System Resilience Group

3 August 2016 | 8.00am | Boardroom 1
Chorley House, Chorley and South Ribble and Greater Preston CCGs

Present:

Jan Ledward	Chief Officer, CCGs (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
Jane Higgs	Director of Operations and Delivery, NHS England
Rachel Hobson	Chorley Medics
Clare Hounslea	Preston Primary Care Centre
Emma Ince	Planning and Delivery, CCGs
Joanne Jackson	Preston Primary Care Centre
Jayne Mellor	Head of Planning and Delivery, CCGs
Sue Moore	Chief Operating Officer, Lancashire Care
Richard Parry	Preston Primary Care Centre
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

In attendance:

Karen Brewin	Committee Secretary, Lancashire Teaching Hospitals (minutes)
Phebe Hemmings	Company Secretary, Lancashire Teaching Hospitals
Lorraine Kelly	Communications Manager, Lancashire Teaching Hospitals
Erin Portsmouth	Head of Communications and Engagement, CCGs
Tracey Sullivan	Executive Assistant, CCGs (minutes)

Apologies:

Kate Burgess	Commissioning Manager, Lancashire Care
Louise Corlett	Acting Network Director, Lancashire Care
Mick Duffy	Social Services, Lancashire County Council
Sam James	Head of Performance, CCGs
Adrian Leather	Chief Executive, Lancashire Sport (voluntary sector lead)
Max Marshall	Medical Director, Lancashire Care
Clare Mattinson	Policy, Commissioning and BI (Age Well), Lancashire County Council
Matthew Orr	GP Director, Chorley and South Ribble CCG
Ahmad Qamar	Out of Hours Service
Sharon Ross	Adult Services, Lancashire County Council
Karen Swindley	Director of Workforce and Education, Lancashire Teaching Hospitals
Heather Tierney-Moore	Chief Executive, Lancashire Care
David Winters	General Manager, Ramsay Health Care UK

143/16 Apologies for absence

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

144/16 Minutes of previous meetings

The minutes of the meeting held on 27 July 2016 were approved as a correct record subject to amendment to minute 140/16, A&E/urgent care centre project meeting update. Mrs J Higgs drew attention to the final paragraph on page 4 and confirmed that the first sentence should read 'Mrs J Higgs referred to information that had been provided at a recent *local health and resilience partnership* meeting…' (not health and wellbeing board).

In reviewing the resolutions and actions the following points were noted:

132/16: New schemes business cases – Mrs S Moore confirmed that a meeting had been held to discuss funding arrangements for the frailty assessment unit although no conclusion had been reached. As a result the contract with the intensive home support service had been terminated resulting in the loss of 900 bed days per month. Mrs J Mellor noted that confirmation had been provided to Mrs S Moore that the CCGs would want to work with Lancashire Care on the frailty assessment model and arrangements were being made for a task and finish group to discuss implementation of the service from October 2016. Mrs S Moore expressed concern that agreement could not be reached on funding arrangements. Mrs L Giles explained that there would be issues with the recruitment timeline which would now potentially be January 2017 as staff had been lost through termination of the intensive home support service.

Professor M Pugh joined the meeting at this point.

Mr M Gaunt referred to discussions that had been held at the SRG meeting on 20 July 2016 on the two models (frailty assessment unit and integrated care for frail and elderly in the community) and noted that the frailty assessment unit model appeared the viable option within the cost envelope. Mr M Gaunt reminded the SRG of discussions that were held at that meeting regarding the potential to phase the service with future savings funding the wider business case.

Dr G Bangi joined the meeting at this point.

Mrs S Moore explained that a stand-alone frailty assessment unit was not a viable model and Dr R Parry added that there would be no primary care input until January 2017. Mrs S Moore confirmed that the frailty assessment unit model in isolation would not have the capacity to support step-up step-down which would require integrated services support for issues such as diagnostics, monitoring, intravenous therapy, etc. Dr R Parry commented that as the Preston primary care centre had been closed then support would not be available. Mrs E Ince confirmed that there was no step-down, only step-up provision within the frailty assessment model. Mrs S Hargreaves commented that there was a need to ensure patients were safely transferred home and this could not be achieved in isolation through the frailty model.

Mrs K Partington referred to the upcoming Care Quality Commission inspection that was scheduled at Lancashire Teaching Hospitals at the end of September 2016 and severe criticism that had been received at the last inspection in relation to delayed transfers of

care and community bed provision and requested data be provided on what was in place at the last CQC inspection and what was provided now. As the CQC inspection was taking place in the near future the data would be required as a matter of urgency. Mrs J Mellor confirmed that the community bed review report shall be ready by September. Mrs S Hargreaves suggested that a discussion be held at next week's SRG meeting regarding the CQC action plan and progress to date.

Mrs J Higgs recognised the issues raised during discussion although noted that the immediate concern related to termination of the intensive home support service as this was a key wrap around for patients and asked how this would now be managed. Mrs S Moore explained that a sub-contract had been in place with nurses although they were no longer available since the service was terminated on 31 July 2016. Mrs S Moore also mentioned that the CCGs were meant to undertake a review of community beds although this has not taken place and Mr P Havey suggested that this be expedited urgently.

Resolution:

- **Comparator data to be produced regarding delayed transfers of care and community bed provision to show what was in place at the last CQC inspection and what was provided now;**
- **CCGs to complete the community bed review and share report accordingly.**

The Chair confirmed that owing to the need for detailed discussion and debate regarding the options appraisal for emergency care it was agreed that any outstanding actions from the previous minutes would be carried forward to the next meeting.

145/16 A&E/Urgent Care Centre project meeting update

Mrs J Mellor reported that as there had been a number of apologies for last week's A&E project meeting there was nothing further to report. It was noted that outstanding actions from the previous meetings would be carried forward to 5 August 2016.

146/16 Options appraisal for re-opening Chorley emergency department

Mrs S Hargreaves confirmed that the risk assessed options appraisal for re-opening the Chorley emergency department had been updated following discussions and points raised at last week's SRG meeting and the revised paper had been circulated for discussion. It was noted that there were caveats attached to the options relating to maintenance of GP cover into the urgent care centre. The Trust was 3.6 wte doctors better off than in April 2016 but there remained fragility with providing appropriate safe and sustainable staffing levels for re-opening the Chorley emergency department.

Mrs S Hargreaves provided an outline on what was reflected in the paper and an overview of the three options:

Option (a): Extend urgent care centre at Chorley from 8am to 10pm – it was explained that increasing service provision by 2 hours per day would only benefit an additional 8-14 patients. There would be no service changes to ambulance or other acute providers as the number of attenders was minimal. There would be no impact on the pressures within the emergency department at Royal Preston Hospital as there would be a continued average demand seen. There would remain ongoing recruitment

and retention risks. Dr R Parry noted that the Preston Primary Care Centre will not be providing the A&E diversion scheme at Royal Preston Hospital after 30 September 2016.

Mrs J Higgs referred to the statement regarding the Trust being 3.6 wte doctors better off than in April 2016 and asked where the doctors had come from and where they were currently located. Professor M Pugh confirmed that the increase in doctors would be through the junior doctor rotation. In response to a question from Dr D Patel regarding the number of doctors required to support the various options, Mrs S Hargreaves drew attention to page 5 of the report which outlined the workforce position predicted for August 2016 and confirmed that the Trust should have an establishment of 14 doctors posts. Reference was made to the previous agreement by the SRG that the parameters for re-opening the Chorley emergency department would be 10 substantive doctors and 4 locums. It was noted that the Trust currently had a total of 10.6 doctors which would be enough to open the Chorley emergency department on limited hours (9am to 4pm) although a number of issues remained around safety and sustainability.

Option (b): Service provision remains the same 24/7 at Preston and 8am to 10pm urgent care centre at Chorley with realignment of resources to match demand – it was explained that there would be increased staffing resource on the Royal Preston Hospital site which would support timely assessment and clinical management of patients. Performance would improve against the 4-hour wait standard at Preston; the increased staffing resource would reduce handover delays; and there would be appropriate alignment of resources to match demand potentially reducing staff turnover. It was recognised that communications would need to be managed with the community if this was agreed as the preferred option.

Option (c): Limited hours emergency department at Chorley from 9am to 4pm – although this option had been discounted at the previous week's SRG it was agreed to consider this further. It was explained that there would be reduced hours at the Chorley emergency department although enhanced clinical provision. However, it would be difficult to assess the increased impact at Royal Preston Hospital although it was not expected that this would materially change. There would be potential for inappropriate use of the service which could result in risk to patient safety. There would be a high impact on activity and workload on the Royal Preston Hospital site and potential patient safety risk to increased attendances and admissions. There would be an additional change to service for the local population with potential patient safety risk due to misunderstanding of service provision and consequence of further service changes. As mentioned at the last SRG meeting, there would be risks to recruitment and retention of staff due to the temporary nature of the service change.

In respect of unintended consequences, it was noted that some staff groups would be looking for emergency care roles and as safety and sustainability would be required as part of any decision there was potential for impact on other services, such as radiographers who had expressed concerns if there was no certainty. Attention was drawn to page 6 of the report which identified the considerations that were taken into account when reaching the clinical decisions. Mrs S Hargreaves referred to previous discussions that had been held regarding the need to provide a level of certainty in the system in respect of emergency care. It was noted that all options carried caveats relating to GP support into the urgent care centre and Mrs S Hargreaves confirmed that all options presented would require additional funding.

In conclusion, Mrs S Hargreaves asked the SRG to recognise the extensive efforts made over the past 3 months to secure enough middle grade doctors to support re-opening of the Chorley emergency department and to acknowledge that the aim to re-open in August 2016 was currently not achievable.

With the data available and understanding the efforts made to recruit to middle grade doctors, the SRG was asked to acknowledge that any decisions reached needed to be supported through to at least April 2017. The Trust would continue to pursue the substantive appointment of middle grade doctors although agreement of this timeframe would provide a degree of certainty for staff and support workforce planning for the next 7 months.

The SRG was asked to review and consider the risk assessments and options contained within the report taking into account the current workforce provision and to agree the preferred option.

In response to comments made regarding the urgent care centre procurement exercise, the Chair reminded SRG members of the legal standstill position therefore no discussion would be held at today's meeting. The Chair noted that meetings would be held today and it would be known later what the position was in relation to GP cover out-of-hours. Mrs L Giles confirmed that the Chorley medics would be covering the Chorley urgent care centre until 7 August 2016; there would be a gap next week; and also issues with cover during the following week.

In response to a query from Dr D Patel regarding the number of options for consideration, Mr P Havey reminded members that there were now three options presented, although agreement had been reached last week to discount the option of a limited hours service (9am to 4pm). However, Dr D Patel suggested that this option should be revisited during today's discussions. Mrs K Partington clarified that as a joint agreement was required on the preferred option then Lancashire Teaching Hospitals would not be making a recommendation on the preferred option which would require debate and agreement as a SRG.

Dr D Patel commented that there was a majority of red rated risks contained within option (c) although noted that some emergency care services in the country were running this model. Mrs S Hargreaves confirmed that the red rated risks related to vulnerability around staffing and a move to providing a part-time emergency department which would mean that difficulties would be faced with moving back to a 24/7 emergency department service. Professor M Pugh added that there would be confusion with the local population on the services being provided and due to uncertainty regarding the service there was a risk of losing staff which would mean that there could be a further change to service provision in the next few months if the profile of the workforce changed. It was explained that the current Chorley urgent care centre was working well, providing safe and effective care for patients and with the small increase in doctors there would only be potential to extend the Chorley urgent care centre for an additional 2 hours per day although redirecting the resource would support additional performance and safety issues at Royal Preston Hospital.

Mrs J Higgs recognised the medical staffing risks and asked how this balanced with other staff, such as nurses, radiographers and critical care nurses as there would be potential to lose staff if the Chorley emergency department was not re-opened. Mrs S Hargreaves explained that staff could move to Royal Preston Hospital although a cohort

of staff had confirmed they would want to remain at Chorley. The risk around staffing was related in the main to certainty and this had been clear during the meeting that had been held yesterday with Mr P Havey, Mrs S Hargreaves and the emergency teams. Assurances had been provided to staff that the Trust wanted to retain them although staff were keen that a decision was communicated. In respect of radiographers, it was noted that as this staff group was not required overnight the resource had been redirected although radiography staff had also expressed concern regarding uncertainty.

Mrs H Curtis referred to options (a) and (b) and asked, in terms of staffing, if the decision was made to transfer resources to Royal Preston Hospital whether the Trust was aware of which staff would be happy to transfer. Mrs S Hargreaves confirmed that all staff would want to remain with the Trust therefore there was no difference between options (a) and (b).

Professor M Pugh reminded the SRG that the permanent middle grade staffing levels had initially caused the emergency care crisis and there were limitations with trainees providing safe and sustainable cover. Interviews had been held with over 20 doctors and whilst the Trust had offered top recruitment packages there had been no success in securing the doctors as emergency medicine was recognised nationally as a shortage specialty. In response to a comment from Dr G Bangi regarding the current national emergency care model, Professor M Pugh acknowledged the comment and noted that work was being undertaken on attracting emergency medicine trainees although there was a time lag with this work which would not support current pressures.

Mrs H Curtis drew attention to option (c) with specific reference to the red rag rating on risk 3 relating to change in service for the local population, and risk 4 relating to potential patient safety risk due to misunderstanding of service provision and consequence of further service changes. Mrs H Curtis felt that there may be a need to review the risk ratings to amber as the general public may see these two issues as positive change. Mrs S Hargreaves agreed to review the risk ratings and consider whether they were at the appropriate level.

In response to a question from Dr G Bangi regarding the impact of the changes at Chorley on other services, such as critical care, Professor M Pugh explained that utilisation of the critical care unit at Chorley was reporting under 50% and during winter 2015 had been reporting at circa 25% utilisation. In comparison, over the whole of the North West utilisation of critical care was over 90%. It was explained that Chorley beds for acute admissions in the last quarter was less than 20% with the majority of cases relating to elective surgery patients. The Trust was discussing actions that needed to be taken regarding critical care capacity in the short, medium and long-term as there would be Chorley patients requiring surgery at Royal Preston Hospital. Dr D Patel commented that some Preston MAU patients were re-directed to Chorley although Professor M Pugh explained that there would be patient safety issues and clinical risk with transferring very sick patients to Chorley. It was noted that there was a form of selection through GPs and the ambulance service prior to any patient transfers to Chorley.

Dr D Patel commented that he was unsure that it would be wise to agree an April 2017 deadline. Professor M Pugh reiterated that the Trust would continue to pursue the substantive appointment of middle grade doctors and if there was improvement on the medical staffing position then there would be a review of the emergency care position, bearing in mind the 4-weeks' stability position previously agreed by the SRG and substantive to locum ratios as part of the re-opening parameters. Mrs S Hargreaves

added that expectations had been raised with the public and staff regarding an August 2016 re-opening date and in reality there would be a period of time before the Chorley emergency department would be safe and sustainable. However, this did not diminish the Trust's appetite to work to recruit to the required safe and sustainable staffing levels.

In response to Dr D Patel reiterating that he was not happy with an April 2017 deadline, Mr P Havey noted that staff had been clear regarding the need for certainty and the timeline of April 2017 would provide that assurance. It was noted that the trainee doctors rotation in February 2017 would not provide the doctors required to support re-opening of the Chorley emergency department. Professor M Pugh added that assurances that work was being undertaken to attempt to re-open the Chorley emergency department in April 2017 would provide that level of certainty to staff. Mrs H Curtis noted that improved urgent care centre provision at Chorley on a 24-hour basis would be in place much earlier than April 2017 and this would need to be confirmed in communications and stakeholder briefings.

Mrs J Higgs commented that option (a) did not benefit many people; option (b) appeared to be the preferred option; and there was also a need to re-look at option (c) for completeness. Professor M Pugh explained that before closure of the Chorley emergency department, the consultants in emergency medicine had acted down for two months. During discussion of the options with the consultants they had been clear that option (c) was not sustainable and there was a significant risk of losing emergency care medical staff. It was noted that consultants acting down to middle grade level was a voluntary arrangement and there was not requirement for them to act down.

Dr D Patel referred to Chorley residents and suggested that the discussions related to augmenting the Royal Preston Hospital emergency department although there was a need to ensure that there was an emergency service at Chorley. Mrs S Hargreaves felt there was a need to look at the wider population (circa 1.5m people) within the Lancashire Teaching Hospitals' footprint. There was poor, timely assessment going through the Preston emergency department at present and if the urgent care centre hours were extended as proposed in option (a) then the service would only be providing for a minimum number of patients. It was explained that performance against the 4-hour standard at the Preston emergency department was below 80%, with ambulances queuing and impact on ambulance handover times, therefore it was felt there was a need to consider what was in the best interests of the overall community of Chorley, Preston and South Ribble as well as Lancashire and south Cumbria. Mr P Havey endorsed the comments made by Mrs S Hargreaves and suggested that communications to the public should include confirmation that the Trust had met with stakeholders and in discussion they recognised that the Chorley emergency department would not be opening any time soon and that the emergency services provided by the Trust were for the whole of the population. Mr P Havey added that there was justification in supporting all the patients served across Chorley, Preston and South Ribble as well as Lancashire and south Cumbria.

Mr G Curry commented that the Chorley urgent care centre had been a total success and had far exceeded expectations and re-opening of the Chorley emergency department must be for practical not emotional reasons. It was noted that Chorley had historically provided a 12-hour accident and emergency department. Mr G Curry also noted that discussions had not been held on the success of what had been achieved through introduction of the current arrangements at Chorley.

Whilst recognising that the Chorley urgent care centre had delivered exceptional patient services, Dr G Bangi suggested the question was should the Chorley emergency department re-open as this is what had been promised. Mr P Havey responded that no promise to re-open had been provided only confirmation that the Trust was working to attempt to re-open a 24/7 emergency department service at Chorley in August 2016. It was now known that that aim could not be achieved and there was a need to determine the best service for the health economy.

In response to a comment from Dr G Bangi regarding a limited emergency department service, Mrs S Hargreaves explained that consideration must also be given to the clinical safety risk outside the hours of 9am to 4pm in option (c). Professor M Pugh added that all considerations in relation to the emergency care position had been based on safety and sustainability, which included staff certainty; consultant acting down arrangements; and all risks associated with agreeing option (c). Sustainability would be key as there may be a need to change again in two or three months' time. It was noted that under the current arrangements there had been no patient safety issues and option (c) would not be sustainable. Dr R Parry noted that there may be a need for additional medical staff at Royal Preston Hospital as the redirection scheme was no longer available.

Dr R Parry left the meeting at this point.

Mrs J Higgs suggested that risks from a clinical perspective would be key, recognised that detailed discussions had been held regarding the three options and felt that there was now a need to move to a decision.

In response to a question from the Chair regarding whether the Trust was confident that the consultant workforce would not act down under option (c), Professor M Pugh explained that the consultants were not contractually obliged to act down to middle grade level and this would not be sustainable. Mrs K Partington noted that the Bolton arrangements had been introduced as a short-term measure which was not sustainable. Professor M Pugh noted that Blackburn, Lancaster and Blackpool currently had consultant vacancies in emergency medicine and it was understood that Blackburn was looking to overseas recruitment in Saudi Arabia and India. Professor M Pugh also noted that the medical staffing support had been exceptional over an extended period of time with acting down previously over a 3-4 month period. However, whilst patient safety had been maintained during this period the consultants had been clear that such a model would not be sustainable.

The SRG agreed at this point that option (c) was not safe or sustainable and discounted the option as a viable model.

The Chair referred to option (b), asked if this was the preferred option and whether the SRG was 'going through the motions'. Dr G Bangi commented that only option (b) appeared to be viable. Mr P Havey explained that the three options had been risk assessed as requested by stakeholders and the SRG would need to agree on the preferred option based on the risk assessments. Mrs S Hargreaves explained that all options are viable with the current workforce although they each carried different levels of risk. In response to a request for clarification from the Chair that option (a) would benefit an additional 8-14 patients, Mrs S Hargreaves confirmed that was the case.

Mrs H Curtis commented that considering the limited gains at Chorley in comparison to redirecting resources to Preston then option (b) appeared the sounder option. The Chair noted that by September 2016 there would also be a 24-hour urgent care centre service.

The SRG agreed at this point that option (b) was the preferred option.

Mrs S Hargreaves referred to the immediate potential clinical risk through withdrawal of GP cover for the urgent care centre out-of-hours and it was understood that the CCGs were considering plans to mitigate the position. It was noted that if no overnight provider was identified for out-of-hours provision at Chorley then the CCGs would need a discussion regarding ambulance support being reintroduced on the Chorley site. It was noted that with effect from 5 August 2016 the Chorley medics would be relocating to their premises in Euxton therefore clinical cover would not be available on the Chorley site and the urgent care centre provision from 8pm to 8am may be compromised. It was agreed that Mrs J Mellor would explore potential options.

Mrs K Partington expressed concern that as the doors to the urgent care centre would close on Friday evening there was a need for urgent information to be available so the public could be informed of any revised arrangements. Mrs J Mellor confirmed that information would be required from Mrs L Giles regarding the rota cover available for August 2016 and agreed to discuss the position tomorrow as a priority. . Mr G Curry also asked that as much notice as possible be given on any additional ambulance requirements.

Mrs K Partington referred to approaches being made to the Trust by the media regarding the urgent care centre and confirmed that these should be directed to the CCGs as agreed at the previous meeting. The Chair confirmed that joint statements would continue to be prepared and issued to the media.

Mrs J Higgs noted that all SRG members would be party to the conversation and suggested that the out-of-hours position would need the SRG to move to escalation mode. Mrs J Higgs suggested that arrangements should be made for a daily escalation teleconference and the Chair agreed to organise the calls.

Resolution:

- **Mrs S Hargreaves to review the red RAG ratings on risks 3 and 4 within option (c) and consider whether they required an amber rating or whether they were at the appropriate level;**
- **The SRG agreed that option (b) was the preferred option as outlined within the report;**
- **Mrs J Mellor to explore potential options for clinical cover out-of-hours at Chorley; and**
- **A daily escalation teleconference to be arranged by the Chair with representatives from NHS England and appropriate SRG members.**

147/16 2016/17 A&E improvement plan

A letter had been circulated with the agenda which referred to the plan for improving A&E waiting time performance. The purpose of the letter was to expand upon the

proposal and outline plans for the recovery of England's performance to 95% by the end of 2016/17.

As part of the proposals NHS England and NHS Improvement had concluded that System Resilience Groups should be transformed into Local A&E Delivery Boards which would focus solely on urgent and emergency care with attendance at an executive level by member organisations. Mrs J Higgs explained that there would be a need to decide where this was structured within the health economy with the intention of the new arrangements being fully introduced from 1 September 2016. It was noted that Mr D Bonson, Chief Operating Officer at NHS Blackpool CCG, was considering the forum and structure and further details would be available soon.

Resolution:

- **Owing to time restrictions at today's SRG meeting it was agreed that the proposals contained within the letter would be discussed outside the meeting.**

148/16 Draft communications and engagement plan: Chorley A&E next steps

A copy of the proposed communication and engagement plan for next steps in relation to the Chorley emergency department had been circulated with the agenda for discussion and approval.

Resolution:

- **Owing to time restrictions at today's SRG meeting it was agreed that the draft plan would be carried forward for discussion at next week's SRG meeting.**

149/16 Date, time and venue of next meeting

The next meeting will be held on Wednesday, 10 August 2016, 8.00am, Boardroom 1, Chorley House, Lancashire Business Park, Centurion Way, Leyland, PR26 6TT.