

SRG A&E Crisis Group

11 May 2016 | 8.00am | Boardroom 1

Chorley House, Chorley and South Ribble and Greater Preston CCGs

Present:

Jan Ledward	Chief Officer, CCGs (Chair)
Iain Crossley	Chief Finance and Contracting Officer, CCGs
Helen Curtis	Head of Quality and Performance, CCGs
Matt Gaunt	Chief Finance Officer, CCGs
Louise Giles	Director of Development, Lancashire Care
Suzanne Hargreaves	Operations Director, Lancashire Teaching Hospitals
Paul Havey	Finance Director, Lancashire Teaching Hospitals
Emma Ince	Planning and Delivery, CCGs
Clare Mattinson	Lancashire County Council
Sue Moore	Chief Operating Officer, Lancashire Care
Jayne Mellor	Head of Planning and Delivery, CCGs
Matthew Orr	GP Director, CCGs
Karen Partington	Chief Executive, Lancashire Teaching Hospitals
Dinesh Patel	Chair of Greater Preston CCG
Julie Peat	North West Ambulance Service representative
Mark Pugh	Medical Director, Lancashire Teaching Hospitals
Mike Smith	Head of Assurance and Delivery (Lancashire), NHS England
Karen Swindley	Director of Workforce and Education, Lancashire Teaching Hospitals

In attendance:

Karen Brewin	Committee Secretary, Lancashire Teaching Hospitals (minutes)
Lorraine Kelly	Communications Manager, Lancashire Teaching Hospitals
Erin Portsmouth	Head of Communications and Engagement, CCGs

Apologies:

Gora Bangi	Chair of Chorley and South Ribble CCG
Kate Burgess	Commissioning Manager, Lancashire Care
Graham Curry	North West Ambulance Service
Emma Foster	Network Director (Adult Community Services), Lancashire Care
Mick Duffy	Social Services, Lancashire County Council
Bill Gregory	Director of Finance, Lancashire Care
Sam James	Head of Performance, CCGs
Adrian Leather	Chief Executive, Lancashire Sport (voluntary sector lead)
Dominic McKenna	Financial Management Director, Lancashire Care
Max Marshall	Medical Director, Lancashire Care
Ahmad Qamar	Out of Hours Service
Sharon Ross	Adult Services, Lancashire County Council
Heather Tierney-Moore	Chief Executive, Lancashire Care
David Winters	General Manager, Ramsay Health Care UK

32/16 Apologies for absence

Apologies for absence had been identified on the agenda and were noted above.

33/16 Minutes of the previous meeting

The minutes of the meeting held on 4 May 2016 were approved as a correct record.

34/16 A&E/Urgent Care Centre project meeting update

A copy of the notes of the project group meeting held on 5 May 2016 had been circulated with the agenda for information. Mrs L Giles pointed out that whilst account was being taken of the requirement to recruit middle grade doctors to sustain the Chorley emergency department, consideration would also need to be given to GPs and nurse practitioners as there were difficulties with recruitment to short-term posts. It was explained that appointments were being made on a week-by-week basis and it was felt there was a need to discuss longer term contracts that potentially aligned with the timetable with procurement of the urgent care centre. It was agreed that further discussions would be held at the A&E crisis project group.

Resolution:

- **Further discussions to be held at the A&E crisis project group meeting regarding terms of appointment for GPs and nurse practitioners.**

35/16 Update on recruitment

Mrs K Swindley reported that two locums were due to commence next week although one had withdrawn due to family commitments. One locum was coming to the end of the trial period and the Trust would not be taking forward an appointment owing to competency issues. The SRG was also reminded that a further locum had been booked to commence at the beginning of June 2016. The Trust was now receiving locum CV resubmissions through off-framework agencies that had previously been considered and discarded and it was noted that the majority of locums within the market had now been explored. It was also noted that there was a possible middle grade doctor available through national recruitment and arrangements were being made for a Skype interview for a permanent role.

In respect of doctors in training, a letter had been sent to Professor I Cumming at Health Education England regarding allocations across the North West, a copy of which had been circulated on Friday along with the update communication to stakeholders. Consideration of assistance and support with trainee doctors being rotated to work in the emergency department had also been requested and a response was awaited from Health Education England. Information had been received regarding the GPST (specialist training) doctor allocation in August which was expected to be 8 out of a potential 19 placements that the Trust required. There would be two further recruitment opportunities although there was no guarantee that the number of trainee doctors coming to the Trust would increase. The Chair confirmed that an attempt had been made to reinstate the meeting with the North West Dean of Postgraduate Studies (Professor J Hayden) following cancellation of the meeting earlier in the year, although the earliest date that could be offered was 6 July 2016. The Chair confirmed that attempts were being made to identify when Professor J Hayden was in the area to try to arrange a meeting as soon as possible.

Mrs K Partington referred to the North Region STP Development event she would be attending later today and discussions that would be expected with the Chief Executives

of NHS England (Mr S Stevens) and NHS Improvement (Mr J Mackey) regarding the Chorley emergency department crisis and staffing levels. Reference was also made to the looming crisis within other clinical specialties (such as paediatrics and neurosurgery) and Mrs S Moore added that issues were also forecast within mental health services. Mrs K Partington agreed to raise this at the STP session this afternoon.

Reference was made to the 35 CVs that had been received of which 3 were potential candidates and Mr M Gaunt asked whether any of the 3 locums who had been originally trialled would be remaining with the Trust. Mrs K Partington clarified that of the two locums who had commenced on 25 April 2016, one had left due to individual choice, one would not be appointed due to capability issues, and the locum expected to start on the 9 May 2016 had not commenced due to family commitments. It was noted that the Trust's position was consistent with other health systems. Mr P Havey commented that the cohort of locum doctors now available from agencies was not at a level to cover the middle grade roles and responsibilities, some of the locums being offered were unregistered or needed additional supervision, and the same locum doctors that had previously been offered to the Trust were being recirculated through different agencies.

Resolution:

- **The Chair to continue to attempt to arrange an urgent meeting with Professor J Hayden to discuss allocation of doctors in training; and**
- **Mrs K Partington to raise staffing difficulties, along with looming staffing issues in additional clinical specialties and mental health services, at the STP event later today.**

36/16 Plan for re-opening sustainable Chorley emergency department

Mrs S Hargreaves confirmed that re-opening Chorley emergency department on a safe and sustainable basis would be predicated on appointment of an appropriate workforce. An options paper would be presented to next week's SRG A&E crisis group meeting which would include factors raised by Mrs L Giles in respect of GPs and nurse practitioners.

Mrs H Curtis commented that as part of the re-opening plan it would be expected that actions to re-open would be included along with a safeguard plan to monitor and influence re-opening and discussions had been held yesterday with Mrs S Hargreaves and Mrs J Mellor in this regard. Mrs K Partington stated that due to the ongoing staffing shortage the Trust could not re-open and would welcome any suggestions on a collective message and any potential options. The Chair referred to the potential to commission a provider to run the Chorley emergency department and suggested that the CCGs should explore the market to determine whether this was an option. It was noted that the CCGs had previously looked at a sustainability partner although this had not attracted any interest. Mrs C Mattinson suggested there would be a need for a clear message as there could be potential challenges around why the Trust had been unable to recruit although it was recognised that any partner would have their own workforce framework. SRG members acknowledged that the option for a sustainability partner should be explored further and reported back to SRG at a subsequent meeting.

Discussion was held regarding escalation of the position through NHS England and NHS Improvement as it was felt that all workforce options had been explored, there continued to be challenges with junior doctor allocations, and the Trust still required

appropriate doctors to support the emergency department service. It was agreed that a high level meeting should be arranged as a priority, if possible next week, which should include Lynn Simpson, Paul Chandler, Graham Urwin, Richard Barker, Karen Partington, Mark Pugh, Jan Ledward, Gora Bangi, Dinesh Patel, Lancashire Care representatives (either Dr Richard Morgan, Consultant Psychiatrist; Heather Tierney-Moore or Sue Moore; and representatives from Lancashire County Council and the North West Ambulance Service. It was agreed that the Chair would progress arrangements for the meeting and a joint letter from the Chair and Mrs K Partington would be drafted and shared with Mrs C Mattinson so an appropriate representative from Lancashire County Council could be identified. It was also proposed that a representative from Health Education England should be invited to attend the meeting.

Resolution:

- **The Chair to arrange to explore the option for a potential fixed-term sustainability partner;**
- **Arrangements to be made for a high level meeting with representation as detailed within the minute; and**
- **The Chair to draft a joint letter from herself and Mrs K Partington to outline the purpose of the meeting.**

37/16 Communications update

Mrs E Portsmouth confirmed that a detailed briefing had been circulated to stakeholders last Friday and any further communications would concentrate on operational issues.

Mrs L Kelly reported that a range of stakeholder meetings were being arranged over the next week with targeted groups to maintain dialogue and respond to any specific issues or concerns raised by organisations. It was noted that a rally was being organised on 11 June 2016 when protesters would be marching through Chorley in support of re-opening the Chorley emergency department. There continued to be a significant amount of on-line activity although this related in the main to the continuing weekly protests being held outside Chorley and South Ribble Hospital on Saturdays. It was also reported that there was focus on the upcoming Health Scrutiny Committee meeting on 24 May 2016 to which specific organisations, including NHS England, Health Education England and Medacs had been invited to attend.

The Chair requested that key meetings such as the Health Scrutiny Committee should be monitored to ensure any issues highlighted were picked up and a response developed. Mrs E Portsmouth confirmed that the communications team at NHS England had also requested regular updates around the Health Scrutiny Committee.

Professor M Pugh joined the meeting at this point.

Mrs C Mattinson referred to several questions that had been raised in Parliament yesterday regarding the Chorley emergency crisis and Professor M Pugh provided an overview on his interview with Radio Lancashire which he had just returned from earlier this morning.

38/16 Project Team composition

Following last week's discussion regarding the full SRG A&E crisis group being replaced by an operational team to oversee the remaining work around re-opening the Chorley emergency department, a paper had been circulated with the agenda which outlined the composition of the proposed operational team. Mr I Crossley confirmed that a communication lead would need to be added to the membership. In discussing the proposed structure, Mr I Crossley explained that consideration would also need to be given to the focus of the operational team in respect of recruitment of staff and the phased re-opening of the Chorley emergency department. The Chair clarified that the operational team would be receiving and developing the re-opening plan with reports being presented to the formal SRG meeting who would be overseeing the re-opening.

Discussion was held on the proposal and Mrs H Curtis suggested that there was a need for the current arrangements to continue as there may be implied criticism regarding stepping away from the process. The Chair felt that the SRG had discharged its duties and fulfilled its remit and commented that as the SRG A&E crisis group minutes confirmed that the system was resilient, the operational team would need to develop the re-opening plan. Mr P Havey added that if the proposals regarding the operational team were adopted then criticism could be expected therefore there was a need to consider reputational risk. Mrs K Partington felt that the current meetings should continue for a determined period and the decision could then be reviewed, particularly in light of the concerns raised today regarding sustainability of providing GPs and nurse practitioners to support the out-of-hours service (8pm to 8am). It was agreed that the SRG A&E crisis group would continue to meet weekly for a further four weeks following which the position would be reviewed.

Dr D Patel referred to considerations that would be required regarding patient flow at Royal Preston Hospital and a plan would need to be developed around re-establishment of the patient flow if the current arrangements were protracted. There would also be a need to understand workforce issues within the medical assessment unit at Preston in addition to the Chorley emergency department staffing, along with an understanding of the facts of what was stopping the emergency department re-opening. Mrs K Partington referred to daily information that was being provided on activity and performance and explained that the only potential way to relieve the medical flow of patients from Preston would be to relocate Preston services to Chorley and South Ribble Hospital which would involve major public consultation. Mr P Havey proposed that this was part of the discussion to be held with NHS England and NHS Improvement as part of their considerations to support the Trust, for example finding doctors, supporting the current position, or move the Trust into an alternative configuration.

Professor M Pugh acknowledged the concerns raised by Dr D Patel although stated that the Trust was providing the only safe alternative service as emergency patients could not be sent to Chorley and there was a need for GP practices to understand the position and provide support during the crisis period. It was also explained that the Trust would make every attempt to repatriate patients as soon as possible and that in the meantime, the emergency decision unit at Royal Preston Hospital was successfully supporting patient flow. Mrs S Hargreaves also noted that over a number of years Chorley GPs had directed all but medical patients to Royal Preston Hospital and there was a small cohort of Preston patients now being sent to Chorley and South Ribble Hospital.

Mrs S Hargreaves referred to a meeting that had been held yesterday with the Trust's emergency department consultants and it had been mentioned that some GPs continued to refer medical patients to Royal Preston Hospital and the emergency

department was attempting to manage the position as it was recognised that this was a transition period, although the emergency department had been asked to monitor flow. Mr P Havey commented that if this was the position, referrals were being made and affecting patient flow then there was a need to identify those GPs or practices as the SRG would need to identify a solution to ensure that GPs followed the approved model. The Chair confirmed that a message would be communicated to GPs to reinforce the arrangements and information should be submitted to the Chair identifying outlying GPs or practices.

Mrs K Partington referred to the significant increase of patients that had been seen across the region and noted that this did not relate to the current temporary closure of the Chorley emergency department. Dr D Patel added that the system, including primary care, was also seeing an increase in activity.

In response to a question from Mrs K Partington regarding whether there was any impact being seen on the North West Ambulance Service, Mrs J Peat explained that it was difficult to judge whether there had been impact owing to the temporary arrangements at Chorley although noted that ambulance transportations to Chorley was low (around 6 patients per week). There was a feeling that there had been an increase in activity in the main although this may not relate to the Chorley effect which would need to be explored further. Mrs J Peat confirmed that activity data was being submitted to Mrs S Hargreaves and whilst there were concerns regarding ambulance turnaround times, those concerns were being seen outside of Chorley and Preston.

Resolution:

- **The SRG A&E crisis group would continue to meet weekly for a further four weeks following which the position would be reviewed.**

39/16 Contingency planning for junior doctors' strike action

It was noted that strike action had been temporarily halted to allow for discussions to take place between the BMA and the government to attempt to reach an agreement on the new junior doctor contract.

Mrs S Hargreaves referred to a meeting yesterday with Mrs H Curtis and Mrs J Mellor to consider and discuss contingency plans against the three scenarios outlined in the recent letter from NHS England and NHS Improvement on how to respond in the event of an indefinite withdrawal of junior doctor labour for:

- 24-hour emergency and elective care;
- 24-hour elective care only; and
- 12-hour emergency care

It was noted that the letter indicated that there would be additional guidance to support this work although nothing further had been received. The group had met to review the contingency plans and a summary of the decisions was provided as follows:

- *24-hour emergency and elective care* – providing cover for emergency and elective care without junior doctor support would be significantly challenged with elective inpatient and outpatient activity being cancelled to allow staff to be redirected to

support emergency and inpatient provision. It was confirmed that any strike action over a 24-hour period would result in implementation of the major incident plan.

- *24-hour elective care only and 12-hour emergency care* – in respect of the other two scenarios it was confirmed that previous contingency plans had been robust and worked well. It was noted that consideration would be given to step-down of elective procedures during proposed periods of strike action bearing in mind feedback from consultants and their experiences during previous strike action.

Mrs J Mellor noted that the original letter had not contained details of how SRGs were expected to provide feedback and confirmed that information had been sent to NHS England to confirm the work that had been undertaken to review the contingencies.

40/16 Additional ambulance cover

Mr P Havey referred to the arrangements for an ambulance to be sited at Chorley and South Ribble Hospital and the need to risk assess the position and understand whether this arrangement was adding value to the temporary arrangements that had been introduced. Mr M Gaunt referred to discussions that had been held yesterday with Mr P Havey and NWS and the agreement that the position would be risk assessed with a recommendation being brought back to the SRG A&E crisis group.

Mr M Gaunt referred to discussions that had also been held yesterday regarding transparency on financial implications of the emergency care crisis. Members were reminded of discussions at the last formal SRG meeting on 28 April 2016 and agreement that detailed plans would be presented on four priority schemes at the next formal SRG meeting which was being rescheduled towards the end of June 2016 for funding from the remaining system resilience funds (circa £600k). Mr M Gaunt noted that in the short-term Lancashire Teaching Hospitals had agreed to host the costs of the emergency care crisis the finance group would then decide how the costs aligned with commissioner expenditure. It was noted that costs should be available by the end of May 2016 and the work would be completed for submission to the June SRG meeting which was to be confirmed.

Resolution:

- **A risk assessment and recommendation around the current ambulance located on the Chorley and South Ribble Hospital site to be presented to the SRG;**
- **Lancashire Teaching Hospitals to host the costs of the emergency care crisis and the costs aligned with commissioner expenditure, and**
- **Costings to be submitted to the June SRG meeting (arrangements to be confirmed).**

41/16 Date, time and venue of next meeting

The next meeting will be held on Wednesday, 18 May 2016, 8.00am, Boardroom 1, Chorley House, Lancashire Business Park, Centurion Way, Leyland, PR26 6TT.