

22 October, 2024

LLANELLI RURAL COUNCIL

Minute Nos: 196 – 199

At the **SPECIAL COUNCIL** Meeting of the Llanelli Rural Council held at the Council Chamber, Vauxhall Buildings, Vauxhall, Llanelli, and via remote attendance on Tuesday, 22 October, 2024, at 5.30 p.m.

Present: Cllr. M. V. Davies (Chairman)

Cllrs.

D. M. Cundy	S. N. Lewis
S. L. Davies	A. G. Morgan
T. M. Donoghue	J. S. Phillips
A. Evans	A. J. Rogers
N. Evans	W. E. Skinner
R. E. Evans	A. G. Stephens
S. M. T. Ford	N. A. Stephens

Absent: S. R. Bowen, J. P. Hart, S. K. Nurse

Together with representatives from Hywel Dda University Health Board:

Mr Neil Wooding – Chairman, Hywel Dda University Health Board
Mr Philip Kloer – Chief Executive
Ms Eleanor Marks – Vice Chairman, Hywel Dda University Health Board
Mr Andrew Carruthers – Chief Operating Officer
Mr Lee Davies – Executive Director of Strategy and Planning
Ms Sian-Marie James – Assistant Director of Corporate Legal Services and Public Affairs
Mr Robin Ghosal – Prince Philip Hospital Director/Respiratory Clinician
Mr Jon Morris – Clinical Lead MIU, Prince Philip Hospital
Ms Meinir Williams – Deputy Head of Nursing
Mrs Alwena Hughes Moakes – Communications and Engagement Director.

196. APOLOGIES FOR ABSENCE

Apologies for absence were received from Cllrs. E. M. Evans, B. M. Williams and O. Williams.

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197. MEMBERS' DECLARATIONS OF INTEREST

The following members declared an interest in the following matter:

<i>Minute No.</i>	<i>Councillor</i>	<i>Interest</i>
199	M. V. Davies	Personal interest – he knew the Vice Chairman of the Hywel Dda University Health Board.
199	A. J. Rogers	Personal interest – his partner worked at Prince Philip Hospital.
199	W. E. Skinner	Personal interest – he knew the Vice Chairman of the Hywel Dda University Health Board.

198. PUBLIC PARTICIPATION

There was no public participation in the proceedings.

**199. PRINCE PHILIP HOSPITAL
TEMPORARY OVERNIGHT CLOSURE OF THE
MINOR INJURIES UNIT (MIU)**

Cllrs. M. V. Davies, A. J. Rogers and W. E. Skinner declared personal interests in the following item. Cllrs. Davies and Skinner both knew the Vice Chairman of the Hywel Dda University Health Board, whereas Cllr. Roger's partner was employed by the NHS and worked at Prince Philip Hospital.

Further to Minute No. 167, the Chairman welcomed representatives of the Hywel Dda University Health Board (HB) to the meeting to discuss and answer questions in regard to the HB's decision to temporarily close the Minor Injury Unit (MIU) overnight between the hours of 8.00pm and 8.00am at Prince Philip Hospital (PPH) for a period of six months from 1 November, 2024.

The Chairman of the HB, Mr N. Wooding introduced himself and thanked the council for the invitation to the meeting. He then proceeded to explain to members via the aid of a brief PowerPoint presentation, that it had been decided on 26 September, 2024, at a HB meeting to temporarily suspend evening services at the MIU at PPH for a period of six months from 1 November, 2024. During this period the MIU would not operate as a 24/7 service but it would be open from 8.00am to 8.00pm, seven days a week. Mr Wooding wanted to reassure the council about the future of PPH. Indeed it was not the intention to take anything away from PPH but the HB had to make sure it operated a safe service.

He then invited Mr P. Kloer, to address members but in doing so mentioned that Mr Kloer had been elevated from his role as interim Chief Executive and appointed as the HB's full time permanent Chief Executive. Thereupon members offered their congratulations. Mr Kloer had worked as a senior clinician holding a number of responsible roles over the 20 years he had worked in Llanelli and informed members that the temporary evening closure was required for the HB to work on a future model to bring back and recreate a safe working environment for staff at the MIU, and that all other hospital services remained the same.

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He stated that during the six months temporary evening closure, the unit would remain open between 8.00am to 8.00pm (this being the busiest times) to provide minor injury care to adults and children over 12 months old. Furthermore, the hospital's Acute Medical Admissions Unit (AMAU), providing emergency medical care for adults, remained a 24/7 service. The Out of Hours GP Service remained operational from 8.00pm to 11.30pm on weekdays and 8.00pm and 11.00pm on weekends. Moreover, there was a lot of elective surgery being performed at PPH and the Mental Health Unit continued to deliver important care and support services to those patients depending on the service. PPH was a hive of activity but he recognised the concerns the decision to temporarily close the MIU had or might have on the community. He then invited Mr A. Carruthers to address more fully, the main reasons behind the HB making this decision.

Mr Carruthers explained that the closure was necessary following escalating concerns raised by staff regarding the quality of service they were providing patients in their care as well as concerns over staff safety and welfare. This was due to the inability to fully staff the Unit robustly with GPs but particularly in trying to recruit GPs to cover out of hours work patterns overnight. There had been low interest and uptake in job adverts for GP cover and this was still currently the case even though Mr Jon Morris the MIU Clinical Lead had personally canvassed 11 GPs directly over work opportunities at the MIU. Despite this direct approach none of the GPs wanted to work overnight. Consequently, the recruitment of suitably qualified GPs for the MIU had proven to be a challenge and remained so. The current GP shortage brought about because of the reluctance among GPs to work overnight shifts had exacerbated stress levels and increased staff sickness at the MIU, raising serious concerns regarding patient and staff safety.

Members were then informed of the steps taken to raise public awareness about the impending temporary closure. The first engagement event was taking place with members of the public at the Antioch Centre on Wednesday, 23 October, 2024, at 2.00pm until 7.00pm. It was an opportunity to capture the public's views at the event. HB clinical staff would be on hand to address any points raised. An information campaign had also started which included leaflets being delivered to every household as well as too businesses affected by the change, together with radio advertising, billboard advertising in the town centre and on the roadside in Dafen, where PPH was located. The HB had also set up a steering group which comprised HB officials and clinicians and representatives from the national watchdog - Llais and the local pressure group SOSPPAN. The steering group was due to meet for the first time and would be responsible for developing the options for the future MIU service.

Mr. P. Kloer commented that in the interim, the public was being urged to use the NHS 111 Wales online symptom checker or call NHS 111 Wales for guidance, and to dial 999 in life-threatening emergencies. He reiterated that the hospital's AMAU, which served critically ill adult medical patients, as well as the Out of Hours service for when GP surgeries were closed, was unaffected by the temporary change, however, the HB could no longer ignore the clinical concerns with the present model.

The Chairman thanked the HB representatives for their informative update. There then followed a question and answer session about the temporary closure, with the HB's various responses to the discussion points and questions posed by members, being annotated as follows:

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Mr. Kloer recognised the disappointment expressed over the decision to temporarily close the MIU and responded to the claim that the HB had done nothing to prevent it despite the Health Inspectorate for Wales' review of the service taking place in 2023 and which highlighted the failings and issues associated with the current service. It was perplexing as to why the HB had waited until now to make the decision especially in light of the Inspectorate's report being received some time ago. Mr Kloer acknowledged the HB had known for a while but explained that recruitment for GPs willing to work at the MIU, had been challenging, especially for evening shifts and the model of care was reliant on having GPs supporting nurses.

Then Mr Kloer responded to the assertion about what was the honest reason for closing the MIU and recognised there was a signed petition in circulation (both a paper and online version), objecting to the temporary closure. The paper version of the petition was shared with Mr Kloer with him being briefly presented with it during the meeting for his personal perusal, observation and comment. Leading on from this, Mr Kloer accepted and understood the local depth of feeling, pain and worry brought about by the HB decision. He commented he also understood the public disappointment with the measures taken. In response to a plea to reverse the HB decision because of the impact it would have on people having to be forced to use other hospitals such as Glangwili and Morriston and the expensive taxi hire fees associated with travelling to either venue: he stated unfortunately this wasn't an option any longer. The HB was unable to attract GPs, because they did not want to work overnight because the model was not attractive to GPs because of the unsocial hours. Moreover, the HB could not ignore the clinical safety issues with the present model. The ambition was not to take anything away from PPH but to deliver a safe service for Llanelli residents.

In response about the HB believing and supporting in a 24 hour MIU both now and in the future, Mr Kloer advocated the HB believed in a clinically safe MIU and was conscious of the concerns expressed by the public, doctors and nurses. He didn't want to prejudge anything during the temporary closure including the work to be undertaken by the steering group over the next six months; it was important for the HB to assess and consult on the way forward. He reiterated the AMAU service remained unchanged but it wasn't a walk-in service, patients had to be referred. All other services remained unchanged.

Mr Kloer then turned his attention to the remark about the HB having to rebuild bridges with Llanelli town and to the comment that it was difficult to see to what realistically would change in six months and which would lead to the MIU being declared clinically safe and fully reinstated; with this in mind he was invited to reflect on the extent of Welsh Government (WG) support and whether its decisions and level of funding had negatively affected the HB's options in regard to workforce planning and staffing. Mr Kloer remarked that no doubt there were challenges with GP recruitment but WG had previously supported successful recruitment drives in Pembrokeshire and Ceredigion with it helping to create more GPs in the area. While WG funding had previously supported recruitment, unfortunately the HB had encountered recruitment issues with the MIU service. He remarked upon the risks associated with night shifts at the MIU, compounded by staff often being unaware of the severity of patients' injuries when they first arrived at the Unit. He asked Mr J. Morris to talk more about this.

Mr Morris explained that since A&E services being withdrawn in 2016 and replaced with the current model, night shifts in the MIU could be classed as dangerous in some instances and provided an example to illustrate the issue: a young, seriously ill child might arrive at PPH

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when they should have gone directly to Glangwili, where specialist doctors were available. This presented a high degree of risk because the MIU had no specialist paediatrician to call upon. Arriving at PPH first invariably would cause delays in treatment, as the doctors and GPs on site, while skilled, did not specialise in paediatric care, which in turn could lead to inappropriate patient placement. When he started working at PPH patients could be redirected to other hospitals via the 999 service quite quickly but this wasn't the case anymore. He stressed that while the HB did not wish to implement the overnight closure at PPH, it had become necessary due to limited options. From his own experience in looking to recruit GPs to work in the MIU, he confirmed it had been a struggle. There had been initial interest expressed in job applications from GPs but once they spent a few hours in the MIU at PPH, they stated it was not for them because of safety concerns. By extension when the HB did not have GP cover in the MIU the nurses felt unsafe. He explained the nurses continued to be worried about what they might face on a day to day basis and possibly making an error of judgement which could lead to patients coming to harm. This point was echoed by Ms M. Williams, Deputy Head of Nursing and she confirmed it was unsafe for MIU nurses to work in certain situations without the necessary medical cover provided by GPs.

Mr Kloer was then asked to respond once again to what WG could do to support the HB's recruitment drive. This could be for instance in response to the HB reviewing and uplifting pay scales for GP appointments. Indeed in regard to this point whether the HB was aware that a recent HB recruitment opportunity for a GP post was advertised at a band 9 pay scale whereas generally GPs were normally appointed on a band 10 pay scale. Mr Kloer acknowledged the point and confirmed this would be looked into but stated recruiting GPs to work in the MIU was different to what a GP would experience when managing a practice. He re-iterated that GPs didn't want to work in the MIU and unless something changed with GP recruitment over the next six months by re-looking at the model, the current arrangement won't work on a 24/7 basis.

Mr Kloer also responded to the knock on effect the temporary closure of the MIU would have on other hospitals with patients served by those hospitals being exposed to greater risk. He asserted waiting times at Glangwili were reducing and so he didn't envisage this being a significant risk.

By way of responding to the point raised about the MIU being reopened using the current model in six months' time or whether there was an opportunity to revert to a full A&E service at PPH in light of this being currently available in the HB's other hospitals; Mr Kloer invited his colleague Mr R Ghosal to comment. Mr Ghosal confirmed for an A&E service to correctly operate a range of specialist back up services were needed for it to function safely and described what this entailed by way of an example. Mr Ghosal stated PPH's strength lay in acute medicine and PPH was here to stay. He was keen to state the HB decision wasn't anything to do with the closure of the MIU service but more an alteration of hours to the service. Moreover, in an emergency situation where patients might have serious conditions they needed to be directed to Glangwili and Morriston and not the MIU at PPH. The service was currently unsafe so it was right to reset it through the temporary suspension of the overnight service. Mr Ghosal also replied to the point made about there being longer waiting lists at Glangwili and Morriston Hospitals and how this might affect staff at these hospitals over the next six months. He stated patients incorrectly presented themselves at PPH would eventually be re-directed to these hospitals in any event should it be warranted. Therefore, the same patient numbers would be seen at these facilities but with delays in their care and that could affect outcomes. He encouraged patients to initially use the screening service offered to

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patients by dialling the NHS on its 111 helpline to seek advice about their condition before setting off for hospital. In this way they would be directed and signposted to the correct hospital service facility more efficiently and effectively.

Mr Ghosal then responded to what would happen to mental health patients presenting after the 8.00pm temporary closure and whether they would be made to wait outside A&E at Glangwili. He stated there were various mental health pathways available to help manage this cohort of patients. Thereupon, Ms. Williams informed members that the HB was working closely with the mental health team to ensure patients received prompt assessments, which initially could be conducted over the phone. She emphasised the importance of the public using the correct pathways to access specialists in this field. If patients telephoned the NHS helpline 111 and selected option 2 they would be appropriately directed whereas MIU nurses and doctors could not do this because they were not medically trained in this specialist area.

In response to whether MIU doors would be closed earlier than 8.00pm because the MIU waiting room was full and in this scenario what would happen to patients subsequently presenting themselves just before or at the 8.00pm cut off point, Ms Williams explained that time would be allowed to mop up and clear the caseload by staff dealing with and discharging patients already waiting in MIU before the 8.00pm closure. However, in the event of patients presenting themselves after 8.00pm they would not be seen. There would be a sign on the doors stating the MIU was closed and that patients should consider dialling the 999 or 111 service depending on their circumstances or alternatively they should return when the MIU re-opened in the morning. However, in an instance where someone called 999 and experienced a delay with the ambulance arriving at any time, PPH would still be available for care, as the ambulance service could arrange an acceptance at PPH for the patient at the AMAU. Children however would have to be redirected to the most suitable location where paediatric care was available.

Owing to the need for the HB representatives to attend a similar council meeting at Llanelli Town Council at 6.30pm, the chairman had to abruptly bring proceedings to a halt. This was despite some members still waiting patiently to put questions. However, prior to the HB representatives vacating the council chamber consideration was briefly given to what the next steps might look like and how best the council could stay in touch and communicate with the HB during the next six months while the steering group was carrying out its work programme. The HB was opened to suggestions, and following discussion it was

RESOLVED that:

1. The Communications and Engagement Director, Hywel Dda University Health Board shall keep the council updated with periodic communications and progress with the work of the steering group by sending relevant information to the clerk. The clerk shall disseminate this information to all members so that in turn, they can keep residents up to date with developments.
2. To help inform the work of the steering group it was agreed that members could feed through further illustrative examples of medical ailments and scenarios that could be assessed by the steering group and subsequently publicised by the Health Board to advise the general public about where best to seek help during the overnight closure period.
3. All Members shall be encouraged to feedback any specific patient health concerns received by them from the general public by direct means to the Health Board's Communications and Engagement Director but if necessary by also referring the concerns via the NHS watchdog: Llais.

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The Meeting concluded at 6.30 p.m.

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The afore-mentioned Minutes were declared to be a true record of the proceedings and signed by the Chairman presiding thereat and were, on 13 November, 2024, adopted by the Council.