Penley Community Hospital

Issues Paper

Review of the Evidence

DRAFT

Revision history

Version Number	Date	Name	Role	Comments
1		Andrea Hughes	East IHC Director of Nursing	Initial paper developed using Tywyn issues paper as template.
2	11.7.25	Andrea Hughes	East IHC Director of Nursing	Review and request for insertion of data
2.1		Olivia Jones	Project Manager	Updated activity data
2.2		Kristy	Head of Community Nursing East IHC	Insertion of nursing data
2.3				Insertion of financial comparison data
2.4		Andrea Hughes	East IHC Director of Nursing	Update to current services and insertion of admission criteria
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3.0	2.9.25	Paul Carter	East IHC Chief Finance Officer	Update to financial context
3.1	2.9.25	Shaun Taylor	Primary Care Planning and Commissioning Manager	Update to Primary Care context
	2.9.25	Adam Mackridge	Strategic Lead for Community Pharmacy	Update on Pharmacy services.

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1. Introduction

This Paper will provide the Background to Penley Community Hospital and the issues culminating in the temporary closure of the Penley unit in December 2024.

The paper will also review the population health needs based on demographics provided by Public Health Wales.

The Paper will describe the service and model of care provided at Penley. Review the activity and usage of the 8 beds in the year up to the temporary closure, and provide narrative with supporting information regarding the challenges in the provision of safe effective and efficient care.

In conclusion it is hoped that this paper will provide the foundations of information to be able to have an informed constructive discussion both internally with Betsi Cadwaladr University Health Board (BCUHB), and externally with health and social care partners and the community regarding the potential and best use of the resource at Penley whilst acknowledging the historic importance of a health care provision within Penley.

1.1 Background

Penley Community Hospital is a former community hospital founded in 1946 as part of an initiative to care for Polish ex-servicemen who fought alongside the allies in the second world war , and their families who settled in the area at that point the site was a large 720 bedded facility.

In 2002 the hospital housed only six patients who occupied just one of the 30 wards on the site. It was closed in 2002 by the then North East Wales NHS Trust and Subsequently in 2004 the wider hospital site was sold. The remaining Penley site is in the ownership of BCUHB and a portion leased to the Trustees of Penley Rainbow Centre. There are no covenant issues associated with the site.

An 8 bedded bungalow was opened in 2004 to replace the previous facility. The site has 8 bedrooms each with ensuite facilities, a large dayroom and ancillary rooms. All cleaning, food, drugs, and ancillary support is provided from the Wrexham Maleor some 10.6 miles away.

No other services or health provision are provided from the site.

The site was temporarily closed in December 2024 Key issues behind the decision included:

- Sustainability of the care model due to the very limited number of patients suitable for care in the hospital.
- Workforce challenges in supporting the low numbers of patients safely in Penley in the short and medium term.

Penley Hospital remains closed 7 months later, whilst work to develop a long-term sustainable future provision of services from the site is undertaken.

2. The Review

This review relates to the Health Board's strategic direction using the quadruple aims to;

- Improve the health of the population (prevention, early intervention, and self-management)
- Enhance the patient/user experience including quality, access, and reliability (enabled by digital and supported by engagement)
- Have a motivated and sustainable health and social care workforce.
- Deliver value-based health care with demonstratable rapid improvement and innovation (enabled by data with a focus on outcomes)

The review will consider evidence and standards in relation to service delivery and population health for the population of Penley and the surrounding area and will focus on the following areas;

- Workforce Recruitment and Retention
- Population Health Need
- Quality standards and evidence
- Activity and value for money

The key factors impacting on service delivery and ability to provide current service provision is in relation to the care model and demand and workforce sustainability, which is impacting on the future of the current and potential service models. This issues paper will review the existing service configuration along with service gaps to identify opportunities to deliver a sustainable service model and provide safe, high-quality services in line with population health needs.

The overriding aim of services is to improve health, provide safe services and deliver the best possible standards of care to the local population of Penley and the surrounding area ensuring a sustainable service model. In this paper there is a focus on achieving quality standards, addressing local population health need, and making the most cost-effective use of resources.

National standards for nursing and clinical services set clear expectations for safety, efficiency, and effectiveness. This review seeks to establish the principles upon which safe and sustainable care can be provided. The review compared current services, alongside these recognised standards.

National strategy provides a clear direction for health improvement through upstream prevention. It recognises that the burden upon acute hospitals is unsustainable and promotes the delivery of care closer to the patient's home when it is safe and appropriate to do so. This is supported by the establishment of national targets within the Annual Quality Framework to reflect the requirements for workforce redesign, as well as meeting national guidelines and clinical policies. These aspects are all encompassed in the current assessment.

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3. Population Health Need

The BCUHB Public Health Team have set out a Health and Wellbeing Profile for Penley which describes the demographics and wider determinates of health for the local population of Penley and surrounding area.

The profile for the village of **Penley**, largely corresponds to **Middle Super Output Area (MSOA) Wrexham 018**, shown in Figure 1, which is composed of four LSOAs (Table 1).

Lower Super Output Areas LSOAs have a mean population of approximately 1,500; a minimum population of 1,000 and a maximum population of 3,000. There should be a minimum of 400 households and a maximum of 1,200 households in each LSOA.
Middle Super Output Areas MSOAs have a mean population of about 7,000, with a minimum population of 5,000 people and not exceeding 15,000 people. The minimum number of households in each MSOA is 2,000 and the maximum is 6,000.

Source: Public Health Wales Observatory, 2013

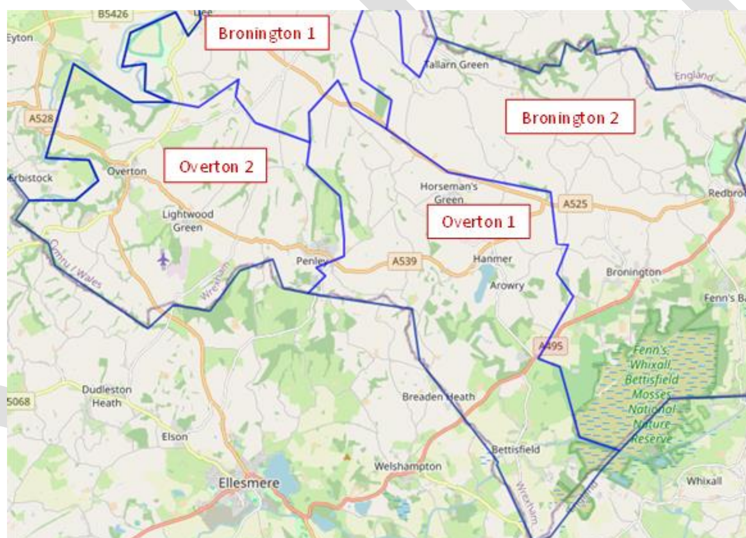


Figure 1: MSOA Wrexham 018 & LSOAs

MSOA	LSOA Name
MSOA Wrexham 018	Bronington 1
	Bronington 2
	Overton 1
	Overton 2

Table 1: MSOA Wrexham 018 & LSOAs

3.1 Demographics and Social Determinants

North Wales has a population of around 691,991 residents. The region has an ageing population, with almost 23.9% of the population aged 65 years and over and 3.1% aged 85 years and over, both of which are higher than the averages for Wales as a whole.

Wrexham UA has a population of around 136,149 residents. The UA has a younger population compared with the other UA areas across the region, with the highest proportion of residents aged 0 to 15 years and lowest proportion of residents aged 65 years and over and 85 years and over

MSOA Wrexham 018 has a population of almost 6,480. Within MSOA Wrexham 018, Wrexham 018D (Overton 2) has the largest number of residents. Almost 28% of residents in MSOA Wrexham 018 are aged 65 years. Just over 4% are aged 85 years and over; these are higher than the averages for BCUHB and Wales.

At LSOA level, LSOA Overton 2 has the youngest population profile; LSOA Bronington 1 has the highest proportion of residents aged 65 years and over (33.2%) and LSOA 018C (Overton 1) has the highest aged 85 years and over (5%).

Table 2 and 3 below highlight that there are approximately 200 people (32.1%) aged over 65 years within the area currently served by Penley.

Table 2: Population estimates, all persons, by age group, MSOA Wrexham 018 and LSOA areas, 2022

		All ages	0-15 years	16-24 years	25-44 years	45-64 years	65 years and over	85 years and over
Wrexham 018A	Bronington 1	1,594	221	111	294	439	529	54
Wrexham 018B	Bronington 2	1,470	184	100	227	515	444	71
Wrexham 018C	Overton 1	1,362	193	116	259	403	391	68
Wrexham 018D	Overton 2	2,051	391	168	433	618	441	77
MSOA Wrexham 018		**6,477**	**989**	**495**	**1,213**	**1,975**	**1,805**	**270**

Source: Office for National Statistcs, MYE 2022

Table 3: Percentage of population by age group, all persons, MSOA Wrexham 018 and LSOA areas, 2022

		0-15 years	16-24 years	25-44 years	45-64 years	65 years and over	85 years and over
Wrexham 018A	Bronington 1	13.9	7.0	18.4	27.5	33.2	3.4
Wrexham 018B	Bronington 2	12.5	6.8	15.4	35.0	30.2	4.8
Wrexham 018C	Overton 1	14.2	8.5	19.0	29.6	28.7	5.0
Wrexham 018D	Overton 2	19.1	8.2	21.1	30.1	21.5	3.8
MSOA Wrexham 018		**15.3**	**7.6**	**18.7**	**30.5**	**27.9**	**4.2**

Source: Office for National Statistcs, MYE 2022

LSOA **Bronington 2** is the most deprived of the four **Penley LSOAs**, ranked as the 1,290th most deprived LSOA in Wales.

17.1% of residents aged 16 years and over in **MSOA Wrexham 018** have no qualifications, which is below the average for **Wrexham UA** and Wales.

Wrexham UA has the second lowest percentage of housing assessments free from category one hazards and among the lowest number of known and estimated houses of multiple occupancy in the region

3.2 Health and Wellbeing

The main mechanism that links the socio-economic environment and poor health is likely to be psychosocial stress. Poor socio-economic circumstances lead to anxiety, insecurity, low self-esteem, social isolation and lack of control over work and home life. They also increase risk-taking behaviour

such as smoking, alcohol misuse, drug taking and unsafe sex. The socio-economic environment also determines the level of exposure to physical environment hazards, such as poor housing and road traffic

In **Wrexham UA**, 9.1% of adults report smoking, this is among the lowest across the region and below the average for Wales (12.8%) but not statistically significantly lower. Smoking prevalence is almost three time higher among adults in the most deprived areas compared to those in the least deprived areas.

The percentage of adults in **Wrexham UA** (15.5%) reporting to drink alcohol above the recommended guidelines is lower than the averages for Wales and BCUHB.

In **Wrexham U**A, just under 22% of adults report eating at least five portions of fruit and vegetables the previous day, which is similar to the average for BCUHB but below the Wales average (28.5%).

Around half of adults in **Wrexham UA** report meeting the recommended levels of physical activity each week.

In **Wrexham UA**, just over 75% of working age adults report being in good health, which is the same as the average for BCUHB and above the Wales average (72.6%). Just under 73% of adults in **Wrexham UA** report being free from limiting long term illness, which is similar to the BCUHB average and higher than the average for Wales.

Table 4 : Long term health problem or disability, Wales, Wrexham UA and MSOA Wrexham 018, 2021

	W02000095 : Wrexham 018 2021 Mid-layer SOA		Wrexham Local Authority		Wales Country	
	count	%	count	%	count	%
All usual residents	6,387	100.0	135,117	100.0	3,107,494	100.0
Disabled under the Equality Act: Day-to-day activities limited a lot	410	6.4	12,708	9.4	319,406	10.3
Disabled under the Equality Act: Day-to-day activities limited a little	622	9.7	14,917	11.0	350,860	11.3
Not disabled under the Equality Act: Has long term physical or mental health condition but day-to-day activities are not limited	487	7.6	8,802	6.5	206,540	6.6
Not disabled under the Equality Act: No long term physical or mental health conditions	4,868	76.2	98,690	73.0	2,230,688	71.8

Data above from the 2021 Census on long term health problems or disability show that 6.4% of residents in **MSOA Wrexham 018** report being disabled under the Equality Act, with day-to-day activities limited a lot; this is lower than **Wrexham UA** (9.4%) and Wales (10.3%).

Wrexham UA's score of mental well-being score of 50 indicates better mental well-being compared to the other UAs in North Wales.
8.1% of people in **Wrexham UA** report feeling lonely which is the second lowest across the region and below the averages for BCUHB (10.4%) and Wales (12.7%) and among the highest who report to volunteer

3.3 Primary Care Cluster Areas

Primary Care Cluster Areas are a small group of GP practices, which work together to develop services in the community. Primary Care Clusters each serve a registered population of between thirty and fifty thousand patients.

Primary care data for the **Wrexham Primary Care Clusters** is also presented in this report. The four **Penley LSOAs** are located in **South Wrexham Primary Care Cluster**.

Figure 2: Primary Care Cluster boundaries, Betsi Cadwaladr University Health Board, 2016

Primary Care Cluster chronic conditions registers

Table 5 shows the percentage and numbers of patients with a chronic condition registered on GP practice registers. The data is taken from the Quality Assurance and Improvement Framework (QAIF) disease registers. The QAIF replaces the Quality and Outcome Framework (QOF) (Welsh Government, 2020).

It should be noted that there are variations in the coding and recording of chronic conditions by practices.

Table 5: Percentage of patients registered as having a chronic condition, Wales, Betsi Cadwaladr UHB, Wrexham Primary Care Clusters, April 2024

	Asthma	Atrial fibrillation	Cancer	Chronic obstructive pulmonary disease	Diabetes mellitus (patients aged 17+)	Epilepsy (patients aged 18+)	Heart failure	Hypertension	Stroke and transient ischaemic attack
	(%)	(%)	(%)	(%)	(%)	(%)	(%)	(%)	(%)
Wales	7.2	2.6	3.6	2.3	8.2	0.9	1.3	16.0	2.2
Betsi Cadwaladr UHB	7.5	2.7	4.2	2.6	8.0	0.9	1.3	17.3	2.2
Primary Care Cluster:									
North & West Wrexham	7.9	2.6	4.3	2.4	7.9	0.8	1.1	17.6	2.1
Central Wrexham	6.9	2.3	3.4	2.3	7.7	0.8	1.3	16.2	2.1
South Wrexham	7.9	2.8	4.0	2.6	7.9	1.0	1.2	18.3	2.3

Source: QAIF; StatsWales (WG)

South Wrexham cluster have the highest percentage of patients registered with Asthma, atrial fibrillation, epilepsy hypertension and stroke and transient ischaemic attack of the Wrexham area.

3.4 Older People

Rising life expectancy is likely to increase the prevalence of frailty, which is estimated to affect around one in four people aged 85 years and over.
Wrexham UA has a relatively high rate of hip fracture.

The rate of patients registered by their GP as having dementia is highest in the South Wrexham Primary Care Cluster (this includes the penley catchment area) which are similar to the Wales average. By comparison, rates in Central Wrexham Primary Care Cluster are statistically significantly higher than Wales.

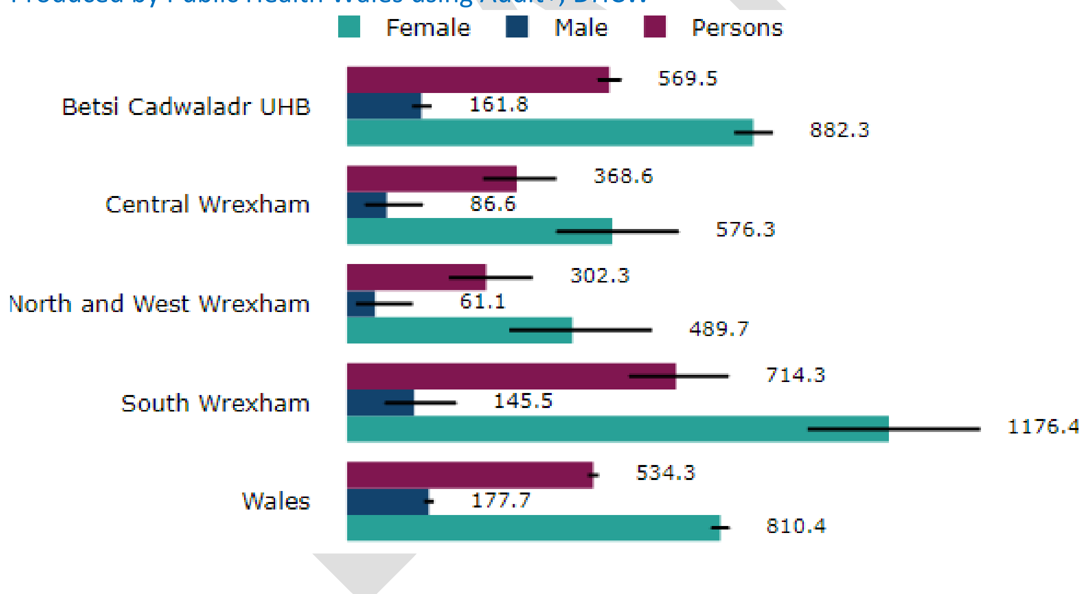
Premature mortality from key non-communicable diseases in **Wrexham UA** is relatively high compared to other UAs in North Wales but not statistically different to the Wales average. WIMD 2019 data shows the rates in the four LSOAs that make up **MSOA Wrexham 018** are all below the rate for Wales as a whole.

3.4.1 Frailty

Rising life expectancy is likely to increase the prevalence of frailty, which is estimated to affect around one in four people aged 85 years and over.

The Quality Assurance and Improvement Framework (QAIF) disease registers records the number of patients aged 50 years and over with osteoporosis. South Wrexham Primary Care Cluster seems to recording a relatively high rate (Figure 2).

Figure 3: Osteoporosis Register, EASR per 100,000, persons, males and females, Wales, Betsi Cadwaladr UHB and Wrexham Primary Care Clusters, 2023
Produced by Public Health Wales using Audit+, DHCW



3.5 Children and Young People

In **Wrexham UA**, 7.9% of babies are born with low birth weight, which is the highest across the region.

87.5% of children aged 4 years in **Wrexham UA** are up-to-date with routine immunisations.
27% of children aged 4 to 5 years in **Wrexham UA** are overweight or obese.

Wrexham UA has the highest teenage conception rate (21 per 1,000 females aged under 18 years) in North Wales and is higher than the rates for BCUHB (17.8 per 1,000) and Wales (15.2 per 1,000).

4. Assessment of Current Services

Penley Community Hospital is an 8 bedded inpatient facility. No other services are provided from the site.

Inpatients at Penley Community Hospital are cared for over the 24-hour period by Registered Nurses (RN) and Health Care Support Workers (HCSW). There are 1 RN and 1 HCSW on each shift.

Patients are under the medical care of the Care of the Elderly (COTE) team, with one session (4 hours) a week provided. In addition, there is ad-hoc cover from Advanced Nurse Practitioners (ANPs) as required.

There are no therapy or medicines management hours allocated to support Penley.

Due to the situation, isolation, and levels of available medical, nursing and lack of therapy resource this impacts on the type of patients who can be safely cared for in Penley Hosptial.

As such, patients who are being considered for transfer to Penley require individual review from both a medical and nursing perspective prior to transfer.

The most frequent groups of patients transferred are those no longer requiring hospital level care and are awaiting new care home placements, packages of care and occasionally those who require End of Life care.

Criteria for admission

- Patients should be deemed medically fit for discharge by the referring team and must not have medical needs which require frequent, planned, regular intervention as there is only one medical visit per week. Unstable medical conditions cannot be managed.
- Patients must have nursing needs which can be met by the team in Penley. In particular, care must be taken that the required number of staff will be available for moving and handling issues and that any specific dietary issues can be supported e.g. special diets
- Patients with cognitive impairment who display challenging behavioural and psychological symptoms such as walking with purpose or who require close supervision because of, for example falls risks, cannot be safely managed because of the physical layout of the unit and the available staffing numbers.
- There is no piped oxygen on site and patients requiring regular or long term oxygen therapy will need a clear plan from the referring team as to how this will be provided e.g. concentrator.
- Patients must have completed all therapy interventions and any required reports should have been completed.
- Patients being transferred to wait for care home placements or packages of care should have all relevant paper work and meetings completed prior to transfer (e.g. What Matters/Best Interest meetings/ Nursing Assessments) – there must be a clear discharge destination identified and these are best completed by ward teams who have been caring for the patient for a prolonged period.
- Patients being transferred require an up to date drug chart with at least 7 days space available.
- Pharmacy cover is limited and medications are ordered and delivered via the Wrexham site. At least 7 days' supply of medications must be transferred with the patient to allow for any non-stock medication administration.
- A discharge letter covering the acute site stay must be completed.

- For patients transferred for End of Life care, they must have been seen by the Consultant providing cover to Penley prior to transfer to enable the completion of appropriate Medical Cause of Death Certification and Cremation forms as appropriate.
- Clear discussion with the patient and their family around the transfer to Penley must be documented including decisions around DNACPR decisions and documentation, discontinuation of observations and discussions around re-escalation to the acute site.
- Patients with End of Life symptoms requiring daily medical intervention because of unpredictability will not be suitable because of the lack of available medical cover.

There is no onsite mortuary in Penley and the body of a deceased patient cannot be transferred back to the mortuary in Wrexham. Families should be made aware that they will be expected to identify a local undertaker who will be contacted on the patients passing, to arrange transfer to their facility.

Patients who may require referral to HM Coroner after their death require special discussion to ensure that the relevant legal process can be followed. Their transfer may not be suitable because of the legal issue of chain of evidence.

Primary care

For the majority of the population in Penley GMS Primary Care is provided from either Overton or Hanmer.

Dee Valley Medical Practice is a practice with just over 7,000 registered patients with its main surgery located in Overton (3.2 miles north west of Penley) and a small Branch Surgery in Bangor on Dee, (4.8 miles north). They provide GMS services via a range of professionals including GPs, Advanced Nurse Practitioner, Practice Nurses, Healthcare Assistants and Community Pharmacists along with visiting support from Midwives and Health Visitors.

Hanmer Surgery is a Practice located in the village of Hanmer (2.1 south east of Penley) with just under 2,000 registered patients. They provide GMS services via a range of professionals including GPs, Practice Nurses, Healthcare Assistants and Community Pharmacists along with visiting support from Midwives and Health Visitors. Hanmer Surgery currently operates from a dated site which at times limits the range and volume of services it is able to provide and a result have for a number of years been looking into the possibility of relocating to a more appropriate premises. They have and active Patient Voice through the Hanmer Surgery Patient Action Group whose main focus is to champion the development of new fit for purpose accommodation.

District Nursing

District Nurses are based in Overton GP Practice (Dee Valley Medical Practice, Overton, 15 High Street, Overton -On -Dee, Wrexham, LL13 0ED.

The District Nursing Service is one point of contact for people to access community home based general nursing services. They provide care through an appropriately skilled and qualified nursing workforce, which delivers an equitable and accessible range of services. They predominantly see patients who are deemed house bound, with the focus of care being promotion and maintenance of health, providing support through ill health, promoting and maximising independence, recovery, and/or the terminal stages of life. The District Nursing service leads and delivers care within patient's homes, residential and care home settings, clinics and hospital settings.

The provision of end-of-life care in Penley and the surrounding area is provided by the District Nursing Team supported by the CRT which consists of the GP service, District Specialist Palliative Care, Nursing and Residential Homes, Local Authority, Therapies, and Pharmacy. When patients within Penley Unit require syringe drivers or end of life anticipatory medicines the District Nursing service provides this support as this requires 2 RNs and specialist training.

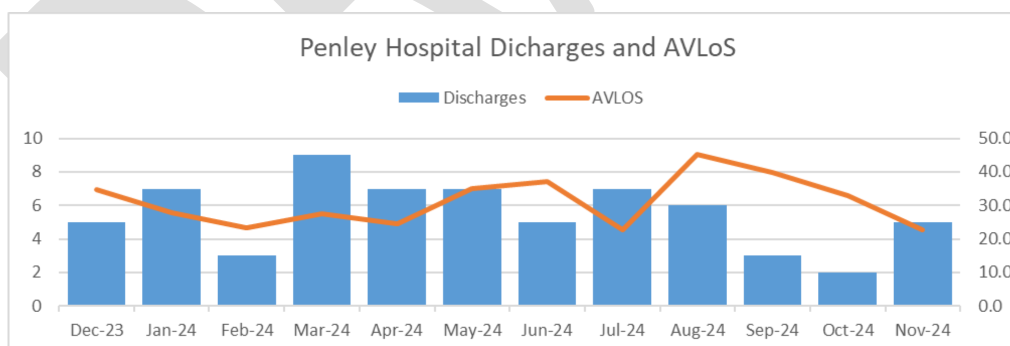
Currently there are 10 patients from Penley on the District Nursing case load, which includes three with a palliative diagnosis. Over the past 2 years there have been 18 patients from Penley on the district nursing caseload, delivering end of life care for three of those patients at home.

Pharmacy

Community pharmacy services are available in Overton, with the pharmacy open Monday to Friday between 09:00 and 18:00 and Saturdays from 09:00 to 13:00. The services offered by the pharmacy include dispensing of prescribed medicines, acceptance of unwanted medicines, support with management of minor illness through the Common Ailments Service, support with obtaining supplies of regular prescribed medicines through the Emergency Supply Service, support with contraception through the Emergency and Bridging Contraception Service, optimisation of treatment for COPD and asthma through the Inhaler Review Service, support with stopping smoking through the Help Me Quit in Pharmacy service, a seasonal influenza vaccination service, and supply and return of patient sharps bins.

4.1 Activity Data

Between December 2023 and November 2024, the average length of stay for patients was 31.1 days.



Average length of stay for community hospitals in Chirk and Mold for this period were 42.9 and 47.1 days.

Of the 59 patients admitted to Penley Hospital from other BCUHB hospitals during this period, 49.2% were admitted from Chirk Community Hospital, 47.5% from Wrexham Maelor Hospital, and 1.65% each from Mold and Deeside Community Hospitals.

The following outlines the initial reason for admission of the 59 patients to Acute Hospital

Diagnosis	Patients	Bed Days

No Diagnosis Recorded/Coded	12	604
Tendency to fall, not elsewhere classified	5	242
Unilateral or unspecified inguinal hernia, without obstruction or gangrene	3	138
Fracture of neck of femur	3	173
Pertrochanteric fracture	2	62
Pain localized to upper abdomen	2	157
Chronic obstructive pulmonary disease with acute lower respiratory infection	2	13
Calculus of bile duct with cholangitis	2	88
Urinary tract infection, site not specified	2	196
Iron deficiency anaemia, unspecified	2	32
Orthostatic hypotension	2	10
Intracerebral haemorrhage in hemisphere, subcortical	1	50
Sepsis due to other Gram-negative organisms	1	57
Local infection of skin and subcutaneous tissue, unspecified	1	13
Melaena	1	56
Subtrochanteric fracture	1	62
Mental and behavioural disorders due to use of alcohol	1	31
Acute subendocardial myocardial infarction	1	95
Obstruction of bile duct	1	26
Malignant neoplasm: Bladder, unspecified	1	10
Chronic obstructive pulmonary disease, unspecified	1	13
Stricture of artery	1	61
Acute renal failure, unspecified	1	16
Syncope and collapse	1	25
Congestive heart failure	1	34
Traumatic subdural haemorrhage	1	36
Cellulitis of other parts of limb	1	70
Unspecified acute lower respiratory infection	1	68
Poisoning: 4-Aminophenol derivatives	1	61
Volume depletion	1	152
Retention of urine	1	38
Senile nuclear cataract	1	29
Pain in joint	1	55
Grand Total	**59**	**2773**

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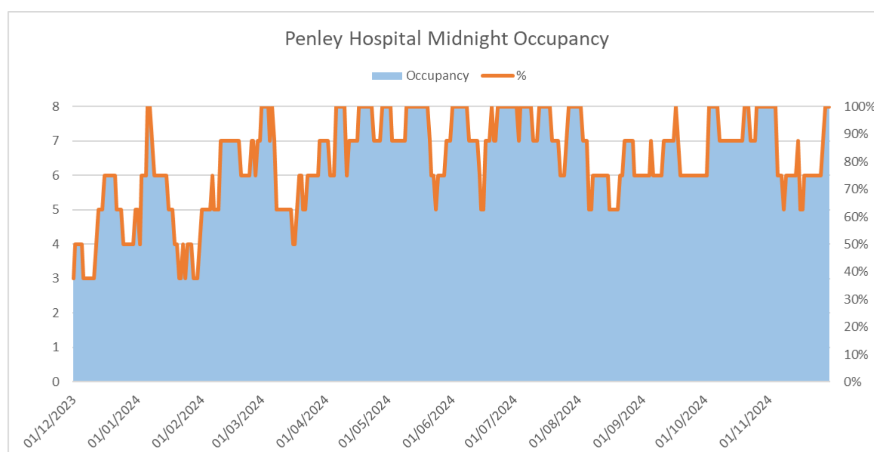
The average occupancy rate for this same period was 80.5%. This means on average there were 6 patients in Penley over this period.   Mold Community Hospitals were 95.2% and 101.7%, respectively.



Of the 59 patients admitted from other BCUHB hospitals to Penley Hospital from December 2023 until its temporary closure in December 2024;

- 49.2% (29) normally resided in Wrexham and the surrounding areas,
- 27.9% in Chirk (16) and the surrounding areas
- 13.1% (8) in Penley and the surrounding areas
- 6.6% (4) in Llangollen
- 1.6% each in Powys and Corwen (2).

At least 22 (37%) of patients in Penley during this time had community hospital provision available closer to their home.

4.2 Financial Context

BCU WIDE Context

The National Health Service Finance (Wales) Act 2014 places two financial duties on Local Health Boards:

a) **Revenue resource performance**: A duty to ensure that expenditure does not exceed the total funding allotted to it over a period of 3 financial years.
b) **Integrated planning:** A duty to prepare a plan, in accordance with planning directions issued by the Welsh Ministers, to secure compliance with the Revenue resource performance while improving the health of the people for whom it is responsible, and the provision of health care to such people, and for that plan to be submitted to and approved by the Welsh Ministers.

The NHS in Wales, just as the wider Public Sector across the UK, has experienced significant financial pressures over the past 5 years, most notably the transition out of the COVID Pandemic response. Rising demands and service pressures have been compounded by the significant increases in the costs of staffing, agency, consumables and energy.

The Health Board has faced a significant underlying deficit position, which is an accumulation of drivers that include cost pressures, historic investment decisions and non-delivery of savings programmes. In previous financial years, many of these cost pressures have been mitigated through non-recurrent measures and non-recurrent funding support from the Welsh Government.

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The Health Boards *Integrated Medium Term Plan 2025-28,* sets out how it must improve the way it delivers services, become more efficient, productive and effective, modernise practice and learn from others as well as share the innovation and best practice that is evident across the health board. It must improve through using public resources wisely, providing value for money to the taxpayer, particularly in financially constrained times. Further strengthening the relationships with communities and partners, and enabling and supporting staff across the organisation will enable significant improvement to be achieved through the timespan of its Plan.

The 2025/26 financial plan aligns with the strategic ambition of the Health Board in attaining the key financial duty to break-even, laying the foundations that will enable attainment of a productive, efficient and employed workforce offering high quality patient care that is financially sustainable. Expenditure commitments will need to be prioritised to enable the key financial duty and the performance ask to be attained.

The targeting of improvements through implementation of a Value & Sustainability approach to enhance delivery for the local population, securing gains in productivity and efficiency through service reviews aligned to benchmarking with improvements to financial standing is a key strategic focus. This lays the foundations to enable attainment of a productive, efficient and employed workforce offering high quality patient care that is financially sustainable

4.2.2 Penley Context

The Financial resources for Penley Hospital operating as an 8 bedded Community Hospital cost £768,135 to run in 2023/24, **including** Estates and Facilities costs.

2023/2024 - Financial Out-turn Position Penley Hospital:							
Cost Centre	**Class**	**Annual Budget**	**WTE Budget**	**WTE Actual**		**YTD Actual**	
		£	**No.**	**No.**		**£**	
Income Total	Income	0	0.00	0.00		(646)	
Pay Total	Pay	716,511	17.09	15.81		684,983	
Non-Pay Total	Non Pay	73,608	0.00	0.00		83,798	
Grand Total		790,119	17.09	15.81		768,135	

- The budget and out-turn positions capture both pay (89%) and non-pay (11%) resources for the Clinical, Estates and Facilities costs.
- During the financial years leading up to the closure of the 8 beds in January 2025, the Health Board regularly maintained staffing levels using Bank and Overtime: £35k in 2019/20; £18k in 2020/21; £40k in 2021/22; £38k in 2022/23, £52k in 2023/24 and £11k up until the temporary closure in 2024/25. As well as redirecting Nursing staff from other areas into supporting the 8 inpatient beds.
- Assuming 80% occupancy this equates to over £120,000 per bed per annum (£2,300 per week) before allocating Managerial and Corporate over-heads. This does not compare favourably to the Community Wards at Chirk and Mold Hospital, which range between £1,676 to £1,820 per week.

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- Since the temporary closure the provision of security costs at Penley Hospital is circa £5,000 per month. This includes, 4 x patrols per day at £40 per, but additional costs for bank holidays and call-outs.

Nurse Staffing - In terms of the direct Nursing staffing for the Inpatient services within Penley Hospital, the following table summarises the overall financial position in relation to budget and actual Nursing Pay costs. It does not include any supporting costs, such as Medical, Facilities, Pharmacy or GP services.

Whilst there is physical capacity for 8 inpatient beds, it must be noted that the historic recurrent budget and funding within Penley Hospital has always remained for 8 beds, even in periods of low occupancy.

Year	Nursing Budget £000's	Outturn £000's
2019/20	542	418
2020/21	552	482
2021/22	574	500
2022/23	602	537
2023/24	643	658
2024/25	659	551

The budget, **excluding** Estates and Facilities, is predominantly staff pay related (97%), with the remaining 3% being non-pay costs. Whilst the IHC has been set a Savings Target to deliver annually, in line with the requirement across the Health Board, no direct savings have been taken out of the Penley Hospital budgets due to potential changes in the use of the Hospital.

The following table summarises the funded whole time equivalent (WTE) establishment against those staff directly in post, that is ignoring the use of Bank, Agency and Overtime to cover any gaps.

Year	Funded WTE	In Post WTE	Vacancy WTE
2019/20	14.28	12.94	(1.34)
2020/21	14.28	13.47	(0.81)
2021/22	14.28	11.95	(2.33)
2022/23	14.28	12.63	(1.65)
2023/24	14.28	14.12	(0.16)
2024/25	14.16	2.24	(11.92)

5. Standards and Evidence

Quality is more than meeting service standards. It is system-wide, safe, effective, person-centred, timely, efficient, equitable care. To help achieve this, the Duty of Quality Act (2020) broadens the existing duty on NHS bodies. The required quality standards for delivering in-patient care includes medication safety, infection prevention and de-conditioning.

The Quality Statement for Palliative and End of Life Care outlines Welsh Government's vision for ensuring individuals receive high-quality care tailored to their needs, whether at home or in healthcare settings

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Harms - There is only incident recorded for Penley during Dec 23 to Nov 24 which was a medication incident with no patient harm reported.

Pathway of Care Delays / Delayed Transfers of Care

A pathway of care delay (PoCD) is experienced by a hospital inpatient when they are ready to transfer to the next stage of care, but this is prevented by one or more reasons. PoCDs has a detrimental effect on the people who become delayed with significant implications for their independence. It is also necessary to consider however how a PoCD impacts on wider service delivery and performance across health and social care.

Prior to the temporary closure of the Penley l there were a number of patients that were medically fit for discharge but were occupying inpatient beds due to delayed pathways of care. A number of these delays were caused by factors such as a lack of packages of care and patients awaiting a space in care home beds.

Discharge to Recover and Assess at Home (D2RA) was introduced in Wales in 2018 and introduced 3 pathways of care. The D2RA Pathways model requires that patients should have a period of active reablement/rehabilitation intervention, preferably at home (D2RA Pathway 1) or in a bedded facility (D2RA Pathways 2 & 3) Based on the Optimising Hospital Patient Flow Framework criteria, acute and community hospitals must discharge all patients as soon as they are deemed clinically optimised to do so. For D2RA Pathways 1-3, patients must leave hospital within 48 hours (maximum) of being declared clinically optimised to do so. The majority of patients in Penley are awaiting placement (pathway 3) or care at home (pathway 2)

Pathway of Care Delays (POCD) are known as Delayed Transfers of Care. Between Dec 2023 and November 2024, Penley had the following 'delayed transfers of care':

Between the period of December 2023 & November 24 in Penley, there were an average of 5 delays per month as a result of pathway/package of care issues, total of 69 delays across the period. This equates to 62.5% of the total bed base of 8 beds. In some instances, this increases to almost 100% spiking in July 24. The total number of delayed days across the period is 3677.

Month	Patient Delays	Days Delayed
Dec 23	4	270
Jan 24	5	339
Feb 24	6	280
Mar 24	6	283
Apr 24	8	370
May 24	6	440
Jun 24	7	319
Jul 24	9	453

Aug 24	4	316
Sep 24	4	228
Oct 24	5	297
Nov 24	5	501
Grand Total	69	4096

With the top reasons for delay described below:

Delay Reason	Number of Delays
Awaiting start of new home care package	23
Awaiting reablement care package	8
Awaiting Social worker allocation	5
No suitable abode	5
Awaiting completion of assessment by social care	4
Awaiting completion of assessment Nursing	4
Awaiting joint assessment	3
Awaiting RH availability	3
Awaiting completion of adaptations (DFG's)	2
Awaiting health completion of assessment/provision for equipment	2
Awaiting nursing/residential home self-funding	2
Awaiting provision of telecare and /or telehealth equipment	2
Homeless	2
Intervention by patient's legal representation	2
Awaiting NH availability	1
Awaiting restart of previous home care package	1

Patients LA

LA	Patients	%
Wrexham	67	97%
Denbighshire	2	3%

5.1 Nurse Staffing Levels

Inpatients at Penley Community Hospital are cared for over the 24-hour period by Registered Nurses (RN) and Health Care Support Workers (HCSW) with the staffing model below,

Band	Job Title	WTE (whole time Equivalent)	WTE In post at time of temp closure
6	Junior Ward Sister	1.0	0.0
5	Band 5 Staff Nurse	4.60	3.72
2	HCSW	7.17	4.38
	Total	**12.77**	**8.41**

The Nurse Staffing Levels (Wales) Act 2016 is a law that requires Welsh health boards and trusts to ensure sufficient nursing staff to provide safe and effective care. It mandates the calculation and

maintenance of appropriate nurse staffing levels in various healthcare settings. Initially focused on adult acute medical and surgical inpatient wards, but it includes provisions for extending its requirements to other healthcare settings, including community hospitals, as evidence-based workforce planning tools are developed. The Act places a duty on Welsh health boards and NHS trusts to ensure sufficient nurses are available to provide safe and effective care

For Acute Wards current ratios are of 1 registrant to 8 patients or 1:4 when non registrants are included. For community Hospitals no ratio is determined, however the Health Board goes through a nurse staffing review of community Hospitals to ensure safe staffing in relation to the specific needs of each community ward. For the East community wards it can be seen the staffing ratios within Penley are high.

	Bed numbers	Patient to RN ratio	Patient to HCSW ratio
Chirk	30	10 :1	7:1
Mold	40	10:1	7:1
Deeside	28	9:1	7:1
Penley	8	8:1	8:1

The level of risk associated with only having 2 members of staff in the building overnight is noteworthy, in recent months the executive nurse director has stated in order to provide safe and effective care a band 5 Staff nurse should not routinely be left as sole registrant, and that one registrant should not be working in isolation overnight. This would significantly impact on the staffing mix and numbers required. Doubling the Registrant workforce numbers and increasing the numbers of Band 6 within that.

5.2 Recruitment and Retention

Sickness between Dec 2023 and Nov 2024 -=7 weeks RN sickness, predominantly covered by Chirk staff & backfilled with agency/OT & HCA 18 weeks covered with bank.
Throughout periods of sickness in Penley this was supported by initial review of the roster for safe staffing, and for any staff with time owing, offer additional hours, offer overtime. If unable to support with staff inhouse in Penley, Chirk roster review completed and staff would be asked to move if safe staffing numbers. If this was not possible, review of time owing, offer additional hours which if this was picked up by Chirk staff the shifts would then be put out to agency for RN cover in Chirk if needed to cover short fall – therefore this increased the agency spend for Chirk.

5.3 Medication Safety

In line with safe medication processes, BCUHB requires an independent second check and witnessed administration of controlled drugs, intravenous medicines, all insulin products and wherever a calculation is required. Staff must complete a competency framework to be able to undertake this role, which would typically be undertaken by a registered nurse. The current ward budget is only established to provide one registered staff member per shift and therefore non-registered staff are required to complete second checking on shifts. The MM01 BCUHB Medicines Policy states that non-registered staff require a Level 3 qualification to enable them to undertake the role of the second checker.

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Not all non-registered staff in Penley have this level of qualification and there may, on occasion, be no second checker available.. This can cause a delay in the administration of medication to patients leading to increased length of stay, a potential increased risk of medication errors, potential increased medication-related incidents, non-compliance with local and national regulations (with potential legal consequences), and increased stress for staff It may also impact on the quality of patient care and staff retention.

5.4 De-conditioning

Patients in Community Hospitals are expected to be discharged within 21 to 35 days. However, prolonged hospital stays can negatively impact health, leading to sleep deprivation, increased risk of falls, delirium, infections, and muscle loss, which reduces mobility and independence (known as deconditioning or PJ paralysis). Addressing long stays is vital to preventing harm, disability, and unexpected costs, especially for vulnerable patients.
NHS Improvement 2018, refers to patients who have long lengths of stay in hospital and compares their pre-illness/pre-admission baseline. It was noted that 35% of 70-year-old patients experienced functional decline during hospitalisation. For people over 90 years of age this figure rises to 65% and a discharge audit found that 39% of people's length of stay or delay could have been discharged through alternative pathways and services better suited to their assessment need.

From Dec 2023 to Nov 2024 penley' s average length of stay (AvLOS) was 31.6 days. This is in addition to the length of stay in either Wrexham Maleor or Chirk hospital There were no continuing requirements for hospital provision for the majority of patients. There are no therapy support provided for patients in penley reinforcing the risks of extended hospitalisation.

Since December 2023 at least 50% of inpatient beds have been occupied by patients with pathway of care delays, On many occasions all beds (100%) were occupied by patients awaiting delayed transitions in care.

5.5 Infection Prevention

Infection prevention in Welsh Community Hospitals is guided by rigorous quality standards to ensure patient safety and minimize healthcare associated infections (HCAIs). The Code of Practice for the Prevention and Control of Healthcare Associated Infections sets out essential infection prevention measures, emphasizing evidence-based protocols, staff training, and environmental cleanliness.

Public Health Wales enforces a zero-tolerance policy for preventable HCAIs, integrating national guidelines such as the National Standards for Cleaning in NHS Wales. Additionally, hospitals implement infection prevention improvement plans, focusing on staff education, compliance monitoring, and timely incident reporting. These measures collectively foster a culture of accountability and continuous improvement in infection control.

Penley had an one episode of clostridium difficile (C.diff) infection (a type of bacteria that can cause diarrhoea) in December 2024 also an episode of multi -drug resistant Escherichia coli (a type of bacteria that has become resistant to several or all antibiotics) in December 2024

At Penley Hospital, should the registered member of staff become unwell whilst on duty, the ward could be left with no registrant cover posing a significant risk to patient safety and placing non-registered staff in a challenging position where they may be required to work outside the scope of their role. This may lead to the ward being non-compliant with local and national quality and safety

standards. To mitigate against this risk the staff member may remain on site providing clinical care either due to a lack of backfill or whilst awaiting assistance from another site - potentially increasing a risk of transmission and infection prevention risks.

Furthermore, patients can be at an increased risk of exposure during a prolonged hospital admission where there is a pathway of care delay.

5.6 End of Life Care

End-of-life care in NHS Wales is guided by a commitment to dignity, compassion, and person-centred support. The Quality Statement for Palliative and End of Life Care outlines the Welsh Government's vision for ensuring individuals receive high-quality care tailored to their needs, whether at home or in healthcare settings. This approach integrates health and social care services, emphasizing collaboration across networks to provide holistic support, including bereavement care. Additionally, the All-Wales Care Decisions for the Last Days of Life Guidance offers evidence-based best practices to help healthcare professionals deliver individualized, compassionate care in the final days and hours of life.

All staff at Penely had completed relevant EoL training and verification of death, roughly there have been 14 patients nursed between Dec23-Nov 24 Staff are supported by the District Nursing service to deliver syringe drive and anticipatory medications when required.

6. Estates and Facilities

Dedicated Catering and Domestic Services staff are employed specifically for Penley Hospital as follows. At the time of temporary closure of the hospital there were vacant hours, particularly in Catering where service was provided by relief members of staff a number of days a week:

	Band	**Establishment**	**In post**	**Vacant**
Catering	2	1.85wte	0.43wte	1.42wte
Domestic Services	2	0.96wte	0.75wte	0.2wte

Due to the limited numbers of patients at Penley, Catering were able to offer a bespoke service with a wide range of hot and cold options available to each individual patient. These included salads and sandwiches prepared on site. As in Wrexham Maelor Hospital and the remainder of the community hospitals in East, hot meals were delivered to the hospital frozen and regenerated in the on-site kitchen.

Penley Hospital is located in South Wrexham cluster and has been in this location since the 1940's when it was commissioned as a polish war veteran hospital. Churchill signed an accord at the conclusion of World War II, promising to maintain services for the Polish veterans for as long as they were needed. The original Penley hospital closed in 2002, and the site was redeveloped to form a new 8 bedded community hospital facility. In 2004 the wider historic Polish hospital site was sold. The remaining Penley site is in the ownership of BCUHB following the sale of site, a portion of which is leased to the Trustees of Penley Rainbow Centre. There are no covenant issues now associated with the site.

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7. Interim Service Mitigation since April 2023

In response to being unable to safely open the ward, the Health Board has focused on providing alternative models of care. These included providing health and care services directly in patient's homes, working closer with care homes in the area to provide services for their residents and enabling and providing the health support for patients to spend their last few weeks and days with dignity in their own home. Partnership working with key stakeholders including the Local Authority and Third Sector services has been key in delivering the service mitigations.

Following the temporary closure of Penley in December 2024 a total of 8 patients from Penley postcodes have been admitted to Chirk Hospital, this is an average of 1.3 per month. These 8 patients have a total length of stay of 603 days (this includes acute hospital days).

8 Summary of Issues

Summary of Issues – Penley	
Population Health Need	The existing Penley site has only supported 8 penley residents during the year prior to the temporary closure Penley Hospital serves a population of approximately 6500. A range of services are available within in the Community to deliver physical wellbeing, mental health support, midwifery, and social care. Services are provided by local Health Boards, Local Authority and the Third Sector. This range of services supports achievement of the Public Health Wales prevention and wellbeing objectives. Further work is required to target gaps in service provision and strengthen and enhance delivery of existing services. Current Welsh government strategy is to provide care as close to home as possible but in the right setting. Admission to a community or acute hospital bed should occur only when the treatment they require can only be provided in that setting.
Quality and Safety Standards (Services meet standards, minimise risk to patients and patients have a good experience)	Quality is more than meeting service standards. It's system-wide, safe, effective, person-centred, timely, efficient, equitable care that should occur in a learning culture.. To help achieve this, the Duty of Quality Act (2020) reframes and broadens the existing duty on NHS bodies. Penley Hospital model does not always meet national quality standards and is therefore unsustainable. Limited medical input impacts on the cohort of patients who can be safely cared for at Penley. The majority of patient do not require hospital The required quality standards for delivering inpatient care include medication safety, de-conditioning and infection prevention including the current model does not adequately provide assurance regarding

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	• compliance with safe medication processes. • Potential de-conditioning of patients due to pro-longed hospital admission No therapies and pharmacy services were being delivered from Penley hospital prior to the temporary ward closure thus negating any resource to support rehabilitation and care on site and impacting on patient experience and outcomes. Clearly the majority of patient in the pre closure period at Penley were not in the right care setting and were not receiving any active treatment but waiting for the right care setting or provision to become available Discharge to Recover and Assess at Home (D2RA) introduced in Wales in 2018 states If the person is awaiting a domiciliary care package to support a return home, a level of reablement intervention must be maintained to prevent deconditioning and loss of the skills recovered through the period of reablement. This was not provided at Penley.
Workforce	The Health Board is duty bound to provide safe levels of staffing to ensure patient safety, quality, and standards of care in line with the Nurse Staffing Levels (Wales) Act. A phased implementation of this was rolled out within District General Hospitals. Phased implementation has not, as yet, been rolled out in Community Hospitals. By law, there is a professional duty to ensure patient safety through adequate staffing levels and skill mix. To ensure the delivery of sustainable, safe services moving forwards, a resilient workforce is required. At present there is a lack of resilience within the nursing workforce model due to recruitment and retention challenges. In order to maintain patient and staff safety Staff are often transferred from Chirk community Hospital in cases of shortfall. This leaves Chirk Hospital a 31 bedded unit in a staffing deficit. To support modern nursing standards additional RN resource is required. To provide standards as required under D2RA meaningful and appropriate community hospital care a mutli-disciplinary team is required.
Financial (Affordability/Cost Effectiveness)	Betsi Cadwaladr University Health Board has a statutory obligation to plan and manage services within the allocation income it receives. The current ward budget does not support adequate staffing levels and skill mix to ensure patient and staff safety. The current function of Penley is not efficient or effective in terms of providing value for money for the wider penley community.

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Deliverability and Sustainability (Realistic and Achievable)	The sustainability of the current service model is a challenge due to issues with the care model, patient and family choice/ acceptability, and workforce sustainability.
Efficiency and Effectiveness (Efficient use of resources/effective service delivery)	This is an opportunity to engage with the community to provide a more equitable and relevant service to address the needs of the community.

9. Conclusion and Recommendations

The conclusion is underpinned by a number of key drivers for change. The most notable include:

1. Improving population health - A more systematic and coordinated approach to addressing population health needs for the population of Penley and surrounding area is required. Whilst a range of services are available locally through outpatient provision there are also service gaps and opportunities to provide other services currently not available within the Penley area such as a community service to offer support and prevent delays to patients ready to leave hospital who may be waiting for a care package in their own home, or preventing admission to hospital.

2. Improving safety and quality - Ensuring the delivery of safe, evidence based, patient focused and holistic care and service with optimum patient outcomes and patient experience in line with the Duty of Quality which came into effect in April 2023 as part of the Health and Social Care (Quality and Engagement) (Wales) Act (2020).

3. Sustainable skilled workforce - Provision of workforce stability, ensuring staff recruitment, retention, and development and able to support continuous and sustainable service delivery and the ability to improve skill mix and opportunities for multi-disciplinary working and collaboration.

4. Cost effectiveness - Ensuring that services provided are cost effective, financially sustainable, and deliverable within allocated budget.

5. Deliverability and Sustainability (Realistic and Achievable) – The ability to deliver a consistent 24/7 inpatient ward without adverse impact on other health service provision, within existing constraints (available workforce, financial resource).

6. Efficiency and Effectiveness – Able to demonstrate efficient use of resources (finance, workforce, and estate); and improved/optimal clinical pathways to support improved patient outcomes and experience.

The findings from the work undertaken during this review recommend that there is a clear need to reconsider the way in which the existing service model is delivered in the Penley.

This is consistent with the strategic direction of the Health Board to improve population health, enhance patient experience including quality, access, and reliability (focus and evidence base for greater gain), to have a motivated and sustainable workforce and to deliver value-based cost-effective health care.

Partnership working between the NHS and its partner organisations, notably Local Authorities and the Third Sector will be essential in order for the review to provide the Health Board with a considered preferred recommendation of the utilisation of the Penley site.

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