

SRG A&E Crisis Group

20 April 2016 | 8.00am | Boardroom 1

Chorley House, Chorley and South Ribble and Greater Preston CCGs

Present:

Iain Crossley	Chief Finance and Contracting Officer, CCGs (in the Chair)
Gora Bangi	Chair of Chorley and South Ribble CCG
Graham Curry	North West Ambulance Service
Helen Curtis	Head of Quality and Performance, CCGs
Matt Gaunt	Chief Finance Officer, CCGs
Louise Giles	Director of Development, Lancashire Care
Bill Gregory	Director of Finance, Lancashire Care
Suzanne Hargreaves	Operations Director, Lancashire Teaching Hospitals
Paul Havey	Finance Director, Lancashire Teaching Hospitals
Jan Ledward	Chief Officer, CCGs
Clare Mattinson	Lancashire County Council
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
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)
Erin Portsmouth	Head of Communications and Engagement, CCGs

Apologies:

Kate Burgess	Commissioning Manager, Lancashire Care
Emma Foster	Network Director (Adult Community Services), Lancashire Care
Mick Duffy	Social Services, Lancashire County Council
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
Sue Moore	Chief Operating Officer, 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

7/16 Apologies for absence

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

8/16 Opening remarks

Mr I Crossley provided an overview of the position since the last meeting and explained that the revised arrangements for urgent care centre provision from 8am to 8pm at Chorley and South Ribble Hospital had been introduced with effect from Monday, 18 April 2016. There had been extensive media attention, including local and national press reports and regular articles appearing in the Health Service Journal. Conference calls with representatives from NHS England, Lancashire Teaching Hospitals and the CCGs were being held daily to review progress on recruitment of appropriate staff to reintroduce a full 24-hour emergency department at Chorley. It was noted that Lancashire Teaching Hospitals had achieved the 95% 4-hour wait emergency department performance target last week for the first time since January 2016. Mr I Crossley explained that today's meeting had been split into two distinct sections, i.e. issues arising from implementation of the new arrangements, and progress on reinstating the Chorley emergency department.

9/16 Minutes of the previous meeting

The minutes of the previous meeting had been circulated with changes tracked by the CCGs and Lancashire Teaching Hospitals and the majority of the contents were agreed as a true and accurate record, subject to the following additional amendments.

Attention was drawn to the final paragraph on page 7 which summarised the decision that had been reached during last week's meeting. A lengthy debate followed regarding 'approval' of the proposal by the SRG and Mr I Crossley explained that the SRG could not approve the proposal as it had no delegated authority and would, therefore, only be able to support any proposal. SRG members acknowledged that with regard to the current emergency department crisis it was the Trust's responsibility to make proposals and recommendations and there was contention around the word 'approval' which was not seen as a function of the SRG. Mrs S Hargreaves referred to a discussion that had been held at the Joint Financial Recovery Board when it had been confirmed by Mr G Urwin (Director of Operational Commissioning at NHS England) that a responsibility of the SRG was to approve proposals. During discussion and a strong request put forward by the CCG representatives it was agreed that approval would be removed from the minutes in relation to the proposals for the emergency department although it was acknowledged that the SRG was fully supportive of the proposals.

Mrs H Curtis referred to a discussion that had been held at the last meeting regarding mortality rates which had been omitted from the minutes and suggested that the conversation should have been described after paragraph 3 on page 7. It was agreed that Mrs H Curtis would provide narrative around the discussion on mortality rates for inclusion in the minutes; the following wording was subsequently provided:

Mrs Curtis highlighted the evidence from the closure of Accident and Emergency Departments elsewhere in the country and the potential impact on mortality rates. With the additional pressure on the Royal Preston site this would need to be closely monitored.

Mr M Gaunt asked for a point of clarification in respect of the criteria for assessment of the ongoing position in relation to staffing and risk as the minutes referred to patient safety. Mrs H Curtis clarified that risk would cover staffing, patient experience and

impact, and patient safety, and clarified that risk/safety were interchangeable in this respect.

10/16 Services, patient safety and risks

Mrs S Hargreaves confirmed that two mobilisation/project group meetings had been held to date. Dedicated time had been spent on the Chorley and South Ribble Hospital site on Monday and it was reported that the urgent care centre worked well with 68 attendances on Monday which correlated closely to the forecast model of 70 patient attendances. The last patient had left the urgent care centre at 9pm on Monday and there were no issues to report regarding operation of the facility.

It was reported that yesterday had worked well in respect of GP admissions to Chorley although some patients were attending Royal Preston Hospital and the position was being monitored. Work would be undertaken by Lancashire Teaching Hospitals to collate GP referral information and if particular issues were identified with specific GP referral practices then a request would be made for support from the CCGs in raising the referral issues with those GP practices. It was noted that some GPs had asked the North West Ambulance Service to transport patients to Chorley and it was recognised that this was not appropriate and the position would be monitored. The extended assessment area at Royal Preston Hospital was also working well. It was noted that there had been no breaches of the 4-hour target yesterday at Chorley and whilst there had been 17 breaches at Preston this related to some patient flow issues during the evening.

In response to a question from Dr D Patel regarding how many Preston patients had been transferred to Chorley, Mrs S Hargreaves confirmed that all GP take patients had been sent to Chorley although exact numbers were unknown at the moment. Dr D Patel asked whether those Preston patients would have ordinarily been seen in the emergency decision unit at Preston and Mrs S Hargreaves responded that whilst Preston had an emergency decision unit all GP assessment patients would go to Chorley. Dr D Patel commented that there was a need to ensure that communications were clear regarding the process particularly bearing in mind the wide range of doctors in training within the community who would need to be fully briefed on the revised arrangements.

Dr D Patel asked whether there was adequate cover to manage the telephone lines as he had personally tested the number with no reply. Mrs S Hargreaves explained that a telephone line had been introduced for GPs at Chorley and no concerns had been raised regarding lack of cover and feedback had been positive in respect of the dedicated telephone line. Ms E Portsmouth suggested that it may be helpful to put out a call to member representatives to cascade information on the revised arrangements as widely as possible. Dr D Patel reiterated that there was a significant number of trainee GPs across the community who would need to receive targeted communications on the process. Mrs S Hargreaves confirmed that the switchboard at Royal Preston Hospital had also been instructed to transfer calls to Chorley and this would be fed into the project group. Professor M Pugh recognised that there would be some issues that would need to be addressed as part of the revised arrangements including rapid communications on the processes to be followed.

Dr D Patel referred to indirect consequences of the arrangements that had been introduced in respect of moving medical patients across sites although Mr P Havey

clarified that this had been highlighted during last week's discussions. Mrs H Curtis reported that there had been a further discussion after last week's SRG. Professor M Pugh noted the comments and suggested that if the arrangements continued past the next couple of weeks there would be a need to look at services and patient movement. Dr D Patel clarified that it was the Preston patients that were being affected and wanted the SRG to be aware of the discontent that had been expressed. In response to a question from Mr P Havey regarding whether there was potential to increase the supply of GPs, Mrs L Giles confirmed that a meeting had been held with the Chorley urgent care GPs who had supported this.

Dr G Bangi explained that the main discussion should relate to progress with reinstating the Chorley emergency department and proposed that this discussion be placed at the front of the agenda in future.

Mr I Crossley asked for an overview of arrangements for the upcoming junior doctors' strike action and planned bank holiday weekend. Mrs S Hargreaves explained that in respect of the junior doctors' strike action the Trust had cancelled outpatients and elective procedures although decisions would be required on some operations which may need to proceed due to clinical reasons and further discussions would be held in this respect. A matrix had also been developed to ensure that staff were redeployed during the period of industrial action. In respect of the bank holiday weekend, Mrs S Hargreaves confirmed that the Trust was making preparations in line with its usual bank holiday arrangements and work was being undertaken to look at staffing levels to support patient flow.

11/16 Daily Sitrep

Mrs S Hargreaves referred to the emergency crisis report that had been circulated last week which contained a number of identified targets although it was recognised that there was a considerable amount of data within the document and there would be a need to identify the key metrics to be considered. During discussions with NHS England yesterday it was agreed that postcode analysis should be provided to ensure that impacts on neighbouring organisations was visible and Mrs K Partington also referred to a conversation with Mr G Urwin yesterday who had confirmed that this information would be required. Mrs K Partington reported that the acute Trusts in Wigan and Bolton had been extremely supportive and they had agreed to collect postcode data to determine whether there was a significant impact following introduction of the arrangements to support the emergency care crisis. It was noted that one patient had been diverted to Royal Blackburn Hospital and on reviewing the postcode data the patient was on the border of East Lancashire. Mrs S Hargreaves had discussed the position with her contemporary at East Lancashire (Mrs G Simpson) and feedback had been requested from the impact of the revised arrangements at Chorley although early indications suggested that it was potentially 2-3 patients. It was also suggested during discussion that it would be helpful to have a shared data set across Lancashire emergency departments and urgent care centres to provide the SRG with evidence of attendance and cross-border flow on a daily basis to demonstrate areas of pressures and allow for remedial action in areas coming under avoidable pressure. Mrs L Giles suggested that a report should be produced for submission to the Lancashire Urgent Care Network and this was supported by SRG members.

Resolution:

- **Report on postcode data and impacts on neighbouring acute Trusts to be prepared by NWAS for presentation to the Lancashire Urgent Care Network.**

12/16 Communications

Ms E Portsmouth reported that significant communications had been issued prior to Monday and continued to be issued as appropriate. Support was being provided to the Lancashire Teaching Hospitals' communication team and discussions would be held regarding the wider message to be targeted to GPs following the comments made earlier in the meeting. Communication links had been established with East Lancashire and information was being shared. A significant number of links had been established with community groups who were getting information into the system and SRG members were asked to provide additional suggestions to Ms E Portsmouth for areas that had not been covered or lines of communication that had not been considered. It was noted that if there was a requirement for communication 'door drops' then there would be a lead in time of 6 weeks.

Mrs K Partington reported that a range of stakeholder engagement meetings had been arranged on Thursday and Friday this week and Ms E Portsmouth confirmed that the arrangements had been shared by the Trust's communications manager (Mrs L Kelly).

Mr G Curry referred to the need to ensure communications were targeted to rural areas such as Garstang as a patient transported by ambulance from Garstang to Chorley earlier in the week was unaware of the changes that had been introduced. Mr G Curry also referred to plans that had been made some time ago for a film crew from Granada Television to travel with the ambulance service and it was noted that the focus of the report may change from the original intention bearing in mind the current emergency care crisis.

13/16 NHS Improvement/NHS England issues

Mr I Crossley confirmed that conference calls were being held with representatives from NHS England, Lancashire Teaching Hospitals (Mrs S Hargreaves) and the CCGs (Mr I Crossley) daily as reported earlier in the meeting. Mr M Smith referred to the need to ensure that both NHS England and NHS Improvement were fully briefed on the ongoing position due to ensure flow of communication across all organisations.

In conclusion, Mrs S Hargreaves thanked partner organisations for the support provided during this challenging period. Mr G Curry noted that the demand for emergency ambulances had decreased by approximately a third and Mrs L Giles reported that activity had decreased by around a half when compared to usual activity levels.

14/16 Progress with reinstating Chorley accident and emergency department

Mrs K Swindley provided an overview of the work that was ongoing in respect of attempts to recruit to middle grade doctors. It was noted that the agency rate cap would not be enforced for emergency doctors and CVs were beginning to be submitted to the Trust although work would be required to ensure that all doctors were assessed as competent and appointable prior to offers being made. It was reported that the current gap in the rota remained at 6 middle grade doctors which included 3 locums currently booked to September 2016. 1 doctor was due to commence on 25 April 2016 and was

booked to December 2016 subject to competency checks; 1 doctor was due to commence on 25 April 2016 and was booked for a month's trial in line with existing procedure and following positive assessment the Trust would extend the placement; and 1 doctor was due to commence on 9 May 2016 although details were yet to be confirmed. 35 CVs had been rejected as either the doctors did not meet the person specification or their availability was limited in relation to providing a sustainable service. 18 CVs were at various stages of consideration and an outline was provided for information:

- 4 consultants would need to confirm their willingness to act down and cover 24 hours, 7 days a week
- 9 doctors do not currently meet compliance and additional information was being chased on a daily basis
- 1 doctor was out of the country therefore an offer could not currently be discussed
- 1 doctor had insufficient availability and this was being discussed to determine whether he would be agreeable to increase his offer
- 1 doctor was appointable and discussions were being held with a possible June 2016 start date
- 2 doctors' CVs were awaiting review today

It was noted that substantive recruitment was progressing and 2 interviews had been offered for Friday although the candidates were not available on that date, therefore further interview dates were being sourced as a priority.

The Trust's medical staffing office had also directly emailed all non-framework agencies known to the Trust to ensure they were aware of the Trust's medical staffing requirements and all cold calls from agencies to the Trust were being pursued.

In response to a question from Dr D Patel regarding how many emergency department consultants would be required in total to fully staff both emergency departments, Mrs K Swindley confirmed that 14 consultants and 14 middle grades would be required, although there was a gap in the rota of 6 middle grade doctors and it was clarified that the CVs presented to the Trust would be for locum cover. Caution was expressed regarding conversion rates which had been relatively low in the past.

Dr D Patel asked where the Trust placed advertisements for posts and Mrs K Swindley confirmed that a permanent advertisement was placed on the NHS Jobs and Doctors.net websites for middle grades as these were the main areas visited by doctors looking for recruitment opportunities. It was noted that the Trust did not advertise how many posts were being recruited within the specialty as there was a balance to be achieved regarding the attractiveness of applying to work at the Trust although it was stressed that the Trust would take as many individuals as required to support a sustainable service.

In response to a question regarding the standard rota, Professor M Pugh confirmed that consultant cover was provided at Chorley daily from 9am to 6pm, Monday to Friday, with the remaining hours being covered by middle grades doctors. It was explained that this was normal cover for an emergency department. However, as the Trust was contracted to provide a Major Trauma Centre at Royal Preston Hospital there was a requirement to cover a 24/7 rota although the Trust was derogated at the moment due to staffing

pressures. It was confirmed that to cover both emergency departments staffed 24 hours, 7 days a week would require 44 consultants.

In response to a question from Mrs J Mellor regarding clarification on the safe staffing establishment infrastructure with locums, Professor M Pugh confirmed that Mrs S Hargreaves and the clinical leads in the emergency department were currently working through the model although there was an overall need for the service to be sustainable. Mrs S Hargreaves explained that there were considerations regarding permanent versus locum staffing and modelling work was being progressed. It was also noted that there were limitations when recruiting locums and an example was provided of a locum doctor who was prepared to work Monday to Friday although would not commit to working during the weekends which affected sustainability of the rota.

Dr G Bangi asked what posts the Trust was advertising and Mrs K Swindley confirmed that the Trust was advertising for specialty doctors. Dr G Bangi referred to the current exceptional position and asked what additional actions the Trust was taking to advertise posts, for example national advertising. Professor M Pugh referred to the significant media coverage which had highlighted the Trust's requirements for middle grade doctors and whilst approaches had been made to the Trust by agencies the proposed locums were not at a level that the Trust required or did not meet the person specification and in some cases requirements for GMC registration.

Mrs K Partington confirmed that there were no short-term solutions to the crisis. Reference was made to work that was being undertaken with Wrightington, Wigan and Leigh in respect of overseas recruitment and discussions were being held regarding the initiative in relation to emergency care. Mrs K Partington had discussed the programme with the Wigan Chief Executive (Mr A Foster) and clinicians from both organisations were also in discussion although there was no immediate solution and the programme would not support the current crisis.

Dr G Bangi referred to Medacs and asked whether that organisation was creating contractual barriers in respect of access to other agencies. Mrs K Swindley explained that there had been miscommunication regarding Medacs and noted that they were not an exclusive agency working for the Trust. It was confirmed that Medacs was a managed service who worked with every other framework agency to source medical staffing for the Trust. It was noted that non-framework agencies were also submitting potential doctors for consideration by the Trust and in respect of the agency contact forwarded by the local MP, Lindsay Hoyle, it was noted that the level of doctors were not appropriate for the Trust's needs – 3 doctors were senior house officer level; 1 doctor was not registered with the GMC; 4 doctors had incomplete compliance checks and CVs; and 1 doctor who was potentially appointable had not responded to the Trust's approach.

In response to a question from Dr G Bangi regarding the risk to the Chorley site in respect of its training status, Professor M Pugh noted that the Chorley site had not been a training site for ED for some time. However, as the hospital was continuing to operate with unselected GP acute medicine take on site then the hospital would maintain its training status for acute medicine.

In response to a question from Dr D Patel regarding attracting staff for a sustainable service, Mrs K Swindley confirmed that the Trust could provide offers outside national terms and conditions and incentives such as recruitment and retention premia were

offered by the Trust although locums did not want to take up substantive posts. Professor M Pugh explained that since the news broke last Thursday regarding the Trust's position a number of approaches had been made to substantive Trust consultants by agencies looking to act on behalf of consultants to place them within other organisations as agencies were struggling to provide the calibre of medical staff required by NHS organisations. Professor M Pugh also noted that discussions had been held with the Royal College of Emergency Medicine and it had been confirmed that there was a national shortage of emergency doctors as the specialty was not attractive.

Mrs K Partington commented that there had been positive support provided to the Trust by both NHS England and NHS Improvement. The Trust had clearly described the reasons for the decision to introduce an urgent care service which related to a national shortage of middle grade doctors, Deanery gaps from reduced training posts, and how organisations had interpreted and implemented the agency rate cap which had been acknowledged by both NHS England and NHS Improvement.

Dr G Bangi referred to the Chorley emergency department being only one of two emergency departments in the country that had been closed. Dr G Bangi referred to a number of Chorley Group meetings that had been held recently and whilst it was recognised that the emergency department would need to be safe the comments made related to reinstatement of the emergency department, although it was acknowledged that the closure was a temporary position. Mrs K Partington confirmed that the position was not where the Trust wished to be and everything possible was being undertaken within the Trust's power to recruit additional appropriate staff.

Mrs C Mattinson asked whether a plan had been developed for reinstating the emergency department with a clear timetable and record of barriers to achieve that aim. Mrs K Partington confirmed that the emergency care crisis was being treated internally as a major incident, logging of all actions and interventions was being undertaken, and this would form part of the formal presentation to be delivered at the stakeholder engagement events during the next two days. It was noted that no potential deadline date for reinstating the emergency department had been determined as this was not possible at the moment. Mrs J Mellor confirmed that a model matrix had been looked at as part of the action delivery plan to be populated. Dr G Bangi commented that it was important to inform the community that the emergency department would be reinstated and work was progressing towards this.

Mrs C Mattinson left the meeting at this point.

15/16 Summary

Mr I Crossley noted that the current position had been fully reviewed during discussion and the SRG A&E Crisis Group would continue to meet every Wednesday morning. A plan identifying the requirements to reinstate the emergency department at Chorley and South Ribble Hospital would be available for next Wednesday's meeting. Mr I Crossley also recognised the significant work that had been, and was being, undertaken by staff across organisations to minimise disruption for patients and work towards reinstating the emergency department at Chorley.

Mrs S Hargreaves referred to the Membership Council meeting later today and asked whether the CCGs required support at the meeting from Lancashire Teaching Hospitals. Dr G Bangi acknowledged the offer but declined. Professor M Pugh also offered

support in terms of discussions with the Local Medical Committee or wider groups, if required.

16/16 Date, time and venue of next meeting

The next meeting will be held on Wednesday, 27 March 2016, 8.00am, Boardroom 1, Chorley House, Lancashire Business Park, Centurion Way, Leyland, PR26 6TT.