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WALES

Bwrdd Iechyd  
Addysgu Powys  
Powys Teaching  
Health Board

## BOARD

**CONFIRMED**

**MINUTES OF THE MEETING HELD ON 10 OCTOBER 2024 AT 14:00**

**HELD VIA TEAMS**

<b>MEMBERS</b>		
Carl Cooper	CC	Chair
Hayley Thomas	HT	Chief Executive Officer
Mererid Bowley	MB	Executive Director of Public Health
Steve Elliot	SE	Independent Member (Finance)
Pete Hoggood	PH	Executive Director of Finance, Capital and Support Services / Deputy Chief Executive
Nichola Johnson	NJ	Executive Director of
Rhobert Lewis	RL	Independent Member (General)
Elaine Lorton	EL	Executive Director of Planning, Performance and Commissioning
Claire Madsen	CM	Executive Director of Allied Health Professions, Health Science and Digital
Jennifer Owen Adams	JOA	Independent Member (Third Sector)
Cathie Poynton	CP	Independent Member (Trade Union)
Claire Roche	CR	Executive Director of Nursing, Quality, Women and Family Health
Chris Walsh	CW	Independent Member (Local Authority)
Debra Wood-Lawson	DWL	Executive Director of People and Culture
Kirsty Williams	KWi	Independent Member Vice-Chair
Kate Wright	KW	Executive Medical Director
Simon Wright	SW	Independent Member (University)
<b>IN ATTENDANCE</b>		
Katie Blackburn	KB	Regional Director Llais
Helen Bushell	HB	Director of Corporate Governance / Board Secretary
Paul Buss	PB	Director of Clinical Strategy
Nina Davies	ND	Associate Member (Director of Social Services, Powys County Council)
Adrian Osborne	AO	Deputy Director (Engagement, Communication and Corporate Governance)
Liz Patterson	LP	Head of Corporate Governance (meeting support)
<b>APOLOGIES FOR ABSENCE:</b>		
Ronnie Alexander	RA	Independent Member (General)
Mick Giannasi	MG	Independent Member (General)

## **1. PRELIMINARY MATTERS**

### **1.1 WELCOME AND APOLOGIES FOR ABSENCE (PTHB/24/120)**

The Chair welcomed everyone to the meeting. Apologies for absence were received as recorded above. The Chair explained that this was a meeting held in public rather than a public meeting and as such, only Board Members, Health Board officers and those playing a formal role in the meeting would be participating.

### **1.2 DECLARATIONS OF INTEREST (PTHB/24/121)**

No interests were declared in addition to those already declared within the published register. CW reminded the Board that in addition to his Health Board role, he was also an Elected Member of Powys County Council representing Brecon East. CC thanked CW for the reminder and confirmed that CW was attending the meeting in his role as Independent Member of the Health Board and not as a County Councillor.

### **1.5 QUESTIONS TO THE BOARD FROM THE PUBLIC (PTHB/24/122)**

CC confirmed no questions to the Board had been received within the 48-hour deadline for submission of questions. However, a petition had been received on the 09 October 2024 along with fourteen questions which had been accepted in the spirit of good engagement. The questions will be addressed when considering item 2.1 and written answers will be provided after the meeting.

## **2. ITEMS FOR APPROVAL/RATIFICATION/DECISION**

### **2.1 TEMPORARY SERVICE CHANGES (PTHB/24/123)**

#### Introduction

HT introduced a presentation which summarised the papers included in the agenda pack published on the website. Two changes are proposed to minor injury unit opening times and inpatient wards which will be considered separately. Both proposed changes have a decision case and integrated impact assessments, and the engagement undertaken will be presented, alongside a contribution from the Regional Director of Llais. The proposals are made in the context of the Health Board facing challenges to the quality, value, and sustainability of health services for the population in Powys. Powys is at the forefront of an increasingly older population with multiple conditions which increases demand on health and care services. There are major challenges facing the NHS across the UK including long waiting times for planned care, people staying too long in hospital and workforce challenges with an expensive reliance on agency staff.

The proposed changes are:

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

#### Public and Stakeholder Engagement

AO presented the Public Stakeholder Engagement Report which outlined the comprehensive engagement programme put in place after a Board decision on 24 July 2024 to implement the temporary service changes to raise awareness of the changes and to seek feedback. The methods and

materials used were outlined in the report along with a summary of the feedback including over 800 survey responses, 32 written submissions to the Health Board and 17 written submissions via Llais. Online webinars were held, and four public meetings were attended. The Health Board was aware of four petitions, one of which had been received on the 9 October 2024 with approximately 2,300 signatures, which all demonstrate a strength of public feeling and reflect the pride and passion that people feel for public services in this rural county.

AO summarised the feedback contained within the report in relation to the Minor Injury Units and Inpatient Wards and invited KB from Llais to contribute.

KB advised that Llais had received correspondence regarding the proposed changes which was submitted and has been included within the engagement report. Llais had heard a strong sense of community and concern for loss. Concern has been expressed regarding potential travel issues, non-emergency patient transport, visiting hours and if the temporary change will become permanent. KB welcomed the extension of the engagement period when the strength of feeling became apparent at the midpoint review held on 13 August 2024 and confirmed the engagement report reflects what Llais heard.

KB confirmed, that should the Board approve the proposals then Llais request the following:

- Llais to remain as an observer on the Strategic Change Programme Board;
- Assurance of the commitment to continually evaluate the temporary service change;
- That a clear engagement process is put in place to hear the voices of Powys residents and to help inform options for the future;
- The commitment to evaluation includes the option of reversibility;
- That the mitigation plan and activity is reviewed, evaluated and where necessary adapted on a regular basis; and
- A commitment to monitor the impact across all affected services including identifying unintended consequences.

#### Engagement with Health Board Staff and Primary Care Colleagues

DWL outlined that established mechanisms such as the Local Partnership Forum and monthly meetings with staff side were used for staff engagement with staff side invited to attend the Strategic Change Programme Board and working groups.

KW recognised the value that primary care colleagues play in providing care to local communities and acknowledged that the constraints of the pre-election period meant that engagement with primary care colleagues did not have a smooth start. Key issues for primary care colleagues included details of arrangements for step up admissions including preventing admissions to District General Hospitals, travel and transport arrangements, retention of community hospital staff skills, availability of social care along with scepticism of the case for change and what further

changes may be made. However, there has also been much support for the proposals and an understanding of the reasons behind them.

Independent Members asked the following questions for assurance:  
*What confidence is there that all Powys residents who would wish to put their views forward has been able to, and have the regulations relating to engagement been met?*

HT noted the comprehensive engagement process that had been undertaken and the level of response received gave confidence that the public had appropriate opportunity to respond. The Health Board had extended the engagement period at the request of Llais.

*What lessons have been learnt from the process to improve engagement with primary care colleagues in the future?*

HT acknowledged that there had been difficulties regarding engagement with primary care colleagues due to the timing of the proposals and the pre-election period. HT had apologised to Primary Care colleagues and lessons had been learnt for future engagement processes.

KW confirmed that after the difficult start the Health Board had met with Primary Care colleagues and were having ongoing and constructive dialogue which has helped plan potential mitigations. The importance of team working to test scenarios was noted along with the expertise provided by Primary Care colleagues in future planning.

*As Powys County Council is responsible for Social Care, what steps will the Health Board take to feedback the issues raised in relation to this service?*

HT confirmed that the Health Board work closely with Social Care colleagues through formal partnerships arrangements such as the Regional Partnership Board. The information received has been shared openly with partners and the Health Board will continue to work in partnership to address the challenges jointly faced.

*What does the word 'temporary' mean in the context of temporary service change?*

HT advised the changes were proposed as temporary to assess new ways of working and enable an evaluation framework to operate. Evaluation reports will be brought back to Board at appropriate junctures.

*Have Primary Care colleagues put forward any alternative suggestions to the temporary service change?*

HT advised that whilst no alternative suggestions had been put forward in relation to the current proposals Primary Care colleagues were keen to work with the Health Board to examine options for sustainable future provision.

*The engagement undertaken has been detailed and comprehensive for two temporary service changes. Is this proportionate to the changes proposed?*

NJ noted that a number of Health Boards across Wales were considering service change, and the level of engagement required for service change

will be reflected on. HT added that future engagement must be proportionate and relevant to Powys.

*What is the concern that the public have expressed in relation to continuity of care?*

AO noted that the concern arose in relation to changes in a patient's condition that might mean multiple moves between, for example, the Ready To Go Home unit and District General Hospital. This will be covered in more detail later in the presentation.

#### Minor Injury Unit (MIU) proposals

KW outlined that in relation to Minor Injury Units staff are only seeing an average of one or two patients a night in Brecon and Llandrindod Wells which is not effective use of public resources or the specialist skills of the nurse practitioner on shift. It is difficult to recruit and retain staff and the MIUs have had to either alter their hours or close (57 times at Llandrindod Wells and 28 times at Brecon between January and September 2024). By amending opening hours at Brecon and Llandrindod Wells to 08.00 – 20.00 allowing more reliable opening hours will be able to be offered, the level of lone working will be reduced, people will be encouraged to phone first and be directed to the most appropriate service, and staffing arrangements will improve.

KW noted that engagement had showed a strength of feeling about the proposals and anxiety regarding accessing emergency care, but also a misunderstanding of the role of MIUs which has led to the concerns expressed. Most minor injuries can wait until the following day, and many already do, for example fractures which require x-rays which are only available during the day. Shropdoc arrangements will be unaffected by the proposals and 111 or Accident and Emergency arrangements will remain in place as at present.

KW drew attention to the renewal of x-ray equipment over the coming months in Welshpool, Llandrindod Wells and Ystradgynlais. It will be necessary to align publicity for the temporary change in opening hours of the MIU with the temporary closure of the x-ray units to ensure the two changes do not become conflated.

CP (Independent Member Trade Union) provided Board with the following comment from a staff side perspective: staff have been asking for a change in hours in MIUs for some time. The proposals will enable staff to undertake additional training opportunities and have protected learning time. In addition, rotational staffing will be introduced which will also help staff and whilst there have been some dissenting voices, overall staff have been asking for these changes for some considerable time.

Independent Members asked the following questions for assurance:  
*Given there have been frequent unplanned closures of MIUs, will the proposed changes make the service more reliable?*

KW confirmed that exact modelling of the effect of the proposed changes had not been undertaken, however, most of the closures were out of hours

and overnight and thus there is confidence that unplanned closures will significantly reduce.

*Has the potential to extend the MIU service across Powys to midnight been modelled?*

KW explained that attendance after 20:00 was extremely low and people who attend with minor injuries can safely be seen the following day. In cases where treatment was more urgent, they would be referred to a District General Hospital - this was the case whatever the time of day.

*Will the proposed changes have a detrimental impact on waiting times for patients at MIUs?*

KW indicated that the modelling undertaken in relation to the proposed change of opening times indicates that even if an increase in attendance was seen the four-hour target will still easily be met.

#### In patient ward proposals

CR outlined the issues facing community hospital wards with patients spending longer in community hospitals than they should be as they are waiting for a package of care. This can lead to patients deconditioning making it harder for them to return home and increasing the likelihood of readmission. Providing skilled support to patients is difficult in a rural community where much time is spent travelling between hospitals. Staffing is a challenge with much reliance on expensive agency staff who may be unfamiliar with wards and patients which may lead to reduced quality of care.

The intention is to create two designated sites as Ready To Go Home units (Graham Davies Ward at Llanidloes and Llewellyn Ward at Bronllys) and two Rehabilitation Units (Epynt Ward at Brecon and Bryn Heulog Ward in Newtown). There will be no reduction in wards or beds and the remaining wards across Powys will remain unchanged.

CR explained the Ready To Go Home units will provide person centred care to enable patients to get up, get dressed and keep moving. Both units will continue to provide end of life care.

CM explained the new Rehabilitation Units will build on the success of the current stroke units and enhance the rehabilitation offer. It will enable the work of the multi-disciplinary team to be focused and enable patients to be brought back to Powys to receive rehabilitation care closer to home. It was confirmed there were no plans to alter the existing outpatient physiotherapy and community occupational therapy services. There are no proposals to reduce beds, and the same number of patients will be seen under the proposed arrangements.

CR responded to the question relating to continuity of care outlining that the expected reduction in use of temporary staffing will improve the continuity of care. There will be occasions where patients may need to be moved between units, for example not all hospital wards have piped oxygen, but the intention always will be to minimise the number of moves a patient experience.

Independent Members asked the following questions for assurance:  
*What action is being taken to mitigate the potential loss of skills by staff on the Ready To Go Home units?*

CR advised that the proposals will enable colleagues to provide similar or enhanced care using creative new ways of working. The role of the nurse is to promote health and prevent illness and this will be key in the Ready To Go Home units.

*Will the proposed changes have an adverse impact on the sustainability of GP practices and GP rights of admission?*

KW confirmed that GPs will continue to be able to admit and care for end-of-life patients with this being unaffected by the proposed changes noting that some patients may need to be admitted to a particular hospital that can provide piped oxygen this is already the case at present. Whilst Ready To Go Home units will not be able to admit step-up patients, other community hospitals will still be able to admit these patients. There is no intention to destabilise primary care and whilst there may be changes to the way care is delivered there are opportunities to introduce more ambulatory care which will require similar or enhanced skill sets from staff.

*How will the Board be kept apprised of the implementation of mitigation proposals?*

HT advised that this linked to the references KB made in the letter from Llais. Llais will continue to be an observer on the Strategic Change Programme Board which is where the mitigation arrangements and impacts will be reported. Should the proposals be agreed, the Board will receive regular reports on progress throughout the six-month period. KB confirmed that the mitigation plan was key for Llais. In relation to a previous service change Llais and the Health Board had met frequently to examine the mitigation impacts, and a similar process would be welcomed.

CP confirmed that trade union members were enthusiastic for the proposed changes recognising that blended job roles will provide an opportunity to expand skills.

CR noted that there had been a mixed reaction from staff with some concerned about the changes, and others excited and energised by the proposals. However, staff had discussed for some time the need to do things differently.

*The aim to improve rehabilitation is welcomed, but how will the proposed changes enable the improvement of rehabilitation?*

CM confirmed that the intention was to empower patients to remain as independent as possible and it may be necessary to upskill staff to enable this. Staff will work closely with patients in the Ready To Go Home units as well as in the community helping prevent admission.

*Has the expected reduction in agency spend as a result of the proposed changes been modelled?*

CR confirmed modelling had been undertaken in the context of rostering changes which was included in the Board papers.

*Is a reduction of length of stay in the units anticipated?*

PB confirmed that a reduction in length of stay in the units was anticipated due to the prevention of patients deconditioning whilst on a ward. This is to be welcomed in terms of both value and safety.

CR confirmed the aim is to maximise people's independence and prevent deconditioning.

Level of confidence that the proposals can be delivered

HT outlined that should the proposed temporary service changes be agreed the implementation date would be 01 December 2024. This will allow time for rota changes and operational requirements to be put in place. It was confirmed that:

- The Board will receive regular reports on the implementation of the changes and mitigations put in place;
- The option to reverse the proposals remains should any issues which trigger such a situation occur, subject to revised rota arrangements;
- A formal Community Hospital Governance Forum for ongoing GP engagement will be established;
- Mitigation arrangements and monitoring thereof will be put in place;
- There has been appropriate public engagement with the period extended as a result of feedback;
- The Executive Team are confident that service change guidance has been met;
- The proposed changes are temporary, and a full evaluation will be brought back to Board; and
- Further dialogue and engagement will be necessary to agree the longer-term shape of safe and sustainable health services for Powys.

*Should the proposals be agreed, implementation will fall over the winter period. How will this impact on the proposed temporary changes?*

HT advised that the proposed changes will not impact on the number of sites or number of beds available. It is hoped that the proposed changes will have a positive impact on patient flow and reduction in length of stay with patients maintaining independence for longer. Winter does however bring unpredictability, and further operational decisions may need to be taken.

*How will patient experience of the proposed temporary changes be captured?*

CR advised that this will be proactively sought from patients and families using the service through existing mechanisms. The Health Board will also seek the views of Llais and the third sector to help triangulate intelligence.

KB confirmed that should the temporary services changes be agreed, Llais will ensure that patient feedback is included in planning for 2024/25.

ND welcomed the involvement of social services and the third sector, in particular in relation to the Ready To Go Home units.

CC read out the recommendations and asked if any Board members did not support the recommendations. No members indicated dissent therefore the Board:

- **NOTED** the changes to decision-making and timeframe agreed following the midpoint review with Llais on 13 August 2024.
- **RECEIVED and DISCUSSED** the delivery of the engagement process and the key themes identified from the engagement process.
- **RECEIVED and DISCUSSED** the correspondence with Llais.
- **RECEIVED and DISCUSSED** the update on staff engagement.
- **RECEIVED and DISCUSSED** the update on primary care engagement.
- **TOOK ASSURANCE** from the assessment of delivery confidence and **NOTED** the Monitoring and Evaluation Frameworks and implementation timetable.
- **TOOK ASSURANCE** from the assessment of the engagement and decision-making process.
- **APPROVED** 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.
- **APPROVED** 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.

HT welcomed the decision and noted the strength of opinion from the public including the League of Friends who had funded many developments across the sites including for the palliative care suite. It was hoped that the assurance given regarding end-of-life care, admission criteria and GP admissions would address the issues raised in the recent question to Board. HT added that it would be necessary to commence work on the long-term model for health services across Powys at pace. An update on Better Together will be brought to November Board regarding plans to engage and consult with the public on longer term changes.

CC concluded the meeting noting that Independent Member RA, who had given apologies for the meeting, had indicated in an email to the Chair his support for the proposals.

### **3. OTHER MATTERS**

#### **3.1 ANY OTHER URGENT BUSINESS (PTHB/24/124)**

There was no other urgent business.

#### **3.2 DATE OF NEXT MEETING:**

The next meetings of Board will be held on 27 November 2024.

*Meeting closed 15:00*