

Governing Body

Summary sheet

Date of meeting: 5 October 2021

For: Public session (part 1)

For: Discussion

Agenda item: Launceston minor injuries unit petition

Author(s): Trudy Corsellis, board secretary

Presented by: Trudy Corsellis, board secretary

Lead director or GP from CCG: Natalie Jones, chief nursing officer

Clinical lead: Dr Paul Cook

Executive summary

On 11 August 2021, Launceston Campaign Group emailed NHS Kernow requesting the minor injuries unit be re-opened as soon as possible. An iPetition had been created – see **appendix 1** for an outline of the petition and the concerns being raised. The email advising of the petition was also sent to Cornwall Partnership Foundation Trust (CFT), Royal Cornwall Hospitals Trust (RCHT), Cornwall Council and John Govett, the designate independent chair of the integrated care system. Other correspondence was subsequently received all of which has been responded to. A sample is given at **appendix 2** which contains the response to a letter received from Cllr Paynter who wrote on behalf of the Launceston Community Network Panel (CNP). Also attached at **appendix 3** is the report from CFT which will be discussed at the health and adult social care overview and scrutiny committee on 6 October 2021.

In accordance with NHS Kernow's [policy on the receipt and management of petitions](#), Trudy Corsellis, board secretary, and David Wilson, CFT's area director for north and east Cornwall, met with Joan Heaton and 2 other members of the campaign group. The concerns were listened and responded to, with CFT maintaining their commitment to re-open Launceston MIU by 1st October 2021 whilst also agreeing to review the situation weekly to determine if it was feasible to re-open sooner. In addition, Kate Shields, NHS Kernow's accountable officer and Karen Kay, the system director for urgent and emergency care, joined David Wilson at a meeting with Launceston CNP members on the evening of 16 September 2021. They reiterated their apologies for the breakdown in communication, explaining the circumstances leading up to the decisions and acknowledging the impact this had on local residents.

At the time of writing this report, the iPetition had 1843 signatories and we expect the MIU to have re-opened prior to the governing body meeting. NHS Kernow and CFT have both apologised for the lack of communication and appreciate that closing services, even temporarily, has consequences. However, the system pressures being experienced were complex and there was a need to maintain safe staffing levels due to the impact of COVID-19, including high levels of staff sickness and staff isolating or those recovering from COVID-19.

Governing Body is asked to formally receive the petition and receive assurance that learning from this matter has been undertaken including the strengthening of communications messages, especially those taken outside of normal decision making routes, e.g. when the health and care system is in escalation. Members will also be aware of the request contained within the CCG Chair's report that sought their commitment to the 10 principles contained within the recently published ICS implementation guidance on working with people and communities. This [guidance](#) sets out expectations and required actions; GB was asked to support their approval with health and care system partners.

Recommendations and specific action to take at the meeting

The Governing Body is asked to receive:

1. The [petition](#) which requests Launceston MIU is re-opened as quickly as possible and enquire further, if needed. (The link allows members to see comments from the public too.)
2. Assurance that improved communication mechanisms regarding urgent decisions made during escalation situations have been put in place.
3. A verbal update that the MIU is now open.

Additional required information

Cross reference to strategic objectives

- Improve health and wellbeing and reduce inequalities
- Provide safe, high quality, timely and compassionate care
- Work efficiently so health and care funding give maximum benefits
- Make Cornwall and the Isles of Scilly a great place to work
- Create the underpinning infrastructure and capabilities critical to delivery
- Commissioning supports COVID-19, recovery plans and long-term plan expectations

Evidence in support of arguments: Petition received and NHS Kernow agreed to use their petition policy to manage its safe receipt.

Engagement and involvement: Initial meeting held with the Launceston Campaign Group and a subsequent meeting with the Launceston community network panel.

Communication and/or consultation requirements: Recognised the need for improved communication.

Financial implications: Increased cost to individuals who may need to travel further to open services provided by the MIU.

Review arrangements: Expect the MIU will re-open on 1 October 2021.

Risk management: Prior to temporarily closing the MIU, the risks were considered.

National policy or legislation: Every CCG is expected to have in place a protocol for receiving petitions.

Public health implications: None known.

Equality and diversity: Closure of MIU means local residents have to travel further for support and public transport links can make this more difficult due to the surrounding rural setting.

Climate change implications: None known.

Other external assessment: Temporary closure was notified to NHS England.

Relevant conflicts of interest: Relates to decision taken by NHS Kernow, CFT and RCHT officers.

Appendix 1

Save Launceston Minor Injuries Unit.

Why we are unhappy:

Launceston needs decent healthcare services open and accessible to everyone. A group of health and social care leaders, however, decided to close Launceston Minor Injuries Unit from 25 July to the end of September without any consultation. They did not even share the news with local GPs. How is this situation even remotely acceptable?

What we want:

1. The immediate reopening of the MIU.
2. That the minutes of the meeting that made this decision are published so that we will know:
 - Who made the decision and whether there were any dissenters to the decision.
 - The criteria used, including any facts and figure ,that led to the conclusion that Launceston MIU was the logical service to cut.
 - The risks assessed and any risk mitigation factors to be put in place.
 - The details of any discussions about the repercussions for the people of Launceston.
 - Why October was chosen as the date for reopening the MIU and what measures are being taken to resolve the staffing issues between now and then.

Our petition says:

"To: NHS Kernow Clinical Commissioning Group, Cornwall Foundation Trust, Cornwall Council and anyone else of accountability.

We, the undersigned, in response to the sudden closure of Launceston's Minor Injuries Unit with no explanation, give notice to those responsible that we demand full disclosure of why this decision was made and by whom.

We further demand that the Minor Injuries Unit is reopened immediately."

What you can do:

Sign the petition by going to:

Google search [ipetitions.com Launceston Minor Injuries Unit](https://www.ipetitions.com/Launceston-Minor-Injuries-Unit)

Facebook Group **Launceston Notice Board** and search for Launceston Minor Injuries Unit.

Get involved:

contact us at: saveourmiu@gmail.com

MIU CAMPAIGN GROUP



1 September 2021

Email: john.govett@nhs.net

Cllr Adam Paynter
Launceston north, and north Petherwin division
cllr.adam.paynter@cornwall.gov.uk

Dear Cllr Paynter

Launceston Hospital minor injury unit

Thank you for the letter sent on behalf of the Launceston Community Network Panel expressing members' concerns about the temporary closure of the area's minor injury unit (MIU).

Firstly, I would like to apologise for the lack of communication with the community to make people aware of the decision to temporarily close the MIU. This was due to an oversight and a breakdown in communication when the decision was made during a silver escalation call. Steps have been taken to address this.

We know people who live in and around Launceston value their MIU, and the decision to temporarily close it was not taken lightly. We understand how important it is that it re-opens as soon as possible, and it is scheduled to reopen on 1 October.

Cornwall and the Isles of Scilly's health and care system continues to experience an ongoing extreme surge in demand. On 18 August our system issued a briefing to the public and our partners about these issues, and the actions we have taken to ease pressures. [The briefing answers the majority of the panel's questions.](#)

The reasons for our system's pressures are a complex mix of factors, including the impact of COVID-19; high levels of staff sickness, and staff isolating or recovering from COVID-19; providing care for our elderly and vulnerable; and an increase in people visiting Cornwall since lockdown restrictions were eased in May.

Our staff have taken a much-needed and well-deserved break, and there are also staff vacancies. We have been affected by the significant countywide shortage of affordable accommodation which has impacted on our ability to recruit and retain staff from out of county. Cornwall and the Isles of Scilly's MPs are aware of this issue, and we understand are discussing this with the government.

We are working hard to recruit extra staff and make it easy for them to come and join our teams, including sourcing accommodation for them.

Unfortunately, staff shortages have meant we have had to make some very difficult decisions including either reducing opening hours, or closing services when we have been unable to

provide safe levels of staffing. Regrettably, this has included closing Launceston MIU, in-line with Cornwall Foundation Trust's (CFT) usual operating processes to allow staff to work in and sustain services from the larger and busier MIUs across north and east Cornwall.

Your letter states that NHS Kernow data identifies 16,000 patients in the Launceston area, but the local patient participation group believes the figure to be closer to 20,000. I am unsure where this figure was quoted, but NHS Kernow's primary care team has confirmed the practice registration list size was 18,890 people in April. The catchment of Launceston Community Hospital will be slightly higher as it will see and treat people who are not only registered with the medical centre, including people from Lifton Surgery in Devon which NHS Kernow is not responsible for.

I want to take this opportunity to underline our health and care system's commitment to providing services in Launceston. Last week, CFT confirmed it will invest more than £400,000 into infrastructure and equipment at Launceston Community Hospital, including a new x-ray machine and building works to enable the installation of the new machine. Work will begin in November, with the x-ray machine being operational by mid-February 2022.

The vision of our integrated care system can only be achieved by working together to ensure our services are planned and developed in partnership with our staff, and communities to meet people's needs. It's clear from the investments made at both the new Launceston Medical Centre, and Launceston Community Hospital that we recognise the strategic importance of the town, and will continue to listen to, talk with, and involve the community in our work and developing our plans for future health and care provision.

NHS Kernow has arranged a private meeting this Thursday with Joan Heaton from the Launceston MIU campaign group, Trudy Corsellis, NHS Kernow's board secretary, and David Wilson, CFT's area director, to formally acknowledge receipt of the petition, and to answer any questions. A report will also be shared with NHS Kernow's governing body when it meets on 5 October.

Unfortunately, I am unable to attend the September CNP meeting, but Kate Shields will attend, accompanied by David Wilson and Karen Kay, system director – urgent and emergency care, to answer members questions. Please could the invitation be sent to kateshields@nhs.net.

Yours sincerely

A handwritten signature in black ink, appearing to read 'J.R. Govett' with a stylized flourish at the end.

John Govett
Independent chairman
Cornwall and the Isles of Scilly Integrated Care Board.

Paper for the Health and Adult Social Care Overview and Scrutiny Committee

October 2021

Launceston minor injury unit (MIU)

Introduction

A decision to close Launceston Hospital's minor injury unit (MIU) was made at a 'silver' escalation call. The 'silver' calls were being held regularly to manage the demand across health and care services. A variety of health and care partners were present at the meeting including representatives from the Royal Cornwall Hospitals NHS Trust and Cornwall Council.

Unfortunately, a breakdown in the communication led to the decision being enacted without any communication to the local community and stakeholders. For this, the Trust is very sorry.

The temporary closure began on 25 July 2021. The unit is scheduled to reopen on 1 October 2021.

All other services and departments at the hospital remained fully operational. In August 2021 the Trust announced in investment of over £400,000 into Launceston Hospital to fund a new x-ray machine and building works to enable the machine's installation.

Background

Launceston is one of 10 MIUs run by Cornwall Partnership NHS Foundation Trust (CFT) located in:

1. Bodmin
2. Camborne and Redruth
3. Falmouth
4. Launceston
5. Liskeard
6. Helston
7. Isles of Scilly*
8. Newquay
9. St Austell
10. Stratton*

* open 24 hours a day, reflecting their remote geography.

There is also a GP led unit within the GP practice in St Ives.

Minor injury units are very different to emergency departments which are staffed by consultants, nurses and specialists who have access to the full range of diagnostic technology and facilities.

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The majority of CFT's MIUs are nurse led, and except for Camborne and Redruth hospital do not have any GP cover. Each unit is run by 2 registered nurses with specialist training and a single healthcare assistant.

Most units have access to x-ray facilities for at least part of the week, although availability varies from unit to unit.

Since July 2020, Cornwall has been promoting access via NHS 111. This approach should see everyone who thinks they need to access a MIU calling or visiting NHS 111 first.

This allows NHS 111 to direct people to the most appropriate local service whether GP, pharmacy, MIU or emergency service. This allows the unit to be notified of the person's arrival and helps maintain social distancing in waiting areas.

The promotion of Think 111 formed the basis of NHS in Cornwall's summer campaign which started in May 2021. This promoted the 111 service and use of your own GP, even if on holiday. This campaign has included:

- health messaging in the Cornwall Council tax mailer.
- Distribution of 80,000 flyers in tourist packs for tourist hot spots, train stations, campsites, holiday lets, B&Bs, and hotels.
- 12 week targeted social media advertising focused Penzance, St Ives, Newquay, Bude, Camborne and Redruth, Falmouth and St Austell to promote pharmacies and NHS 111.
- Advertising at Newquay airport baggage reclaim and exit.
- Information at Cornwall Council bus stations, digital road signs, bus stops and car parks.
- Heart FM and Pirate FM radio advertisements to promote NHS 111.
- A jointly funded a campaign with Devon to advertise 111/phone your GP on Heart FM, bus stops and back of bus advertising, Exeter services, train station billboards.
- Jointly funded campaign with Devon to promote 111 and your own GP on Heart FM to promote
- Advertisements on Spotify targeting 13-to-30-year-olds to promote pharmacies and self-care in Penzance, St Ives, Newquay, Bude, Camborne and Redruth, Falmouth and St Austell. National advertisements have also been placed on this platform.
- Digital advertising with Visit Cornwall in addition to our own advertisements which target major tourist locations, social media influencers or those with high followers which include the Watering Hole, the Bowgee, Flambards, and the National Trust.
- Information distributed via the school messenger service and the Council's weekly e-newsletter.

Local context

Launceston is one of our quietest units, seeing less than 8,000 people a year.

Across the remainder of north and east Cornwall each of the MIUs treat over 10,000 people a year or are classed as geographically isolated making them priority services. This means we routinely draw resources from our quieter units to maintain a service from our busiest

departments¹. This approach also ensures local emergency departments and our acute hospitals providers are supported by a core network MIUs.

Across north and east Cornwall 40.37 whole time equivalents (30.05 nurses and 10.27 wte health care assistants) provide the minor injury service.

Between June and July 2021, 10% of the staff were absent and in the majority of cases, the absence reasons were not related to COVID-19 and we have not been able to identify a trend or pattern to the absence.

Rationale

The decision to adjust the hours of a minor injury unit is never taken lightly, however, these decisions are made within a very clear hierarchy to protect and maintain our core minor injury unit sites and services, in line with our business continuity plan.

Both focus on maintaining services at our largest and busiest units, considering how demand at each unit fluctuates at different times of the year. For example, Newquay sees the largest seasonal variance and maintaining this service is a priority in summer and especially during the Boardmasters Festival.

Operationally, decisions are made daily to respond to unexpected staff absences and other operational factors. This may result in a minor injury unit closing early because of a sudden surge in demand or to provide support to a larger unit.

The decision to close Launceston's MIU over the summer allowed us to:

- Redeploy staff to other busier units in north and east Cornwall, and primarily Liskeard
- Maintain safe services
- Give a consistent message about the availability of services

Lessons learnt

We sincerely apologise for the lack of communication ahead of the unit's closure.

We have taken steps to ensure that operational changes are notified to the community and wider stakeholders. We hope members of the committee and wider council members will have seen this as other operational changes have been enacted over the summer months.

Conclusion

The decision to close an MIU is never taken lightly; and this decision was in line with the Trust's COVID-19 and business continuity plans. The focus of both is to maintain core services at our priority units.

¹ Camborne and Redruth is our busiest unit seeing over 27,000 people a year; followed by St Austell (>15,000), Bodmin, Liskeard, Falmouth and Newquay (>10,000); Helston (<5,000).

However, where our processes broke down was in the communication of the decision to local people and stakeholders. For this we would like to apologise. This is not the way that we like to operate, and we have taken steps to ensure this was a one-off occurrence.

We are very sorry for the anxiety this created locally, especially regarding the long-term future of the hospital.

In August 2021 the Trust announced an investment of over £400,000 into Launceston Hospital to fund a new x-ray machine and building works to enable the machine's installation.

Another recent development is the hosting of the peninsula-wide 'Retrieve' team at the Launceston hospital site. Due to the strategic location of Launceston Hospital, it facilitates the timely transfer of patients between intensive care units across the South-West. The specialist team are based at Launceston with their ambulances as part of a pilot initiative.

Recommendations

The committee are asked to:

- Endorse the rationale for the closure of the Launceston MIU and accept the Trust's apology for the breakdown in communication, which led to the closure proceeding without any communication to local people and stakeholders