



**GIG**  
CYMRU  
**NHS**  
WALES

Bwrdd Iechyd Prifysgol  
Bae Abertawe  
Swansea Bay University  
Health Board



<b>Meeting Date</b>	<b>25 July 2019</b>		<b>Agenda Item</b>	<b>3.2</b>
<b>Report Title</b>	<b>Singleton Minor Injuries Unit</b>			
<b>Report Author</b>	Joanne Abbott-Davies, Assistant Director of Strategy & Partnerships Jan Worthing, Singleton Delivery Unit Director			
<b>Report Sponsor</b>	Siân Harrop-Griffiths, Director of Strategy Gareth Howells, Director of Nursing and Patient Experience			
<b>Presented by</b>	Gareth Howells, Director of Nursing and Patient Experience			
<b>Freedom of Information</b>	Open			
<b>Purpose of the Report</b>	This paper updates the Board on discussions with the Swansea Bay Community Health Council (CHC) regarding the extension of the temporary closure of Singleton Minor Injuries Unit (MIU) and the next steps planned in relation to the service.			
<b>Key Issues</b>	<p>The MIU was urgently temporarily closed, with the agreement of the CHC, in November 2019 due to the refurbishment of Singleton Assessment Unit (SAU) which required the SAU to move to a different location in Singleton Hospital for a period of 4 months. The Board made a commitment that the MIU would reopen with the same level of provision or better than when it closed.</p> <p>However during the agreed closure period the loss of some of the GPs from the MIU rota meant that, in spite of active efforts to recruit additional GPs, it would not be possible to meet the commitment to reopen the MIU. The CHC asked for a position statement at the end of April and the Health Board wrote to outline the difficulties and propose that key clinicians presented to the CHC Executive Committee on the difficulties and proposed next steps in regard to the service. This discussion was held on Tuesday 18<sup>th</sup> June 2019 and a letter has subsequently been received from the CHC outlining their position regarding the proposed next steps.</p>			
<b>Specific Action Required (please choose one only)</b>	<b>Information</b>	<b>Discussion</b>	<b>Assurance</b>	<b>Approval</b>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

<b>Recommendations</b>	Members are asked to: <ul style="list-style-type: none"><li>• <b>NOTE</b> the discussions which have been held with the CHC regarding Singleton MIU</li><li>• <b>NOTE</b> the guidance from the CHC regarding next steps</li><li>• <b>AGREE</b> the proposed timeline for the required engagement / consultation on the future of Singleton MIU</li></ul>
------------------------	---

## SINGLETON MINOR INJURIES UNIT

### 1. INTRODUCTION

This paper updates the Board on discussions with the Swansea Bay Community Health Council (CHC) regarding the extension of the temporary closure of Singleton Minor Injuries Unit (MIU) and the next steps planned in relation to the service.

### 2. BACKGROUND

The MIU was urgently temporarily closed, with the agreement of the CHC, in November 2019 due to the refurbishment of Singleton Assessment Unit (SAU) which required the SAU to move to a different location in Singleton Hospital for a period of 4 months. Because it was not possible to continue to run the MIU without the SAU next door to provide staff cover it was agreed by the Board and CHC that the MIU would urgently temporarily close until the end of March 2019 when the SAU would reopen and the Board made a commitment that the MIU would reopen with the same level of provision or better than when it closed.

However during the agreed closure period the loss of some of the GPs from the MIU rota meant that, in spite of active efforts to recruit additional GPs, it would not be possible to meet the commitment to reopen the MIU. The Health Board wrote to the CHC on 8<sup>th</sup> May 2019 requesting that the temporary urgent closure of the MIU be extended while options are developed to ensure the Health Board is making best use of the staff and resources utilised in the Singleton MIU to care for our patients. Key clinicians attended the CHC Executive Committee on 18<sup>th</sup> June to outline the difficulties and proposed next steps. A letter has subsequently been received from the CHC outlining their position regarding the proposed next steps (attached as **Appendix A**).

The CHC Executive noted the ongoing background issues relating to the provision of the service including:

- The fact that the service is not a traditional MIU service and the restricted treatments able to be offered there;
- Unplanned closures presumably due to staffing shortages and not always being able to communicate such closures to the public;
- Inappropriate presentations and the resultant delay in diagnosis and therefore treatment;
- Inability to comply with service standards.

The CHC notes in the letter that the plan had always been to reopen MIU. It recognises that there is now a question of whether that would be the best use of resources given diminishing staffing levels and the positive outcomes from the re-directed resources from MIU into reducing emergency attendances and the positive impact on ambulance conversion rates. The CHC also heard that reduced staffing levels raise clinical safety issues.

The CHC recognises in its letter that a number of options have been considered with regard to the future of the MIU, but also that the clinicians involved were recommending the permanent closure of MIU because they believed the staff and

resources used in the MIU could be more effectively used to provide more appropriate care for patients with higher levels of need.

The CHC Executive were asked to respond to 3 specific issues; these are outlined below along with the CHC response:

**a. An understanding of the new level of safety issues relating to the re-opening of the MIU at Singleton, in light of severe staffing issues;**

The CHC accepts the information shared on this and the options explored but requests fuller information on the options which would be required for any further engagement going forward.

**b. The last 6 months have provided a better service for our patients showing more of an impact on unscheduled care than the MIU on its own could achieve;**

The CHC accepts there is a compelling case for the redirection of MIU resources from MIU to the Acute GP Unit (AGPU) and that based on this it is likely that members of the public and patients would consider the new model as providing a better service to them. The CHC concern is that no engagement has yet taken place with patients therefore a key aspect of the evidence that ought to have been considered in arriving at a model was not available.

**c. Instead of re-opening, would the CHC agree to work with the Health Board to develop the model for the future, building on learning / experience over the last 6 months, investing resources in a different way (i.e. into AGPU).**

The CHC, in the absence of any feedback from patients in relation to the new model, and the lack of in-depth information in relation to the pros and cons of each of the models considered, is not able to either agreed or disagree with the proposal to permanently close the MIU. Therefore the CHC has requested meaningful engagement in relation to the Health Board's plans and have offered to collaborate to that end. This should include an equality impact assessment to ensure certain groups are not disproportionately affected by the change and how any such impact may be ameliorated. The CHC have requested a service change proforma be prepared in relation to the case for change and how the clinical case has taken on board the views of members of the public. This will be considered at the CHC Executive Committee on 16<sup>th</sup> July and feedback will be available at the Board meeting.

The CHC have confirmed they are keen to work with the Health Board to ensure that any plans that have the potential to benefit the majority of patients within our communities are taken forward without unnecessary delay. Therefore they are willing to extend the closure of MIU whilst engagement takes place – proposing a further 3 month closure ought to be sufficient for that purpose, but giving the Health Board the option to ask for longer if required.

### 3. GOVERNANCE AND RISK ISSUES

In order to address the actions raised in the CHC letter the following timeline is proposed:

Action	Timeline
Engagement process agreed with CHC	CHC Executive on 16 <sup>th</sup> July 2019
Options worked up / developed into engagement document	July – August 2019
Focused engagement carried out with MIU attendees / potential attendees	July – August 2019
Focused engagement findings incorporated into engagement document	August 2019
Engagement on options & proposed way forward	September – October 2019
Consideration of outcome of engagement and decision on way forward	CHC Executive 19 <sup>th</sup> November & Health Board 28 <sup>th</sup> November 2019

This timeline will be subject to agreement by the CHC at their July Executive meeting. Assuming this is agreed the Health Board will need the temporary closure of Singleton MIU to be extended for a further 4 months, rather than the 3 proposed by the CHC. Realistically and bearing in mind summer holidays, it is not considered possible to shorten this timeline without risking the robustness of the process.

### 4. FINANCIAL IMPLICATIONS

There are no financial implications related to this service because the resources allocated to the MIU have been utilised to support the Acute GP Unit during the temporary closure and this will continue until the outcome of the engagement is known and a decision on the future pattern of services can be taken.

### 5. RECOMMENDATIONS

Members are asked to:

- **NOTE** the discussions which have been held with the CHC regarding Singleton MIU;
- **NOTE** the guidance from the CHC regarding next steps; and
- **AGREE** the proposed timeline for the required engagement / consultation on the future of Singleton MIU.

<b>Governance and Assurance</b>		
<b>Link to Enabling Objectives</b> <i>(please choose)</i>	<b>Supporting better health and wellbeing by actively promoting and empowering people to live well in resilient communities</b>	
	Partnerships for Improving Health and Wellbeing	<input checked="" type="checkbox"/>
	Co-Production and Health Literacy	<input type="checkbox"/>
	Digitally Enabled Health and Wellbeing	<input type="checkbox"/>
	<b>Deliver better care through excellent health and care services achieving the outcomes that matter most to people</b>	
	Best Value Outcomes and High Quality Care	<input checked="" type="checkbox"/>
	Partnerships for Care	<input checked="" type="checkbox"/>
	Excellent Staff	<input checked="" type="checkbox"/>
	Digitally Enabled Care	<input type="checkbox"/>
	Outstanding Research, Innovation, Education and Learning	<input type="checkbox"/>
<b>Health and Care Standards</b>		
<i>(please choose)</i>	Staying Healthy	<input type="checkbox"/>
	Safe Care	<input checked="" type="checkbox"/>
	Effective Care	<input checked="" type="checkbox"/>
	Dignified Care	<input checked="" type="checkbox"/>
	Timely Care	<input checked="" type="checkbox"/>
	Individual Care	<input checked="" type="checkbox"/>
	Staff and Resources	<input checked="" type="checkbox"/>
<b>Quality, Safety and Patient Experience</b>		
Continuing the temporary closure of MIU, engagement on options and deciding on the long-term future of the MIU will ensure that any risks associated with reopening the unit with insufficient staff are avoided.		
<b>Financial Implications</b>		
There are no financial implications related to this service because the resources allocated to the MIU have been utilised to support the AGPU during the temporary closure and this will continue until the outcome of the engagement is known and a decision on the future services can be taken.		
<b>Legal Implications (including equality and diversity assessment)</b>		
As part of the engagement process an equality impact assessment will need to be developed which will highlight and disproportionate effects on protected characteristic groups and the engagement document will include any necessary mitigations in this regard.		
<b>Staffing Implications</b>		
All Health Board employed staff at Singleton provide input into other services there as well as MIU. They have been utilised with no change to their working arrangements into other adjacent services to the MIU where they were already working part of their time already. Any necessary staff consultation will be confirmed with HR and if necessary undertaken alongside the public engagement. The majority of the service is provided by GPs under contract to the Health Board which can be stopped, as is currently the case.		
<b>Long Term Implications (including the impact of the Well-being of Future Generations (Wales) Act 2015)</b>		
The proposed engagement will enable the Health Board to ensure that any proposals for the future take on board the 5 ways of working underpinning the WBFGA.		
<b>Report History</b>	Previous report considered by Health Board in Nov 2019.	
<b>Appendices</b>	<b>Appendix A</b> – Letter to CHC from Health Board <b>Appendix B</b> – Letter from CHC to Health Board	



**GIG**  
CYMRU  
**NHS**  
WALES

Bwrdd Iechyd Prifysgol  
Bae Abertawe  
Swansea Bay University  
Health Board

Cadeirydd/Chairman: **Andrew Davies**  
Prif Weithredwr/Chief Executive: **Tracy Myhill**

gofalu am ein gilydd, cydweithio, gwella bob amser  
caring for each other, working together, always improving

**Pencadlys Bwrdd Iechyd Prifysgol Bae Abertawe**

Un Porthfa Talbot, Parc Ynni, Baglan, Port Talbot, SA12 7BR Ffôn 01639 683334

**Swansea Bay University Health Board Headquarters**

One Talbot Gateway, Baglan Energy Park, Port Talbot, SA12 7BR Phone 01639 683334

Rydym yn croesawu gohebiaeth yn y Gymraeg ac yn y Saesneg. We welcome correspondence in Welsh or English.



01639 683308



Gareth.howells3@wales.nhs.uk

Dyddiad / Date: 8<sup>th</sup> May 2019

Ms Mwoyo Makuto  
CHC  
Cimla Hospital  
Neath

Email: [mwoyo.makuto@waleschc.org.uk](mailto:mwoyo.makuto@waleschc.org.uk)

Dear Mwoyo,

**Re: Minor Injuries Unit at Singleton Hospital**

I am writing to follow up the discussion at Swansea Bay Community Health Council's Executive Committee on 16<sup>th</sup> April 2019 about the Minor Injuries Unit at Singleton Hospital where the CHC asked for confirmation from the Health Board about its intention and timescale for reopening the MIU, in line with the commitment given by the Health Board at its meeting in October 2018.

As you will be aware, in October 2018, the then ABMU Health Board approached the CHC to request the urgent temporary closure of the MIU at Singleton Hospital. This was because the Singleton Assessment Unit, which is located next to the MIU, needed to be refurbished to address environmental concerns raised by the CHC and Health Inspectorate Wales, and the MIU could not be safely operated without the support of the SAU next door. Based on this the CHC agreed that the MIU at Singleton could be temporarily closed for a period of 12-14 weeks while the refurbishment of SAU was completed.

At the end of March the SAU refurbishment was completed and the Health Board intended to reopen the MIU at this point. However, unfortunately while the MIU was closed, the number of GPs available to cover the required rotas reduced so that the MIU would only be able to reopen on a very sporadic basis. The Health Board has been working hard to try to improve this situation but to date this has not proved possible. As a result the Health Board



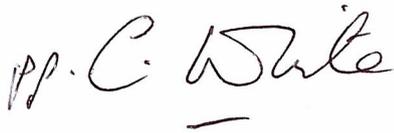
would like to request that the temporary urgent closure of the MIU at Singleton be extended while options are developed for its future, which can be discussed with the CHC prior to a formal request being made regarding future engagement / consultation.

The clinicians involved in providing the MIU service at Singleton are keen to present these options to the CHC, but unfortunately are unable to attend the Service Planning Committee on 14<sup>th</sup> May due to clinical commitments. Rather than wait until the next CHC Executive Committee on 18<sup>th</sup> June, the Health Board was therefore wondering if it would be possible to convene a special meeting of the SPC or Executive to consider this issue.

The Health Board remains committed to ensuring that the most appropriate range of services are available to meet our residents' unscheduled care needs, but obviously need to ensure that these services are provided safely and sustainably. We believe to reopen the MIU at Singleton currently would not provide a safe or sustainable service and therefore hope you are willing to agree an extension of the temporary closure so that the options for this service in the future can be discussed with you.

If you have any queries, please do not hesitate to contact me.

Yours sincerely,



**GARETH HOWELLS**  
**DIRECTOR OF NURSING & PATIENT EXPERIENCE**





BAE ABERTAWA | SWANSEA BAY

Cyngor Iechyd Cymuned Bae Abertawe  
Llawr Cyntaf  
Canolfan Iechyd & Gofal Cymdeithasol Cimla  
Castell-nedd SA11 3SU

Swansea Bay Community Health Council  
First Floor  
Cimla Health & Social Care Centre  
Neath SA11 3SU

Ffôn | Tel: 01639 683490  
ebost | e-mail: [office@communityhealthcouncil.org.uk](mailto:office@communityhealthcouncil.org.uk)  
[www.communityhealthcouncils.org.uk/abm](http://www.communityhealthcouncils.org.uk/abm)

Gareth Howells  
Director of Nursing and Patient Experience  
Swansea Bay University Health Board  
1 Talbot Gateway  
Baglan Energy Park  
Baglan  
Port Talbot  
SA12 7BR

25 June 2019

Dear Gareth,

### **MIU Singleton Hospital**

This CHC previously considered the evidence put forward by the Health Board last year to support the case for the temporary closure of the Minor Injuries Unit (MIU) at Singleton Hospital and supported the Health Board's decision to do so. Your letter dated 8<sup>th</sup> May 2019 asked the CHC to consider a further extension to the closure period whilst alternative models for future provision were explored. Your letter also advised that the clinicians involved in planning future service provision wished to meet with our Executive to discuss their plans.

I can now confirm that the Executive Committee of Swansea Bay CHC met on 18<sup>th</sup> May 2019 and heard from Dr Stephen Greenfield, Clinical Lead for AGPU and MIU Singleton, Dr Chris Hudson, Clinical Director for Medicine and Unscheduled Care, Singleton and Dr Andrew Macnab, Clinical Lead for Emergency Medicine and Emergency Department Consultant Morrision Hospital regarding emerging plans for the Minor Injuries Unit at Singleton Hospital.

Chief Officer: Mwoyo Makuto

Chair: Hugh Patrick

The Executive notes the on-going background issues relating to the provision of the service to include:

- The fact that the service is not a traditional MIU service and the restricted treatments able to be offered there
- Unplanned closures presumably due to staffing shortages and not always being able to communicate such closures to the public
- Inappropriate presentations and the resultant delay in diagnosis and therefore treatment
- Inability to comply with service standards

We further note that the plan had always been to reopen MIU, however, there is now a question of whether that would be the best use of resources given diminishing staffing levels and the positive output from the re-directed resources from MIU, namely the AGPU, reduction in emergency attendances and the positive impact on ambulance conversion rates. The Executive also heard that reduced staffing levels raise clinical safety issues.

For the reasons briefly summarised above, we understand that clinicians convened to consider a number of options:

- MIU opens with current model in place
- MIU opens with a different model with the Nurse Practitioner's support
- MIU opens with the current model option 1, whilst working to deliver an alternative model
- MIU remains closed permanently
- MIU adopts a telephone first model

We heard that the clinician involved in the project recommended the permanent closure of MIU. The Swansea Bay Executive was invited to respond to 3 specific issues:

- An understanding of the new level of safety issues relating to the re-opening of the MIU at Singleton, in light of severe staffing issues
- The last 6 months have provided a better service for our patients showing more of an impact on unscheduled care than the MIU on its own could achieve

- Instead of re-opening, would the CHC agree to work with the Health Board to develop the model for the future- building on learning/experience over the last 6 months, investing resources in a different way , ie into AGPU

I will address these 3 points in turn,

**An understanding of the new level of safety issues relating to the re-opening of the MIU at Singleton, in light of severe staffing issues**

Our Executive accepts the information shared in relation staffing challenges and the likely impact on patient safety. We note that a number of options were explored, of which some would not rely solely on the successful recruitment of GPs. It would have been helpful to receive fulsome information in relation to how the various options were assessed. Indeed such information would be helpful not only for Executive but also in any engagement that takes place going forward. (I will address the need for engagement more comprehensively below.)

**The last 6 months have provided a better service for our patients showing more of an impact on unscheduled care than the MIU on its own could achieve.**

It cannot be denied based upon the evidence shared with the Executive that there is an apparently compelling case for the redirection of MIU resources to the AGPU. Given the positive impact on ambulance conversion rates and reduced emergency attendances it is very likely that both members of the public and patients would consider the new model as providing a better service to them. The concern is that no engagement has yet taken place with patients therefore a key aspect of the evidence that ought to have been considered in arriving at a model was not harvested.

**Instead of re-opening, would the CHC agree to work with the Health Board to develop the model for the future- building on learning/experience over the last 6 months, investing resources in a different way, ie into AGPU**

In the absence of any feedback from patients in relation to the new model, and the lack of in depth information in relation to the pros and cons of each of the 5 models considered, the Executive is not able to neither agree nor disagree with the proposal to permanently close MIU. The Executive would like to see meaningful engagement in relation to the Health Board's plans and would be happy to collaborate with the Health Board to that end. Such engagement should include an equality impact assessment. A key interest of the Executive is whether certain groups might be disproportionately affected by the change and how any such impact might be ameliorated.

As you will know, the CHC and the Health Board have a mutually agreed Service Change Protocol; it would be helpful if the proforma within that protocol could be completed so that we can ensure absolute transparency in relation to the case for change and how the clinical case has taken on board the views of members of the public.

In all other respects, the CHC is very keen to work with the Health Board to ensure that any plans that have the potential to benefit the majority of patients within our communities are taken forward without unnecessary delay.

The CHC is content to agree a further extension to the closure of MIU whilst engagement takes place. We consider that a further 3 months closure ought to be sufficient for that purpose but are open to receive the Health Board's own views in this respect.

I look forward to working with the Health Board as it explores its plans with patients and members of the public. Please do not hesitate to contact me directly if I can be of further assistance.

My best wishes



Yours Sincerely

**Mwoyo Makuto**

Chief Officer, Swansea Bay Community Health Council