

SRG A&E Crisis Group

18 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
Graham Curry	North West Ambulance Service
Helen Curtis	Head of Quality and Performance, CCGs
Matt Gaunt	Chief Finance Officer, CCGs
Suzanne Hargreaves	Operations Director, Lancashire Teaching Hospitals
Emma Ince	Planning and Delivery, CCGs
Jayne Mellor	Head of Planning and Delivery, CCGs
Karen Partington	Chief Executive, Lancashire Teaching Hospitals
Dinesh Patel	Chair of Greater Preston CCG
Mark Pugh	Medical Director, Lancashire Teaching Hospitals
Karen Swindley	Director of Workforce and Education, Lancashire Teaching Hospitals

In attendance:

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

Apologies:

Gora Bangi	Chair of Chorley and South Ribble CCG
Kate Burgess	Commissioning Manager, Lancashire Care
Mick Duffy	Social Services, Lancashire County Council
Emma Foster	Network Director (Adult Community Services), Lancashire Care
Louise Giles	Director of Development, Lancashire Care
Bill Gregory	Director of Finance, Lancashire Care
Paul Havey	Finance Director, Lancashire Teaching Hospitals
Sam James	Head of Performance, CCGs
Adrian Leather	Chief Executive, Lancashire Sport (voluntary sector lead)
Clare Mattinson	Lancashire County Council
Max Marshall	Medical Director, Lancashire Care
Dominic McKenna	Financial Management Director, Lancashire Care
Sue Moore	Chief Operating Officer, Lancashire Care
Matthew Orr	GP Director, CCGs
Ahmad Qamar	Out of Hours Service
Sharon Ross	Adult Services, Lancashire County Council
Mike Smith	Head of Assurance and Delivery (Lancashire), NHS England
Heather Tierney-Moore	Chief Executive, Lancashire Care
David Winters	General Manager, Ramsay Health Care UK

42/16 Apologies for absence

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

43/16 Minutes of the previous meeting

The minutes of the meeting held on 11 May 2016 were approved as a correct record. In reviewing the resolutions and actions from the previous meeting the following points were noted on items:

35/16: Update on recruitment – Mrs K Partington reported that there had not been an opportunity to discuss staffing issues at last week's STP development event as the hosts had clarified that the session was not the appropriate forum to raise the issues.

In response to a question from Mrs K Partington regarding progress with arrangements to meet with the North West Dean of Postgraduate Medical Education (Professor J Hayden), the Chair confirmed that mid-June had been proposed although attempts were being made to bring forward this date. It was noted that the Health Scrutiny Committee would be meeting on Tuesday, 24 May 2016 and an invitation had been extended by the committee to Professor J Hayden to attend, therefore it was felt that it may be possible to rearrange the meeting on that date. The Chair agreed to explore this possibility.

Mrs K Partington reported receipt of a letter from the Health Education England Chief Executive (Professor I Cumming) regarding doctor allocations and a request had been made to determine whether the letter could be shared with SRG members; a response was awaited from Professor I Cumming.

Mrs K Swindley reported that communication had had been received from Professor J Hayden regarding introduction of the rebased position for trainee doctor allocations which it was understood would take place from the August 2016 rotation, although Professor J Hayden had disputed this date. Mrs K Swindley confirmed that a letter had been sent challenging the response as the August 2016 date had been confirmed at a previous LWEG meeting.

Dr D Patel referred to an email he had received regarding the workforce planning events that had been organised on 23, 26 and 27 May 2016 in Preston to discuss support for the sustainability and transformation plan and it was noted that a response had not been received from the Health Economy. Mrs K Swindley agreed to follow-up attendance at the event from Lancashire Teaching Hospitals.

Resolution:

- **The Chair to explore the possibility of meeting with Professor J Hayden on 24 May 2016 to coincide with attendance at the Health Scrutiny Committee; and**
- **Mrs K Swindley to follow-up LTH attendance at the workforce planning events during week commencing 23 May 2016.**

36/16: Plan for re-opening sustainable Chorley emergency department – the Chair confirmed that a joint letter from herself and Mrs K Partington had been drafted outlining the purpose of the high level meeting between the SRG and a range of representatives

that had been proposed at the last meeting. It was noted that a date for the meeting was being explored during week commencing 30 May 2016.

44/16 A&E/Urgent Care Centre project meeting update

A copy of the notes of the project group meeting held on 16 May 2016 had been circulated with the agenda for information. Mr I Crossley noted that there had been some instabilities and issues with ambulance cover although this related to the private ambulance company that had been commissioned. Mr G Curry reported that 365 Response had been commissioned by NHS Blackpool CCG and it was apparent that the company was unfamiliar with local pathways and protocols. The Chair agreed to check the position with NHS Blackpool CCG and NWAS.

Mrs S Hargreaves noted there had been a couple of operational issues over the weekend stemming from an understanding by NHS 111 that minor illnesses only would be transferred to Chorley and all others patient presentations would be referred to Royal Preston Hospital. Mrs E Ince confirmed that the protocols were now live which should resolve the issues. Mrs S Hargreaves referred to the performance meeting that had been held yesterday regarding ambulance handovers, confirmed an action plan had been drawn up and there was confidence that the issues had now been rectified.

Mr G Curry referred to the CQC inspection that was due to commence on Monday at NWAS and inspectors would be attending both Chorley and South Ribble and Royal Preston Hospitals to speak to patients. Mrs S Hargreaves reported that a meeting had been held with the CQC last week, along with the Trust's nursing and midwifery director (Mrs G Naylor) and the associate director patient safety and governance (Mrs J Seed) when the inspection had been mentioned. Discussion had been held regarding the current emergency care crisis and the rationale for the interventions that had been introduced had been explained during the meeting.

45/16 Plan for re-opening sustainable Chorley emergency department

Mrs S Hargreaves referred to an email that had been circulated yesterday and the attached documents which outlined the action plan to support re-opening of the Chorley emergency department and an impact on service change in response to a freedom of information request. It was noted that the action plan detailed the actions, risk and timeline for re-opening a safe sustainable service and the contents were presented for information. It was explained that the Trust substantive middle grade consultants remained at five in post and the Trust continued to lobby Health Education North West regarding doctors in training. It was noted that meetings had been held during the week with key stakeholders, including Council Leaders, the local MP (Lindsay Hoyle), representatives from Healthwatch and a further meeting had been arranged with the Protect Chorley Hospital campaign group lead (Mr A Birchall) for later today. It was explained that as part of the discussions the Trust was also requesting support to lobby Health Education North West in respect of junior doctor provision.

With regard to locum appointments it was reported that four locums had been identified with two additional locums planned to be commencing next week on a trial basis and wherever possible the Trust was attempting to secure locum doctors. SRG members were reminded of the need for the Trust to be assured that the locums could meet the requirements of the role and responsibilities. The Trust was also attempting to obtain

long-term commitment or substantive contract agreements of a minimum of three months from locum doctors. The Trust was also pursuing a substantive appointment this week. It was reported that the Skype interview referred to at last week's meeting did not take place as the doctor did not make contact for the interview.

Communications continued to be provided through various media and follow-up letters would be sent to those organisations involved in the recent update meetings. Arrangements were also being made for update drop-in sessions to be organised on a weekly basis for MPs and a fortnightly drop-in session at Royal Preston Hospital with Lancashire County Council and representatives from the local Councils and Healthwatch. Mrs S Hargreaves noted that if the Chorley emergency department was to be reinstated then the negative media messages would need to cease as the Trust's reputation as an employer was being affected with evidence to this effect being provided by potential candidates. It was confirmed that this had been highlighted and discussed with the local MP, Lindsay Hoyle.

Mrs S Hargreaves referred to the performance dashboard that was tracked and reviewed daily and from a Chorley perspective performance was green throughout. It was noted that performance at Royal Preston Hospital was challenging although, as mentioned last week, the wider system was under pressure.

From a GP admissions perspective, Mrs S Hargreaves reported that approximately 15 patients were going to Chorley per day who would normally have been accommodated at Royal Preston Hospital and attempts had been made to try to identify patients with Chorley postcodes to be transferred from Preston. The Trust's head of business intelligence (Mrs D Hudson) had gathered historic postcode data and this information would be overlaid with current arrangements with a report would be brought back to a future meeting.

All surrounding Trusts had been contacted and it had been confirmed that there was no significant impact on any of the organisations following introduction of the temporary arrangements at Chorley. A helpful statement to this effect had been received from East Lancashire NHS Trust and Morecambe Bay, Blackpool and Wrightington, Wigan and Leigh were also running postcode reviews to assist with assessing the impact. It was noted that Wrightington, Wigan and Leigh had seen an increase in patient attendances although the Trust had confirmed that the position was being managed. Mrs H Curtis commented that it would be helpful to receive the data for review by the Quality Surveillance Group next Wednesday and Mrs S Hargreaves agreed to share the information that had been received.

It was noted that handover times were a significant issue for the Trust with NWAS although as confirmed earlier a meeting had been held yesterday and an action plan had been developed.

Mr G Curry referred to 114 patients who had attended the Chorley urgent care centre in 12 -hours when compared to the 140 patients who had attended previously over a 24-hour period although it was noted that there would be a need to understand patients' presenting conditions and Mrs J Mellor added that postcode data would also need to be reviewed.

Professor M Pugh referred to the age profile which indicated a younger age range were utilising the service and there was a need to look at what was being offered across the

health economy, for example support in the community and how the services were promoted. Dr D Patel confirmed that all available community services were being promoted and work had been undertaken to promote apps for on-line appointment bookings at GP surgeries along with exploring the potential for 24-hour telephone bookings. It was also noted that separate arrangements were in place for Universities as there were different demographics and requirements for students. Professor M Pugh acknowledged the information although suggested that wider promotion was required. Mrs E Portsmouth added that much of the promotion focused on what services were available within GP practices and consideration was needed on viability of promotion and take-up of alternative facilities, although the aim was to ensure broad utilisation of services. The Chair added that there was some evidence from practice surveys that if GPs were not available at weekends then patients would attend the emergency department although it was understood that patient numbers were small. Professor M Pugh suggested that it may be helpful to also promote GP services within the Chorley urgent care centre.

Attention was drawn to the template developed by the CCGs to monitor actions and risks and Mrs S Hargreaves referred to the temporary mobilisation of the urgent care centre service with support from Lancashire Care and the GP out-of-hours providers and confirmed that Lancashire Care continued to struggle with recruitment of GPs and nurse practitioners.

Mrs H Curtis referred to action 3 within the template which related to seeking clarification from the CCG if the current tender stands due to current service changes which was RAG rated amber. Mrs H Curtis understood that this had already been established with the Chair adding that the current tender would need to go through the procurement process. It was agreed that the template would be updated to show that this action was green not amber.

In response to a question from Mr I Crossley regarding whether the Chorley emergency department could be partially re-opened, Professor M Pugh clarified that the Trust still only had five substantive middle grades and the service would not be sustainable with the locum workforce therefore it was not possible to open a partial service.

Mrs S Hargreaves referred to the paper outlining the action plan to support re-opening the Chorley emergency department and the parameters agreed by the SRG of 75% substantive and 25% locum split to provide a safe sustainable service. The Trust had also agreed to look at an alternative split and following a meeting with the emergency department consultants and a review of the risk assessment there was an overwhelming view that an increased level of locum fill would not be accepted as it did not provide a sustainable service and the level of risk was too high unless a long-term commitment could be obtained from locum doctors. Mrs K Swindley added that a potential locum who had been booked for June had subsequently withdrawn therefore the fragility of the rota was an ongoing concern. Mrs K Partington confirmed that there was a need to drive for the seven trainee doctors on the rotation from August 2016 and to ensure pressure was placed on Health Education England to supply the required numbers who could take up their roles from their placement date. Mrs S Hargreaves also noted that the Trust may be able to look at extending the Chorley urgent care centre service from 8am to 12 midnight although again this would be predicated on securing long-term commitments from locum doctors.

In response to a comment from the Chair regarding the plan describing what could not as opposed to what could be achieved and a feeling that the Trust should be more optimistic in its view to confirm August as the re-opening date, Mrs K Partington confirmed that there had been a desire to hold those types of conversations at the recent stakeholder meetings regarding a potential re-opening in August although it was recognised that there was a requirement for this to be discussed and approved by the SRG prior to any commitment on a potential date. The Chair suggested that the emergency care crisis plan should be reviewed to identify deadlines, what would be required and contingency planning and in acknowledging that this work could be undertaken, Mrs S Hargreaves highlighted that there would still be challenges with the re-opening date if locum appointments decided to withdraw or the seven trainee doctor posts were not filled which would impact on the rest of the re-opening plan. Mrs J Mellor confirmed that the template was the first iteration and evidence would build as the template continued to be populated. Mrs E Portsmouth also advised caution regarding the messaging to the public as the plan to move towards re-opening was complex.

In response to a question from Dr D Patel regarding the current response rate around middle grade substantive posts, Mrs K Swindley confirmed that there was no response at the moment. It was explained that three doctors had been interested although their skills and experience were not appropriate and the only potential would be international recruitment although this would take time. It was noted that other NHS organisations were also experiencing similar staffing pressures.

Dr D Patel referred to substantive consultant recruitment and Professor M Pugh confirmed that interviews were scheduled to take place on 6 June 2016 with two potential candidates although if appointed they would not be available for at least three months. It was also confirmed that the Trust had a continuous advertisement for emergency department recruitment. Mrs K Partington referred to comments from other organisations and intelligence to indicate that other Trusts would be in a similar position to Lancashire Teaching Hospitals in the future.

The Chair asked whether there were any lessons that the Trust could learn, for example the Doncaster and Bassetlaw experience. Professor M Pugh confirmed that Bassetlaw could not staff their critical care unit therefore all elective patients were moved to Doncaster and the critical care unit was closed, therefore the position was not the same as that being experienced by Lancashire Teaching Hospitals. However, the Trust was looking at changing and adapting roles and Mrs K Partington added that discussions were being held regarding service rationalisation across Lancashire.

46/16 Update on recruitment

It was noted that an update on recruitment had been delivered during earlier discussions. It was suggested that Mrs K Swindley provide a summary update on recruitment for the minutes although Mrs S Hargreaves drew attention to the update provided on page 2 of the action plan to support re-opening of the Chorley emergency department which provided a detailed update on staffing levels and commentary regarding the current status.

47/16 Communications update

Mrs E Portsmouth referred to criticism that had been received that messages were not getting across in the media, however there was confidence that updates were being

circulated widely across the health economy. Reference was made to the negative messages being communicated by the local MP, Lindsay Hoyle, and it was acknowledged that there was a need for understanding regarding the damage this was doing to the Trust's reputation and its ability to attract staff. Mrs K Partington noted that there was evidence from prospective candidates to confirm that the negative messaging regarding the Trust was having a detrimental effect on attracting staff. Liaison was continuing between the communications offices at the CCGs and Lancashire Teaching Hospitals regarding enquiries about plans for re-opening and the Department of Health was forwarding any queries received.

In respect of the Protect Chorley Hospital campaign it was reiterated that a meeting had been arranged this evening and some of the tone of the feelings being expressed on social media were confusing. Mrs K Swindley referred to discussions that had been held with Staff Side representatives for Unite and Unison and concerns that had been expressed that the message related to management failure although this had been refuted by the Unions and Trust staff understood the position around the emergency care crisis.

It was noted that Granada Television would be reporting a piece on the demonstration to be held on 11 June 2016 through Chorley and it was expected that a short bulletin would be produced for broadcast on local news.

48/16 Healthwatch proposal to obtain public views

Mrs K Partington referred to a proposal that had been submitted by Healthwatch regarding engagement activities they would undertake in relation to the Chorley emergency care crisis and asked whether consideration had been given to taking this work forward. The Chair confirmed that the information had been forwarded to the CCGs' head of strategy and corporate services (Mrs K Shorrocks) who was considering whether the work could be undertaken in-house. The Chair agreed to feedback the decision to Healthwatch and Mrs K Partington.

Resolution:

- **The Chair to feedback a decision on the Healthwatch proposal following consideration of providing the work in-house.**

49/16 Legal advice on consulting

Mrs K Partington reported that the Trust's Company Secretary (Mrs P Hemmings) was attempting to arrange a meeting with representatives from the Trust, the CCGs and the Health Scrutiny Committee to clarify the need to consult on the changes introduced at Chorley as there appeared to be conflicting information and it would be helpful for all parties to understand the position. In response to a question regarding written advice around consulting, Mr I Crossley confirmed that written confirmation had not been received from legal advisors although it was confirmed that there was no requirement to consult. The Chair clarified that as the arrangements introduced at Chorley were temporary then there was no requirement to formally consult and Mrs K Partington suggested that written evidence be obtained to this effect. Mrs E Portsmouth confirmed that information had been provided and this would be presented to next week's SRG meeting.

Resolution:

- **Written evidence of legal advice regarding the requirement to consult on the temporary changes to the Chorley emergency department to be provided to next week's SRG meeting.**

SYSTEM RESILIENCE GROUP : PART II

50/16 Contingency planning – strike action

Professor M Pugh confirmed that junior doctors' strike action continued to be halted pending further discussions and Mrs K Swindley confirmed that additional information should be available in the near future. Mrs J Mellor confirmed that the contingency plans had been submitted to NHS England as reported last week.

51/16 Frailty schemes

Mrs J Mellor reported that work was being undertaken with Mrs S Hargreaves around the three frailty schemes and discussions were being held to determine the format for presenting the final information. It was anticipated that full information would be available in July, therefore, the Chair agreed that arrangements would be made to reschedule the July SRG meeting to coincide with completion of this work.

Resolution:

- **Arrangements to be made to rearrange the July SRG meeting to coincide with completion of the proposals for the three frailty schemes.**

52/16 Date, time and venue of next meeting

The next meeting will be held on Wednesday, 25 May 2016, 8.00am, Boardroom 1, Chorley House, Lancashire Business Park, Centurion Way, Leyland, PR26 6TT.