

# SRG A&E Crisis Group

25 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
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	Policy, Commissioning and BI (Age Well), Lancashire County Council
Jayne Mellor	Head of Planning and Delivery, CCGs
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)
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
Mick Duffy	Social Services, Lancashire County Council
Emma Foster	Network Director (Adult Community Services), Lancashire Care
Bill Gregory	Director of Finance, Lancashire Care
Sam James	Head of Performance, CCGs
Adrian Leather	Chief Executive, Lancashire Sport (voluntary sector lead)
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
Karen Partington	Chief Executive, Lancashire Teaching Hospitals
Dinesh Patel	Chair of Greater Preston CCG
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

## 53/16 Apologies for absence

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

## **54/16 Minutes of the previous meeting**

The minutes of the meeting held on 18 May 2016 were approved as a correct record subject to amendment to the list of attendees. It was noted that Mr G Curry appeared on both the present and apologies list and he had in fact attended the meeting.

In reviewing the resolutions and actions from the previous meeting the following points were noted on items:

**35/16: Update on recruitment** – the Chair had been unable to secure a face-to-face meeting with Professor J Hayden although a teleconference had been arranged involving the Chair, Professor M Pugh and Mrs K Swindley to discuss trainee doctor allocations. Professor M Pugh confirmed that the discussions had been positive in relation to the number of trainee doctors committed for the August 2016 rotation. The Trust had received a commitment of 8 trainee doctors although it was noted that 3 of the doctors would be eligible to apply for consultant posts therefore there may be a reduced nett allocation. It was noted that Professor J Hayden had attended the Health Scrutiny Committee meeting yesterday and had confirmed that the position was a 'moveable feast'. Mrs K Swindley added that it was expected that the final allocations would be understood by 8 June 2016.

The Chair referred to attempts that were being made to secure a date for the high level meeting between the SRG and representatives from NHS England and NHS Improvement and noted that the proposed date of 2 June 2016 would not be possible.

Mrs K Swindley confirmed that a Lancashire Teaching Hospitals' divisional HR manager had attended the workforce planning event on 23 May 2016 to discuss support for the sustainability and transformation plan. It was noted that six further events would be taking place over the summer.

**48/16: Healthwatch proposal to obtain public views** – it was noted that feedback on the Healthwatch proposal would be provided under item 8 of the agenda relating to engagement and consultation.

## **55/16 A&E/Urgent Care Centre project meeting update**

A copy of the notes of the project group meeting held on 23 May 2016 had been circulated with the agenda for information. Mr I Crossley confirmed that attendance data appeared steady and noted that Jigsaw had reinstated provision of an additional two ambulances in the pool and one located at Chorley.

Mrs L Giles confirmed that GP cover had been secured for the next four weeks to support the out-of-hours service.

## **56/16 Visit to Westminster/HSJ article**

Mrs S Hargreaves provided an overview on the meeting that had been convened at the House of Commons with Professor M Pugh, Mr J Mackey and Ms L Simpson from NHS Improvement on Monday this week. It was noted that it was expected that the meeting would include local MPs (Lindsay Hoyle, Seema Kennedy and Nigel Evans) although only Lindsay Hoyle MP was present. It was explained that the issues raised during the meeting had already been dealt with and included reference to the Trust's performance,

impact on surrounding organisations, contact with the military and feedback from the CCGs' Governing Bodies meeting on 19 May 2016 with representatives from the Trust.

During the meeting it had been reported that there had been an impact on Royal Lancaster Infirmary with a doubling of self-attenders and having subsequently reviewed the data Mrs S Hargreaves confirmed that self-attenders at Lancaster had increased from three to six patients per week. Anecdotal comments had been made regarding a patient with appendicitis bypassing the Royal Preston Hospital to attend Royal Lancaster Infirmary although there was no evidence on record of this happening. Reference had also been made to a child who had waited for seven hours in the emergency department and again there was no evidence to support this allegation. Mr P Havey confirmed that NHS England and NHS Improvement would be gathering data around the impact on other Trusts. The Trust would also want to investigate any individual cases. Mr P Havey confirmed that whilst the Trust was not aware of any issues relating to patient harm following introduction of the temporary arrangements it would be requesting specific details of the incidents to provide assurance to the SRG that there had been no patient harm. Professor M Pugh added that during the meeting Mr J Mackey had been supportive of the SRG and the decisions being made. Mrs S Hargreaves reported that Lindsay Hoyle MP had alluded to discussions that had been held at the CCGs' Governing Bodies meeting on 19 May 2016 and commented that he was aware that it had been a difficult meeting.

Reference was made to road signage showing that Chorley continued to operate an accident and emergency service. Mrs L Kelly confirmed that this had previously been discussed within the A&E project group setting when it had been agreed not to amend road signage owing to the temporary nature of the arrangements.

However, Mrs S Hargreaves suggested that the SRG may want to decide what could be introduced as an interim arrangement in respect of road signs following the comments from Lindsay Hoyle MP. In response to a question from the Chair regarding whether evidence was available that the road signs were having an impact, Mrs H Curtis responded that if the signage was covered or amended then this may attract negative comments and the potential for the public to perceive this as a permanent arrangement therefore there was a need for clear communication regarding any arrangements to amend the road signs. Mrs L Giles added that the signage at the hospital was clear regarding the urgent care centre.

Discussion was held regarding the number of road signs that would be involved and Mr I Crossley commented that cover for life-threatening emergencies was in place and mitigated by provision of an on-site ambulance at Chorley. Mr M Gaunt suggested there was a need for the SRG to satisfy itself regarding risk and noted that the temporary arrangements had been in place for over a month, the SRG had been monitoring the assessment of risk and it would be in the SRG's interest to compile fact-based evidence as it had been agreed that the ongoing position would be judged on risk. Mrs L Giles referred to data that was available regarding emergency patients turning up at Chorley after hours although it was noted that the numbers were small.

Mr P Havey questioned the likelihood of out-of-area patients in need of urgent care following the signage for the accident and emergency department and Mr G Curry added that satellite navigation would also direct the public to Chorley and South Ribble Hospital which he felt was a more significant issue than hard-standing road signs. Mrs L Giles confirmed that protocols were in place for urgent cases turning up at Chorley after

hours and there was access to a telephone to contact the out-of-hours service. It was agreed that it was important to recognise the comment from Lindsay Hoyle MP and data on attendances after 10pm could be monitored at the weekly SRG meeting.

Mr P Havey commented that based on the risk assessment today there had been no change to the risk although consideration should be given to the road signage and any decision would need to be evidence-based. It was also noted that as the summer holiday period approached the SRG may want to assess any potential change to the risk rating. During discussion it was agreed that a view should be obtained from the Highways Agency on the number of road signs that would need to be changed and the process that would need to be followed. Once the information had been received Mrs C Mattinson would formally write to the Highways Agency on behalf of the SRG to obtain additional information on the process for application and indicative timings for any changes to road signage.

Mrs S Hargreaves reported that Lindsay Hoyle MP had also requested copies of the minutes of the SRG A&E crisis group meetings. The Chair noted the previous request by the Health Scrutiny Committee to obtain copies of the minutes and confirmed that the minutes were being made available for the Governing Body meetings. In response to a query from Mr P Havey regarding whether the minutes could be made available on a more frequent basis as they were ratified at the weekly SRG A&E crisis group meeting, it was agreed that Mrs E Portsmouth would arrange to publish the minutes on the Internet. The Chair confirmed that this discussion would be picked up at the upcoming Governing Body meetings.

Mrs S Hargreaves referred to the HSJ article that had been circulated with the agenda which referred to the decision to downgrade the accident and emergency department and comments that had been made by the NHS England Chief Executive, Mr S Stevens in support of the action, although it was not clear why the article had been added to the agenda. Mr P Havey noted that the article had appeared in a national publication which was beyond the remit of the Trust.

The Chair commented that the timing of the article had been unfortunate as it could be used to indicate that the arrangements in relation to the Chorley accident and emergency department were permanent which was having an impact on public perceptions and those of the CCGs' Governing Bodies.

Mr P Havey suggested there was a need to recognise that the SRG had done the right thing for the right reasons and Mrs H Curtis added that it would also need to be recognised that the SRG could not control what was announced in the public domain. .

Mr G Curry referred to the positive elements that had been experienced following introduction of the urgent care centre which were not being promoted and the Chair commented that the proposed work through Healthwatch would highlight the positives.

#### **Resolution:**

- **Mrs C Mattinson to contact the Highways Agency and confirm the number of road signs affected by potential change and the process that would need to be followed;**

- **Mrs E Portsmouth to arrange for the SRG A&E Crisis Group minutes to be published on the Internet each week and the Chair would arrange to discuss this further at the upcoming Governing Body meetings.**

**57/16 Plan for re-opening sustainable Chorley emergency department and update on recruitment**

Mrs K Swindley reported that two locums commenced with the Trust during the week and would be undergoing the two-week trial period. Reference was made to a newly established company who had contacts in Jordan with the potential to secure four doctors who had indicated that they would want to work in England. The Trust had been assured that the doctors were GMC registered and met the criteria for appointment although on further investigation it was found that this was not the case. Skype interviews had been arranged for Friday and if appropriate the doctors could be appointed through the medical training initiative (MTI) programme which would secure appointment for two years. However, it was noted that the MTI programme was a lengthy process and would take a number of months to complete. Mrs S Hargreaves added that the four doctors were working at the University Hospital in Jordan and were involved in teaching advanced life support. It was noted that there would be a delay in progressing registration with the Royal College of Emergency Medicine although they were supportive of the Trust's intended action. During discussion it was agreed that the SRG would find it helpful for the process on overseas recruitment to be pulled together along with timescales. Mrs K Swindley also agreed to produce a timeline for the MTI programme.

Mrs H Curtis referred to the risk assessment template and the need for this to be populated to ensure that there was a robust audit trail and Mrs S Hargreaves confirmed that this was in train although there had been a delay due to the meeting at the House of Commons. Mrs J Mellor confirmed that the risk assessment template would inform discussions at the weekly project group meeting and would also be presented to the weekly SRG A&E crisis group meeting.

**Resolution:**

- **Mrs K Swindley to provide information on the process for overseas recruitment and the MTI programme along with timelines; and**
- **Mrs S Hargreaves to populate and submit the updated risk assessment template as part of the audit trail.**

**58/16 Update on recruitment**

It was noted that the update on recruitment had been delivered during discussions in the previous item.

**59/16 Engagement and consultation**

A discussion paper on formal consultation for temporary closure had been circulated with the agenda along with a letter from Hill Dickinson providing legal advice on consultation requirements for temporary closure of services. Mrs E Portsmouth noted that Lancashire Teaching Hospitals had taken legal advice and the discussion paper would be updated with comments provided by the Trust's Company Secretary (Mrs P

Hemmings). It was noted that overall the public had been involved as part of the legal duty to inform and involve, however in relation to precedent and previous court cases it was noted that there could be challenge, in particular around the timing of involvement in relation to what took place before the decision to close and change the service. Information was provided regarding the NHS Act 2006 and duty to involve, cases of precedent and delivery of duties and obligations.

Professor M Pugh drew attention to page 2 of the discussion paper and interpretation of the highlighted text which had been extracted from the Lancashire Teaching Hospitals' leaflet that had been developed stating that *'in recent months it had become increasingly difficult for us to staff the middle grade doctor at our emergency departments, for a number of reasons.'* Professor M Pugh suggested that if the statement was to set a precedent then the Trust would need to list all its specialties at risk in the hospital with a risk assessment being presented to the SRG on every service. Mrs E Portsmouth confirmed that the extract was not a benchmark for consultation rather a judgment to highlight the risk of judicial review which had gone forward in the past on that basis. The Chair supported the comment from Professor M Pugh and explained that it would be difficult to provide the information for every service, it was recognised that there would be risk issues with the need for a pragmatic view regarding the risk of judicial review, and a requirement to ensure regular communication across a wide audience. Mrs H Curtis suggested it would be helpful to understand the risk across all specialties although the Chair explained that details would need to go through the contracting process to identify whether there were resilience issues for consideration by the SRG. Mrs J Mellor commented that there was a need to understand immediate and critical risks to inform change and Mr P Havey added that anything challenging resilience would need to be presented to the SRG. Mr M Gaunt suggested there was a need to discuss and agree communication forums such as those relevant to the SRG, joint financial recovery board (JFRB) and clarity around the process. It was acknowledged that operational groups were the correct place to undertake the work although there was a need to be clear where issues were escalated, for example the contract board, SRG or JFRB. The Chair proposed that some scenario planning be undertaken and Mr P Havey commented that there was a need for clarity on contracting as a vehicle and commissioning arrangements as separate entities.

The Chair noted that from a SRG perspective there were lessons to be learned and suggested that a development session should be arranged to look back which was supported by Mr P Havey. It was recognised that the health economy had moved into a different way of working and there was a need to look at collective operation. It was agreed that a development session would be arranged, the operational groups would look at timings and plan for the session and Mrs J Mellor agreed to lead the arrangements.

Mrs E Portsmouth referred to the need for timely communications and briefings with key stakeholders and the public and highlighted comments that were included in the letter from Hill Dickinson regarding co-ordinated communications and suggested there was a need to consider the communications plan. It was proposed that future communications should contain information on what the Trust was continuing to do, confirmation that the quality risk assessment was being reviewed and the CCGs were considering the potential for following a patient on their clinical pathway. In respect of communications around reopening the Chorley emergency department it was proposed that after the reopening it may be helpful to look at contingency planning for the future.

**Resolution:**

- **Mrs J Mellor to co-ordinate arrangements for a SRG development session to look back and discuss lessons learned from the emergency care crisis.**

**SYSTEM RESILIENCE GROUP : PART II**

**60/16 Bank holiday resilience**

Mrs S Hargreaves confirmed that plans were in place for service resilience over the coming bank holiday and there were no concerns to report.

**61/16 Notice of motion from Lancashire County Council**

Mrs C Mattinson referred to a notice of motion to be presented by Councillor Steve Holgate (Chair of the Health Scrutiny Committee) to the full Cabinet on 26 May 2016. It was explained that the notice of motion instructing the Chief Executive of Lancashire County Council to write to the Secretary of State for Health and the Prime Minister to ask for an urgent meeting to discuss the crisis in the NHS in Chorley, its impact on the people of Lancashire and what steps they intend to take to deal with the issues in the immediate and longer term future. Mrs C Mattinson agreed to circulate a copy of the notice of motion to SRG members for information.

**Resolution:**

- **Mrs C Mattinson to circulate a copy of the notice of motion to SRG members.**

**62/16 Patient transport service (PTS)**

Mrs S Hargreaves drew attention to the patient transport service (PTS) specification that would be effective from 1 July 2016 and the significant operational risks to the Trust and confirmed that a paper would be developed for discussion at next week's SRG meeting.

**Resolution:**

- **Mrs S Hargreaves to produce a paper on the risks to the PTS for discussion at next week's SRG meeting.**

**63/16 Service sustainability and risks**

Mrs S Hargreaves referred to work that was being undertaken within the Trust on risk assessment of service fragility which would be presented to the CCGs/LTH Board to Board meeting on 8 June 2016. Reference was also made to discussions that had been held regarding critical care although further clarity was required on the format for presentation. Mrs S Hargreaves confirmed that there would be a range of issues, for example staffing and capacity and information would be developed for presentation to the Board to Board meeting.

The Chair suggested that a high level report should be developed with signposting to how the risks would be managed. Mrs S Hargreaves confirmed that she would not be

available for the Board to Board meeting, however a senior representative would present the information although there were anxieties regarding the timing of the presentation and the Trust understanding the position to fully inform the Board to Board meeting. Mrs H Curtis suggested that the timescale to present the position to the Board to Board meeting may be too ambitious. The Chair confirmed that the agenda had yet to be finalised and suggested that the Trust inform the Board to Board meeting that work was being undertaken and the presentation would be scheduled on the next agenda. Mr P Havey confirmed that the work programme could be developed for the next Board to Board meeting with signposting to the work that would be presented at the following meeting and this was supported by SRG members. Professor M Pugh also noted that some of the solutions identified by the Trust could be delivered relatively quickly and the Chair confirmed that the work programme needed to be clear on short and medium-term solutions and interventions that could be introduced prior to the long-term programme on Our Health Our Care.

In response to a request from Mr M Gaunt for clarify around contracting, commissioning and the Our Health Our Care programme, Mrs S Hargreaves confirmed that risk assessments were currently being undertaken. The Chair asked whether a presentation could be delivered highlighting issues and identifying the forums where each would be discussed and actioned. Mr P Havey commented that the contract board was not the appropriate forum to discuss such issues and it was felt that the remit of the operational groups may need to be broadened to deal with the issues. It was agreed that a high level presentation would be developed and submitted to the next SRG meeting for information prior to delivery to the Board to Board meeting on 8 June 2016.

**Resolution:**

- **Mrs S Hargreaves to pull together a high level presentation for discussion at next week's SRG meeting.**

**64/16 Date, time and venue of next meeting**

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