

System Resilience Group

24 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
Mick Duffy	Social Services, Lancashire County Council
Louise Giles	Director of Development, Lancashire Care
Suzanne Hargreaves	Operations Director, Lancashire Teaching Hospitals
Paul Havey	Finance Director, Lancashire Teaching Hospitals
Tanya Hibbert	Network Director, Lancashire Care Foundation Trust
Emma Ince	Planning and Delivery, CCGs
Jayne Mellor	Head of Planning and Delivery, CCGs
Sue Moore	Chief Operating Officer, Lancashire Care
Matthew Orr	GP Director, CCGs
Karen Partington	Chief Executive, 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
Sandra Lewis	Executive Assistant, CCGs (minutes)
Erin Portsmouth	Head of Communications and Engagement, CCGs

Apologies:

Kate Burgess	Commissioning Manager, Lancashire Care
Louise Corlett	Acting Network Director, Lancashire Care
Matt Gaunt	Chief Finance Officer, CCGs (Chair)
Bill Gregory	Director of Finance, Lancashire Care
Jane Higgs	Director of Operations and Delivery, NHS England
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
Clare Mattinson	Policy, Commissioning and BI (Age Well), Lancashire County Council
Dinesh Patel	Chair of Greater Preston CCG
Mark Pugh	Medical Director, Lancashire Teaching Hospitals
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

163/16 Apologies for absence

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

164/16 Minutes of previous meetings

The minutes of the meeting held on 10 August 2016 were approved as a correct record subject to the following amendment:

153/16: Options appraisal for re-opening Chorley emergency department – page 4, final paragraph, penultimate sentence. Dr G Bangi referred to the sentence which identified that there was a need to look at anything that could be introduced now to add value and confirmed that a resolution should have been included for someone to take this away and develop options on the estate required for the front-end of the emergency department at Royal Preston Hospital. Mrs P Hemmings referred to discussions that had been held with the Integrated Urgent Care Project Manager (Mr R Audley) and it was understood that Mrs E Ince was reviewing the costings. Mrs E Ince confirmed that this work was being progressed in conjunction with Lancashire Teaching Hospitals.

In reviewing the resolutions it was noted that the majority of actions had been completed, were being progressed or were contained on the agenda with the exception of:

155/16: Lancashire Teaching Hospitals' CQC inspection update – Mrs H Curtis noted that the Nursing and Midwifery Director (Mrs G Naylor) had agreed to share a broader version of the CQC action plan although this had not been received. Mrs K Partington confirmed that the CQC action plan was scheduled for discussion by the Executive Team this afternoon and would be shared following review.

Resolution:

- **A copy of the broader CQC action plan to be shared with Mrs H Curtis following review by the Trust's Executive Team later today.**

Mrs S Moore joined the meeting at this point.

165/16 A&E/Urgent Care Centre project group meeting update

A copy of the ratified minutes of the weekly A&E/urgent care centre project group meeting held on 5 August 2016 had been circulated with the agenda for information. Mrs J Mellor confirmed that actions identified within the minutes were being progressed.

166/16 Briefing paper on staffing position; independent review process and timeline; and risks/actions identified from the review

A copy of the overall status report on temporary downgrading of the Chorley emergency department to an urgent care centre as at 24 August 2016 had been circulated with the agenda for information. Mrs S Hargreaves confirmed that whilst efforts were continuing to secure the medical staffing required for reinstating the Chorley emergency department there remained a gap in middle grade resource as outlined within the report.

Mrs S Hargreaves provided an overview of middle grade recruitment activity to date and confirmed that an overseas candidate had been offered and accepted a 3-year contract with an expected commencement date in December 2016. An interview had been held on 15 August 2016 and an offer made although this had been declined. Two overseas

candidates had been interviewed on 19 August 2016 and offers had been made to both candidates although a response was awaited on whether they would accept the posts. Work was also continuing to pursue the medical training initiative (MTI) posts from the Jordon University Hospital.

Mrs S Hargreaves reported that urgent care cover was not being provided by the GP out-of-hours services although some GPs were contracting with the Trust directly and the arrangement was working well. It was noted that support had been provided by the North West Ambulance Service with a paramedic technician located in the Chorley urgent care centre out-of-hours along with a receptionist. It was noted that from data analysis of the overnight position, 19 patients had attended the urgent care centre and only 6 patients required transfer to Royal Preston Hospital with 2 of the 6 patients requiring ambulance transfer and the remaining 4 patients appropriately travelling to Preston for clinical review.

In respect of the risk action plan, reference was made to the original discussions regarding signage which had been risk rated on the 5x5 risk matrix at a level of 16 and following review it was proposed that this be reduced to a risk of 12 as there had been no untoward incidents since introduction of the urgent care centre arrangements. In response to a request for a view, SRG members confirmed that they supported reduction of the risk rating as proposed. Mrs J Mellor suggested that it would be appropriate to review the risk rating to 12 although there may be further recommendations contained within the external review report regarding signage.

Mr G Curry referred to discussions that had been held during his interview with the external review team and noted that signage had been raised. Mr G Curry suggested that signage on the Chorley Hospital site should be erected to clarify the arrangements in place for the temporary closure and clearly signpost patients to where treatment could be provided. Mrs S Hargreaves confirmed that this information had been displayed within the Chorley emergency department following introduction of the revised arrangements and this would be reviewed to ensure there were clear instructions for members of the public presenting at Chorley and South Ribble Hospital.

The Chair noted that there were two separate issues to consider in relation to signage, i.e. (i) road signage; and (ii) hospital signage and at the moment there was a requirement to ensure that hospital signage was clear. It was agreed that the risk assessment action plan would be amended to separate the two issues in respect of signage and this would be reviewed and completed by the A&E project group.

Mrs S Hargreaves raised concerns regarding the Preston Primary Care diversion scheme that would cease at the end of September 2016 and asked how quickly the alternative arrangements would be mobilised. Mrs J Mellor confirmed that two potential options had been forwarded to Mrs S Hargreaves for consideration and further discussions would be held at the A&E project group meeting. In respect of the change to the number for centralised GP advice and the need to inform NHS 111 of the changed number once contractual variation and arrangements were in place with GP out-of-hours providers, Mr G Curry commented that it would be important to communicate the alternative arrangements at the earliest opportunity so that the North West Ambulance Service was clear on the changes. Mrs J Mellor agreed to discuss this further with Mr G Curry outside the meeting.

Mrs S Hargreaves provided an overview of the activity undertaken by the independent review team during their visit to the Trust on 22 and 23 August 2016 as part of the clinical review of the risk assessment commissioned by NHS England and NHS Improvement. A range of internal staff and external representatives had been interviewed, including Mr G Curry, Mrs J Ledward and Lindsay Hoyle MP. It was noted that the independent review team was reviewing the wider pathway across the health economy as opposed to exclusive review of acute emergency services.

The Chair referred to the information regarding middle grades required to cover a limited hours (8am to 10pm) emergency department as a minimum and asked for clarification on how the 14 hours had been reached. Mrs S Hargreaves confirmed that during the escalation teleconference with NHS England and NHS Improvement on 4 August 2016, Mrs J Higgs had been clear that any part-time re-opening of the Chorley emergency department should not be less than what was currently in place. The Chair referred to Grantham Hospital who had reduced its opening hours although was continuing to operate as an emergency department. Mrs K Partington confirmed that having spoken with the Chief Executive of United Lincolnshire Hospitals NHS Trust it was confirmed that Grantham Hospital was not operating an emergency department rather was providing services in line with those delivered by the Chorley urgent care centre. Mrs K Partington noted that the operating hours at Grantham Hospital had remained the same although the department was continuing to be identified as an emergency department. Mrs J Mellor suggested that if different advice had been given to Grantham Hospital regarding operating hours as an emergency department then clarification would be required from NHS England. It was agreed that Mr M Smith would take back the issue to NHS England for clarification regarding a limited hours' service and the advice provided by NHS England that nothing less than 14 hours should be considered although other providers were operating within reduced hours.

Resolution:

- **Mrs S Hargreaves to arrange to review the signage at Chorley and South Ribble Hospital to ensure clear instructions were available for members of the public presenting at Chorley;**
- **The A&E project group to review the action plan to separate the actions around signage in relation to road and hospital signage;**
- **Mrs J Mellor to discuss the alternative arrangements for the change in contact number with Mr G Curry outside the meeting; and**
- **Mr M Smith to request clarification from NHS England regarding the hours required to operate a limited hours' emergency department.**

167/16 Draft communications and engagement plan – August 2016 onwards

A copy of the draft communications and engagement plan from August 2016 onwards had been circulated with the agenda for discussion. Mrs E Portsmouth noted that this was version 3 which contained additional details from the previous iteration although it was assumed that nothing would be progressed until the outcome of the independent clinical review had been confirmed. Comments on the draft plan had been received from Mrs L Kelly and Mrs P Hemmings and these comments would be taken into account in the final plan.

Mrs E Portsmouth provided an overview of the key messages as outlined on page 3 of the plan and confirmed that additional information would need to be included regarding

the outcome of the urgent care centre procurement exercise. In respect of the penultimate bullet point, it was noted that this would be revised to clearly show the relation to the Our Health Our Care programme. It was also noted that the communications and engagement plan dovetailed with work that was being undertaken in respect of winter resilience.

Attention was drawn to the lead organisations and spokespersons on particular types or themes of enquiry which were detailed on page 4 and it was noted that work was being undertaken with Lancashire Teaching Hospitals' and the CCGs' communications teams regarding top-up media training. It was agreed that appropriate staff from Lancashire Care would be included in any plans for media training.

Mrs E Portsmouth confirmed that there was a need to identify and agree engagement activity with key stakeholders and MPs, for example opportunities for a public meeting although there may be something that comes out of the independent clinical review in this regard. There would also be a need to see the communication plan developed by NHS England and NHS Improvement in respect of the outcome of the independent clinical review. Work would also be required to agree a proposal for moving to communicating progress with reinstating the Chorley emergency department.

Resolution:

- **Lancashire Care staff to be included in the plans for top-up media training;**
- **Amendments to be made to the engagement and communications plan from comments provided and as outlined in the minute.**

168/16 Health Scrutiny Committee report

Mrs H Curtis referred to the Health Scrutiny Committee report and asked whether this had been received. Mrs K Partington confirmed that the report was not due for release until 12 September 2016 although headlines had been provided to confirm that the decision made by the SRG had been correct although there were some criticisms regarding timescales and communications around the decision.

169/16 Local A&E Delivery Board

The Chair referred to the letter from NHS England regarding the plan for improving A&E waiting time performance and the outline proposal 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. The Chair expressed concern that the SRG had championed re-opening of the Chorley emergency department and there may be concerns regarding perceptions on the message about the change to the structure of the SRG. Mrs K Partington confirmed that the Local A&E Delivery Boards would have a different focus and format and explained that the Trust's Strategy and Development Director (Mrs C Spencer) had previously proposed hardwiring the various meetings and committee structures and how they fed into the Our Health Our Care programme as this was the combined strategic direction. Mrs J Mellor confirmed that work had commenced on looking at committee structures and working groups in respect of Our Health Our Care and a draft framework had been presented to the Chair. Mrs K Partington noted that Dr G Bangi, who had Chaired the

last Our Health Our Care meeting, had charged the Programme Director (Mrs S James) with completing this work and there was a need for Mrs J Mellor to feed through and liaise with the Programme Director. It was confirmed that Mrs J Mellor was working with Mrs S James on this.

Mr P Havey commented that if the SRG fortnightly meetings continued there may be a need to recognise that the scope of the group was limited to re-opening of the Chorley emergency department. It was agreed that Mrs E Portsmouth would develop pro-active statements in this regard. Work would also continue with the SRG around front-ending work at Royal Preston Hospital as referred to earlier in the meeting.

Dr G Bangi suggested that evidence would also be required on the options and how staff would be released to support the gap to reinstate the Chorley emergency department. Mrs S Hargreaves clarified that this would not help with the middle grade requirement.

Mrs J Mellor confirmed that discussions had been held around the estate and Mrs E Ince added that discussions were taking place although Dr G Bangi noted that work agreed last week was around the gap. Mrs P Hemmings confirmed that it was understood that a bid had been submitted for the urgent care centre estate with a 7 week timescale and a steer would be required in the event that the bid was unsuccessful. Dr G Bangi confirmed that it would be helpful to have details of the options in preparation for this. It was agreed that a draft plan would be produced for discussion at the next SRG meeting in two weeks' time.

Resolution:

- **Mrs E Portsmouth to develop pro-active statements regarding the SRG continuing in its present format with a remit to scope re-opening of the Chorley emergency department; and**
- **A draft plan to be developed for discussion at the next SRG meeting on 7 September 2016.**

170/16 Date, time and venue of next meeting

The next SRG meeting will be held on Wednesday, 7 September 2016 at 8am in Boardroom 1, Chorley House, Lancashire Business Park, Centurion Way, Leyland, PR26 6TT.

The meeting scheduled for 8 September 2016 would be stood down.