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CYMRU
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Bwrdd Iechyd Prifysgol
Hywel Dda
Hywel Dda University
Health Board

Ein cyf/Our ref: TP/NG
Gofynnwch am/Please ask for: Trevor Purt, Chief Executive
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E-bost/E-mail: Trevor.purt@wales.nhs.uk
Date: 24 March 2014

Pencadlys Bwrdd Iechyd Prifysgol Hywel Dda,
Llys Myrddin, Lôn Winch, Hwlfordd,
Sir Benfro, SA61 1SB
Rhif Ffôn: (01437) 771220

Hywel Dda University Health Board Headquarters
Merlins Court, Winch Lane, Haverfordwest,
Pembrokeshire, SA61 1SB
Tel Nr: (01437) 771220

William Powell AM
Chair, Petitions Committee
National Assembly for Wales
Cardiff Bay
Cardiff
CG99 1NA

Dear William

PETITION – CARDIGAN TOWN COUNCIL AND CARIDGAN HOSPITAL LEAGUE OF FRIENDS

Thank you for your letter P-04-534 dated 17 March 2014 relating to the petition to overturn the Health Board's decision to close in-patient beds in the current Cardigan Hospital. I will answer each of the issues in turn:

- a. *Overturn the recent decision to close all in-patient beds in Cardigan Community Hospital.*

The attached paper shows the rationale for the decision to close a small number of beds within Cardigan Hospital but it is worth bringing out the main points here.

- The move of beds from within community hospitals into a mixed model outside of hospital was covered in our original consultation "Your Health; Your Future" and is wholly in line with Welsh Government policy direction. Our planned strategy was made clear in that exercise and the public was given the opportunity to comment with the majority being supportive. Whilst that consultation was not site specific in terms of bed reductions, the Health Board has already consulted on our strategic direction and the changes this would lead to in terms of a reduction of beds in hospital settings.

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Cadeirydd / Chairman
Mr Chris Martin
Prif Weithredwr /Chief Executive
Yr Athro/Professor Trevor Purt

- The closure of a small number of beds (12 in total; with only 4 open in January 2014) on a site that is clinically (and environmentally) unsuitable for patients and their reprovision elsewhere does not, we believe, constitute substantial or significant service change.
- The beds are not being lost to Ceredigion, but have been reprovided in a different way through the commissioning of beds (with GP access) in nursing and residential care settings in the Cardigan area.

It is also important to be cognisant of the wider context.

Our early equality analysis showed the vast majority of patients to be elderly and the likely negative impact would be in relation to being placed in a bed distant from their home and support. To mitigate this, alternative beds have been commissioned in the Cardigan area and elsewhere. Patients are being placed in the most appropriate setting taking into account where they live and their clinical need.

From a clinical perspective, the beds in the hospital were often used inappropriately – with the level of care required equating to that provided in a nursing home environment. A more appropriate level of care - with outreach support from the relevant therapies – is now being provided in a non-hospital setting.

The Health Board is not intending to revisit the decision made on 30 January 2014.

b. Provide a clear timetable regarding future health provision in the Cardigan area

The future plans for Cardigan, including the proposed integrated care centre, are in line with the Health Board's strategy; this includes the development of community services and providing care closer to home. The expectation of a like for like replacement Hospital is inappropriate to deliver 21st Century healthcare.

The current community services are being integrated to form Community Resource teams within Ceredigion. This will work will bring together a range of community teams, including District Nurses, acute response teams, reablement teams and social care services. The range of services provided will be extended to allow more people of all ages to receive care at home (including palliative care and continuing care) and access to specialist care will be provided. Staff will transfer from the in patient service to a variety of community services following a period of training.

The Health Board is committed to progressing the project for the new Centre as quickly as possible and is working closely with stakeholders (including the Town Council, the CHC and the League of Friends) through a well established Stakeholder Programme Board where detailed discussions on the timetable

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Bwrdd Iechyd Prifysgol Hywel Dda yw enw gweithredol Bwrdd Iechyd Lleol Prifysgol Hywel Dda
Hywel Dda Health Board is the operational name of Hywel Dda Local Health Board

Bwrdd Iechyd Prifysgol Hywel Dda yn amgylchedd di-fwag Hywel Dda University Health Board operates a smoke free environment

**CYFARFOD BWRDD IECHYD
HEALTH BOARD MEETING**

Dyddiad y Cyfarfod: DATE OF MEETING:	30 January 2014
Eitem ar yr Agenda: TITLE OF REPORT:	CARDIGAN HOSPITAL – IN-PATIENT FACILITIES
Arweinydd Cyfarwyddw:r EXECUTIVE LEAD:	Paul Hawkins, Director of Operations Chris Wright, Director of Corporate Services
Swyddog Adrodd: REPORTING OFFICER:	Paul Hawkins, Director of Operations Chris Wright, Director of Corporate Services

Pwrpas yr adroddiad / Purpose of the Report (*dilewch fel yn addas / delete as appropriate*)

I'w Gymeradwyo For Approval	Ar Gyfer Cefnogaeth For Endorsement	Ar Gyfer Penderfyniad For Decision	Ar Gyfer Trafodaeth For Discussion
	X		

ADRODDIAD SCAA / SBAR REPORT

Sefyllfa / Situation

Against a background of concerns relating to staffing levels, clinical standards and clinical governance standards and issues in relation to the hospital environment and levels of care of patients, the Corporate Director's Group determined that the in-patient facilities at Cardigan Hospital should be re-provided in a mixed economy model.

More recently the CHC has indicated that it wishes the Health Board to undertake a formal consultation on this issue.

The purpose of the paper is to firstly seek endorsement of the decision to close the in-patient beds and secondly to seek the Board's support for a programme of continuous engagement with stakeholders and the population on this issue (and on the development of the new Community Resource Centre for Cardigan)

Cefndir / Background

CLINICAL

Current Position

Following clinical governance concerns the in-patient beds (8) in Cardigan Hospital were closed to admissions in early December (with only three in-patients at that time) and agreement reached at the Corporate Director's Group that the remaining beds were unsustainable.

The active beds are planned to close towards the end of February.

No beds will be lost in the county – they will be re-provided through alternative means – and GPs will have direct access to them. These beds will be supported by community and therapy services.

Outpatient services will continue to be provided within the hospital, and will remain until they transfer to the planned integrated care centre.

Staffing and safety issues

A combination of factors affected the safe and sustainable operation of in-patient facilities in Cardigan Hospital.

- Concerns had been expressed by qualified nursing staff in relation to staffing levels (particularly lone

The new development is not referred to as a hospital. The ambulatory care services will transfer and additional integrated services will be provided in what is classed as an integrated care centre.

The Health Board is committed to progressing the project for the new Centre as quickly as possible and is working closely with stakeholders (including the Town Council, the CHC and the League of Friends) and the service model will dictate the configuration of the development.

Consultation

The Health Board is required to work within the framework relating to consultation (Welsh Government *Guidance for Engagement and Consultation on Changes to Health Services* (2011) (the Consultation Guidance) and the legal requirements established by case law (including the Gunning Principles which are widely recognised as the initial test for the conduct of consultations).

The initial issue to consider is whether the closure of a small number of beds (8 in total; with only 4 currently open) on a site that is clinically (and environmentally) unsuitable for patients and their re-provision elsewhere does or does not constitute substantial or significant service change. Whilst there is no formal definition of "substantial" in this context, considerable, large and extensive are recognised dictionary definitions. It is therefore considered that the proposed change does not meet the "substantial" criteria.

The Consultation Guidance is also clear that consultation should be the exception rather than the rule. A period of formal consultation would take a minimum of six months to be undertaken appropriately and for the feedback to be conscientiously considered; the clinical imperative means the Health Board would need to close the beds before this process was completed with no alternative options. This would clearly impact on the conduct of a consultation and would raise a potentially significant issue in relation to consultation on a pre-determined decision which is one of the key principles in law.

From a legal perspective and to satisfy the Gunning principles, any consultation should be meaningful and give consultees the opportunity to influence the final outcome. In the circumstances surrounding Cardigan, no alternative options to those already described have been identified and the beds in the Hospital must be re-provided. There would therefore be no opportunity for stakeholders and the population to influence the outcome on what is essentially an operational decision made on safety grounds.

In lieu of consultation, the Guidance suggests that ongoing dialogue would often pre-empt the need for formal consultation and currently that is the intention.

The CHC was alerted to the closure to admission and the subsequent closure of the beds, recognising that these decisions were taken quickly on the basis of safety with professional advice to stop admissions received. This communication was at both operational (county) level and through direct Chair to Chair conversations. The planned process of dialogue/engagement would include continued communication with the Community Health Council (particularly in relation to the beds we will commission and the future service model).

In addition, it is intended to maintain a dialogue with local stakeholders through the Programme Board for the planned Resource Centre (which has been functioning for some time) and through directed communications to the local population – both in relation to the re-provision of current beds and the development of the new Centre. We also intend to undertake a programme of engagement events over the coming months to give local people the opportunity to view the plans for the new Centre and discuss the community model with Health Board representatives.

A meeting was recently held with a range of politicians (both local and national) where the situation was discussed and agreement made for this dialogue to continue.

Also relevant is that our community service model was described in detail in our earlier listening and engagement and consultation process "Your Health; Your Future". This made it clear that we would be moving away from a hospital model of in-patient care and providing more services through the virtual ward and through alternative community services provided at home. The public showed overwhelming support for these principles of care closer to home.

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IMPACT ASSESSMENT ANNEX

DATE OF MEETING:	30 January 2014
TO ACCOMPANY (ITEM ON THE AGENDA):	REPORT ON CARDIGAN HOSPITAL – IN-PATIENT FACILITIES
EXECUTIVE LEAD:	Paul Hawkins, Director of Operations Chris Wright, Director of Corporate Services
REPORTING OFFICER:	Paul Hawkins, Director of Operations Chris Wright, Director of Corporate Services

PURPOSE OF THE IMPACT ASSESSMENT ANNEX

The purpose of this annex is to support the Board's scrutiny process by explaining the impact assessment of the key areas of action against each of the following domains before any decisions or recommendations are made:

- Service Impact
- Patient/Public Impact
- Clinical Impact
- Staff Engagement Impact
- Deliverability
- Legal Impact
- Reputational Impact

IMPACT ASSESSMENT

Service Impact

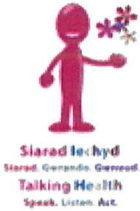
- Confirmation of the decision to close the in-patient beds in the hospital will mean that the hospital will only provide out-patient and MIU services until the new Centre is operational. A process of ongoing review of the proposed revised model will be undertaken
- Discussions are ongoing with the local Authority and other stakeholders to ensure that wider impacts are considered
- To maintain the service in its current setting would require investment in the hospital environment in relation to health and safety and potentially DDA requirements; in view of the intended OBC for the new centre being submitted in Autumn 2014 capital investment in the fabric of Cardigan's in-patient facilities at this time would not be value for money
- The introduction of a robust community service and alternative bed provision will be carefully monitored in order to demonstrate the effectiveness of the service

Patient/Public Impact

- There is a planned programme of ongoing dialogue with stakeholders and the wider public over the coming months in lieu of a formal consultation to increase understanding of the current and new model
- The "community model" was explicit within the Health Board's listening and engagement and consultation "Your Health; Your Future" which is consistent with WG policy (including the Rural Health Plan) and received widespread support.
- The initial equality impact assessment has shown us that the majority of patients are elderly and the potential likely impacts relate to geography (ie where patients are resident and the potential of being isolated from their carers/families). This impact will be mitigated as follows:
 - Location of alternative beds – the intent is to commission alternative beds with a number of providers in and around Cardigan and elsewhere (including potentially Crymch and Tregaron)
 - Patients wherever possible will be placed in the most clinically and geographically appropriate location (including where appropriate their own home) based on their personal circumstances and needs assessment
 - To ensure that community teams outreach to provide the necessary services (eg OT, physio, etc)

Clinical Impact

- The county team are continuing to involve all relevant clinical staff in the development of appropriate pathways and community support services
- Clinical governance concerns have been raised within the Hospital in relation to the current model



DATGANIAD I'R WASG – PRESS RELEASE

For immediate release 24 March 2014

Cardigan moves a step closer to new health and social care facility

Representatives from the local community had an opportunity to learn more about the concept and plans for a new and modern healthcare service in Cardigan at a stakeholder meeting held by Hywel Dda University Health Board on 20 March.

The meeting, attended by Chairman Mr Chris Martin, received an update on progress in relation to the new integrated care development which will provide a wider range of health and social care services for people of all ages.

Representatives from a number of key groups displayed information about how their services will integrate into this new model of care, including University Health Board staff, the third sector, local authority and partner organisations.

Architects and developers have been appointed and ground investigation work is set to begin on the site from the end of March. The University Health Board is committed to proceeding at pace with the scheme and the Outline Business Case for the development is anticipated to be submitted for approval by the Welsh Government at the end of July 2014. The new build is planned to start in April 2015.

Chairman Chris Martin said: "We are very delighted with the level of enthusiasm and support shown by our stakeholders. The only way to deliver quality services for our population is to do it together and this development in Cardigan involves more joint working than we have ever seen before. There is also a commitment by the developers to utilise local traders and businesses in the development.

"I am grateful for the continuing support of all our stakeholders, the local community and the Health Minister. We will continue to engage with and involve the Cardigan community as we look forward to the next phase in creating this new, modern facility to bring care closer to home".

"In the meantime, I would like to reassure people that Cardigan Hospital will not close and will continue to deliver outpatient services for the community until the new integrated resource centre development is completed."

Public engagement activities are being planned to take place in Cardigan over the coming months and further information will be available soon.