

System Resilience Group (SRG) Chorley A&E – Minutes

Wednesday 30 November 2016: 8.00 – 9.00 am
Boardroom 1, Chorley House

Present:

Jayne Mellor	Head of Planning and Delivery, Clinical Commissioning Groups (CCGs) (Chair of meeting)
David Beckett	GoToDoc (GTD) Healthcare
Graham Curry	North West Ambulance Service (NWS)
Karen Partington	Chief Executive, Lancashire Teaching Hospitals (LTH)
Suzanne Hargreaves	Operations Director, Lancashire Teaching Hospitals

In Attendance:

Lorraine Kelly	Communications Manager, Lancashire Teaching Hospitals
Sandra Lewis	Executive Assistant, CCGs (Minutes)

Apologies:

Gora Bangi	Chair, Chorley and South Ribble CCG
Jan Ledward	Chief Officer, CCGs
Erin Portsmouth	Head of Communications & Engagement, CCGs
Dinesh Patel	Chair, Greater Preston CCG
Mark Pugh	Medical Director, Lancashire Teaching Hospitals
David Rigby	North West Ambulance Service
Mike Smith	Head of Assurance and Delivery (Lancashire), NHS England

Item No.	Subject	Action
200/16	<p>Welcome and Introductions</p> <p>Mrs Mellor welcomed everyone to the meeting.</p>	
201/16	<p>Apologies</p> <p>Apologies noted above.</p>	
202/16	<p>Minutes of Meeting – 16 November 2016</p> <p>The minutes of the meeting held on 16 November 2016 were agreed as a true record of the meeting, with the exception of a query regarding the number of clinical rooms available at Preston from January 2017. Mr Beckett advised that there were three rooms available at the</p>	

	<p>moment. It was agreed that LTH representatives would discuss this outside the meeting and confirm with GTD the number of clinical rooms available.</p> <p style="text-align: center;">Action: LTH to confirm with GTD the number of clinical rooms available from January 2017.</p> <p><u>Actions/Resolutions</u></p> <p>194/16: Mrs Partington reported that the first draft of the risk and mitigation log had been shared with NHS Improvement. There was a meeting scheduled with them on 6 December and an update would be provided.</p> <p>It was confirmed that all other actions had been completed.</p>	LTH
203/16	<p>Chorley A&E Re-opening Plan</p> <p><u>Staffing Position</u> Mrs Hargreaves highlighted the following:</p> <ul style="list-style-type: none"> • Consultants (substantive and locum) – the consultant scheduled for interview on 24 November had withdrawn. A locum is being interviewed in the next week. • Middle grades (substantive and locum) – interviewed two international candidates. One candidate had been offered a post, but awaiting International English Language Testing System (IELTS). • Associate Specialist – two applications received and one interview had taken place. Candidate offered a post; however, from overseas and requires IELTS. One candidate still to be interviewed. • One locum secured into a permanent post. • Nursing Recruitment – interviews taking place on 2 December 2016. Four shortlisted for Preston and none for Chorley, with plans to fast track successful candidates. <p><u>Mobilisation Plan/Risks</u> Mrs Hargreaves reported that the Emergency Department (ED) clinical divert had gone live.</p> <p>The risks are looking more positive and GTD had gone live on 23 November 2016. The communication messages need to be clear on who is doing what.</p> <p>Mrs Mellor noted the positive position on recruitment and Mrs Partington asked the group to be aware that existing consultants are working additional hours.</p> <p>In response to a query on the gaps in hours, Mrs Hargreaves said that at the moment there is a shortage of 59.5 hours for 18 January 2017.</p>	

	However, two candidates have been offered posts, but have not started yet.	
205/16	<p>GTD update on Urgent Care Centre Mobilisation</p> <p>Mr Beckett highlighted the following:</p> <ul style="list-style-type: none"> • Recruitment continues and there has been more interest in working at Chorley rather than Preston. • Contingency in place to backfill gaps in rota from salaried clinicians. • The January rota looks better than the November rota. • GPs are putting themselves forward for work post-Christmas. • Need to develop relationships between the two services. • Clinical rooms from January 2017 – as discussed earlier in the meeting, LTH are looking at this. • GPs covering overnight and weekends. • There has been an extra GP on the rota overnight and at the weekend as there had been a large numbers of patients through out of hours. • There is a need to develop links between the Chorley and Preston flows. • The ED divert kept the flow of patients moving. Mrs Mellor commented that divers in place would help until full mobilisation of the Urgent Care Centre. <p>Mrs Mellor confirmed that weekly performance data is being developed.</p> <p>Mr Beckett confirmed that GTD would triage all patients from 18 January 2017.</p> <p>Mr Beckett was concerned that the message across the economy was that the system was not working. Mrs Partington emphasised that LTH will do everything to help. It was noted that the relationship between GPs, GTD and ED Consultants was imperative.</p> <p>In response to a query from Mrs Partington, Mr Beckett confirmed that GTD do use more than one GP; there are five GPs on the rota to manage out of hours demand during the day. Mrs Mellor commented that there is a requirement for flexibility on demand and need to look at the peaks.</p> <p>Mr Beckett emphasised the need to get positive messages out and Mrs Mellor said that work will be undertaken with communications to send out week 1 performance, achievements and next steps.</p> <p>Following discussion about the service over the weekend, Mr Beckett confirmed that ED streaming did not get switched off.</p> <p>Mrs Mellor advised that there was bound to be teething problems, but</p>	

	<p>as advised earlier in the meeting, a joint communication would be prepared on week 1 activity and performance. Mr Curry asked if this could be shared with NWAS.</p> <p>Mrs Partington asked if the CCG could put in additional resources for staffing at peak times. Mrs Mellor replied that there are no additional resources available and we need to look at the trends and efficiencies in the service, but the service will not be put at risk.</p> <p>Mr Beckett said that the Out of Hours Doctor cannot be moved to the ED. Mrs Partington commented that there is a need to understand the model.</p> <p>Mr Beckett commented that the rota used by Preston Primary Care Centre needs re-organising as ED was not as busy in the mornings. There is also a requirement for extra clinical rooms for GPs. Mrs Mellor advised that the mobilisation meeting will be used to pull this together.</p>	
206/16	<p>Communications and Engagement Plan</p> <p>Ms Kelly presented the communication plan, which will sit against the winter plan. The risks and challenges are:</p> <ul style="list-style-type: none"> • Some stakeholders are concerned the ED won't open as planned. • There is some confusion about what services will be available when. • There is some confusion about which is the most appropriate service to access for which condition. • There is a potential clinical risk that people who are unaware of the service changes will follow road signs to an ED that is closed out of hours. <p>The approach is to send out phased communications up to go-live and post-live, which will emphasise that everything is on track and this is where we are. It will stress that this sits alongside the winter plan.</p> <p>It was agreed to send out four bulletins.</p> <p>Mrs Hargreaves emphasised the need for more pro-active communication that ED is not the first port of call. Ms Kelly said this was part of the winter plan.</p>	
207/16	<p>Date, time and venue next meeting</p> <p>Wednesday 14 December 2016, 8.00 am – 9.00 am; Boardroom 1, Chorley House</p>	