feedback
- Service User/patient stories

If implementation of proposals for changes in MIU opening hours are approved by the Board, a transition period of at least 6 weeks will be required reflecting existing rota arrangements. This therefore anticipates full implementation no later than 30 November 2024 with six-month review by 31 May 2025 to assess the impact of the change to inform onward decision making.

Formal reporting to the Strategic Change Programme Board will take place at three and six-month points to assess the impact of the change to inform onward decision making.

The evaluation framework will be finalised as part of the implementation processes, the following table is a summary overview of the key areas of intended benefits, measures and mechanisms:

What is the benefit?	How and what will it be measured?
Improved workforce utilisation	Number of shifts cross covered between units
Reduction in ad-hoc changes in opening hours of MIU due to staffing	Number of ad-hoc changes in opening hours due to staffing availability

Patient Experience	Draft PREMs
Staff experience	Team meeting feedback Staff survey
Reduction in expenditure	Bank spend/shift
Patient Safety	Number of patient harm/incidents reported relating to out of hours access
DGH & A&E Attendance	Monitoring of A&E impact on attendances out of hours without an admission (Brecon & Llandrindod Wells only).
MIU over 4-hour breach rate to be maintained above 98%	MIU Over 4 Hour Breach Rate reporting

5. Delivery Confidence and Assurance

The Strategic Change Programme Board has appraised the final proposals and supporting detail in the Cases for Change and associated implementation planning materials. They commend the proposals as clinically led, clinically driven, and informed by insight and engagement.

They note in particular that the two workstreams have provided activity data and relevant evidence which strongly supported the clinical rationale for change. The activity data also indicated that both "cases" were clinically and operationally prudent and feasible, and demonstrated our continued commitment to the Duty of Quality.

Since the presentation to the Board on 24 July 2024, the Strategic Change Programme Board has continued to work with both workstreams to reflect on the valuable insights gathered from public & external stakeholders, staff and primary care, and continued to test the robustness and readiness for temporary change.

This work is summarised in this Final Case for Decision, and reflects an updated assessment of:

- The principal benefits
- Delivery confidence and the pre-requisites for implementation and delivery
- Key mitigation factors to respond to the issues identified during engagement, and
- The principal measures within an evaluation & monitoring framework to ensure that benefits are realised, potential downside impacts are identified, and that triggers to consider stop/pause of temporary changes are identified.

Standard Operating Procedures (SOPs) are already in place applicable to the operation of PTHB Minor Injury Units which encompass the purpose, roles and responsibilities, protocols and day to day management.

This work has been reviewed and assurance by the Health Board's Executive Committee.

Appendix 5 - PTHB Service Change Impact Assessment

Bwrdd Iechyd Addysgu Powys
Powys Teaching Health Board

Section A: Overview
Service Impact Assessments should be reviewed by the relevant Executive Sponsor prior to submission to Gold / Executive Committee.
Clinical assurance of the Quality Impact Assessment should be undertaken.

A.1. Proposal Details	
1.1 Name of Proposal	Opening Hours for PTHB Minor Injury Units
1.2 Proposal Lead	Executive Lead: Executive Medical Director Senior Responsible Owner: Senior Manager, Unscheduled Care
1.3 Reference Number	Not applicable
1.4 Summary of Proposal	Temporary change in hours of Brecon MIU from 24 hours to 0800-2000. Temporary change in hours of Llandrindod Wells MIU from 0700-0000 to 0800-2000. No change to opening hours of Welshpool MIU or Ystradgynlais MIU
1.5 Date / Version	Last updated 3 October 2024 (Version 3)

A.2. Proposal Overview	
2.1 Summary of Proposal	Temporary Change in hours of Brecon MIU from 24 hours to 08:00-20:00. Temporary Change in hours of Llandrindod Wells MIU from 07:00-00:00 to 08:00-20:00. No change to opening hours of Welshpool MIU or Ystradgynlais MIU
2.2 Situation, Background, Strategic Context	Minor Injury Units (MIU) offer Emergency Nurse Practitioner led care for minor injuries. They provide urgent care for a range of injuries that are not life/limb-threatening but do not provide care for medical emergencies, illnesses or life/limb-threatening injuries. The form part of a wider network of urgent care services including GP Out of Hours, NHS 111 Wales (telephone and online), 111 Press 2 for Mental Health, high street pharmacy services including Common Ailments Scheme, emergency eye care from high street optometrists etc.

	A number of challenges as summarised below have identified the need to review the provision of MIU services on a temporary basis whilst work continues to develop and agree the permanent future shape of health and care services for the county.
2.3 Assessment: Current Service Provision	There are currently MIUs operating at 4 community hospital sites within PTHB: Welshpool, Llandrindod Wells, Brecon and Ystradgynlais. In addition, several GP surgeries in Powys are contracted to provide a minor injuries service.
2.4 Assessment: Case for Change	Our minor injury unit services face several challenges: • On average, our minor injury units in Brecon and Llandrindod Wells see just one or two people per night. This is not a good use of public resources or of the specialist skills of the Emergency Nurse Practitioners who provide these services. • Nearly all patients who attend overnight could or should attend during the day. For example, we are not able to offer a 24-hour x-ray service so patients needing an x-ray need to come back during the day. • It is difficult to recruit and retain sufficient Emergency Nurse Practitioners to run the current opening hours. • Because we cannot always find staff with the right skills, we sometimes need to close a Minor Injury Unit at short notice. This is a growing problem. Between January and May there were over 50 occasions when a Powys Minor Injury Unit needed to close in the evening or overnight because of staffing issues. This means that we are not able to provide a reliable service.
2.5 Assessment: Options Appraisal	A) Do Nothing: "no change" is not an option as it does not address the need for change including the staffing challenges and frequent unplanned overnight closures B) Temporarily reduce the opening hours of Llandrindod and Brecon to 08:00 – 20:00 model for period of six months whilst further work takes place to design future permanent shape of safe and sustainable health and care services

	C) Permanently reduce the opening hours of Llandrindod and Brecon – not preferred as further work is needed to develop and agree the future permanent shape of health and care services D) Close one or more sites and focus MIU services on fewer sites – not preferred given low overnight demand vs higher day time demand and opportunity to maintain better equity of service across the county
2.6 Recommendation: Preferred Option	Option B is preferred: Temporarily reduce the opening hours of Llandrindod and Brecon to 08:00 – 20:00 model.
2.7 Financial Summary	This will support overall improvements in workforce efficiency including potential to hold current vacancies.
2.8 Governance Arrangements	A MIU workstream has been established led by a SRO with an Exec Sponsor. This reports to Strategic Change Programme Board chaired by the health board's Director of Clinical Strategy, which reports to Executive Committee. Decisions on proposals for temporary change to be made at a meeting of the Board on 10 October 2024.
2.9 Engagement and/or Consultation considerations	A period of engagement on proposals for temporary change has taken place from 29 July 2024 to 8 September 2024.

A.3. Integrated Impact Assessment Summary			Risk of Adverse Impact		
			Likelihood	Impact	Score
3.1 Quality	**Headlines**	The Quality Impact Assessment is set out in Section B.1. Our summative assessment is that this proposal will deliver an overall quality benefit, as there are high potential positive impacts that outweigh downside impacts with clear potential for sufficiency of mitigation. Overnight closure will reduce current risk associated with unplanned short notice closure due to staffing issues, and offers significant efficiency improvements due to low overnight utilisation. MIU already experiences unpredictable overnight closures due to staffing availability which creates a risk that patients may attend to find the unit closed, so the proposed change offers a more reliable and predictable service pathway. Clinical protocol already in place for unscheduled attenders when MIU is closed at community hospital sites. Experience of previous changes to hours in Welshpool and LW provides further assurance of manageability and risk. Attending MIU in a medical emergency is likely to cause unnecessary delay in receiving essential time-critical care from 999/A&E/DGH.	2	3	6
	Deep Dive QIA required?	No (a deep dive QIA is required where adverse quality impacts scoring 9 or higher are identified)			
3.2 Equality	**Headlines**	The Equality Impact Assessment is set out in Section B.1.	2	2	4

		Our summative assessment is that there is a low risk of adverse impact in relation to equality related characteristics. This is because MIU is not a service for life/limb-threatening injuries or for medical emergencies. Also MIUs in Powys currently offer radiology during daytime hours only, so patients who are suspected of having a fractured bone already need to be signposted (e.g. to attend MIU when x-ray is next open or an Emergency Department). MIU has low activity out of hours and in the significant majority of cases overnight issues amenable to MIU care can be treated overnight through self-care (e.g. advice from 111) before attending the local MIU the following morning. The impact of closure will be reduced by signposted repeat attenders appropriately (e.g. some patients attending after 8pm are "follow up" patients. They would be more appropriately scheduled to attend earlier in the day). There is an opportunity to reinforce 111 as a source of overnight urgent care advice to signpost to the most appropriate service including to MIU when it is next open. More information about mitigation actions is set out in Section 3.9 Some comments received during engagement highlighted concerns that people on lower incomes may be impacted if they need to divert to A&E overnight. However, risk and impact is very small for reasons outlined above (most conditions amenable to MIU care can reasonably wait to be seen in the same unit the following day; x-ray not available overnight; severe injuries and medical emergencies already need 999/A&E).			

	Deep Dive EQIA required	No (a deep dive EQIA is required where adverse quality impacts scoring 9 or higher are identified)			
3.3 Legal / Statutory		Engagement has taken place in line with Welsh Government guidance. No feasible alternative options have been identified through engagement that would respond to the presenting case for change. Suggestions have been put forward that potential future consideration. Further engagement and/or consultation would be required on the future permanent shape of health services. The proposals are within our powers to deliver, and will continue to maintain relevant access and performance standards.	1	1	1
3.4 Strategic Alignment and Health Outcomes		It is noted that these are proposals for temporary change and a Monitoring and Evaluation Framework would support ongoing review and learning. Further discussion and design would be required towards the permanent future shape of safe and sustainable health services.	1	1	1
3.5 Market and Partnerships		Demand and capacity analysis for patients awaiting onward care supports that there will be sufficient workload for the two units. Should this not be the case and demand falls below capacity, there will be opportunities to make the argument for alternative (non-bed based) models of care. Discharge co-ordination, relationship with Social Care and Third Sector should be strengthened through this model however this be dependent on market availability and resources in partner organisations. There is potential to improve partnership working with acute hospital providers such as SaTH and WVT by reducing waits for cross-border repatriation.	2	3	6

3.6 Operational Deliverability	These proposals are operationally deliverable. They would require ongoing staff engagement and amendments to rosters for the duration of the temporary change, as well as reinforcement of the unscheduled attenders protocol (as now) if patients attend community hospital when MIU is closed. A Monitoring and Evaluation Framework would identify key measures for ongoing monitoring including any key triggers for consideration of reversal of temporary change. If the changes were reversed during this temporary period then a marketing campaign would be required to inform the public.	1	1	1
3.7 Ethics, Reputation and Social Responsibility	Providing a consistent and sustainable offer through revised opening hours with reduced likelihood of unplanned closure at short notice will allow for increased public confidence in the service. Appointment provision will be increased because of reducing hours, where people will be more able to receive the right care at the right place through improved access to service and diagnostics.	1	1	1
3.8 Workforce	There will be a positive impact on workforce, to address low morale associated with low OOH activity due to feeling undervalued with a lack of workload. There is a potential for daytime workload to increase to better match staffing, so that Emergency Nurse Practitioners have more clinical contact with patients which will maintain and improve their clinical practice and scope.	3	2	1
3.9 Summary of Mitigations	The principal mitigations are deliverable and achievable: - A marketing campaign would raise awareness of the revised opening hours if approved (health board already requires regular cascade to promote short notice changes to opening hours) - The marketing campaign would include awareness of alternatives to MIU including more detailed information about which facility to access for given conditions and clinical advice from 111	2	2	4

	- Relevant directories of service including NHS 111 Wales Online directory would be updated to provide consistent information regarding the current service offer - There would be continued promotion of Phone First for all MIU attendances (this will help MIU attenders know whether MIU is open or closed, and signpost to alternatives) - There would be new visible signage at hospital entrances to signpost to alternative services - The need for the health board to issue frequent messaging to raise awareness of short notice changes to MIU overnight opening times would significantly reduce, also reducing confusion and uncertainty for patients. Other key steps include: - Identification of key measures for monitoring and evaluation framework (including balancing measures) related to patient and carer experience, patient outcomes and process measures - Engagement with staff, patients, partner organisation in monitoring and evaluation including two-monthly updates to Board. - Review no later than six months. - Ongoing staff engagement to maintain skills and support development & agreement of future permanent model. - Reinforce and raise awareness with community hospital staff of protocol for unscheduled attenders. - Ensure clear disambiguation from x-ray replacement programme to avoid myth and misunderstanding.			

Section B.1 Summary Impact Assessment - Quality

Your commentary should outline positive and negative impacts. Further information about definitions and considerations for each Standard is available in the Explanatory Notes. Adverse impact scoring should focus on adverse impacts only. Further information about impact and likelihood scoring is available in Explanatory Notes. A "deep dive" assessment will be required if the risk of adverse impact scores of 9 or more (see Section C.1).

Standard	Potential Impacts	Risk of Adverse Impact[1]		
		Likelihood	Impact	Score
Summary	Our summative assessment is that this proposal will deliver an overall quality benefit, as there are high potential positive impacts that outweigh downside impacts with clear potential for sufficiency of mitigation. Overnight closure will reduce current risk associated with unplanned short-notice closure due to staffing issues, and offers significant efficiency improvements due to low overnight utilisation. MIU already experiences unpredictable overnight closures due to staffing availability which creates a risk that patients may attend to find the unit closed, so the proposed change offers a more reliable and predictable service pathway. Clinical protocol already in place for unscheduled attenders when MIU is closed at community hospital sites. Experience of previous changes to hours in Welshpool and LW provides further assurance of manageability and risk. Attending MIU in a medical emergency is likely to cause unnecessary delay in receiving essential time-critical care from 999/A&E/DGH.	2	3	6

[1] Impact scoring should focus on the impact/likelihood of adverse impacts. If there are no adverse impacts the score will be 1 x 1 = 1.

Standard	Potential Impacts	Risk of Adverse Impact[1]		
		Likelihood	Impact	Score
Safe	Positive: Given the very low flow attendance at Llandrindod Wells and Brecon MIU from 8pm to 8am is very small the impact on the community or commissioned partners would be negligeable.	1	1	1
Timely	Positive: Timely care is not available within Llandrindod Wells or Brecon MIU as radiology provision does not reflect the opening times of the unit. It is therefore reasonable to assume that if a Powys resident required attention due to a bony injury outside of Radiology opening times, they would likely attend a DGH rather than an MIU in Powys. Negative: Some patients will no longer have the convenience of choosing an overnight reattendance for e.g. wound dressing, but this is not within the core purpose of the MIU. OOH attenders can be absorbed into operational hours if using the phone first systems. Most MIU-amenable injuries can be redirected to daytime services.	2	3	6
Effective	Positive: Currently there are unnecessary attendances overnight that need to be re-booked to the day because radiology services are available during daytime hours and cannot be provided overnight.	1	1	1
Efficient	Positive: due to low demand 8pm to 8am closure would be an appropriate use of finite NHS resources to best meet overall need. It will also allow increased utilisation of ENP's in the day as it will increase the staffing ratio in hours	1	1	1
Equitable	Temporary standardisation of hours across the three 7-day MIU services in the county (Welshpool, Llandrindod Wells, Brecon). See also equality impact assessment below	1	1	1
Person-Centred	There is a potential reduction in convenience for patients if the service hours are reduced. However, attendance during these hours is very low. Mitigation of the booking system and improved capacity will improve appointment and access in hours.	1	1	1

Standard	Potential Impacts	Risk of Adverse Impact[1]		
		Likelihood	Impact	Score
Workforce	The overall workforce quality impact is positive from this temporary change ▪ Appropriate use of staff with enhanced skills ▪ Less utilisation of Banks and Agency ▪ More appropriate roster management to meet service needs ▪ Less 'wasted hours' from shift patterns that do not align to opening hours ▪ Consideration of redeploying excess hours because of hours change ▪ Potential to work more creatively to enhance the role of the RN The process of staff engagement will need to consider potential impact on staff morale given the temporary changes to the staffing model to deliver revised opening hours. Discussions regarding temporary redeployment would take place in line with health board HR procedures	3	2	6
Leadership	Reduced reliance on bank, no agency, both of which supports a clearer and more coherent clinical leadership and management system	1	1	1
Culture	Need to maintain wider staff engagement and morale through change	1	1	1
Information	Positive: Improvements to attendance and timely care can be made along with clear data submission and understanding of services provided with less fragmented care	1	1	1
Learning, Improvement and Research	Opportunity for learning from temporary model including through Monitoring and Evaluation Framework to better inform future permanent shape of safe and sustainable health services	1	1	1

Standard	Potential Impacts	Risk of Adverse Impact[1]		
		Likelihood	Impact	Score
Whole Systems Approach[2]	Neutral will require some joint working with the wider urgent care system to ensure that appropriate signposting is in place for the temporary change in hours	1	1	1

[2] Include impact in relation to the seven Well-being of Future Generations wellbeing goals

Section B.2 Summary Impact Assessment – Equality Impact Assessment

Your commentary should outline positive and negative impacts. Further information about definitions and considerations for each Characteristic is available in the Explanatory Notes. Adverse impact scoring should focus on adverse impacts only. Further information about impact and likelihood scoring is available in the Explanatory Notes. A deep dive assessment will be required if the risk of adverse impact scores of 9 or more (see Section C.2). This should be undertaken in line with CGP009 using the template in Section C.2.

Characteristic	Potential Impacts	Risk of Adverse Impact[3]		
		Likelihood	Impact	Score

[3] Impact scoring should focus on the impact/likelihood of adverse impacts. If there are no adverse impacts the score will be 1 x 1 = 1.

Characteristic	Potential Impacts	Risk of Adverse Impact[3]		
		Likelihood	Impact	Score
Summary	Our summative assessment is that there is a low risk of adverse impact in relation to equality related characteristics. This is because MIU is not a service for life/limb-threatening injuries or for medical emergencies. Also MIU in Powys current offers radiology during daytime hours only so patients who are suspected of having a fractured bone already need to be signposted (e.g. to attend MIU when x-ray is next open or an Emergency Department). MIU has low activity out of hours and in the significant majority of cases overnight issues amenable to MIU care can be treated overnight through self-care (e.g. advice from 111) before attending the local MIU the following morning. The impact of closure will be reduced by signposted repeat attenders appropriately (e.g. some patients attending after 8pm are "follow up" patients. They would be more appropriately scheduled to attend earlier in the day). There is an opportunity to reinforce 111 as a source of overnight urgent care advice to signpost to the most appropriate service including to MIU when it is next open. Some comments received during engagement highlighted concerns that people on lower incomes may be impacted if they need to divert to A&E overnight. However, risk and impact is very small for reasons outlined above (most conditions amenable to MIU care can reasonably wait to be seen in the same unit the following day; x-ray not available overnight; severe injuries and medical emergencies already need 999/A&E).	2	2	4

Characteristic	Potential Impacts	Risk of Adverse Impact[3]		
		Likelihood	Impact	Score
Age	Some injuries may be associated with age (e.g. falls, childhood injuries). However the nature of the MIU service means that most MIU-amenable injuries can wait until the service is next open (e.g. with self-care, advice from 111), overnight activity requiring x-ray already needs to be referred to daytime hours, and re-attenders make up a third of OOH activity (this is typically a matter of convenience; these individuals can be re-booked during opening hours).	2	2	4
Disability	Some injuries may be associated with disability (e.g. falls, childhood injuries). However the nature of the MIU service means that most MIU-amenable injuries can wait until the service is next open (e.g. with self-care, advice from 111), overnight activity requiring x-ray already needs to be referred to daytime hours, and re-attenders make up a third of OOH activity (this is typically a matter of convenience; these individuals can be re-booked during opening hours).	2	2	4
Gender Reassignment	No significant impacts identified	1	1	1
Marriage and Civil Partnership	No significant impacts identified	1	1	1
Pregnancy and Maternity	No significant impacts identified	1	1	1
Race	No significant impacts identified	1	1	1
Religion or Belief	No significant impacts identified	1	1	1
Gender	No significant impacts identified	1	1	1
Sexual Orientation	No significant impacts identified	1	1	1
Welsh Language	No significant impacts identified	1	1	1

Characteristic	Potential Impacts	Risk of Adverse Impact[3]		
		Likelihood	Impact	Score
Socio-Economic Circumstances	There are some correlations between MIU attendance and not being registered with a GP. Also, some concerns were expressed regarding potential barriers to access A&E when MIU is closed (e.g. access to a car, cost of alternative travel). However, the main impact of a change in hours is to reduce the convenience of access to 24 hour services (Brecon) or 17 hour services (Llandrindod) but MIU does not provide care for life-limb threatening injuries and alternative care is available during opening hours, via 111 (online or telephone) and in the very rare cases where immediate minor injury care may be clinically indicated then travel to A&E would already be required. Overall impact and likelihood is small due to (a) low level of activity overnight, (b) nature of thresholds for MIU-amenable care (c) no change for patients requiring x-ray overnight who are already signposted (d) availability of free clinical advice by telephone from 111.	2	2	4
Social Exclusion	There are some correlations between MIU attendance and not being registered with a GP. Also, some concerns were expressed regarding potential barriers to access A&E when MIU is closed (e.g. access to a car, cost of alternative travel). The main impact of a change in hours is to reduce the convenience of access to 24 hour services (Brecon) or 17 hour services (Llandrindod) but MIU does not provide care for life-limb threatening injuries and alternative care is available during opening hours, via 111 (online or telephone) and in the very rare cases where immediate minor injury care may be clinically indicated then travel to A&E would already be required. Overall impact and likelihood is small due to (a) low level of activity overnight, (b) nature of thresholds for MIU-amenable care (c) no change for patients requiring x-ray overnight who are already signposted (d) availability of free clinical advice by telephone from 111.	2	2	4

Characteristic	Potential Impacts	Risk of Adverse Impact[3]		
		Likelihood	Impact	Score
Carers	Some concerns were expressed regarding potential impact on unpaid/informal carers for people experiencing a minor injury overnight including barriers to access A&E when MIU is closed (e.g. access to a car, cost of alternative travel). The main impact of a change in hours is to reduce the convenience of access to 24 hour services (Brecon) or 17 hour services (Llandrindod) but MIU does not provide care for life-limb threatening injuries and alternative care is available during opening hours, via 111 (online or telephone) and in the very rare cases where immediate minor injury care may be clinically indicated then travel to A&E would already be required. Overall impact and likelihood is small due to (a) low level of activity overnight, (b) nature of thresholds for MIU-amenable care (c) no change for patients requiring x-ray overnight who are already signposted (d) availability of free clinical advice by telephone from 111.	2	2	4

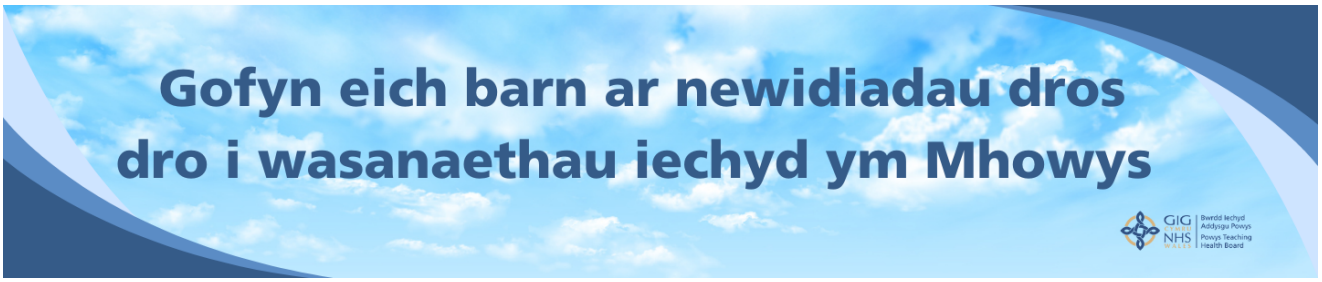
Appendix 6

Final Case for Decision

Temporary Service Change

Community Hospital Inpatient

(Clinical Co-location) Proposals



Powys Teaching Health Board Engagement and Communications Team
Version 1, 3 October 2024

Executive Sponsors
Executive Director of Allied Health Professions, Health Sciences and Digital Executive Director of Nursing, Quality, Women and Family Health
Senior Responsible Officer (SRO)
Assistant Director of Community Services

1. Background

The NHS across the UK, and locally in Powys, faces a number of challenges to maintain quality, safety, outcomes and financial sustainability for patients and communities.

Waiting times for planned care increased during the COVID pandemic and remain high. Inflationary pressures affect the whole of the public sector, increasing the costs of service delivery.

More people are living longer with multiple health conditions. And there are pressures on staffing, including that the proportion of people of working age is reducing.

Powys Teaching Health Board therefore proposed some immediate steps to help maintain quality services within available resources, involving temporary service changes to the following services:

- Community Hospital inpatient services across Powys - this is the subject of this Final Case for Decision
- Minor Injury Units in Powys – this is the subject of a separate Final Case for Decision

These proposals, if approved by the Board on 10 October, would see temporary changes implemented from Autumn 2024. Once implemented, the changes would be in place for six months and alongside this the health board would continue to engage with patients, communities, staff and wider stakeholders in order to develop and agree the permanent state of safe and sustainable services for the future.

These changes are relatively small in nature but are important in testing new solutions to significant problems in the health and care system in Powys (set out in more detail in the report that follows). These are most tangibly seen in the form of 'delayed transfers of care' leading to longer than needed lengths of stay in hospital, but have consequential, wide ranging impacts on access and outcomes for the patients and the efficiency and effectiveness of care.

The changes are aligned to the vision articulated in the Health and Care Strategy and support the work underway to test and design a sustainable model of health and care focused on the needs of the Powys population.

2. Summary of the Case for Change

2.1 Overview

There are significant challenges within the current state of the health and care system in Powys. Although there are great strengths in partnership work, particularly through the Regional Partnership Board and Delivery Co-ordination arrangements, with system reviews and interventions to manage and mitigate delays, more is needed to further unblock the system and improve flow.

The scale of the burden arising from system pressures and delays is significant. At any given time, between 40-50% of those who are using Community Hospital beds have already been clinically optimised and are awaiting onward care. This means that too many patients are spending too long in hospital. This increases the likelihood of "deconditioning" where patients lose muscle strength, lose the ability to take care of themselves, and become disoriented. This can make it more difficult to return to previous levels of activity and functioning and can increase the chances of readmission to hospital.

People with a wide range of needs are currently located across each ward in the Powys footprint, creating difficulties in deploying the right skills and capacity in the right place, and impacting on the delivery of appropriate care.

There are also operational challenges in terms of deployment, capacity, workforce and finance arising from the current model. The geographical configuration consists of 9 wards, most of which are single isolated units over 8 sites, which creates challenges to recruitment (including reliance on agency staffing) and significant variation in operation, with different models of medical cover, wide variation in lengths of stay, and differing leadership models.

There is considerable service and workforce "fragility" in the current state, driven by multiple factors from workforce and recruitment challenges to unplanned absence and increased dependency of those using services. This leads to a dependence on temporary and agency staffing which creates a significant pressure on limited resources. Use of external staffing can also be a factor in variation of approaches in relation to policy and practice implementation.

These issues have consequential wider impacts on access, outcomes and experience for patients and their families and carers. It creates inefficiency in the way resources are used for the population, with significant financial, operational and workforce resource utilised to manage system failures.

Recognising that such services are held in great esteem by local communities, it is known that continuing to operate services in this way will only see greater fragility over time, and the risks to continuing these models of care are significantly accelerating.

2.2 Current State – what is happening now?

Current configuration of inpatient provision

PTHB currently has the following general (non-mental health) wards, which can admit patients with different clinical presentations, meaning that different inpatient treatment can be provided to different patients within the same ward.

Site & Ward	Beds	General Medical	Rehab	Palliative	Specialist Stroke & Neuro Rehab	Average Length of Stay (in days)		
						Jul-24	Aug-24	Sep-24
Machynlleth Hospital – Twymyn Ward	14	⚑	⚑			61	23	67
Welshpool Hospital – Maldwyn Ward	21	⚑	⚑	⚑		33	42	55
Newtown Hospital – Brynheulog Ward	15	⚑	⚑	⚑	⚑	67	85	100
Llanidloes Hospital – Graham Davies Ward	18	⚑	⚑	⚑		59	37	38
Llandrindod Wells Hospital – Claerwen Ward	21	⚑	⚑	⚑		59	52	37
Bronllys Hospital – Llewellyn Ward	18	⚑				23	61	32
Brecon Hospital – Y Bannau Ward	13	⚑				57	41	37
Brecon Hospital – Epynt Ward	15		⚑		⚑	44	63	31
Ystradgynlais Hospital – Adelina Patti Ward	20	⚑				34	40	41
TOTAL	155							

The Health Board also operates Cottage View, a 14 bedded Residential Home in Knighton and provides therapy input into Glan Irfon, a 12 bedded Intermediate Care Centre in Builth Wells operated by Shaw Healthcare. Whilst outside the scope of this work, this helps to inform different options for care models.

Current staffing model (wards)

The table below outlines the existing Registered Nurse and Health Care Support Worker staffing models for the existing PTHB wards.

Site	RN				HCA		
	Ward	Early	Late	Night	Early	Late	Night
Ystradgynlais	Adelina Patti	3	3	2	3	2	2
Brecon	Y Bannau	2	2	1	3	2	2
	Epynt	2	2	2	3	2	2
Bronllys	Llewelyn	2	2	2	3	3	2
Llandrindod Wells	Claerwen	3	3	2	3	2	2
Llanidloes	Graham Davies	2	2	2	3	2	1
Machynlleth	Twymyn	2	2	2	3	2	1
Newtown	Bryn Heulog	2	2	2	3	2	1
Welshpool	Maldwyn	3	3	2	3	2	2

The Registered Nursing levels on wards are set out in the Nurse Staffing Levels (Wales) Act 2016 (https://www.gov.wales/sites/default/files/publications/2019-04/nurse-staffing-levels-wales-act-2016.pdf). The HCSW levels are informed by a number of components, including the acuity and / or dependency of the patient cohort, and assessment tools such as the Welsh Levels of Care tool and the Safecare e-rostering system.

The Therapy staffing model for the two wards with stroke patients (Brynheuolog and Epynt) is as below. In addition, these wards will gain the support of a psychologist (0.2 Newtown / 0.2 Epynt) for stroke.

	Physio	OT	SLT	Psychologist	Dietitian	Nurse	Physician	Rehab Support Worker
Brynheulog Ward Newtown	1.6	1.8	0.5	0.2	0.1	See above	Daily Mon-Fri GP SLA MDT x1/week	1.2
Epynt Ward Brecon	2	2	0.5	0.2	0.1	See above	Consultant Physician 1.0 WTE	1.2

The therapy staffing model for the other 7 units is registered staff that split their time across inpatients and community, in-reaching to provide assessments and intervention supported by rehabilitation support workers.

Finally, there is a small amount of resource provided to the inpatient wards from the medicines management team, as set out below.

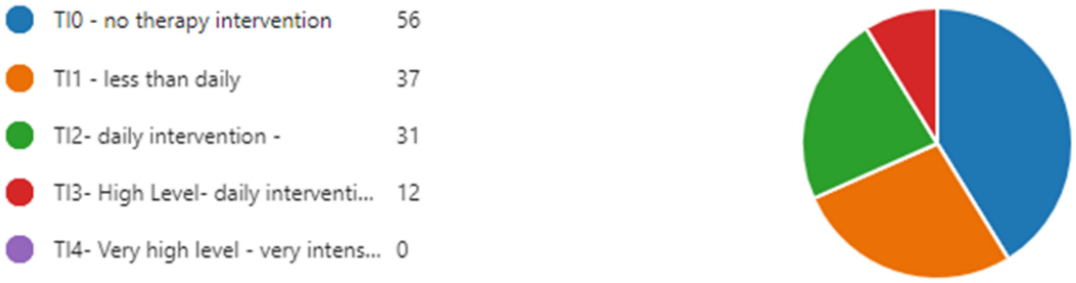
Hospital/ward	Pharmacist WTE	Pharmacy technician WTE	Assistant Technical Officer WTE	Travel time from base – round trip per day
Brecon	0.6	0.8	0.3	n/a
Bronllys	0.4	0.7	0.2	Band 5 – 1 hour 20
Llandrindod	0.6	0.6 band 5 0.2 band 4	0.3	Pharmacist 1 hr 20 Band 4 – 1 hour 30 ATO – 1 hour 30
Llanidloes	0.2 current + remote [0.4 vacancy]	0.2 band 5 0.2 band 4	0.2	Pharmacist 2 hours Band 5 – 1 hr 20 Band 4 - 50 mins Band 2 – 1 hr 20
Machynlleth	0.2 current + remote [0.4 vacancy]	0.2 band 5 0.2 band 4	0.2	Pharmacist 1hr 40 mins Band 5 – 2hrs 30 Band 4 – 1 hr 40 mins Band 2 – 2 hrs 30
Newtown	0.2 current + remote [0.4 vacancy]	0.2 band 5 0.2 band 4	0	n/a
Welshpool	0.2 current + remote [0.6 vacancy]	0.6 band 5 0.2 band 4	0.2	Pharmacist – 50 mins Band 4 – 50 mins
Ystradgynlais	0.4	0.4 band 5	0.2	All staff 1hr 30 mins

Snapshot assessment of inpatient needs

A desktop review of all wards was undertaken to review the patient needs from both a nursing and rehabilitation perspective. This examined the patient needs across one week commencing 10th June 2024.

The review identified:

- 32 patients require at least daily rehabilitation from at least 2 disciplines and have some nursing needs, which suggests they require intensive rehabilitation delivered by a specialist skilled workforce in a Rehabilitation Ward. These are currently located across all the sites.
- 19 require less than daily therapy input from at least 1 discipline and have some nursing needs – this suggests that these patients could be managed in a community hospital ward
- 19 are no/low risk requiring daily intervention from at least 1 discipline with no nursing needs – this suggests that these patients could be managed in a step-down environment such as Glan Irfon which is therapy led with a rehabilitation ethos with no requirements for specialist nursing or medical input.
- 28 have no therapy and no nursing needs waiting to be discharged



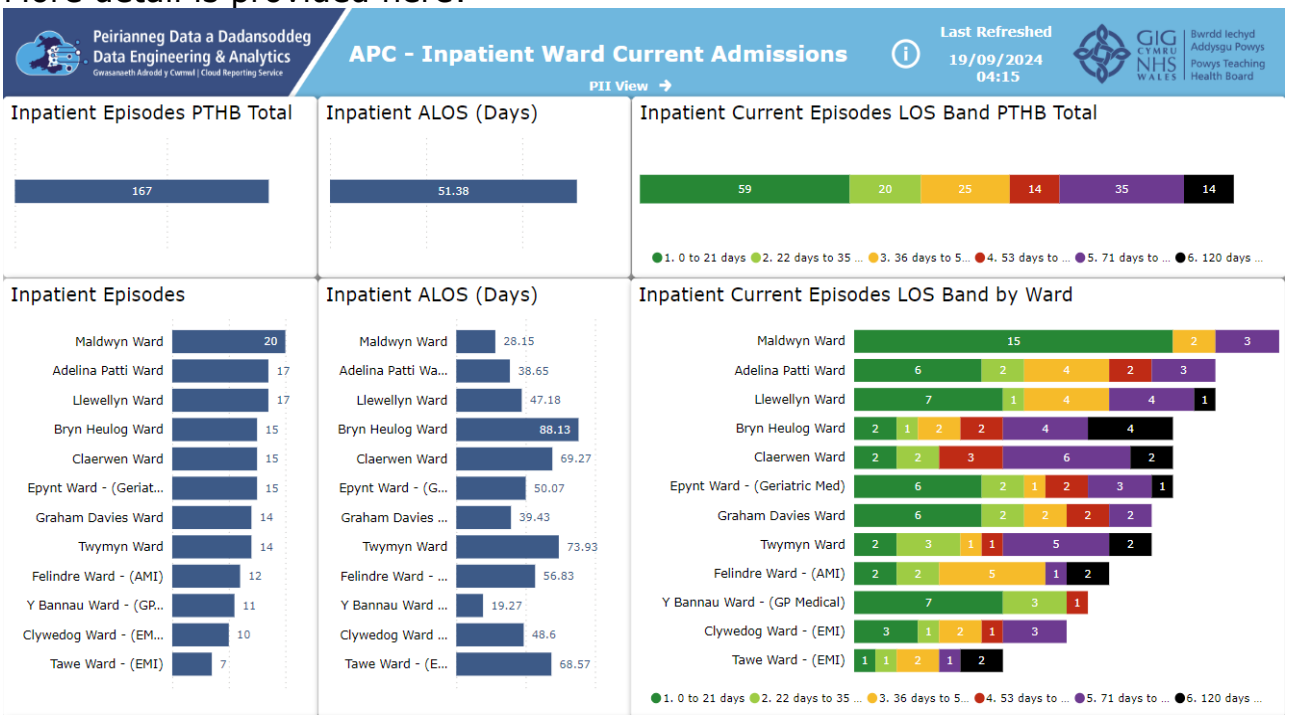
Current performance

The average length of stay for all sites is shown below:

Average length of stay (in days)	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24
All sites	63.2	52.7	44.5	44.3	46.1	47.9

(Excludes Mental Health and Glan Irfon)

More detail is provided here:



It is notable that there is significant variation between the various wards, and this can be explained by a number of factors:

Long stay stranded patients – Some patients with complex needs can struggle to find onward care for various reasons including market limitations, geographical challenge and shortages of domiciliary care staff.

An example of the variation we see across the whole system can be seen in detail in the tables below:

Date	Beds open	Opening Occupancy	D/C	Admissions	7-day Turnover	Ave LoS
23/09/2024	146	95.20%	0	0	20	48.2
22/09/2024	146	95.20%	2	0	20	48.2
21/09/2024	146	95.90%	1	4	18	50.2
20/09/2024	146	95.20%	6	8	18	50.2
19/09/2024	146	95.90%	6	5	17	50.5
18/09/2024	146	96.60%	4	3	15	50.1
17/09/2024	146	97.30%	1	3	16	49.7
16/09/2024	146	95.90%	0	1	18	49.1

The table above provides a heatmap of performance in the Powys Provider.

	Awaiting Powys Com hospital	Powys Health Delays.	DGH Health Delays	PCC Delays (other pathways)	Joint	Total delayed out of county	Total delayed in an OOC acute bed	Longest delay in an acute bed (in days) from MFFD
23/09/2024	3	5	6	28	3	42	34	49
22/09/2024	0	2	12	29	1	44	36	48
21/09/2024	0	2	12	29	1	44	36	47
20/09/2024	0	2	12	29	1	44	36	46
19/09/2024	3	5	9	30	2	46	37	45
18/09/2024	3	4	10	26	2	42	35	44
17/09/2024	3	4	9	28	2	43	36	43
16/09/2024	4	4	9	32	3	48	44	42

The table above shows Powys patients delays across other Health systems.

	Powys Health stranded	PCC stranded	Joint	Total optimised to leave	Clinically optimised (CO) (undergoing assessment)	CO Joint	CO Powys health assessments	CO Powys CC Assessment	Total optimised
23/09/2024	6	25	0	31	39	12	14	13	70
22/09/2024	7	24	0	31	40	12	13	15	71
21/09/2024	7	24	0	31	40	12	13	15	71

20/09/2024	7	24	0	31	40	12	13	15	71
19/09/2024	6	30	0	36	29	6	9	14	65
18/09/2024	5	29	0	34	31	6	10	15	65
17/09/2024	5	29	0	34	33	6	12	15	69
16/09/2024	6	28	0	34	32	6	10	16	67

The table above provides reasons for delays in PTHB community beds.

The Pathway of Care Delays (PoCD) Census identified the following for delays in discharging patients from PTHB community hospital beds:

21 August 2024 **Total Delays by Delay Reason**

HealthBoard: PTHB | Local Authority: All | Region: All | Hospital Name: All | Ward Type: All | Age Group: All | Current s: All

Options: Current Month | Last 3 Months | Last 6 Months | Last 12 Months | Total Delays Delay Reason | Total Delays Descriptor Grouped | Delays Reason Charts

Descriptor: All

Total Delays & Total Days Delayed by Descriptor Ordered for the Period of Last 3 Months (Jun-24 to Aug-24)

Census Date	19 June 2024		17 July 2024		21 August 2024	
Descriptor	Total Delays	Total Days Delayed	Total Delays	Total Days Delayed	Total Delays	Total Days Delayed
1.01.02 - Awaiting completion of assessment by social care	16	310	18	732	13	346
2.03.01 - Awaiting start of new home care package	8	366	9	480	3	125
1.01.03 - Awaiting completion of assessment Nursing	5	194	10	325	1	29
2.04.01 - Awaiting reablement care package	5	48	9	109	1	13
2.01.02 - Awaiting funding decision FNC/CHC	6	230	4	227	4	145
1.01.04 - Awaiting Continuing Healthcare (CHC) Assessment	2	27	1	48	10	282
3.01.03 - Awaiting Nursing care home manager to visit and assess (Standard 3 residential)	1	43	3	108	5	455
3.01.06 - Awaiting NH availability	3	226	2	57	4	252
3.01.05 - Awaiting RH availability	5	208	1	54	2	29
3.01.02 - Awaiting Residential care home manager to visit and assess (Standard 3 residential)			2	70	5	196
1.01.01 - Awaiting Social worker allocation	1	22			5	88
3.01.07 - Awaiting EMI residential availability	1	70			4	212
2.03.03 - Awaiting Domiciliary care package self-funding	1	92			2	14
2.03.02 - Awaiting restart of previous home care package	1	20			1	44
2.05.07 - Mental Capacity	1	29			1	78
3.01.04 - Awaiting nursing/residential home self-funding	1	9	1	37		
3.01.11 - Awaiting extra care/supported living availability	1	13	1	41		
3.03.02 - No suitable abode			1	30	1	65
1.01.05 - Awaiting joint assessment	1	15				
1.01.08 - Awaiting completion of assessment Medical			1	56		
2.02.03 - Awaiting completion of adaptations (DFG's)			1	28		
2.03.04 - Awaiting CHC new package of care					1	128
2.05.05 - Disputes between agencies					1	44
2.05.06 - Intervention by patient's legal representation					1	133
2.05.08 - Safeguarding issues impacting discharge arrangements					1	76
3.01.08 - Awaiting EMI nursing availability					1	44
3.01.09 - Awaiting specialist bed availability					1	5
3.02.03 - Awaiting palliative care POC					1	9
Total	**59**	**1,922**	**64**	**2,402**	**69**	**2,812**

*This table is is ordered by highest to lowest by total delays for the **latest census date**.*

The PoCD Action Plan is in place between PTHB and Powys County Council to reduce PoCD for patients who experience a length of stay >7 days and >21 days targeting the frail population.

The most common reasons for a delay were for patients awaiting the completion of an assessment by social care and for patients awaiting a new home care

package. Through the PoCD Action Plan, the local authority has increased social care workforce capacity to reduce the delays due to awaiting social care assessment and is supporting home care providers with recruitment.

As a result of PoCDs, there were 2,906 bed days, equating to £1,077,082 expenditure for Powys patients in community hospital beds in SaTH and WVT in 2023/24. This has yet to be calculated for the new financial year.

It is recognised that unless more can be done to address the challenges that social care face in improving market responsiveness and capacity, such risks will continue to result in additional delays to patient discharge which add substantial cost to the health board.

Workforce & Financial challenges

There are multiple drivers for the wards to rely on temporary staffing. From vacancies and unplanned absence, to increased dependency of the patient cohort, the teams will undertake a daily (and sometimes several times per day) assessment of their staffing requirements, to find that additional staffing is required.

The teams are managed to ensure that the controls for such arrangements are well embedded, with an expectation for good planning (12 week notice of rostering, annual leave management etc), clear escalation procedures and compliance monitoring.

Despite this, there will always be a need for some planned and unplanned use of agency staffing, where there is no local availability of workforce, limited opportunity to reschedule existing rostering and a lack of capacity for Bank staffing.

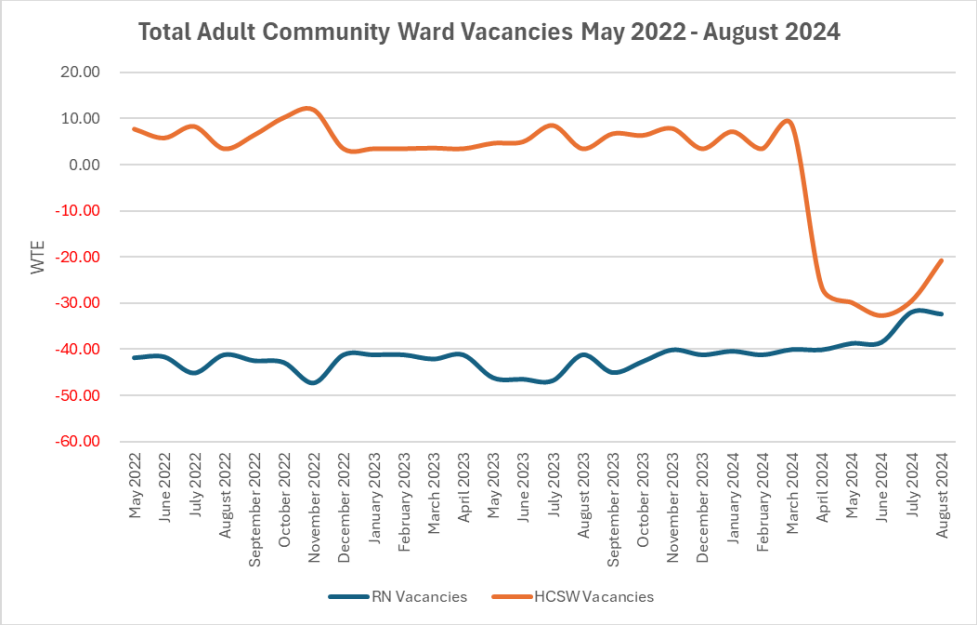
In addition to the financial cost, the use of agency can increase quality and safety risks if agency staff are not fully aware of and fully implementing local processes and protocols.

Nursing vacancies remain high, and we have a concerted recruitment drive and an approach to 'grow our own' workforce. Vacancies in community ward-based nursing in August 2024 are provided below as a snapshot of this ongoing challenge.

	August 2024		
Ward	RN Vacancies	HCSW Vacancies	Total Vacancies
LWH - Hosp Nurs	-2.42	-5.83	-8.25
BRO - Hosp Nurs	-3.15	-6.73	-9.88
BWM - Hosp Nurs - Epynt	-4.54	-1.64	-6.18
BWM - Hosp Nurs - Y Bannau	-1.80	-1.80	-3.60
LND - Hosp Nurs	-1.36	-3.40	-4.76
MAC - Hosp Nurs	-6.52	1.38	-5.14
MCI - Hosp Nurs	-5.23	2.40	-2.83

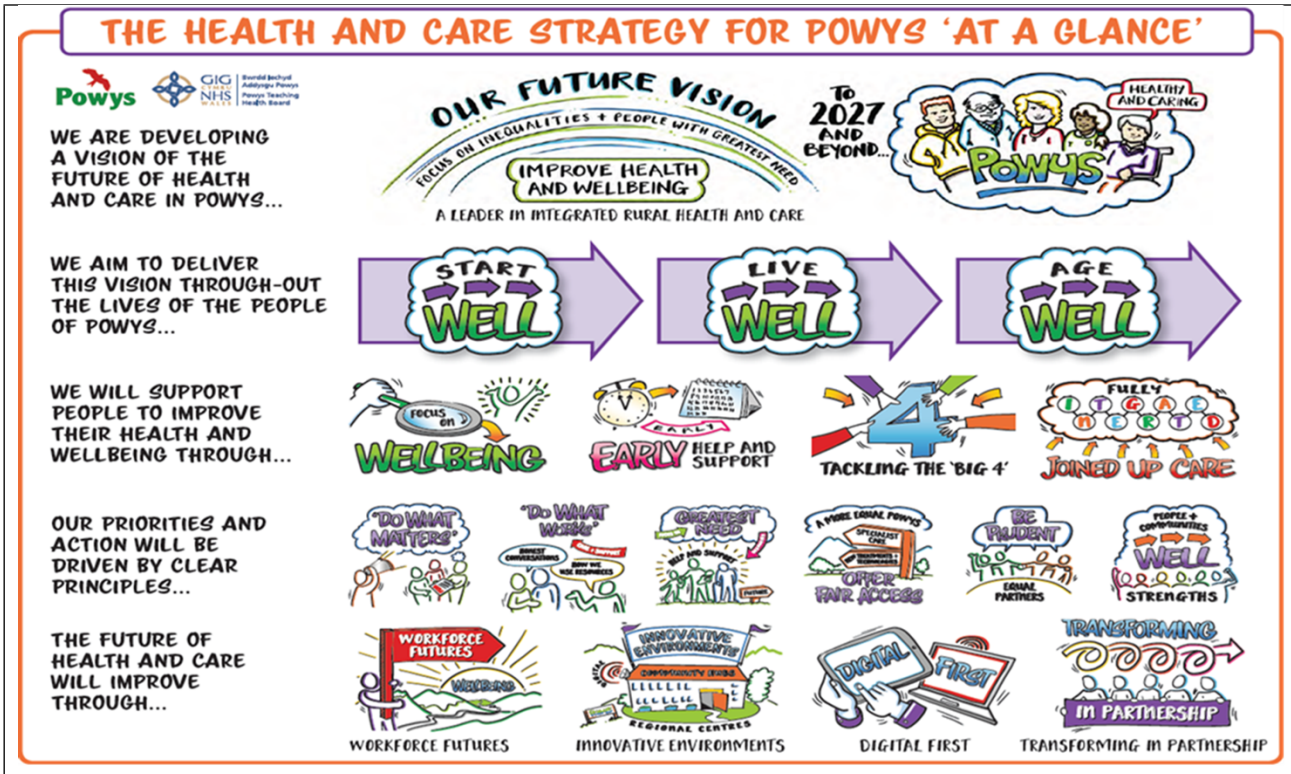
VMH - Hosp Nurs	-3.83	-5.17	**-9.00**
YCH - Hosp Nurs	-3.47	0.00	**-3.47**
Grand Total	**-32.33**	**-20.78**	**-53.11**

NB: Knighton data has been excluded from the vacancy data



2.3 Future State – What should be happening?

This proposal is key to the delivery of the Vision, Principles, Wellbeing Objectives and Model of Care ambitions described in "A Healthy Caring Powys" the shared long term RPB Health and Care Strategy.



This ambitious ten-year strategy was developed in 2017 and much has changed in the intervening period, not least being the unexpected event of the Covid-19 pandemic. Nonetheless, the strategy has been reviewed by all partners and there is strong agreement that the ambition, principles and objectives remain relevant and important. It is strongly aligned to the goals set out in 'A Healthier Wales'.

The ten-year strategy continues to set the framework for the PTHB Integrated Plan. The plan acknowledges that the healthcare system is under significant stress and that change is required. In moving from a system designed in the past and recovering from the impact of covid, the cost of living, and wider current challenges *to* a system designed for a healthy, caring future, it recognised that difficult decisions may well be needed.

This proposal for service change is set in this wider context - whilst relatively small and temporary in nature, it is part of a broader ambition and supports the testing and evaluation of new approaches, to build a sustainable model of care in Powys.

The proposal has been informed by a number of key drivers to ensure it is based on evidence, policy and legislation, and best practice / professional guidance:

Welsh Government Six Goals Programme and Requirements

The Discharge to Recover then Assess (D2RA) model was developed and implemented across Wales from 2018; the Six Goals for Urgent and Emergency Care Policy Handbook published by Welsh Government in February 2022 emphasised the D2RA model under Goal 5: Optimal hospital care and discharge and Goal 6: Home first approach and reduce the risk of readmission.

NHS Wales Planning Framework

The NHS Wales Planning Framework identifies the priority of Reducing Pathways of Care Delays (POCD) for patients who experience a Length of Stay >7 and >21 Days – Targeting the Frail Population.

Rehabilitation Framework

The All Wales Rehabilitation Framework: Principles to achieve a person-centred (gov.wales) outlines that rehabilitation is defined as 'a set of interventions designed to optimise functioning and reduce disability in individuals with health conditions in interaction with their environment'.

Reablement provides support in a person's own home to improve their confidence and ability to live as independently as possible. It is most frequently used within social care, relating to the restorative element of rehabilitation.

Stroke Rehabilitation Guidance

Recommendations | Stroke rehabilitation in adults | Guidance | NICE (which replaced National Institute for Health and Care Excellence [CG 162] (2013)) indicates 1.1.1 People who need rehabilitation after stroke should receive it from a specialist stroke service and 1.1.2 An inpatient stroke unit should: be led by a core multidisciplinary stroke rehabilitation team with expertise in working alongside people who have had a stroke, and their families and carers, to manage the changes experienced as a result of stroke.

National best practice documents

- National Clinical Guidelines for Stroke, Royal College of Physicians (2018)
- Discharge to Recover then Assess, NHS Wales (2018)
- Reducing the pressure on hospitals, The Royal College of Occupational Therapy (2019)
- Care after stroke or transient ischaemic attack, Sentinel Stroke National Audit Programme (2021)
- Standards for specialist rehabilitation for community dwelling adults, British Society of Physical and Rehabilitation Medicine (2021)
- Six Goals for Urgent and Emergency Care, Welsh Government (2021)
- Specialist Neuro-Rehabilitation Services, British Society of Physical and Rehabilitation Medicine (2023)

Other Evidence

There is evidence that supports the benefits of bringing together the care of patients with similar needs, and this is published here:
Nurse staffing and inpatient mortality in the English National Health Service: a retrospective longitudinal study | BMJ Quality & Safety.
This study demonstrated the impact of substantive RNs on duty and mortality. It is noted that no such impact was observed in agency staff.
https://www.hssib.org.uk/patient-safety-investigations/workforce-and-patient-safety/investigation-report/
There is evidence of constraints in patient safety investigations in relation to the utilisation of temporary staff, in relation to the availability of information; barriers to engagement, reporting and feedback, learning and influence on future improvements and the development of an open reporting culture.

2.4 What is the proposed change?

Temporary service change is proposed to group together patients with similar needs in specific locations to improve access, care and outcomes – and to improve system delays and flow by reducing unnecessarily long stays in hospital. This will enable patients to return home (including care homes) and help to being patients back into Powys more quickly from hospitals out of the County. This is known operationally as co-location by clinical need.

The number of community hospital beds and their locations would remain unchanged across the county.

In summary, the changes are:

- Four hospital wards would take on a more specialised focus to help ensure the best quality and outcomes for patients with the greatest needs.
  - Two wards would be designated as "Ready to Go Home" units. These would provide focused care and support for patients who are ready to return home but are waiting for a package of community care. They would be located at Llanidloes Community Hospital and Bronllys Community Hospital. Two wards would have an enhanced specialist role to support patients who require inpatient rehabilitation. This will build on the existing arrangements for stroke rehabilitation. So, they would be located at Breconshire War Memorial Hospital and Montgomery County Infirmary (Newtown).
- Other hospital wards (Ystradgynlais, Llandrindod Wells, Welshpool and Machynlleth) would continue to operate as general medical wards. Some patients who would currently receive care on these wards would instead receive their care in Bronllys or Llanidloes (e.g. if they are "ready to go home") or in Brecon or Newtown (if they require more intensive rehabilitation).

At the outset, it is proposed that the focus would be to create the right environments for the specific pathways of care, where a more equitable and high quality of care can be provided.

Longer term, should the changes prove successful, there is potential to also consider additional pathways, including patients requiring support for enhanced behavioural needs, and those with additional clinical acuity and treatment needs.

2.5 Proposed Changes in Detail – Ready to Go Home Units

The Ready to Go Home Unit (RTGHU) provides care and support for people who have been an in-patient in a hospital setting (acute and/or community) who are ready to go home but are unable to do so as care arrangements are not in place for them. They may be waiting for a Residential or Nursing Home space or for a Domiciliary Care package.

The aim is to maintain and enable people to maintain their health status and prevent de-conditioning and to expedite moving on to a "home" destination.

Broadly, the admissions will be those discharged from medical care; having reached optimum therapy goals, with Care Needs Assessments completed. Detailed inclusion and exclusion criteria have been developed as part of implementation planning, working across partners in health and social care.

The Unit will be person centred; people will be encouraged to be as independent as possible, getting dressed, eating meals in the dining room, taking part in activities in a friendly relaxed atmosphere and tailoring care and support to what matters to the person. Family, friends and carers will be welcomed and a partnership approach with the nursing team will be central to enabling individual independence and well-being.

The unit will be nurse-led, where Registered Nurses and Health Care Support Workers are present twenty-four hours a day, seven days a week. Working in partnership with the wider multi-disciplinary team, the nursing team will be the co-ordinators of care and advocates for the people using the RTGHU, focussing on as early as possible transfer home.

Location

It is proposed to have two sites (one North and one South) for patients with all assessments completed and an identified discharge destination.

Analysis has identified that on average 12 patients per week could be transferred to these units across Powys, with a broadly even split of 6 patients per week for North Powys and 6.25 patients per week for Mid & South Powys. This equates to approximately 48 patients per month.

Philosophy of the RTGH Units

'Get up, get dressed and keep moving'.

The RTGH Unit will promote a philosophy of enablement, whilst improving user experience through streamlined support.

- All staff who work on the RTGH Unit will undertake a bespoke training course that will strengthen their skills in delivering an enablement model of care that empowers people to become active participants in their healthcare journey by optimising all opportunities to improve physically and psychologically whilst enriching social wellbeing, leading to improved outcomes and greater satisfaction.

- 'Get Up, Get Dressed and Keep Moving' ethos will be embedded within daily activities by building routines that encourage activity, promote enablement, and prevent deconditioning so that people have the tools to return to their normal routines and the place they call home sooner.

Patient experience

Although the Cottage View site provides enablement in a true residential environment, which is slightly different to the proposed model, there has been positive patient feedback about such approaches. An example is provided here:

Individual was struggling at home who came into Cottage View as an interim (she had depression and anxiety) "I was nervous at first but was soon put at ease with talks from the Registered Manager and the girls. I loved my stay, and I am ready to go home".

Individual had worked on the ward at Knighton for many years and was unsure how she would react to the change. She came to Cottage View from Shrewsbury DGH."I enjoyed every minute of Cottage View. I spoke with the Responsible Individual on how well things was going.

Evaluating patient and family experience of these new ways of working will be a key part of our evaluation framework.

End of Life Care

The provision of end-of-life care will continue to be provided at Bronllys and Llanidloes. In order to maximise the use of this service, we have revised and updated our standing operating procedure.

It is important to note that many people choose to spend the last days of their life at home and going forwards our ability to meet this service need will be assessed and prioritised.

Potential Staffing Model & potential opportunities

Although the potential needs of patients at such locations may be lower, the Health Board would retain the regulatory accountabilities required from Health Inspectorate Wales (HIW) and the Nurse Staffing Act.

The RTGH Unit will be led by a nursing manager assigned to each unit to provide this oversight. In consideration of the Nurse Staffing Act the Registered Nurse requirement will remain at current levels, however the proposed model does provide an opportunity to reduce the HCSW numbers. This model is described further below.

The professional nursing recommendations have been reviewed and approved by the Executive Director of Nursing. Specifically, the Band 7 model will be maintained in line with the current model, underlining the importance of clinical nursing leadership with the implementation of the changed model of care. Registered Nurse staffing levels remain the same (2 at all times), however, the

HCSW roster numbers have been reduced during the day and adjusted to 1 during the night. It is important to note that patient acuity will be assessed as it is now using the Welsh Levels of Care and the SafeCare application in Allocate Rostering system will continue to be monitored. Resident safety will remain paramount, and incident and concerns data will be triangulated with staffing data to assess the effectiveness of the staffing numbers.

BRONLLYS - Llewellyn				
Bed Numbers	Shift length	Shift times	RN	*HCSW
18	7.5	Early	2	3
	7.5	Late	2	2
	11.25	Night	2	1

LLANIDLOES - Graham Davies				
Bed Numbers	Shift length	Shift times	RN	*HCSW
14	7.5	Early	2	2
	7.5	Late	2	2
	11.5	Night	2	1
	7.5	Twilight		

Impact on Efficiency / Staff Costs

We expect the following staff and efficiency benefits:

- Enhanced culture for early discharge
- Improved flow
- Reduced chargeable delays outside PTHB
- Reduced travel for staff in PTHB and social care
- Reduced deconditioning

In addition, the modelled financial benefits are estimated as £180k per annum based on reduced HCSW establishment leading to reduced reliance on agency.

In addition, evaluation of the programme is anticipated to identify further potential benefits including:

- Harmonisation of shift times, with the potential for further efficiency
- Support worker role development across therapy and nursing; this may reduce a risk of gaps in staffing which would require reliance on agency staffing, with easier substitution in the event of last-minute absence
- Potential to mirror the successful model of volunteers on Llewelyn ward in the Llanidloes unit, to support the formal staffing and patients

Medical model

Medical cover arrangements will not change during this temporary change period. ShropDoc provision out of hours will remain unchanged.

The current medical model allows for direct admissions from the community into both existing wards for medical observation. There are approximately 132 and 35 admissions per annum, into Bronllys and Llanidloes respectively. Alternative provision for these patients will be identified to mitigate them being admitted to out of county providers.
This temporary change does provide us with the opportunity to work with primary care to assess and make recommendations for a future model.

Workforce retention

Whilst it is argued that a change in service could adversely affect existing team members, it could similarly be argued that the development of a person focussed service, with a clear identity and purpose, could also offer an exciting opportunity to new and existing staff.

Outside a change in personal circumstances, retention is most often driven by role satisfaction, and this exciting opportunity could support wider interest in emerging roles and responsibilities.

This work will be further supported by the wider retention programme ongoing in the Health Board and led by workforce colleagues.

2.6 Proposed Changes in Detail – Rehabilitation Wards

Alongside the proposed changes to introduce 'Ready to Go Home Units', it is proposed to have two wards (again one North and one South) which provide a clear rehabilitation focus and culture.

Through daily therapy of 2 or more therapy disciplines and an experienced rehabilitation nursing workforce, these wards will support people to return home as independent as possible, fitter and faster.

By transitioning to dedicated MDT-Led Rehabilitation units, a larger proportion of patients could receive treatment within a more focused environment. This transition would enhance the effectiveness of patient care while also optimising the allocation of staffing resources.

The co-location of patients who meet the rehabilitation ward criteria would enable the service to consider the repatriation of stroke patients earlier, as the team would have the skills /competence to manage those individuals earlier in their stroke pathway. This is compared to the model currently where the two stroke wards have a mixed caseload from stroke to general medical patients.

Rationale for Rehabilitation wards

- Person centred / Holistic Approach: physical, cognitive, emotional, and social needs of the patient considered.

- Cultivate a rehabilitation-oriented culture for patient and staff. All staff have rehabilitation skills
- Ensuring patients receive rehabilitation across all facets of care – support the workforce to develop skills
- Rehabilitation is not exclusive to therapy sessions; it becomes everyone's business
- Prevent further deconditioning
- Evidence-Based Practices: Utilising interventions and therapies that are supported by evidence and proven to be effective in improving outcomes.
- Already a 7-day therapy offer at these two sites
- Enhance recruitment for the workforce who are keen to deliver rehabilitation
- Create a proactive rehabilitation environment – to encourage activity and function potential engagement with voluntary sector, e.g. art groups etc
- The additional therapies such as psychology and speech and language can also engage in MDTs for specialist input

Location

It is proposed, that given the strategic drivers previously identified, the existing identity and care provision being delivered at Brecon and Newtown (stroke care) and the geography (North and South), these locations should be adopted for the rehabilitation units. Once again, only such patients assessed as having the needs of these services would be admitted to these locations.

Workforce

			Current Model	Proposed Model
Registrant Staffing	Shift Staffing	Long Day	2 Registered (2 RNs)	2 Registered
		Night	2 Registered (2 RNs)	2 Registered (2 RNs)
	Therapist Presence		OT 0900-1630 1.8 Newtown and 2.00 Epynt shared with Y Bannau 1 PT 0900-1630 1.6 Newtown 2.00 Epynt shared with Y Bannau Weekends 1 registrant and 1 support worker	1 OT 0900-1630 2.00 each ward 1 PT 0900-1630 2.00 each ward 1 registrant 1 support worker
Therapist Skill-mix	Daily Presence		0900-1630	08.30 17.00
Support Workers	Standard Practice		HCSWs and RSWs perform separated roles with independent responsibilities	All Support Workers fulfil a combined role, being classified as RSWs whilst providing a combined HCSW and RSW role
	0745- 15.45 early		3 HCSW 0 RSW	3 RSW
	12:00 – 20.00		2 HCSW	3 RSW

	8.30 - 4.30	2 RSW	1 RSW
			5 RSW
			This needs further consideration as rehab support workers are band 3s
	2000-0800	2 HCSW	
Medical cover	Epynt	Consultant Physician 1.0 WTE	Medical cover needs more work
	Newtown	Daily Mon-Fri GP SLA MDT x1/week	
Bed allocation	Epynt	15 General Rehab (5 of which Stroke rehab)	15 rehab beds
	Newtown	5 Stroke Rehab 5 EOL 5 General Medical	15 rehab beds
Culture		Rehab primarily Therapies responsibility	Rehab is everyone's responsibility

Medical model

Medical cover arrangements will not change during this temporary change period.

Shropdoc provision out of hours will remain unchanged.

This temporary change does provide us with the opportunity to work with primary care to assess and make recommendations for a future model.

Financial impact

Non pay and facilities costs are expected to be broadly as they are presently. The main changes will be around the revised staffing model. The financial consequences of these proposed changes are set out below.

There is a potential small increase in staff (1.3 WTE) required in the Newtown site, offset by a (1.4WTE) reduction in Brecon, combined this represents an increase in costs of £16k. However this will be reviewed as part of the pilot.

Further considerations

- Potential to include additional provision for wider rehabilitation needs.
- Potential to reduce reliance on agency through MDT model of care.

Wider MDT engagement has taken place through tabletop reviews of the proposals, this has been successful in ensuring that planned mitigation is in place. Standard Operating Procedures (SOPs) have been developed and tested through these reviews. A broader MDT tabletop will take place on 3rd October 2024 to ensure the planned mitigations are effective and thorough and to enable final test of SOPs prior to sign off.

3. Impact of the Proposed Changes

Patient Outcomes and Experience

There is a clear evidence base for cohorting patients with specialist rehabilitation needs, enabling optimisation of independence at discharge. Patient outcome and experience can be clearly measured for Specialist Rehabilitation wards.

Improving patient outcomes and experience following admission to a RTGU is likely dependent on length of time spent on the unit. If flow is optimised through improvements in Pathway of Care Delays (PoCD) then we would expect to see an improvement in measurable patient outcomes and experience.

Patient Flow

The most common causes of Pathway of Care Delays in Powys are patients awaiting assessment and awaiting packages of care. In 2023/24 there was £1.077m expenditure on community hospital beds in SaTH and WVT as a result of PoCDs. There is therefore clear potential for financial savings through reduction in use of these beds however this is dependent on effective system redress of these issues.

At the same time, the potential for reduction in Hospital Acquired Functional Decline (through an improved enablement culture) will benefit a reduction in long term reduction of higher levels of care and could assist with supporting an earlier discharge for individuals.

Patient flow is unlikely to be dramatically improved through cohorting of patients with specialist rehabilitation needs however we would anticipate an increased level of independence/function for these patients at discharge therefore decreasing the complexity of discharge arrangements and potentially a lower long-term reliance on community-based support which offers benefit to all parts of the system.

Patient choice

It is noted that such changes will have the greatest impact on the patients and their families, given patients will be admitted to specific locations for designated types of care. Whilst such approaches are less unusual in secondary and tertiary care (with patients being directed to the most appropriate clinical area or service), this is less usual in a community service setting.

That said, it should be recognised that these are reflective of a different type of speciality, and as such the families and patients will receive the benefits of the appropriate expertise.

This is fully supported through the national policies on discharge and choice and reflects many of the secondary care policies which will be relied upon by neighbouring providers to support discussions with families and organise transfers.

The Health Board have invested in Care Transfer Coordinators at these locations, and they will be supporting the discussions with families to facilitate this change in approach.

Workforce

- There will be no direct reduction to the Registered Nurse staffing establishment because of this change.
- There is potential for reduction in HCSW requirement for RTGUs but a potential increased requirement for Rehabilitation Wards.
- There is potential for reduced short notice agency usage on the RTGUs due to their reduced risk profile.
- There will be an increased requirement for specialist Therapist posts on the Rehabilitation wards, this will be achieved through reskill mixing on the general wards.
- There is a significant potential to reduce the reliance on agency (planned and unplanned) staffing to the RTGU, given that whilst agency booking is not only informed by patient numbers, but according to need. The organisation will be in a better position to agree a framework and operational practices which will absorb greater risk to unplanned reduced staffing levels.

The case for change acknowledges that there are, however, potential overall impacts for the current workforce, and as such it was recognised that there was a requirement for engagement.

A series of discussions have been held on the wards affected by such proposals, with each and every affected ward-based member of the team being contacted directly and encouraged to provide feedback. This work has led to the development of a series of frequently asked questions, which have been made available to all affected teams, in order to ensure a collective understanding of the proposed changes.

Given the limited impacts to overall numbers of staffing across the organisation, much of the changes will be managed within the ebb and flow of vacancies. An assessment of vacancies, pipeline recruitment and establishment would suggest that whilst the overall establishment for HCSW numbers will be reduced at the RTGU, this can be managed iteratively through existing vacancies. Overall, then, costs associated with the proposed changes would be relatively low, comparative to the potential patient, organisational and financial benefits to more effective pathways of care, potential for improved patient outcomes and reduced reliance on temporary staffing.

Engagement Findings

This section provides a summary of the Patient and External Engagement Report, which is being submitted to the Board alongside the Final Case for Decision

During the engagement period we heard from a range of voices including residents, patients, politicians, staff, partner organisations and GPs and Llais. We

directly heard from nearly 800 voices through survey responses and correspondence (735 online survey responses in addition to 32 written submissions direct to the health board and 17 via Llais) and in addition to this the engagement has reached out to thousands of interested individuals and organisations (e.g. 80 individuals through online webinars, an estimated 500 individuals attending four public meetings, publicly available petitions exceeding 3000 signatures, approximately 80 third sector representatives attending locality meetings and over 1000 unique visits to the health board engagement hub).

The feedback we have received from online survey responses, correspondence, webinars and public meetings has been analysed to identify the principal themes.

Specifically in relation to **community hospital inpatient proposals** the key themes included:

- We heard praise for community hospital inpatient services with several respondents sharing **personal and family experiences** of care and treatment in Powys community hospitals.
- We heard concerns about the potential **travel and transport** impact, particularly for family and unpaid/informal carers, if patients do not meet the criteria for admission to their most local hospital and that this may also impact on patient care and recovery if they have less access to their family during their hospital stay.
- We heard concerns about **continuity of care** including whether patients may experience multiple hospital moves if their condition improves or deteriorates.
- We heard concerns about the potential **impact on the range of services** available at their most local community hospital, including in relation to end of life care, direct GP admissions, and the potential to reduce or prevent acute hospital admissions.
- We heard from people about their **civic pride** in local community hospitals, the way in which facilities had benefited from public subscription and fundraising and concerns that services may decline or be downgraded. This also included comments about wider service delivery in Powys towns and villages (e.g. banks, post offices, schools).
- We heard concerns whether the proposed model would tackle the challenges in relation to extended stay in hospital and deconditioning, particularly without **improvements in social care**.
- We heard concerns whether the proposals were **temporary or permanent**, including whether this may affect recruitment and retention of clinical staff and also the maintenance of their skills in "Ready To Go Home Units".
- We heard scepticism that the proposals were financially driven rather than also responding to quality and safety challenges, but also scepticism that the proposals may not deliver **financial benefits**.

- A number of **potential equality and wellbeing impacts** in relation to Equality Protected Characteristics and Well-being of Future Generations Goals were identified, which are summarised in **Section 6 and Section 7**.
- We heard **support for the proposals** as a step to address the challenges to quality and sustainability of health services in the county but also that further discussion and design would be needed in order to agree the permanent sustainable shape of services.
- We heard **alternative or complementary proposals**, including that the model should be piloted at a single site.
- We heard **suggestions for mitigating potential impacts** of any changes, for example through awareness of flexible visiting and promotion of travel and transport support.
- We heard calls for **expanded facilities in Powys** including the provision of District General Hospital Services, comments about the way the NHS is funded locally and nationally, and questions about the sustainability of services outside the scope of this engagement including maternity and outpatients. Issues and themes relating to the wider health and care system and/or outside the direct scope of this engagement are discussed in more detail in **Section 5.3** of the Engagement Report.
- We heard comments about the **engagement and decision-making process**, including comments about the robustness of the case for change, and requests to stop or pause engagement on proposed changes. Issues and themes relating to the engagement process are discussed in more detail in **Section 5.4** of the Engagement Report.

In relation to **wider health and care factors**, some respondents specifically asked for the development of District General Hospital and A&E services in the county, for the expansion of community hospital facilities, for news on the next steps on North Powys Wellbeing and for changes to the financial settlement for Powys from UK Government or Welsh Government.

In relation to the **engagement and decision-making process**, we received a number of calls for the engagement process to be paused or stopped, and/or for a further period of formal consultation to take place before any changes are implemented. We also received requests for clarification for how temporary changes would be kept under review, and how the ongoing work to design the future permanent state of safe and sustainable health services would be taken forward.
This section provides a summary of the PTHB Staff and Primary Care Engagement Report, which is being submitted to the Board alongside the Final Case for Decision

In relation to staff engagement, well established mechanisms have been used to engage and inform staff and their representatives in the design and delivery of future services. This has included engagement with staff within the specified services, trade unions, the Local Partnership Forum and participation in the

Strategic Change Programme Board and working group meetings. An escalation process to the Executive Director of People and Culture was also in place. PTHB workforce policies have been applied as appropriate, including those relating to All-Wales Organisational Change policy.

In relation to primary care engagement, during the engagement period the health board has been in contact with all GP practices, and all have had the opportunity to meet with health board representatives through county-wide Local Medical Committee (LMC) meetings and/or through 1:1 meetings between individual practices and the health board as well as through direct correspondence. Established mechanisms such as primary care cluster arrangements have also provided the opportunity for rich discussion and debate, and this will continue to be the case going forward. Key themes of primary care feedback included:

- Comments regarding the engagement process and specifically in relation to the level of early engagement with primary care in the development of these specific proposals
- Arrangements for GP / step-up admissions including prevention of unnecessary admission to DGH particularly in relation to "Ready To Go Home" Units.
- Arrangements for end of life or palliative care particularly in relation to "Ready To Go Home" Units.
- Travel and transport, access to family and carers, and/or continuity of care closer to home if not admitted to most local community hospital.
- Community hospital staff retention and maintenance of skills.
- Availability of social care and home support.
- Some scepticism about the case for change.
- Some support for the proposals.
- Understanding and recognition of the case for change.
- Temporary vs. permanent nature of proposals and plans for developing and agreeing the longer term shape of health services.

Integrated Impact Assessment

An integrated impact assessment has been carried out and updated in the light of the engagement findings noted above. This is appended to this report and provides an appraisal of the risk of adverse impacts across a number of domains (Quality, Equality, Legal/ Statutory, Strategic Alignment and Health Outcomes, Market and Partnership, Deliverability, Ethics/Reputation and Social Responsibility, Workforce).

Comments and feedback given across all communication and engagement channels have been cross referenced with the Protected Characteristics set out in the Equality Act 2010 as well as other key themes relating to Welsh Language

and Socio-Economic impact. The table below highlights the potential impacts that respondents felt could create inequality if the proposals were implemented.

Protected Characteristic	Detail
Age	We heard concerns primarily relating to older people that the proposal could cause upset, anxiety and stress if a patient were to be discharged anywhere other than their local hospital.
Disability	There were several comments suggesting that the proposals would impact people with disabilities travelling further to see family members in a community hospital.
Gender Reassignment	There were no impacts highlighted in the survey or other correspondence received.
Marriage and Civil Partnership	There were no impacts highlighted in the survey or other correspondence received.
Pregnancy and Maternity	Whilst some concerns were raised about the potential future of the maternity unit in Llanidloes, no proposals have been put forward that affect maternity services.
Race	There were no impacts highlighted in the survey or other correspondence received.
Religion or Belief	There were no impacts highlighted in the survey or other correspondence received.
Sex	There were no impacts highlighted in the survey or other correspondence received.
Sexual Orientation	There were no impacts highlighted in the survey or other correspondence received.
Unpaid / Informal Carer Responsibilities	Carers voices and concerns were focused on the impact the proposals would or could have on their ability to visit loved ones if they were admitted to a different community hospital than now that may be further from home.
Welsh Language.	Some views were expressed around the potential impact of moving patients from wards in Welsh Language speaking areas (e.g. Machynlleth, Ystradgynlais) to wards where there may be fewer members of staff with Welsh Language skills (e.g. admission to Bronllys Hospital for patients who are "Ready To Go Home", admission to Newtown Hospital for patients requiring specialist inpatient rehabilitation).
Socio Economic Disadvantage	Some respondents expressed concerns that there may be an impact on staffing, de-skilling of employees, travel transport etc. and we also received comments regarding the overall socio-economic wellbeing of communities including on potential impact on young people who may move away if local services are reduced.
Other anyone with a pre-existing medical condition	Some respondents had shared their stories/experience and/or had concerns relating to someone living with or caring for someone with a pre-existing condition.

Further considerations have also been made in relation the Future Generations Act requirements and specifically, to the seven well-being goals:

Wellbeing Goal	Considerations	Examples of Feedback
A globally responsive Wales	People in terms of macro-economic, environmental and sustainability factors: Consider the impact of government policies; gross domestic product; economic development; biological diversity; climate	Some longer car or bus journeys for people needing to visit a loved one in a hospital other than their local one if discharged to Llanidloes or Bronllys could add to adverse environmental and climate impact.
A resilient Wales	People in terms of their use of the physical environment: Consider the impact on the availability and accessibility of transport, healthy food, leisure activities, green spaces; of the design of the built environment on the physical and mental health of patients, staff and visitors; on air quality, exposure to pollutants; safety of neighbourhoods, exposure to crime; road safety and preventing injuries/accidents; quality and safety of play areas and open spaces	Reduced opportunity to walk to the local community hospital to visit a loved one who may have been discharged to one of the proposed "ready to go home" units or rehabilitation centres which would be further away.
A healthier Wales	People being able to improve /maintain healthy lifestyles: Consider the impact on healthy lifestyles, including healthy eating, being active, no smoking /smoking cessation, reducing the harm caused by alcohol and /or non-prescribed drugs plus access to services that support disease prevention (e.g. immunisation and vaccination, falls prevention). Also consider impact on access to supportive services including smoking cessation services, weight management services etc.	There were no particular impacts highlighted in the survey or other correspondence received.
A more equal Wales	People being able to access the service offered: Consider access for those living in areas of deprivation and/or those experiencing health inequalities	A range of potential equality impacts have been identified in the previous section that will need to be considered – with mitigation actions agreed as appropriate.
A Wales of cohesive communities.	People in terms of social and community influences on their health: Consider the impact on family organisation and roles; social support and social networks; neighbourliness and sense of belonging; social isolation; peer pressure; community identity; cultural and spiritual ethos	Respondents expressed some concerns about community hospitals being specialised and meaning local residents may be moved which would impact social networks and support.

A Wales of vibrant culture and thriving Welsh Language	People in terms of their use of the Welsh Language and maintaining and strengthening Welsh cultural life	Concerns were expressed in relation to the colocation proposals for first language Welsh speakers if they were discharged to an area where staff were not fluent Welsh speakers.
A prosperous Wales.	People in terms of their income and employment status: Consider the impact on the availability and accessibility of work, paid/ unpaid employment, wage levels, job security, working conditions	Respondents expressed concerns about recruitment and retention of health board staff but also the potential de-skilling of staff and pay for those working in the care sector being very poor which was a root cause of patients being delayed in hospital. There were also comments regarding the overall impact on the economic health of communities.

The Full Engagement Report and the Full Integrated Impact Assessment being submitted to PTHB Board set out the **key mitigations** which will be put in place in response to both the engagement feedback and areas where risk of adverse impacts has been identified.

4. Monitoring and Evaluation

An evaluation framework has been developed for the Ready To Go Home Units and Rehabilitation Units collaboratively with clinical, operational, finance, workforce, performance and information colleagues – considering the findings of the Engagement report in relation to key areas of concern and mitigations which will need to be closely monitored.

The Information team will bring all data sources into one place for analysis. The digital process for Patient Reported Outcome Measures (PROMs) and Patient Reported Experience Measures (PREMs) collection has been agreed and a Standard Operating Procedure is in development to ensure consistency in approach.

There will be a process of active monitoring against the agreed measures with monthly Evaluation and Monitoring meetings scheduled for review of the evaluation framework outputs. Statistical Process Control (SPC) analysis will be used where possible, but it is important to note that numbers may be low over the limited time period of the proposed temporary change, and this may impact the type of analysis undertaken. A 'Plan Do Study Act' approach will be adopted to ensure information is used throughout the pilot period to inform operational changes to improve service delivery within the agreed model. Any significant change required to the agreed operational model indicated through the evaluation and monitoring process will be escalated to the Strategic Change Programme Board.

In addition to the agreed Evaluation Framework measures, the following would be collected at the three- and six-month points:

Primary Care, Third Sector and Social Care feedback on the model
- PTHB Staff Experience Feedback
- Service User/patient stories

To support implementation, the following actions have been undertaken to ensure that the evaluation framework is ready for use when required:

Key stakeholders engaged to enable Information team to bring data sources together for analysis
- Plan for evaluation and monitoring meeting membership and frequency in place
- Staff training needs identified in relation to PROMs/PREMs and included in training plan
- Resources and plan established for digital collection of PROMs/PREMs
- SOP in development for digital collection of PROMs/PREMs

Following a Board decision to approve implementation of the colocation by clinical need proposal, a transition period of 6 weeks will be required to establish full operating capability of the Ready to Go Home Units and Rehabilitation Units. The evaluation framework will be implemented and monitored during this period, however a full six-month period at full operating capability is required as a minimum with formal reporting to the Strategic Change Programme Board at three- and six-month points to assess the impact of the change to inform onward decision making. We would therefore plan to deliver a full report against the Evaluation Frameworks to be available at Month 7 following any decision to approve.

The evaluation frameworks will be finalised as part of the implementation processes and include baseline and target values with associated dates – the following table is a summary overview of the key areas of intended benefits, measures and mechanisms:

Ready to Go Home Units

What is the benefit?	How and what will it be measured?
Reduction in pathway of care delays (POCD)	Number of patients clinically optimised and ready for discharge
Reduction in Length of Stay	Average Length of Stay: Overall By RTGHU
Improved workforce utilisation	Agency spend (Ward/Unit & overall position)
	Compliance with staffing model
	Staff sickness/ retention rates
	Number of requests for enhanced care

Reduction in delays and costs associated with patients awaiting repatriation	No. patients awaiting repatriation (NHS Wales providers) No. patients awaiting repatriation (NHS England) Monthly cost NHS England Community Hospital Beds
Criteria based admission	Step Up Admissions - GP Direct Admissions to PTHB Wards
	Readmission rates within 30 days
	End of Life Admissions - End of Life Admissions to PTHB Wards
	Median miles of admission site to resident address
Patient outcomes	EQ5D5L and/or Frailty Score
Patient & Carer Experience	PREM Patient stories
Stakeholder/Partner Feedback	Primary Care, Third Sector, Social Care Feedback
Staff Experience	Staff Experience Feedback
Finance	Overall staffing spend

Rehabilitation Units

What is the benefit?	How and what will it be measured?
Reduction in pathway of care delays	Number of patients clinically optimised and ready for discharge
Optimised Length of Stay	Average Length of Stay Total By ward
Improved workforce utilisation	Agency spend (Ward/Unit & overall position)
	Compliance with revised staffing model
	Number of additional staffing requests for enhanced care (Ward/Unit and overall position)
Reduction in number of patients awaiting repatriation	Number of patients awaiting repatriation from NHS Wales providers

5. Delivery Confidence and Assurance

The Strategic Change Programme Board has appraised the final proposals and supporting detail in the Cases for Change and associated implementation

planning materials. They commend the proposals as clinically led, clinically driven, and informed by insight and engagement.

They note in particular that the two workstreams have provided activity data and relevant evidence which strongly supported the clinical rationale for change. The activity data also indicated that both "cases" were clinically and operationally prudent and feasible, and demonstrated our continued commitment to the Duty of Quality.

Since the presentation to the Board on 24 July 2024, the Strategic Change Programme Board has continued to work with both workstreams to reflect on the valuable insights gathered from public & external stakeholders, staff and primary care, and continued to and test the robustness and readiness for temporary change.

This work is summarised in this Final Case for Decision, and reflects an updated assessment of:

- The principal benefits
- Delivery confidence and the pre-requisites for implementation and delivery
- Key mitigation factors to respond to the issues identified during engagement, and
- The principal measures within an evaluation & monitoring framework to ensure that benefits are realised, potential downside impacts are identified, and that triggers to consider stop/pause of temporary changes are identified.

Standard Operating Procedures (SOPs) have been developed and tested collaboratively across health and care partners which encompass (as applicable to the specific type of Unit):

- Purpose/ Objective/ Ethos of the Units
- Definitions
- Roles and Responsibilities (Multi-disciplinary)
- Key Interfaces and Interdependencies (inc. Pharmacy Team; Discharge Team; Medical cover; Care Transfer Co-ordinators/ Discharge Liaison Teams; PAVO)
- Admission process including Inclusion and Exclusion Criteria
- Service provision inc. Visiting times and protected mealtimes as appropriate
- Day to day operation inc. Patient Flow Management
- Protocols for Use of beds / Deteriorating Patient/ Changes in Acuity
- Palliative and End of Life Care / Last Days of Life Care (RTGH Units)
- Rehabilitation and Specialist provision (Rehabilitation Units)
- Discharge & Transfer arrangements
- Governance

- Monitoring / Compliance and Audit/ KPIs
- Workforce inc. Training
- Environment
- Review and Change Control
- Related Policies and Procedures
- Evidence Base, References and Bibliography
- Proformas

This work has been reviewed and assurance by the Health Board's Executive Committee.

A Tabletop Multi-Disciplinary Team Review will take place on 3rd October 2024 to enable final test of SOPs prior to sign off.

Appendix 7 - PTHB Service Change Impact Assessment

Bwrdd Iechyd Addysgu Powys
Powys Teaching Health Board

Section A: Overview
Service Impact Assessments should be reviewed by the relevant Executive Sponsor prior to submission to Gold / Executive Committee.
Clinical assurance of the Quality Impact Assessment should be undertaken.

A.1. Proposal Details	
1.1 Name of Proposal	Community Hospital Inpatient Wards: Clinical Colocation (Ready to Go Home Units)
1.2 Proposal Lead	Executive Lead: Claire Roche SRO: David Farnsworth
1.3 Reference Number	Not applicable
1.4 Summary of Proposal	Cohorting of 'Ready To Go Home' beds at two sites (1 North Powys / 1 South Powys)
1.5 Date / Version	Last Updated 27 September 2024 (Version 2.1)

A.2. Proposal Overview	
2.1 Summary of Proposal	To establish two Ready to Go Home Units (Llanidloes in the North and Bronllys in the South) on a temporary basis which will enable patients who are clinically optimised but cannot return home to provide relevant care in an environment better suited to the needs of such patients.
2.2 Situation, Background, Strategic Context	Across 156 inpatient community hospital beds in Powys, patients with a wide variety of clinical and social needs are admitted to their nearest community hospital site. This requires a staffing model that is established to deliver care to a mixed model of needs on eight different sites, which leads to a requirement for a staffing model that always meets the highest level of need, does not always reflect the skills and variation that best reflects the patient needs, and comes at a significant cost. Specifically, there is a cohort of patients currently dispersed across several PTHB community hospital sites who are clinically optimised and are ready to return home who are unable to return home for various reasons including delays in relation to care packages. At present, these patients,

	who have low levels of need, are being supported alongside patients with much more complex needs.
2.3 Assessment: Current Service Provision	At present, PTHB operates 9 general wards across 8 different sites, with significant numbers of patients being stranded in community hospitals awaiting onward pathways of care. An analysis of the nursing needs of 34 clinically optimised patients identified that 28 of these patients would be admitted into the proposed Ready to Go Home Unit. The majority of such patients were waiting for a package of care (PoC) in support of their discharge to their own home. Such needs might vary from the need for a single-handed call once a day to double-handed calls up to four times per day. Of those who were reviewed on the ward as part of the audit but would not meet the criteria for such a unit, 4 were excluded for consideration due to cognition and behaviour and 2 due to terminal illness.
2.4 Assessment: Case for Change	A Pathway of Care Delays (PoCD) Action Plan is in place between PTHB and Powys County Council to reduce PoCD for patients who experience a length of stay >7 days and >21 days targeting the frail population as one of the Ministerial priorities. The most common reasons for a delay from the data were for patients awaiting the completion of an assessment by social care and for patients awaiting a new home care package. As a result of PoCDs, there were 2,906 bed days, equating to £1,077,082 expenditure for Powys patients in community hospital beds in SaTH and WVT in 2023/24.
2.5 Assessment: Options Appraisal	A) Do nothing: "no change" is not an option as it does not address the case for change B) Establishment of two temporary "Ready To Go Home Units" as an opportunity to review and learn from a revised inpatient model to optimise care, improve quality, and reduce delay. This is the preferred option to respond to the case for change. Llanidloes Hospital and Bronllys Hospital are the preferred sites
2.6 Recommendation: Preferred Option	Option B is preferred: Temporary establishment of "Ready To Go Home Units" in Llanidloes and Bronllys Hospital.
2.7 Financial Summary	This will support overall improvements in staffing efficiency including reducing in agency costs.

2.8 Governance Arrangements	A colocation by clinical need workstream has been established led by a SRO with an Exec Sponsor. This reports to Strategic Change Programme Board chaired by the health board's Director of Clinical Strategy, which reports to Executive Committee.
2.9 Engagement and/or Consultation considerations	A period of engagement on proposals for temporary change has taken place from 29 July 2024 to 8 September 2024.

A.3. Integrated Impact Assessment Summary			Risk of Adverse Impact		
			Likelihood	Impact	Score
3.1 Quality	**Headlines**	The Quality Impact Assessment is set out in Section B.1. Our summative assessment is that this proposal will deliver an overall quality benefit, as there are high potential positive impacts that outweigh downside impacts with clear potential for sufficiency of mitigation. Key positive impacts include the potential to reduce length of stay and associated deconditioning which can have an adverse impact on patient recovery. Our assessment has identified low impact in terms of unintended consequences of this change as there will be no reduction in overall bed numbers and this reflects a more efficient model of care.	2	3	6
	Deep Dive QIA required?	No (a deep dive QIA is required where adverse quality impacts scoring 9 or higher are identified)			
3.2 Equality	**Headlines**	The Equality Impact Assessment is set out in Section B.2. There is an overall low-to-moderate risk of adverse impact for some families & unpaid/informal carers and patients in relation to socio-economic circumstances and social exclusion. This relates to changes in location for provision of some patients awaiting onward care which may result in further distances to travel to visit for some families and carers furthest from the RTGH units. Some engagement feedback expressed concern that this may impact on access to Welsh Language. Reasonable and proportionate mitigation steps are feasible, including through the development of clear clinical protocols including admission criteria, seeking to admit patients within the same cluster community area	2	3	6

		where clinically appropriate and feasible, continuing to maintain and strengthen flexibility in visiting hours, providing advice and support to access travel & transport options, working with PAVO community connectors etc. More information about mitigation actions is set out in Section 3.9. This can build on our learning from well-established arrangements in Brecon and Newtown where these hospitals already act as the main centre for community inpatient stroke rehabilitation for patients across South Powys and North Powys respectively, with families and carers to travelling to these dedicated bases during the period of inpatient specialist rehabilitation. Conversely, the model aims to reduce unnecessary delays in hospital enabling more patient to return home (including to a care home where appropriate) more quickly and also to return more quickly to Powys from hospitals outside the county.			
	Deep Dive EQIA required	No (a deep dive EQIA is required where adverse quality impacts scoring 9 or higher are identified)			
3.3 Legal / Statutory		There are no significant adverse impacts in relation to legal and statutory compliance. Engagement has taken place in line with Welsh Government guidance. No feasible alternative options have been identified through engagement that would respond to the presenting case for change. However, some suggestions have been put forward that potentially merit future consideration as part of further engagement and/or consultation on the future permanent shape of health services. The workforce model would continue to meet staffing requirements.	1	2	2

	The proposals are within our power to deliver.			
3.4 Strategic Alignment and Health Outcomes	The proposal is aligned with organisational strategic direction detailed in the health board's Health and Care Strategy and Integrated Plan. Colocation of patients awaiting onward care requirements supports achievement of improved patient outcomes and experience and supports improved patient flow. Patients on an End-of-Life pathway will continue to be accepted to beds on a criteria led basis (as set out in the SOP) to ensure admission to the right setting to meet the individual care needs. However, it is noted that these are proposals for temporary change and a Monitoring and Evaluation Framework would support ongoing review and learning. Further discussion and design would be required towards the permanent future shape of safe and sustainable health services.	1	2	2
3.5 Market and Partnerships	Given the low levels of activity during the proposed temporary hours of closure, and the nature of the MIU service, the main potential impact is on NHS 111 Wales to provide overnight advice and signposting. However, as MIU service activity is low this has minimal impact on 111 service delivery. Impact on 999 or A&E is expected to be negligible given the nature of the MIU services – those conditions needing 999 or A&E would normally already be referred on from MIU. Where possible and clinically appropriate, overnight minor injuries would be signposted to MIU when next open. However, there is a possibility of a very small conversion to other services (e.g. GP Out of Hours, A&E walk-in – including Nevill Hall MIU or PCH A&E for Brecon, or Hereford Emergency Department for Llandrindod Wells). Given the level of activity referenced in the case for change and with mitigation in place for improvement to the phone first system and nature of OOH activity (e.g. reattenders) the impact is minimal.	1	1	1

3.6 Operational Deliverability	The proposed changes have commonality with the current model for stroke service provision in terms of colocation of patients according to clinical need. Operationally this is deliverable within current staffing establishment with leadership roles in place to lead the change and monitor impact. Facilities and transport requirements remain as per existing approaches. Demand and capacity analysis for RTGHU supports that there will be sufficient demand to utilise the two units. Should this not be the case and demand falls below capacity there is potential to explore alternative models of care. Patients on an End-of-Life pathway will continue to be accepted to beds on a criteria led basis (as set out in the SOP) to ensure admission to the right setting to meet the individual care needs. Delays to discharge would simply reflect existing challenges but enable teams to organise themselves more efficiently (fewer locations) and build improved relationships with wider services and teams. Further benefits include a more efficient staffing model which will make the work more sustainable. A Monitoring and Evaluation Framework would identify key measures for ongoing monitoring including any key triggers for consideration of reversal of temporary change.	2	3	6
3.7 Ethics, Reputation and Social Responsibility	We recognise the strength of feeling in relation to the proposed changes, as set out in the engagement report. A key potential impact relates to the issues associated with civic pride identified during the engagement period, including how these proposals for temporary change might relate to any future shape of health services in Powys, provision of end-of-life care (e.g. local facilities supported through public fundraising) etc. Impact on travel for some families and carers has been raised through public engagement as a cause for concern however this is in alignment	2	2	4

	with the existing stroke pathway and the proposed change is anticipated to deliver improved patient outcomes and experience as mitigation of this potential impact through reduced Length of Stay and associated Hospital Acquired Deconditioning.			
3.8 Workforce	This model aims to deliver a service that better fits the available workforce, so whilst there would see some reductions in overall workforce this would be managed through existing vacancies and better management of agency expenditure. Changes to staffing levels will be adjusted as the units become 100% occupied with ready to go home patients, this is anticipated to take place over a 4–6-week period.	3	2	6
3.9 Summary of Mitigations	The principal mitigations are deliverable and achievable: - Improved patient outcomes and experience including decreased risk of patient harm through hospital acquired deconditioning. - Improved operational relationships across the system. - Improved efficiency in delivery of care - Potential to reduce reliance on temporary staffing - Model supports strategic ambition in Health & Care Strategy and Integrated Plan - Flexible visiting times will be maintained and strengthened to mitigate potential increased journey times - Expand information and signposting for Ready To Go Home Units including to travel and wider social support - Maintenance of Welsh Language policies to support patients to communicate in language of choice. - Criteria led admission will be implemented for all admissions, including End of Life and GP Direct Admissions Other key steps include:	2	2	4

	- Identification of key measures for monitoring and evaluation framework (including balancing measures) related to patient and carer experience, patient outcomes and process measures - Engagement with staff, patients, partner organisation in monitoring and evaluation including two-monthly updates to Board. - Establishment of community hospital clinical governance forum with GP engagement. - Review no later than six months. - Ongoing staff engagement to maintain skills and support development & agreement of future permanent model.			

Section B.1 Summary Impact Assessment - Quality

Your commentary should outline positive and negative impacts. Further information about definitions and considerations for each Standard is available in the Explanatory Notes. Adverse impact scoring should focus on adverse impacts only. Further information about impact and likelihood scoring is available in Explanatory Notes. A "deep dive" assessment will be required if the risk of adverse impact scores of 9 or more (see Section C.1).

Standard	Potential Impacts	Risk of Adverse Impact[1]		
		Likelihood	Impact	Score
Summary	This proposal will deliver an overall quality benefit, as there are high potential positive impacts that outweigh downside impacts with clear potential for sufficiency of mitigation. Key positive impacts include the potential to reduce length of stay and associated deconditioning which can have an adverse impact on patient recovery. Our assessment has identified low impact in terms of unintended consequences of this change as there will be no reduction in overall bed numbers and this reflects a more efficient model of care.	3	2	6
Safe	Level of care will meet patient needs, no negative safety implications of change.	1	2	2
Timely	Better access to timely discharge support. And potential to reduce risks of deconditioning.	1	2	2
Effective	Evidence based change reflecting benefits to reduced length of stay and more efficient use of services.	1	3	3

[1] Impact scoring should focus on the impact/likelihood of adverse impacts. If there are no adverse impacts the score will be 1 x 1 = 1.

Standard	Potential Impacts	Risk of Adverse Impact[1]		
		Likelihood	Impact	Score
Efficient	Reflects benefits to reduced length of stay and more efficient use of services.	1	3	3
Equitable	Proposed change for 1 ward North and 1 ward South. Criteria based admission to these units may exclude some patients however ongoing provision of wider care on General Wards will continue. There will be no change to overall bed numbers as a result of the proposed temporary change. See also equality impact assessment below.	1	3	3
Person-Centred	Anticipated benefits to patient outcomes through improved support for discharge for those patients meeting the criteria. Person centred individualised programmes of enablement will remain available for all patients	1	2	2
Workforce	Changes to small number of roles and agreement of medical model will be largest challenges and potential negative impact on timeframe for implementation. There is a reduction in the RN and HCSW workforce, although these changes can be managed within existing vacancies. Potential positive impact on embedding discharge culture across all professions.	3	2	6
Leadership	Leadership support available to change in model of care from Service Group Leadership team. Management of change with key stakeholders will be led by these post holders and supported by wider organisational Executives and teams.	1	2	2

Standard	Potential Impacts	Risk of Adverse Impact[1]		
		Likelihood	Impact	Score
Culture	Change to support discharge focus across all the workforce will require training and skill development but will have positive impact across the organisation. Some changes to environment and ward daily rhythm will be required to support ongoing enablement	3	2	6
Information	No changes to process for patient records as WNCR/WPAS in place and in use. Communication to public required regarding changes Will require evaluation using local and nationally agreed evaluation tools in addition to Pathway Of Care Delay metrics. Evaluation Framework developed to ensure robust monitoring and evaluation of impact of change. Will have positive impact on use of standardised data to support patient flow. Will have positive impact on use of standardised data to support patient flow.	2	2	4
Learning, Improvement and Research	Creates greater opportunity for learning, evaluation and quality improvement for patients requiring onward care pathways in Powys. Actions as per information section. Opportunity for learning from temporary model including through Monitoring and Evaluation Framework to better inform future permanent shape of safe and sustainable health services	1	2	2
Whole Systems Approach[2]	Will form part of system approach to supporting onward care. Future proposed changes to reablement and Home First models will support this change.	1	3	3

[2] Include impact in relation to the seven Well-being of Future Generations wellbeing goals

Section B.2 Summary Impact Assessment – Equality Impact Assessment
Your commentary should outline positive and negative impacts. Further information about definitions and considerations for each Characteristic is available in the Explanatory Notes. Adverse impact scoring should focus on adverse impacts only. Further information about impact and likelihood scoring is available in the Explanatory Notes. A deep dive assessment will be required if the risk of adverse impact scores of 9 or more (see Section C.2). This should be undertaken in line with CGP009 using the template in Section C.2.

Characteristic	Potential Impacts	Risk of Adverse Impact[3]		
		Likelihood	Impact	Score
Summary	There is an overall low-to-moderate risk of adverse impact for some families & unpaid/informal carers and patients in relation to socio-economic circumstances and social exclusion. This relates to changes in location for provision of some patients awaiting onward care which may result in further distances to travel to visit for some families and carers furthest from the RTGH units. Some engagement feedback expressed concern that this may impact on access to Welsh Language. Reasonable and proportionate mitigation steps are feasible, including through the development of clear clinical protocols including admission criteria, seeking to admit patients within the same cluster community area where clinically appropriate and feasible, continuing to maintain and strengthen flexibility in visiting hours, providing advice and support to access travel & transport options, working with PAVO community connectors etc. This can build on our learning from well-established arrangements in Brecon and Newtown where these hospitals already act as the main centre for community inpatient stroke rehabilitation for patients across South Powys and North Powys respectively, with families and carers to travelling to these dedicated bases during the period of inpatient specialist rehabilitation. Conversely, the model aims to reduce unnecessary delays in hospital enabling more patient to return home (including to a care home where appropriate) more quickly and also to return more quickly to Powys from hospitals outside the county.	2	3	6

[3] Impact scoring should focus on the impact/likelihood of adverse impacts. If there are no adverse impacts the score will be 1 x 1 = 1.

Characteristic	Potential Impacts	Risk of Adverse Impact[3]		
		Likelihood	Impact	Score
Age	Overall inpatient care provision within PTHB will not change as a result of the proposed colocation of RTGH patients. Therefore, there will be no impact on this characteristic.	1	1	1
Disability	Overall inpatient care provision within PTHB will not change as a result of the proposed colocation of RTGH beds. Therefore, there will be no impact on this characteristic.	1	1	1
Gender Reassignment	Overall inpatient care provision within PTHB will not change as a result of the proposed colocation of RTGH beds. Therefore, there will be no impact on this characteristic.	1	1	1
Marriage and Civil Partnership	Overall inpatient provision within PTHB will not change as a result of the proposed colocation of RTGH beds. Therefore, there will be no impact on this characteristic.	1	1	1
Pregnancy and Maternity	Overall inpatient care provision within PTHB will not change as a result of the proposed colocation of RTGH beds. Therefore, there will be no impact on this characteristic.	1	1	1
Race	Overall inpatient provision within PTHB will not change as a result of the proposed colocation of RTGH beds. Therefore, there will be no impact on this characteristic.	1	1	1
Religion or Belief	Overall inpatient provision within PTHB will not change as a result of the proposed colocation of RTGH beds. Therefore, there will be no impact on this characteristic.	1	1	1

Characteristic	Potential Impacts	Risk of Adverse Impact[3]		
		Likelihood	Impact	Score
Gender	Overall inpatient provision within PTHB will not change as a result of the proposed colocation of RTGH beds. Therefore, there will be no impact on this characteristic.	1	1	1
Sexual Orientation	Overall inpatient provision within PTHB will not change as a result of the proposed colocation of RTGH beds. Therefore, there will be no impact on this characteristic.	1	1	1
Welsh Language	Overall inpatient provision within PTHB will not change as a result of the proposed colocation of RTGH beds. Some respondents suggested that the model may mean that some patients may have reduced access to Welsh Language through being admitted to a hospital further from their home, but the health board has well established arrangements in place – for example, for those patients across North Powys who are admitted to Newtown Hospital for specialist community inpatient stroke rehabilitation.	1	1	1
Socio-Economic Circumstances	There may be a low adverse impact on this characteristic due to a reduced number of locations delivered for onward pathways of care and therefore a requirement for some family and carers to travel longer distances to visit which may create additional travel costs.	2	2	4
Social Exclusion	There may be a low adverse impact on this characteristic due to a reduced number of locations delivering care for patients awaiting onward pathways of care, and therefore a requirement for some family and carers to travel longer distances to visit which may result in a reduction in visitors for some patients.	2	2	4
Carers	There may be a low adverse impact on this characteristic due to a reduced number of locations care for patients awaiting onward pathways of care and therefore a requirement for some family and informal/unpaid carers to travel longer distances to visit which may create additional challenges for some carers.	2	3	6

Appendix 8 - PTHB Service Change Impact Assessment

Section A: Overview
Service Impact Assessments should be reviewed by the relevant Executive Sponsor prior to submission to Gold / Executive Committee.
Clinical assurance of the Quality Impact Assessment should be undertaken.

A.1. Proposal Details	
1.1 Name of Proposal	Community Hospital Inpatient Wards: Clinical Colocation (Specialist Rehabilitation Beds)
1.2 Proposal Lead	Executive Lead: Claire Madsen SRO: David Farnsworth
1.3 Reference Number	Not applicable
1.4 Summary of Proposal	Cohorting of Specialist Rehabilitation Beds at two sites (1 North Powys / 1 South Powys)
1.5 Date / Version	Last Updated 27 September 2024 (Version 2.1)

A.2. Proposal Overview	
2.1 Summary of Proposal	To transition to two Specialist Rehabilitation sites (Newtown in the North and Brecon in the South) which provide dedicated therapy-led rehabilitation to support patients to return home fitter and faster.
2.2 Situation, Background, Strategic Context	Across 156 inpatient community hospital beds in Powys, patients with a wide variety of clinical and social needs are admitted to their nearest community hospital site. This requires a staffing model that is established to deliver care to a mixed model of needs on eight different sites, which leads to a requirement for a staffing model that always meets the highest level of need, does not always reflect the skills and variation that best reflects the patient needs, and comes at a significant cost. Specifically, the colocation of patients with similar clinical needs in two Specialist Rehabilitation sites in Powys would provide a person-centred, holistic approach, through rehabilitation-orientated wards, preventing deconditioning through a proactive rehab approach, enabling patients to return home fitter and faster.

2.3 Assessment: Current Service Provision	At present, PTHB operates 9 general wards across 8 different sites. Powys has two stroke wards in Newtown and Brecon with a dedicated MDT including Nursing, physiotherapy, OT, speech & language, psychologist, dietician and medical input. The remaining 7 units have registered therapy staff who split their time across inpatients and the community, in-reaching to provide assessments and intervention supported by rehab support workers. Patients are currently spread across all wards and Glan Irfon Intermediate Care Centre, and therapy needs vary from no input to high level of daily input. Of 136 patients reviewed, there were 37 that required less than daily input from therapists. Six of the 12 requiring high input are on the stroke wards; the others are admitted across the other sites and this makes rehab delivery difficult due to the in-reach model.
2.4 Assessment: Case for Change	The current model does not represent the most effective use of staffing or optimisation of patient outcomes given the in-reach model and the fact that patients with similar criteria can be admitted to different PTHB sites.
2.5 Assessment: Options Appraisal	A) Do nothing: "no change" is not an option as it does not address the case for change B) On a temporary basis, to expand on the existing role of Brecon and Newtown as stroke units to develop two specialist rehabilitation wards
2.6 Recommendation: Preferred Option	Option B is preferred: Temporary establishment of two Specialist Rehabilitation Wards in Newtown and Brecon to support the cohorting of patients with similar clinical needs to provide dedicated therapy-led rehabilitation to support patients to return home fitter and faster.
2.7 Financial Summary	This proposal will provide more efficient treatment and care, releasing capacity to support patients in the community in a different way.
2.8 Governance Arrangements	A colocation by clinical need workstream has been established led by a SRO with an Exec Sponsor. This reports to Strategic Change Programme Board chaired by the health board's Director of Clinical Strategy, which reports to Executive Committee.
2.9 Engagement and/or Consultation considerations	A period of engagement on proposals for temporary change has taken place from 29 July 2024 to 8 September 2024.

A.3. Integrated Impact Assessment Summary			Risk of Adverse Impact		
			Likelihood	Impact	Score
3.1 Quality	**Headlines**	The Quality Impact Assessment is set out in Section B.1. Our summative assessment is that this proposal will deliver an overall quality benefit, as there are high potential positive impacts that outweigh downside impacts with clear potential for sufficiency of mitigation. Key positive impacts include the potential to improve patient outcome and experience through improved efficient and effectiveness of the rehabilitation model across the health board. Our assessment has identified low impact in terms of unintended consequences of this change as rehabilitation provision will continue across all sites, there will be no reduction in overall bed numbers, and this reflects a more efficient & effective model of care.	3	2	6
	Deep Dive QIA required?	No (a deep dive QIA is required where adverse quality impacts scoring 9 or higher are identified)			
3.2 Equality	**Headlines**	The Equality Impact Assessment is set out in Section B.2. There is an overall low-to-moderate risk of adverse impact for some families & unpaid/informal carers and patients in relation to socio-economic circumstances and social exclusion. This relates to changes in location for provision of some patients receiving specialist inpatient rehabilitation which may result in further distances to travel to visit for some families and carers furthest from the specialist rehabilitation units. Reasonable and proportionate mitigation steps are feasible, including through the development of clear clinical protocols including admission criteria, seeking to admit patients within the same cluster community area where clinically appropriate and feasible, continuing to maintain and	2	3	6

		strengthen flexibility in visiting hours, providing advice and support to access travel & transport options, working with PAVO community connectors etc. More information about mitigations is set out in Section 3.9. This can build on our learning from the existing arrangements in Brecon and Newtown which already act as the main centre for community inpatient stroke rehabilitation for patients across South Powys and North Powys respectively, with families and carers to travelling to these dedicated bases during the period of inpatient specialist rehabilitation. Conversely, the model aims to improve quality and outcomes for patients through more effective and efficient provision of specialist rehabilitation.			
	Deep Dive EQIA required	No (a deep dive EQIA is required where adverse quality impacts scoring 9 or higher are identified)			
3.3 Legal / Statutory		There are no significant adverse impacts in relation to legal and statutory compliance. Engagement has taken place in line with Welsh Government guidance. No feasible alternative options have been identified through engagement that would respond to the presenting case for change. The workforce model would continue to meet staffing requirements and NICE guidance for stroke. The proposals are within our power to deliver.	1	2	2
3.4 Strategic Alignment and Health Outcomes		The proposal is aligned with organisational strategic direction detailed in the health board's Health and Care Strategy and Integrated Plan,	1	2	2

	including specifically our well-established plans for three Rural Regional Centres in the county in Brecon, Newtown and Llandrindod Wells. Colocation of patients with specialist rehabilitation requirements supports achievement of improved patient outcomes and experience and supports improved patient flow. The proposed change aligns with future workforce models based on multiprofessional teams with the right skills focused on person centred goals. However, it is noted that these are proposals for temporary change and a Monitoring and Evaluation Framework would support ongoing review and learning.			
3.5 Market and Partnerships	Demand and capacity analysis for specialist rehabilitation beds supports that there will be sufficient capacity available across the two units. Should this not be the case and demand exceeds capacity there is risk of delays in transfers of patient from out of county District General Hospitals. This will be mitigated by ongoing non-specialist rehabilitation provision across all general wards. Discharge co-ordination, relationship with Social Care and Third Sector should be strengthened through this model however this be dependent on market availability and resources in partner organisations.	1	1	1
3.6 Operational Deliverability	The proposed changes build on the existing stroke service provision. Operationally this is deliverable within current staffing establishment with leadership roles in place to lead the change and monitor impact. Facilities and transport requirements remain as per the model already in place for the stroke service. Demand and capacity analysis for specialist rehabilitation beds supports that there will be sufficient capacity available across the two units. Should this not be the case and demand exceeds capacity there is risk of delays in transfers of patient from out of county District General Hospitals. This	2	3	6

	will be mitigated by ongoing non-specialist rehabilitation provision across all general wards. Delays to discharge would create additional pressure on bed capacity and patient flow, however this is no different to the current position across the organisation. Proposed improvements to the reablement and Home First model would support patient discharge optimisation. The Monitoring and Evaluation Framework identifies key measures for ongoing monitoring including any key triggers for consideration of reversal of temporary change.			
3.7 Ethics, Reputation and Social Responsibility	No significant adverse impacts have been identified directly in relation to these proposals although we recognise the strength of public feeling in relation to the overall suite of proposals for temporary change. Impact on travel for some families and carers has been raised through public engagement as a cause for concern however this is in alignment with the existing stroke pathway and the proposed change is anticipated to deliver improved patient outcomes and experience as mitigation of this potential impact through reduced Length of Stay and associated Hospital Acquired Deconditioning.	2	2	4
3.8 Workforce	Changes from Health Care Support Worker role to Rehabilitation Assistants will need to be progressed however will not impact timeframe for implementation. Where this change applies to existing HCSW staff, further engagement/consultation will be required with implementation of the Organisational Change Policy as necessary. Assessment of training requirements will be undertaken as part of MDT development. Engagement with workforce has taken place with no immediate changes to rosters and no concerns raised from staff groups.	3	2	6

	RN workforce will need to upskill in Rehabilitation delivery for which there will be a training and time requirement. This is being addressed through delivery of training led by the Clinical Education team and lead clinicians. Movement of existing Therapy staff to increase registered workforce on Rehabilitation Units has been communicated with a plan in place pending Board decision.			
3.9 Summary of Mitigations	The principal mitigations are deliverable and achievable: - Improved patient outcomes and experience - Improved rehabilitation culture across the organisation - Improved efficiency in delivery of specialist rehabilitation - Potential improved staff recruitment and retention to specialist units - Model is in alignment with current stroke service - Model supports strategic ambition in Health & Care Strategy and Integrated Plan - Model supports delivery of NHS Wales Rehabilitation Framework and NICE Guidance for Stroke. - Flexible visiting times will be maintained and strengthened to mitigate potential increased journey times - Expand information and signposting for Rehab Units including to travel and wider social support - Maintenance of Welsh Language policies to support patients to communicate in language of choice. - Criteria led admission Other key steps include: - Identification of key measures for monitoring and evaluation framework (including balancing measures) related to patient and carer experience, patient outcomes and process measures - Engagement with staff, patients, partner organisation in monitoring and evaluation including two-monthly updates to Board.	2	2	4

	- Establishment of community hospital clinical governance forum with GP engagement. - Review no later than six months. - Ongoing staff engagement to maintain skills and support development & agreement of future permanent model.			

Section B.1 Summary Impact Assessment - Quality

Your commentary should outline positive and negative impacts. Further information about definitions and considerations for each Standard is available in the Explanatory Notes. Adverse impact scoring should focus on adverse impacts only. Further information about impact and likelihood scoring is available in Explanatory Notes. A "deep dive" assessment will be required if the risk of adverse impact scores of 9 or more (see Section C.1).

Standard	Potential Impacts	Risk of Adverse Impact[1]		
		Likelihood	Impact	Score
Summary	Our summative assessment is that this proposal will deliver an overall quality benefit, as there are high potential positive impacts that outweigh downside impacts with clear potential for sufficiency of mitigation. Key positive impacts include the potential to improve patient outcome and experience through improved efficient and effectiveness of the rehabilitation model across the health board. Our assessment has identified low impact in terms of unintended consequences of this change as rehabilitation provision will continue across all sites, there will be no reduction in overall bed numbers and this reflects a more efficient & effective model of care.	3	2	6
Safe	Level of care will meet patient needs, no negative safety implications of change.	1	2	2
Timely	Better access to timely intervention for specialist therapy needs. Will meet SNAPP targets for stroke rehabilitation. Timely change due to system challenges.	1	2	2
Effective	Evidence based change aligned with NHS Wales Rehabilitation Framework and Stroke NICE Guidance	1	3	3

[1] Impact scoring should focus on the impact/likelihood of adverse impacts. If there are no adverse impacts the score will be 1 x 1 = 1.

Standard	Potential Impacts	Risk of Adverse Impact[1]		
		Likelihood	Impact	Score
Efficient	More efficient use of workforce dedicated to specialist rehabilitation provision.	1	3	3
Equitable	Proposed change for 1 ward North and 1 ward South. Currently inequity in provision across multiple sites which colocation will improve. Criteria based admission to these units may exclude some patients however ongoing provision of rehabilitation on General Wards will continue. There will be no change to overall bed numbers as a result of the proposed temporary change. See also equality impact assessment below.	1	3	3
Person-Centred	Anticipated benefits to patient outcomes through improved access to specialist rehabilitation for those patients meeting the criteria. Person centred individualised programmes of rehabilitation delivered by a specialist team.	1	2	2
Workforce	Changes from Health Care Support Worker role to Rehabilitation Assistants will need to be progressed however will not impact timeframe for implementation. Where this change applies to existing HCSW staff, further engagement/consultation will be required with implementation of the Organisational Change Policy as necessary. Assessment of training requirements will be undertaken as part of MDT development. Engagement with workforce has taken place with no immediate changes to rosters and no concerns raised from staff groups. RN workforce will need to upskill in Rehabilitation delivery for which there will be a training and time requirement. This is being addressed through delivery of training led by the Clinical Education team and lead clinicians. Movement of existing Therapy staff to increase registered workforce on Rehabilitation Units has been communicated with a plan in place pending Board decision.	3	2	6

Standard	Potential Impacts	Risk of Adverse Impact[1]		
		Likelihood	Impact	Score
Leadership	Senior Therapist, Consultant Therapist, Head of Nursing, Head of Therapies and Community Service Managers will be key to leadership of this change. All posts are currently filled. Management of change with key stakeholders will be led by these post holders.	1	2	2
Culture	Therapies and Rehabilitation specific leadership structure in place to drive this change. Change to rehabilitation focus across all workforce will require training and skill development but will have positive impact across the organisation. Some changes to environment and ward daily rhythm will be required to support active rehabilitation.	3	2	6
Information	No changes to process for patient records as WNCR/WPAS in place and in use. Communication to public required regarding changes Will require evaluation using local and nationally agreed evaluation tools for rehabilitation. Evaluation Framework developed to ensure robust monitoring and evaluation of impact of change. Will have positive impact on use of standardised data to support patient flow.	2	2	4
Learning, Improvement and Research	Creates greater opportunity for learning, evaluation and quality improvement for patients requiring specialist rehabilitation in Powys. Actions as per information section. Opportunity for learning from temporary model including through Monitoring and Evaluation Framework to better inform future permanent shape of safe and sustainable health services	1	2	2
Whole Systems Approach	Will form part of system approach to supporting specialist rehabilitation therefore minimal additional activity required to achieve this change. Future proposed changes to reablement and Home First models will support this change.	1	3	3

Section B.2 Summary Impact Assessment – Equality Impact Assessment

Your commentary should outline positive and negative impacts. Further information about definitions and considerations for each Characteristic is available in the Explanatory Notes. Adverse impact scoring should focus on adverse impacts only. Further information about impact and likelihood scoring is available in the Explanatory Notes. A deep dive assessment will be required if the risk of adverse impact scores of 9 or more (see Section C.2). This should be undertaken in line with CGP009 using the template in Section C.2.

Characteristic	Potential Impacts	Risk of Adverse Impact[2]		
		Likelihood	Impact	Score
Summary	There is an overall low-to-moderate risk of adverse impact for some families & unpaid/informal carers and patients in relation to socio-economic circumstances and social exclusion. This relates to changes in location for provision of some patients receiving specialist inpatient rehabilitation which may result in further distances to travel to visit for some families and carers furthest from the specialist rehabilitation units. Reasonable and proportionate mitigation steps are feasible, including through the development of clear clinical protocols including admission criteria, seeking to admit patients within the same cluster community area where clinically appropriate and feasible, continuing to maintain and strengthen flexibility in visiting hours, providing advice and support to access travel & transport options, working with PAVO community connectors etc. This can build on our learning from the existing arrangements in Brecon and Newtown which already act as the main centre for community inpatient stroke rehabilitation for patients across South Powys and North Powys respectively, with families and carers to travelling to these dedicated bases during the period of inpatient specialist rehabilitation. Conversely, the model aims to improve quality and outcomes for patients through more effective and efficient provision of specialist rehabilitation.	2	3	6

[2] Impact scoring should focus on the impact/likelihood of adverse impacts. If there are no adverse impacts the score will be 1 x 1 = 1.

Characteristic	Potential Impacts	Risk of Adverse Impact[2]		
		Likelihood	Impact	Score
Age	PTHB will continue to provide the same number of beds from the same locations as now, albeit with a revised model of care including for a small number of patients who meet the criteria for specialist rehabilitation beds in Brecon and Newtown. Rehabilitation will continue to be provided across the health board inpatient beds. Therefore there will be no adverse impact on this characteristic.	1	1	1
Disability	PTHB will continue to provide the same number of beds from the same locations as now, albeit with a revised model of care including for a small number of patients who meet the criteria for specialist rehabilitation beds in Brecon and Newtown. Rehabilitation will continue to be provided across the health board inpatient beds. Therefore there will be no adverse impact on this characteristic.	1	1	1
Gender Reassignment	PTHB will continue to provide the same number of beds from the same locations as now, albeit with a revised model of care including for a small number of patients who meet the criteria for specialist rehabilitation beds in Brecon and Newtown. Rehabilitation will continue to be provided across the health board inpatient beds. Therefore there will be no adverse impact on this characteristic.	1	1	1
Marriage and Civil Partnership	PTHB will continue to provide the same number of beds from the same locations as now, albeit with a revised model of care including for a small number of patients who meet the criteria for specialist rehabilitation beds in Brecon and Newtown. Rehabilitation will continue to be provided across the health board inpatient beds. Therefore there will be no adverse impact on this characteristic.	1	1	1

Characteristic	Potential Impacts	Risk of Adverse Impact[2]		
		Likelihood	Impact	Score
Pregnancy and Maternity	PTHB will continue to provide the same number of beds from the same locations as now, albeit with a revised model of care including for a small number of patients who meet the criteria for specialist rehabilitation beds in Brecon and Newtown. Rehabilitation will continue to be provided across the health board inpatient beds. Therefore there will be no adverse impact on this characteristic.	1	1	1
Race	PTHB will continue to provide the same number of beds from the same locations as now, albeit with a revised model of care including for a small number of patients who meet the criteria for specialist rehabilitation beds in Brecon and Newtown. Rehabilitation will continue to be provided across the health board inpatient beds. Therefore there will be no adverse impact on this characteristic.	1	1	1
Religion or Belief	PTHB will continue to provide the same number of beds from the same locations as now, albeit with a revised model of care including for a small number of patients who meet the criteria for specialist rehabilitation beds in Brecon and Newtown. Rehabilitation will continue to be provided across the health board inpatient beds. Therefore there will be no adverse impact on this characteristic.	1	1	1
Gender	PTHB will continue to provide the same number of beds from the same locations as now, albeit with a revised model of care including for a small number of patients who meet the criteria for specialist rehabilitation beds in Brecon and Newtown. Rehabilitation will continue to be provided across the health board inpatient beds. Therefore there will be no adverse impact on this characteristic.	1	1	1

Characteristic	Potential Impacts	Risk of Adverse Impact[2]		
		Likelihood	Impact	Score
Sexual Orientation	PTHB will continue to provide the same number of beds from the same locations as now, albeit with a revised model of care including for a small number of patients who meet the criteria for specialist rehabilitation beds in Brecon and Newtown. Rehabilitation will continue to be provided across the health board inpatient beds. Therefore there will be no adverse impact on this characteristic.	1	1	1
Welsh Language	PTHB will continue to provide the same number of beds from the same locations as now, albeit with a revised model of care including for a small number of patients who meet the criteria for specialist rehabilitation beds in Brecon and Newtown. Rehabilitation will continue to be provided across the health board inpatient beds. Some respondents suggested that the model may mean that some patients may have reduced access to Welsh Language through being admitted to a hospital further from their home, but the health board has well established arrangements in place – for example, for those patients across North Powys who are admitted to Newtown Hospital for specialist community inpatient stroke rehabilitation.	1	1	1
Socio-Economic Circumstances	There may be a low adverse impact on this characteristic due to a consolidation of specialist rehabilitation for some patients and therefore a requirement for some family and informal/unpaid carers to travel longer distances to visit which may create additional travel costs.	2	2	4
Social Exclusion	There may be a low adverse impact on this characteristic due to a consolidation of specialist rehabilitation for some patients and therefore a requirement for some family and informal/unpaid carers to travel longer distances to visit which may create additional travel costs.	2	2	4
Carers	There may be a low adverse impact on this characteristic due to a consolidation of specialist rehabilitation for some patients and therefore a requirement for some family and informal/unpaid carers to travel longer distances to visit which may create additional travel costs and challenges for some carers.	2	3	6