

Extra-Ordinary System Resilience Group meeting
Held on Tuesday 5 April 2016 9am – 10am
Gordon Hesling Room, LTH Offices, Royal Preston Hospital

Present: Jan Ledward – CCG
Matt Gaunt – CCG
Jayne Mellor – CCG
Karen Partington – LTH
Suzanne Hargreaves – LTH
Paul Havey – LTH
Sue Moore – LCFT
Bill Gregory – LCFT
Clare Mattinson – LCC
Sam James - CCG
Iain Crossley – CCG
Emma Foster – LCFT
Gail Naylor – LTH

Apologies: Gora Bangi
Dinesh Patel
Matt Orr
Mark Pugh
Heather Tierney-Moore
Max Marshall
Sharon Ross
Kate Burgess
Mick Duffy
Adrian Leather
Ahmed Qamar
David Winters

1. Welcome and introductions

Introductions were made at the meeting and a welcome was extended to Gail Naylor, the new Director of Nursing and Midwifery at Lancashire Teaching Hospitals.

The minutes of the previous SRG meeting were still in draft form and therefore not discussed at the Extra Ordinary Meeting. The Extra Ordinary SRG meeting had been convened as a result of the discussions which had taken place at the recent Joint Finance Recovery Board meeting the previous week.

2. Apologies: As Above

3. Staffing – Locum Agency Cap: Options

A presentation was given to the group which had been presented the previous evening to LTH clinicians following conversations that had taken place in the Trust. It was confirmed that at the recent Joint Recovery Board meeting issues had been shared about the difficulties LTH had encountered as a result of the agency cap. LTH had made a decision to break the cap in order to recruit as many people as

possible to staff the Emergency Department. Currently the Departments have a gap of 19 shifts per week. The issue was that the Trust should have a total of 8 middle grades and currently had only 2. This was compounded by the fact that recent curriculum vitae that had been received had not been of the calibre expected by the Trust. Meetings had taken place with Emergency Department staff due to the difficulties that had arisen running 2 Emergency Departments across 2 sites.

The presentation gave an overview of the current situation and the alternative options that were currently being considered.

The biggest issues for the Trust were around Middle Grade Doctors. It was reported that the Trust had been extremely fortunate in that the Emergency Department Consultant team had committed to working additional shifts to ensure safe cover was provided in the Department. This commitment of additional work had been given for a two week period up to 18 April to allow for a contingency plan to be put in place and seek locum cover to address the pressures on both sites.

In addition physicians from Respiratory, Gastroenteritis and Orthopaedics had offered 'in reach' support to the Emergency Department to help with additional cover between 5pm – 10pm. There had also been support from the Heads of Nursing, Divisional Directors and other staff groups, including GP cover. Conversations had already been held with NWS to update them of the position and some analysis of the support they can offer was discussed. A meeting was also arranged for Monday 11 April 2016.

Actions this week had been around reviewing and determining the model of care that could be delivered within the resources that were currently available. This would need to be a pragmatic delivery of safe care.

The Trust is exploring options with the Chorley medics and looking at GP support and admission rights for Emergency Department.

It was acknowledged that this is an impact on both hospitals and that any action at CDH would affect RPH and vice versa.

The test for the System Resilience Group was to ensure that all options to continue services on both sites had been explored, including testing of the market and options for all alternative provisions and support that may be made available to the economy.. There was a question about what market did currently exist that would provide emergency care or cover. It was however agreed that this option would be pursued.

Discussion took place about the Urgent Care Centre and the options of this facility, however even with this facility there was still a possibility that the CDH Emergency Department would have to close. The suggestion was made to accelerate the Urgent Care Centre and deal with procurement issues later. Although this would be of benefit it would not bring in the necessary medics and therefore the issue of being unable to staff two Emergency Departments across two sites still existed.

NWAS had offered the facility for paramedics to help at both sites in a pathfinder role to point patients in the right direction, which could probably be mobilised quite quickly the option of setting up pop up clinics for patients with minor injuries would also be explored.

It was acknowledged that if the SRG could not find a solution then it was likely that major incident status would ensue which would then involve the business continuity plans of the whole health economy.

Consequently it was agreed to develop the following work streams:

An options paper should be produced by LTH for the provision of safe care.

Develop the communication strategy with what has been considered and actioned, and the risks that we have reached this position..

What could be mobilised quickly to support delivery across the health economy.

A suggestion was to defer patients to Blackburn and Wigan and also to take back the 111 calls. These were valid suggestions but would not address the issue of the Middle Grade cover. Therefore there would need to be arrangements put in place for the Emergency Departments across both sites. .

Discussion then took place about the fact that as RPH was a designated Trauma Centre staff from other Emergency Departments could be re-deployed to maintain this centre, which would be the protocol should a major incident occur.

It was reported that other Trust Emergency Departments were experiencing similar difficulties and were also vulnerable from a staffing perspective. It was agreed that a letter would go out to the other Trusts in the area and ask for help, but with an awareness that they were in difficulty too. It was also reported that performance across other Trusts had deteriorated since October 2015.

The other part of the planning during major incident status would be to have a single point of contact to divert patients from hospital and pull staff off other things to deal with emergency issues.

St John's Ambulance was also another option and some Mental Health Crisis support.

The April Doctors strikes were discussed and the effect that this would have on the Trust due to there being no emergency cover.

It was suggested that GPs do not refer patients to the hospital for a six week period to alleviate the pressure.

There was still anxiety around the A&E Departments situation and the timing of any action that was being taken. In order to meet the two week deadline that the

Emergency Department Consultants had committed to there would need to be a plan put in place by day 8 (Monday 11 April). It would be necessary to plan for the worst case scenario. There was a combined view that things needed to be mobilised quickly and that communication was paramount together with an escalation plan. Communication needed to be prepared to go to the following:

NHS Improvement
Care Quality Commission
NHS England
Politicians
Media
Health and Well Being Board

All this to be carried out by all organisations in a joint comms exercise. There was a view that despite communication to the public there would be some members of the public who would still turn up. This would need to have a mitigation plan in place. Repeat attenders would also need to be considered. There may also be some option to gain some help from the voluntary sector.

Going forward there may be opportunities to accelerate things that could lead to real progress for the health care economy. It would be important for any actions to go into Healthy Lancashire and the STP for Lancashire as well as conversations taking place with the Urgent Care Network.

Actions from Extra-ordinary SRG

- Procurement – Jan Ledward
- Mobilising Urgent Care – Sue Moore
- NWAS/St John’s Ambulance – Suzanne Hargreaves
- Taking back 111 calls – Jayne Mellor
- Conversation with Wigan CEO – Karen Partington
- Crisis mental health issues – Sue Moore
- GP support – Assessment on wards – Jayne Mellor
- Central point for triage GP calls – Suzanne Hargreaves
- Communication teams – Suzanne Hargreaves
- Conversation with GPs about ‘referral holiday’ – Iain Crossley
- Escalation for discharge – Paula Field/Jayne Mellor
- Identifying national restrictions that put pressure in the system ie recruitment difficulties/agency cap
- Social care in reach to Emergency Department

The timeline of discussions, decisions and actions would be shared with the whole group.

The Trust BI team would work on Emergency Department attendances together with post code mapping. NWAS were also running some data.

This intelligence to be used to get accurate figures and model the impact.

It was agreed that the group needed to re-convene on Friday 8 April 2016 at 2.00pm.

Any Other Business

It was reported that it was likely that Longridge Hospital would close in the near future due to a lack of resources. Therefore there would need to be some parallel discussions and decisions taken at the same time as the debate around CDH Emergency Department. This would be debated further at the meeting scheduled for Friday 8 April 2016 at 2.00pm.