Lancashire County Council

Health Scrutiny Committee

Minutes of the Meeting held on Tuesday, 26th April, 2016 at 10.30 am in Cabinet Room 'C' - The Duke of Lancaster Room, County Hall, Preston

Present:

County Councillor Steven Holgate (Chair)

County Councillors

M Brindle	M Otter
Mrs F Craig-Wilson	N Penney
G Dowding	A Schofield
A James	C Dereli
Y Motala	D Stansfield
B Murray	K Snape

Co-opted members

Councillor Barbara Ashworth, (Rossendale Borough Council)
Councillor Trish Ellis, (Burnley Borough Council)
Councillor Shirley Green, (Fylde Borough Council)
Councillor Colin Hartley, (Lancaster City Council)
Councillor Bridget Hilton, (Ribble Valley Borough Council)
Councillor Roy Leeming, (Preston City Council)
Councillor Julie Robinson, (Wyre Borough Council)
Councillor E Savage, (West Lancashire Borough Council)
Councillor M J Titherington, (South Ribble Borough Council)
Councillor P Wilson, Chorley Borough Council

1. Apologies

Apologies for absence were presented on behalf of District Councillors A Mahmood (Pendle) and K Molineaux (Hyndburn)

County Councillor Alan Schofield replaced County Councillor David Smith, County Councillor Cynthia Dereli replaced County Councillor Nicki Hennessey, County Councillor Kim Snape replaced County Councillor Mohammed Iqbal, and Councillor Peter Wilson replaced Councillor Hasina Khan.

2. Disclosure of Pecuniary and Non-Pecuniary Interests

None disclosed.

3. Minutes of the Meeting Held on 15th March 2016

The minutes of the Health Scrutiny Committee meeting held on the 15th March 2016 were presented and agreed.

Resolved: That the minutes of the Health Scrutiny Committee held on the 15th March 2016 be confirmed and signed by the Chair.

4. Lancashire Teaching Hospitals Trust - Chorley A&E update

Chair welcomed Karen Partington, Chief Executive, Lancashire Teaching Hospitals NHS Foundation Trust, Jan Ledward, Chief Officer, Chorley and South Ribble and Greater Preston Clinical Commissioning Group (CCG) and Dr Dinesh Patel, Greater Preston CCG to the meeting to provide the Committee with the rationale for the decision to temporarily close the A&E department at Chorley Hospital and explain what the new temporary arrangements would be.

A PowerPoint presentation was delivered by Karen, a copy of which is appended to the minutes

A summary of the main points are outlined below.

Background:
- Lancashire Teaching Hospitals Trust originally supported the application of the locum cap which was to encourage locums to apply to substantive posts
- The cap was reported to be not in place in Scotland, Wales and Ireland
- Recruitment into emergency medicine has begun to improve but were finding that nationally, 50% of doctors by year 4 were choosing not to continue in their roles
- There continues to be a reliance on locums to support services and locums were reported to occasionally only provide 24 hours' notice to leave

Recruitment:
- Now advertising vacancies through non-framework agencies as well as framework agencies. (Framework agencies would complete all of the compliance checks prior to recruitment but for non-framework agencies, checks were required to be completed by the Trust)
- North West Deanery have received a request from the Trust for evidence around allocation numbers of trainees to ensure the Trust are not being disproportionately disadvantaged

Service impact:
- There was no reported impact on NWAS to date

- An ambulance handover nurse was in place to alleviate previous challenges recognised on the timely transference of patients from the ambulances
- Monitoring of Wigan, Bolton and East Lancs hospitals indicated minimal additional activity so far. NWAS have confirmed that there were no patients taken to Southport and Ormskirk Hospital but would look to confirm status of their walk in patients
- Emergency admissions have been equalised across the two sites with GP's referrals to Chorley, and emergencies through Emergency Department to Preston
- So far there have been no significant fluctuations in attendance at RPH

Current position on recruitment:
- Six gaps currently in the staff rota for Chorley Hospital A&E
- Three locums have been booked for a period of supervision and trial before offering substantive posts
- An additional two more locums booked and awaiting start dates
- One long term locum had already advised they were not available to work in May and June
- There have been 37 CV's reviewed and rejected as they did not meet the essential criteria with a further 17 CV's in the pipeline

Members were invited to make comments and raise questions and a summary of the main points arising from the discussion is set out below:

Members raised strong concerns around the staffing issues highlighted in the presentation and sought reassurances on what Lancashire Teaching Hospitals Trust were planning to do differently in the future and what the timescales to reopen were. Members were advised that there was no information currently on timescales but were assured that they were working very hard to address the staffing gaps to reopen Chorley Hospital A&E. Further discussions would be taking place at the next System Resilience Group (SRG) meeting to identify staffing levels required.

In addition to the work outlined in the presentation, Karen confirmed that they were also looking at how they could attract doctors from overseas and working closely with other organisations to respond to the recruitment issues. The locum situation was also looking more positive since the removal of the cap as it was reported that no CV's had been received for three months when the agency cap was in place. Members were informed that the Trust worked together with partner agencies to hold the cap and initially were able to secure the level of staff required. Two long term sicknesses tipped the balance and prompted the decision to break the cap.

Jan Ledward confirmed that the CCG was looking at care models and currently out to procurement for an urgent care service. This procurement exercise was due to close shortly and would be looking to mobilise this service towards the end of the year.

Karen advised members that RPH was a unique centre with all the specialist services in one place and they were building on that. In addition, a Health Academy has been launched and education plans were in place to assist with future recruitment.

Members were assured that the Trust did acknowledge that there was additional travelling time to RPH from the Chorley area. Feedback was reported to be obtained from patients, family and friends on a daily basis around their experience of the service which could be published.

It was highlighted that numbers accessing Urgent Care in Chorley were increasing and indicated a positive picture as it showed that more patients were accessing the right level of service. The Urgent Care service at Chorley was confirmed to be open from 8am until 8pm. This was agreed in line with current staffing levels which were insufficient to support longer hours.

Members requested reassurances that the temporary closure of Chorley Hospital A&E had nothing to do with the £14m overspend and that RPH had the capacity to support the additional patients as a result of this temporary closure. Karen confirmed that the closure was a direct result of the inability to recruit the right level of doctors and was in no way connected to the reported overspend.
In relation to capacity at RPH, it was acknowledged that some patients would have to wait longer or maybe required to go elsewhere for treatment if there were more urgent cases. Assessments were in place to ensure the right level of service was achieved for all patients attending RPH. In addition, they worked with Lancashire Care Foundation Trust to determine a new model of urgent care to ensure patients were dealt with appropriately to free up capacity for the emergency doctors.

Members requested information on outcomes and whether the Trust felt that communication could have been handled more successfully.
Karen confirmed that Healthier Lancashire were looking at outcomes across Lancashire and South Cumbria and more locally, mortality statistics were available to flag up any issues of which the SRG have requested a review. Data was also being produced around the impact and quality of care.
Communication has been ongoing through the SRG which included members from many partner agencies and NHS Improvement. Karen conceded that communication could have been organised sooner but briefings had been completed with MPs and Leaders outlining issues as they arose.

Members were assured that as well as communication with partners, conversations have been held regularly with Trust Chief Executives across the county and were briefed on the situation in Chorley. They have also commenced a Chairs and Chief Executive meeting.

Resolved: The Committee:

i. Noted the current position provided by the Lancashire Teaching Hospitals Trust
ii. To receive regular updates from the Trust with information on outcomes, impact and timed action plan with an indication of the date to reopen of Chorley Hospital A&E
iii. To proactively seek the views from a range of partners and other sources to continue to scrutinise the current and future provision.
iv. To receive minutes from the SRG meetings
v. To receive data showing the average number patients per hour at both Chorley and Preston

5. Report of the Health Scrutiny Committee Steering Group

On 8 February the Steering Group met with officers from Lancashire County Council regarding mental health services and officers from East Lancashire CCG to discuss changes to services for adults with learning disabilities. A summary of the meeting can be found at Appendix A.

Resolved: That the report of the Steering Group be received

6. Work Plan

Appendix A to the report now presented set out a draft work plan for both the Health Scrutiny Committee and its Steering Group, including current Task Group reviews.

Committee Members were reminded that a planning session has been organised for the 9th May 2016 to determine the work plan for the next 12 months.

Resolved: That the work plan be noted

7. Recent and Forthcoming Decisions

The Committee's attention was drawn to forthcoming decisions and decisions recently made by the Cabinet and individual Cabinet Members in areas relevant to the remit of the Committee, in order that this could inform possible future areas of work.

Recent and forthcoming decisions taken by Cabinet Members or the Cabinet can be accessed here:

http://council.lancashire.gov.uk/mgDelegatedDecisions.aspx?bcr=1

Resolved: That the report be received

8. Urgent Business

There was no urgent business.

9. Date of Next Meeting

It was noted that the next meeting of the Committee would be held on Tuesday 14th June 2016 at 10.30am, Cabinet Room C, County Hall, Preston

I Young
Director of Governance, Finance
and Public Services

County Hall
Preston

Lancashire Teaching Hospitals NHS
NHS Foundation Trust

EMERGENCY CARE CRISIS

LCC Health Scrutiny Committee – 26th April 16

Excellent care with compassion

ISSUE

- Middle Grade Shift Gaps are at a level which means the Trust is unable to deliver a safe service across the Emergency Departments
  - Caused by middle grade vacancies; deanery gaps; locum cap.

- Issue first escalated as a concern to Monitor in August 15. Risk assessments regularly shared with Monitor and NHSE since Dec 15

- Risk assessments undertaken monthly since December 15; shared with the Board and SRG

- Risk increased and decision made by Board early March not to implement the April cap – no impact on locum fill.

- Thursday 31st March – identified risk to service delivery with immediate effect

- Friday 1st April – sought agreement from the ED Consultant team to cover and act down into the middle grade shifts. The consultants agreed a period of two weeks for the Executive team to seek additional staffing and plan contingency.

Considerations taken into account:

- ED at RPH is a Major Trauma Centre, which serves the Trusts local patients but also the wider public of Lancashire and South Cumbria
- ED at RPH is a recognised training placement for emergency medicine trainees

- Consequently the RPH service needed to be retained.

- 13th April – SRG supported decision to temporarily change the service provision at Chorley to an urgent care service between the hours of 08:00-20:00; with a GP out of hours service overnight.
  - Anything less than a 24/7 service cannot be classed as a type 1 ED

- The SRG decision was based on an agreed risk assessment, the principles of providing a safe service which optimised the service provision at Chorley with the staffing resources available and which had the least impact on other organisations.

- In the decision process safety of patients was paramount whilst also minimising impact on patient experience.

- SRG meeting weekly to review the risk assessments and the minimum requirements for re-opening.

How we are assuring safety & quality for patients

- Widespread communication of arrangements so patients are clear how to access emergency care
- Staff clear on how to escalate if there are any patient safety concerns
- Enhanced visibility of Executive Directors, senior managers and clinical leaders, walking the floor
- Any reported Patient Safety Incidents or complaints will be rigorously addressed

How we are assuring positive staff experience

- Regular briefings for staff throughout the transition
- Enhanced visibility of Executive Directors, senior managers and clinical leaders, walking the floor
- Valuing your voice email address, which allows anonymous concerns to be raised – staff are continually encouraged to use this in all briefings

Why has this happened?

Medical staffing in the emergency departments has been on our risk register since 2010 because:

- National shortage of doctors choosing a career in emergency medicine with a widening gap over the last few years
- Reliance on locums to fill the gaps

And more recently:

- Application of the agency Cap

How do we recruit?

Substantive Posts

- All posts are advertised nationally on the NHS Jobs website; which is the national website for advertising jobs within the NHS is standard practice and accepted by all NHS professionals as the place to go and seek vacancies.
- In addition posts have been advertised on Doctors.net, which again is a national website targeted specifically at doctors
- Hard to fill posts that meet the resident labour market test are also marketed overseas via out managed service provider.

Locums Posts

- Locum posts can be advertised as NHS locums in which case the above advertising regime applies.
- Alternatively locums are usually sourced through an agency.
- We use a managed service who works with us to source locum doctors through a whole range of agencies who are registered on the procurement framework, this is in excess of 20 agencies.

- The arrangement with our managed service provider is not exclusive and we can and do approach other framework agencies, eg, Rigg directly.
- Since the agreement was put in place to breach the agency rules, we have also contacted all non framework agencies we can identify to see if they can supply doctors

Additional Actions:

We are continually and actively recruiting for all posts:

- We are working with HENW to look at reallocation of training posts across the North West. CEO has discussed options with CEO HEE
- Implemented local retention premium for ED specialty doctors
- Proactive national recruitment actions including;
  - Exhibited at national recruitment conference
  - Released promotional DVD to attract doctors to the trust
  - Advertised through networks such as Doctors.net
- Proactive international recruitment actions including ;
  - International recruitment through Medacs
  - Skype interviews undertaken to support international recruitment

- Meeting held with Fulwood Barracks seeking middle grade support; this level of staff not available
- Further advice sought from NHSE
  - Stephen Groves, NHS England National Head of EPRR, advised that to request a MACA (Military Aid to Civilian Authorities) would be a last resort and that in this situation a MACA request would not be appropriate.
  - In addition, military personnel are no longer within military hospitals but work within NHS district general hospitals so by requesting military support would be taking staff from other DGHs.
- Role substitution through nurse clinicians, physicians associates and emergency nurse practitioners
- Proactive contract and pay actions;
  - Appointed GP's to trust contracts
  - Offered trust contracts and contracts for service
  - Enhanced the internal bank rate of pay
- Commenced advertising in national papers / press

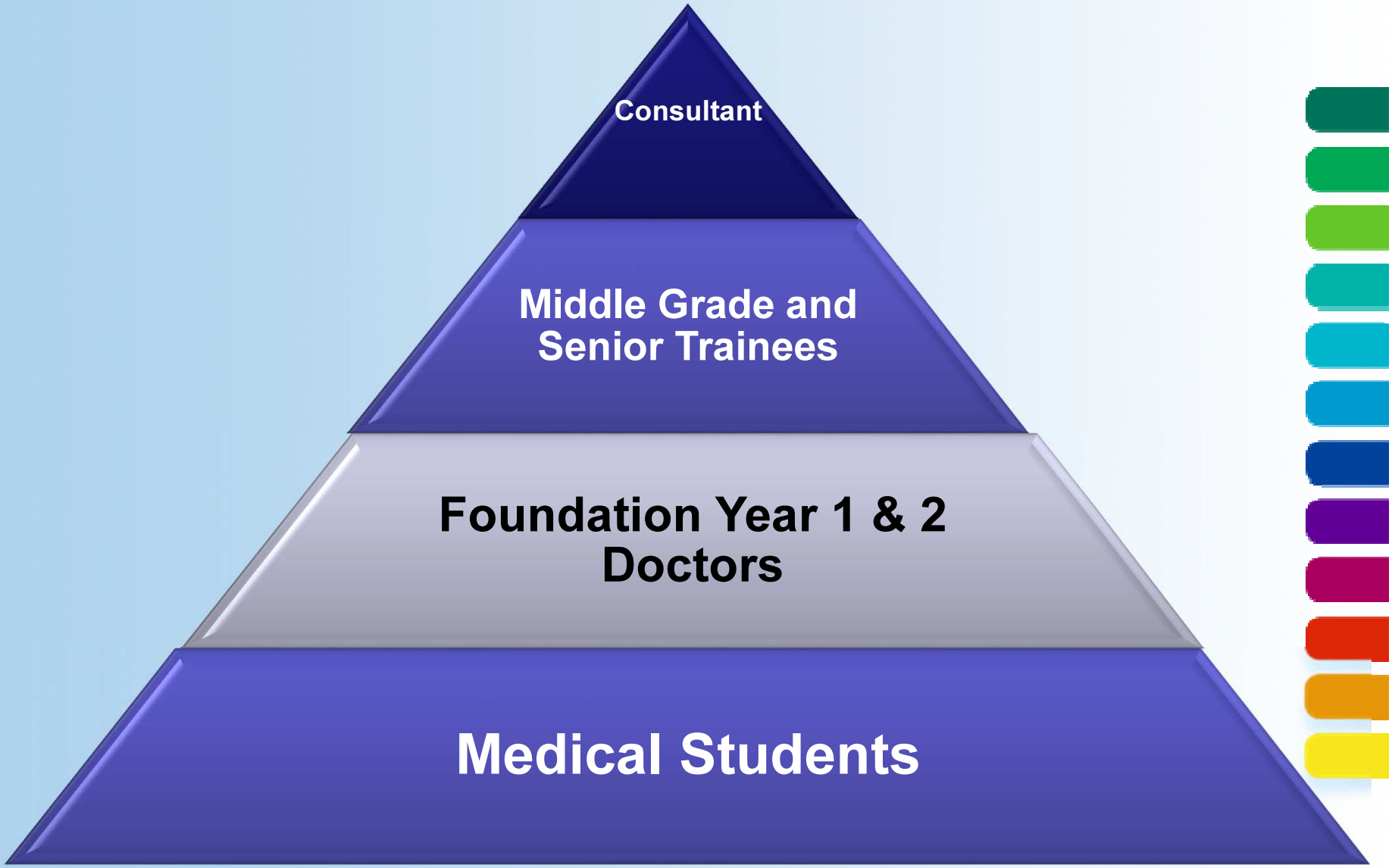
Middle grade doctors – what are they? What do we need?

Qualifications

- Full GMC Registration and Licence to Practice
- MBBS or equivalent (primary medical degree as recognised by the GMC)
- Advanced Life Support and at least one of: ATLS, APLS, ETC or equivalent

Experience and Skills

- 4 years post graduate medical experience / training of which at least 12 months must be in emergency medicine
- Ability to initiate appropriate initial management in common emergencies and to apply sound clinical knowledge and judgement
- Must not have been out of clinical practice for longer than 2 years
- Previous involvement and understanding of audit
- Evidence of interest and participation in teaching. The ability to train and supervise junior medical staff and medical students
- Ability to lead a clinical team


Consultant
Middle Grade and Senior Trainees
Foundation Year 1 & 2 Doctors
Medical Students

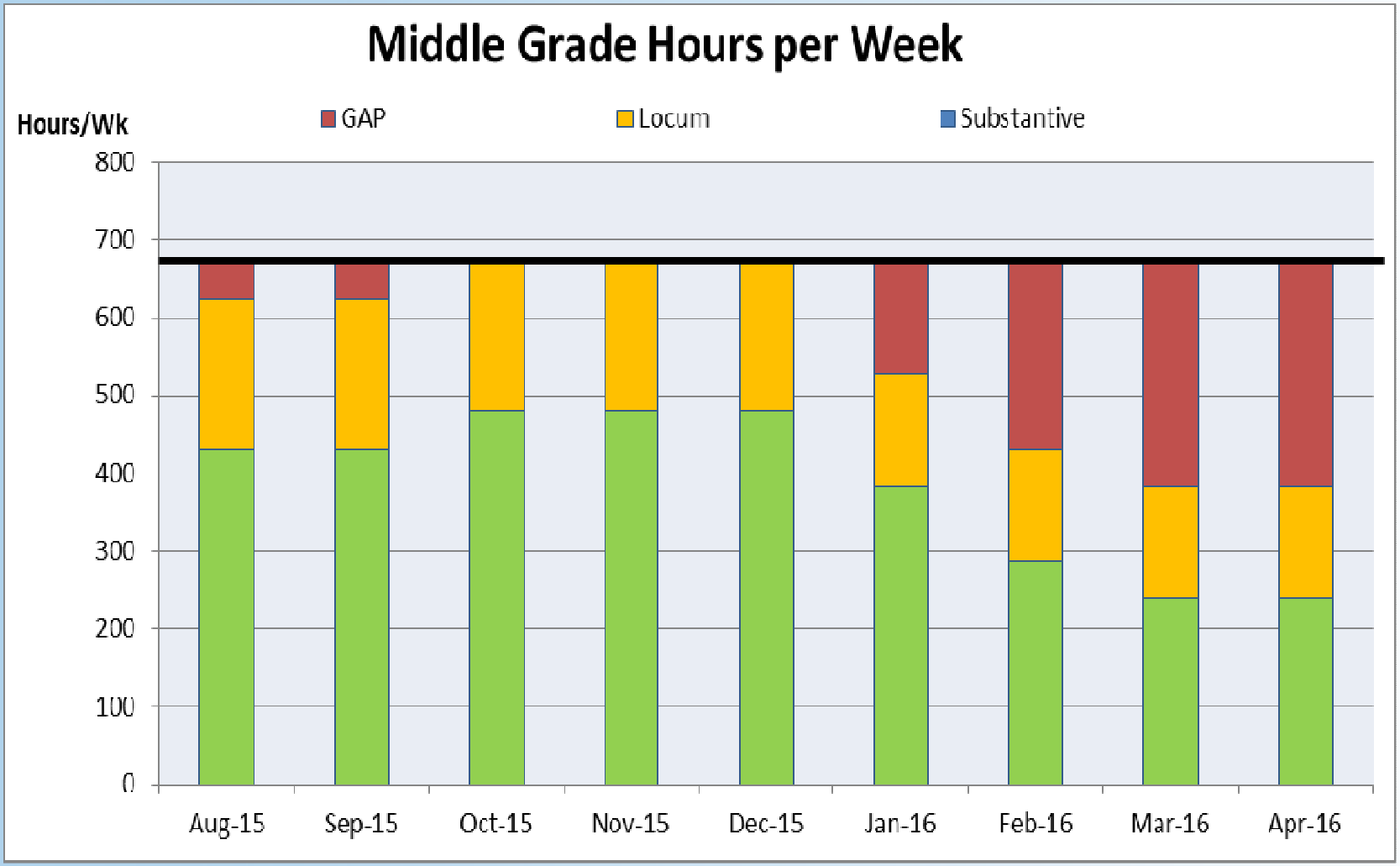
Requirement to run two 24/7 ED services

- Require 14 wte Middle grade doctors

Site	Grade	Cover/Hours	Days per week
RPH	Consultant	16 hours per day 08:00-00:00 with on call cover after midnight **	7 days
	Middle Grade	24 hour per day	7 days
CDH	Consultant	09:00 – 18:00	5 days Mon- Fri
	Middle Grade	24 hour per day	7 days

Grade	Site	Establishment	Substantive	Commentary
ST3-6	RPH only	7 posts	3 posts	* The ST 3-6 are training posts and as such can only be based at RPH. There are also very strict conditions around training and teaching time for these posts. In addition to this the 3 of these posts are ST3 trainees – and are unable to provide full night shift cover due to being in a junior training role. We have written to HENW to request permission to move the trainees however this request has been denied.
Associate Specialist	RPH CDH	2 posts	2 posts *	1 not available
SAS	RPH CDH	5 posts	2 posts *	1 not available
Total		14 posts	7 posts *(5)	

Rotational training posts: rotate around NW Trusts in Feb and August – notification of rotations and gaps can be as late as 1 week before rotation takes place.


Middle Grade Hours per Week
Hours/Wk
GAP
Locum
Substantive
800
700
600
500
400
300
200
100
0
Aug-15
Sep-15
Oct-15
Nov-15
Dec-15
Jan-16
Feb-16
Mar-16
Apr-16

Current Position

- Kitemarked UCC at CDH
- Kitemark – means that amber ambulance calls can be conveyed to the UCC – which further mitigates any impact on other organisations
- Working in partnership with LCFT and GP OOH services
- Currently open 08:00 – 20:00 with GP out of hours service overnight
- All GP medical admissions being received on CDH site
  - Ensures acute medicine remains on CDH site
  - Protects training status of medicine at CDH
- No reported impact on NWAS
  - Additional vehicles in place to support

- Working closely with East Lancs, Wigan and Bolton to monitor any impact and shift in activity. Reported minimal impact to date
- Increased support into RPH ED to ensure timely assessment and treatment
- Ambulance handover nurse in place
- Moved the emergency decisions unit into a larger space (from 10 to 20 bed assessment capacity)
- Increased consultant presence within the EDU to support timely assessment and decision making
- LCFT & LCC admission avoidance services in ED and UCC

Activity & Performance

15/16	RPH	CDH
Quarter 1	95.54	95.51
Quarter 2	95.16	94.93
Quarter 3	92.24	91.06
Quarter 4	85.77	82.09

CDH	Previous Average	Mon	Tue	Wed	Thu	Fri	Sat	Sun
UCC attends	137 (in a 24 hour period)	68	49	68	91	89	87	115
4 hour target	March average - **76.80%** Previous year average - 90.9%	98.53%	100%	100%	100%	100%	100%	100%
Medical admissions	30	39	30	27	18	22	12	17

RPH	Previous average	Mon	Tue	Wed	Thu	Fri	Sat	Sun
ED attends	220	234	256	251	239	196	226	227
4 hour target	March average - **85.26%** Previous year average – 92.2%	94.02%	88.28%	92.83%	88.70%	96.08%	93%	97.01%
Medical admissions	50 - 60	58	51	41	44	36	39	26

Current Position on Recruitment

Current gaps in rota remain at 6. This includes 3 locums currently booked to September.

3 additional locums have been booked;

- 2 commence on the 25/4
- 1 commences 9/5

Since the update to stakeholders on Friday there are an additional 2 locums that have been booked – awaiting confirmation of start dates.

It is important to note however that we have been notified that one of our current locums is no longer available in May and June 16.

Subject to competence and successful completion of a trial and references these locums will be offered long term positions / substantive posts.

37 CV's have been reviewed and rejected as the locums did not meet the essential criteria.

There are a further 17 CV's in the pipeline as of 25th April:

- 4 are consultants and need to confirm willingness to act down and cover 24/7. Still awaiting confirmation from the agency
- 8 do not currently meet compliance, these are being chased daily. Awaiting confirmation from the agency.
- 1 rejected as is currently subject to a GMC warning
- 1 doctor is out of the country so can't discuss offer currently
- 1 has insufficient availability currently, this is being pursued to see if he can increase his offer
- 2 are appointable and are proceeding to booking with possible June start

Where we are today:

- Actively recruiting
- Position changing on a day to day basis
- In discussion about when safe to open sustainably
- SRG review and risk assessment weekly
- Aim to re-open as soon as possible within the caveats identified

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