Lancashire County Council

Health Scrutiny Committee

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

Agenda

Part I (Open to Press and Public)

No.	Item	
1.	**Apologies**	
2.	**Disclosure of Pecuniary and Non-Pecuniary Interests** Members are asked to consider any Pecuniary and Non-Pecuniary Interests they may have to disclose to the meeting in relation to matters under consideration on the Agenda.	
3.	**Minutes of the Meeting Held on 15th March 2016**	(Pages 1 - 6)
4.	**Lancashire Teaching Hospitals Trust - Chorley A&E update** Presented by: Karen Partington, Lancashire Teaching Hospitals NHS Foundation Trust	(Pages 7 - 22)
5.	**Report of the Health Scrutiny Committee Steering Group** Presented by: Wendy Broadley	(Pages 23 - 28)
6.	**Work Plan** Presented by: Wendy Broadley	(Pages 29 - 34)
7.	**Recent and Forthcoming Decisions**	(Pages 35 - 36)
8.	**Urgent Business** An item of urgent business may only be considered under this heading where, by reason of special circumstances to be recorded in the Minutes, the Chair of the meeting is of the opinion that the item should be considered at the meeting as a matter of urgency. Wherever possible, the Chief Executive should be given advance warning of any Member's intention to raise a matter under this heading.	

Lancashire County Council

9. Date of Next Meeting

The next meeting of the Health Scrutiny Committee will 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 County Council

Health Scrutiny Committee

Minutes of the Meeting held on Tuesday, 15th March, 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	B Murray
Mrs F Craig-Wilson	M Otter
N Hennessy	N Penney
M Iqbal	D T Smith
A James	D Stansfield
Y Motala	

Co-opted members

Councillor Barbara Ashworth, (Rossendale 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)

1. Apologies

Apologies for absence were presented on behalf of County Councillor G Dowding and District Councillors, S Green (Fylde), H Khan (Chorley), A Mahmood (Pendle), K Molineux (Hyndburn) and M Titherington (South Ribble).

2. Disclosure of Pecuniary and Non-Pecuniary Interests

None disclosed.

3. Minutes of the Meeting Held on 26 January 2016

The Minutes of the Health Scrutiny Committee meeting held on the 26 January 2016 were presented and agreed.

Resolved: That the Minutes of the Health Scrutiny Committee held on the 26 January 2016 be confirmed and signed by the Chair.

4. Update on the Transformation of Public Health and Wellbeing Services

Dr Sakthi Karunanithi, Director of Public Health, presented a report which explained that the public health and wellbeing service within Lancashire County Council was undergoing significant transformation. With year on year reductions forecast in the financial resources, including the public health grant, the service continued to maximise the value of its investment through commissioning, partnership working and direct delivery.

The Committee had previously scrutinised the public health function in its meetings held during 2015, including an update on the Health and Wellbeing Board in November 2015. A copy of the presentation is appended to these minutes.

Sakthi provided an overview of the background to the Public Health and Wellbeing Service Transformation and confirmed that there was an in year reduction of £4m in the Public Health grant with further predicted reductions of £1.5m each year for the next three years.

Members were informed that two funding streams (NHS and Public Health grant) formed the funding for Lancashire and despite the increase of £3.8 billion from Central Government into the national sustainability and transformation fund, Lancashire had not been identified to receive any of this additional funding.

Sakthi advised members that there was an overall gap between financial resources and the pattern of demand in Lancashire.

The Wellbeing, Prevention and Early Help services were reported to be mainly commissioned through the NHS and included services such as children's centres, Young Peoples Service, NHS Health Check, alcohol and substance misuse.

Sakthi responded to a question on the strategy to address the fragmentation that currently existed across these service areas, and confirmed to members that a consultation was being undertaken around the joining up of services for 0-19 years within children's centres, health and other partners to wrap around services. It was noted that there was a need to ensure that focus was not lost on early years and that the overarching strategy would be monitored by the Lancashire Health and Wellbeing Board.

It was reported that the NHS Health Checks continued to be a mandatory service with widening access online and through workplaces to improve take up and to assist with the prevention of current risk factors to reduce NHS demand.

The Committee was advised that substance misuse continued to be a significant area of spend although there had been a shift in focus to a recovery orientated approach. Initial information suggested this was proving successful.

Sakthi updated the Committee on the current review of contracts which was near completion with the new services contracted to commence from April. In addition, preparations had been undertaken to understand the further reductions and how this would look in relation to services. Sakthi confirmed that contracts could be stopped at short notice as a response to this.

Members were invited to raise questions and a summary from the discussions is set out below:

The subject of infant mortality (particularly smoking in pregnancy) was highlighted where it was shown that through the successful implementation of all resources and systems there had only been a 0.1% reduction. Sakthi acknowledged that there was a need to look at tobacco control as a whole to influence the necessary culture change required in these areas. Peer support and education (which had been successful in substance misuse and alcohol) was an area identified to be looked at in greater detail. In addition, Sakthi discussed that there would be the possibility of utilising incentives.

Further detail was requested concerning the healthy new towns pilot and the current situation in Burnley where it had been agreed to change the pedestrianised town centre to a shared space. This seemed to be a contradiction to the pilot and further information was requested on the consultation with health and the potential health impacts relating to this change. Members were assured that the implementation of shared spaces had not yet resulted in an increase in road safety issues but it was acknowledged that pollution was an emerging issue. Sakthi also confirmed that the planning staff worked with other councils and used the Health Impact Assessment as a way to identify potential issues in any planning requests.

A query was raised regarding the future of the smoking cessation service and the domestic abuse services. Sakthi reported that there were no plans to stop the smoking cessation service as it was seen to be one of the best intervention services currently available. In addition, domestic abuse continued to be a priority for Lancashire County Council and across partners. The Community Safety Agreement (for the delivery of shared outcomes across partners in Lancashire) included this as a priority and services had been made available for both victims and perpetrators.

Resolved:

i. That the report be noted.
ii. Sakthi to provide further information to CC Brindle on the query raised in relation to healthy new towns pilot in Burnley.
iii. Sakthi be asked to draft a letter to the Minister in response to the reduction in funding and the challenges faced for the Chair to send on behalf of the Committee.

5. Report of the Health Scrutiny Committee Steering Group

It was reported that on 7 December 2015 the Steering Group had met with officers from West Lancashire CCG regarding the procurement of community health services. A summary of the meeting was at Appendix A to the report now presented.

On 18 January 2016 the Steering Group had met with officers from the Commissioning Support Unit. A summary of the meeting was at Appendix B to the report now presented.

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.

Wendy Broadley, Scrutiny Officer reported that at the 26th April meeting of the Committee, Paul Robinson would provide a presentation with further detail on the Better Care Fund.

Resolved:

i. That the work plan be noted
ii. The Chair requested that diabetes services to be added to the work plan for a future meeting of Steering Group

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 26 April 2016 at 10.30am at County Hall, Preston.

I Young
Director of Governance, Finance and Public Services

County Hall
Preston

Health Scrutiny Committee
Meeting to be held on Tuesday, 26 April 2016

Electoral Division affected:
Chorley East; Chorley North; Chorley Rural East; Chorley Rural North; Chorley Rural West; Chorley South; Chorley West; Leyland Central; Leyland South West; Penwortham North; Penwortham South; Preston Central North; Preston Central South; Preston City; Preston East; Preston North; Preston North East; Preston North West; Preston Rural; Preston South East; Preston West; South Ribble Rural East; South Ribble Rural West;

Lancashire Teaching Hospitals Trust - Chorley A&E update
(Appendix A refers)

Contact for further information:
Wendy Broadley, Principal Overview & Scrutiny Officer, 07825 584684
wendy.broadley@lancashire.gov.uk

Executive Summary

Karen Partington, Chief Executive of Lancashire Teaching Hospitals Trust is attending 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 will be (see Appendix A).

Recommendation

The Health Scrutiny Committee is asked to note the decision of the Trust and determine next steps.

Background and Advice

The Chair of the Health Scrutiny Committee was one of a number of stakeholders that was notified by the Trust that they were currently experiencing significant staffing pressures in their emergency departments.

Lancashire County Council

Hospital emergency departments are staffed by a combination of consultants, middle grade doctors, and doctors in training.

It was explained that in recent months it had become increasingly difficult for the Trust to staff the rota at their emergency departments. This issue had arisen for a number of reasons: there is a national shortage of emergency medicine doctors; they hadn't been allocated enough doctors in training who help staff rotas; and the application of the national agency cap is affecting their ability to secure locums to fill gaps in the rota.

They had taken a number of actions to recruit a permanent workforce including continuous international and national recruitment activities, changing how their service works and adapting some job roles, to maintain services, and appointing some GPs to provide additional support to the emergency department.

In response to the current staffing pressures they had not applied the agency cap for emergency department doctors. However despite this they have not been able to secure the additional locum doctors they need. Their consultants have been working extra shifts to cover the middle grade doctor rota. However this isn’t sustainable and this approach is beginning to affect their ability to cover the consultant rota.

Despite all of these efforts they have not been able to secure the number of staff they need to continue to safely staff the rotas.

They currently have just eight of the 14 doctors they need to staff the middle grade rotas.

The System Resilience Group, which includes the senior leadership and clinical leads of the hospital trust, commissioners, local authority, Lancashire Care NHS Foundation Trust and the North West Ambulance service, has met regularly to review the situation, assess risks and consider all the potential options for the future provision of services.

The group has assessed that it is not possible to staff the rotas after 18 April, and there are no other safe options for delivering care - so the emergency department at Chorley will be temporarily replaced by an urgent care service until the staffing crisis is resolved.

The urgent care service will be provided at the urgent care centre, at Chorley & South Ribble Hospital. The service will be provided by a combination of emergency department consultants, nurse practitioners, GPs, nurses and healthcare assistants.

The vast majority of people who currently attend the emergency department at Chorley have conditions that can be treated safely and appropriately by an urgent care service.

Historically major trauma patients, patients who need a specialist service, patients who need to be admitted to hospital for surgery, and children who need paediatric care are already taken directly to Royal Preston Hospital by ambulance or

transferred from Chorley after initial triage and treatment. Additionally from Monday 18 April 999 ambulances will take patients to Royal Preston Hospital or other nearest appropriate hospital rather than Chorley, and patients who attend Chorley themselves, but who need to be admitted, or need specialist services will be transferred to Preston for assessment.

The Urgent Care Centre will be open between 8am and 8pm. Outside these hours patients should phone 111 for advice or attend their nearest emergency department. From Monday 18 April, the Euxton GP out of hours service will also be based at the Urgent Care Centre to provide additional support.

The System Resilience Group will be reviewing the situation on a week by week basis, and they will continue their efforts to recruit all the staff they need and reinstate the emergency department service at Chorley as soon as they are able.

Consultations

N/A

Implications:

This item has the following implications, as indicated:

Risk management

There are no significant risk implications in the report

Local Government (Access to Information) Act 1985
List of Background Papers

Paper	Date	Contact/Tel
n/a	n/a	n/a

Reason for inclusion in Part II, if appropriate

Emergency Care Crisis

Briefing Paper
April 2016

Executive Summary

Background context

Hospital emergency departments are staffed by consultants, doctors, and doctors in training. In recent months it has become increasingly difficult to staff our middle grade doctor rota for our emergency departments. This issue has arisen for a number of reasons – there is a national shortage of emergency medicine doctors; we haven't been allocated enough doctors in training who help us staff our rotas; and the application of the national agency cap has affected our ability to secure locums to fill gaps in the rota.

We have taken a number of actions to recruit a permanent workforce including continuous international and national recruitment activities, changing how our service works and adapting some job roles to maintain services, and appointing some GPs to provide additional support to the emergency department.

Current staffing crisis

In response to the current staffing pressures we have not applied the agency cap for emergency department doctors. However we have not been able to secure the additional locum doctors we need. Our consultants have been working extra shifts to cover the middle grade doctor rota. However this isn't sustainable and this approach is beginning to affect our ability to cover the consultant rota.

We currently have just eight of the 14 doctors we need to staff the middle grade rotas.

Where are we now?

Despite the commitment from our consultant team, and ongoing recruitment drive, we identified that we would no longer be able to safely staff our emergency department rotas from April 18th.

Patient safety must always be our first priority. Whilst efforts are continuing to secure all the staff we need, if we are unable to staff our rotas we will simply not be able to provide safe patient care – and that is not acceptable.

What have we done?

The risks have been escalated to the System Resilience Group (SRG), which oversees urgent care in the local area. This group has met regularly to review the current crisis, assess risks, and consider all the potential options for the future provision of services.

The SRG considered all the options; with an aim to deliver a safe service which optimised the service provision at Chorley and which had the least impact on other organisations with the staffing resources available. It was therefore concluded with the risk assessment and analysis shared that the supported option was option 2c, with the Urgent Care Centre service operating between the hours of 08:00 – 20:00hrs. This decision was approved and supported by the SRG on 13.04.16 and will be implemented as of 18.04.16.

INTRODUCTION

SECTION ONE; CONTEXT AND BACKGROUND

An overview of Lancashire Teaching Hospitals NHS Foundation Trust

1. Lancashire Teaching Hospitals NHS Foundation Trust provides a range of district general hospital services to the 390,000 local population of Preston, Chorley, and South Ribble, and a range of specialist tertiary services including major trauma, neurosurgery, cancer, vascular, renal, plastics, specialist mobility and rehabilitation to the 1.5m population of Lancashire and South Cumbria. The trust employs 7000 staff including an 841 WTE medical workforce.

2. Services are provided from Royal Preston Hospital, Chorley and South Ribble Hospital, the Specialist Mobility and Rehabilitation Centre, and through peripheral clinics at locations throughout the county.

An overview of the current Emergency Department service

3. The regional major trauma centre is located at Royal Preston Hospital, which is where the majority of Lancashire Teaching Hospitals' specialist services are provided, as well as trauma pathway services including neurosurgery, vascular, plastics, and trauma orthopaedics. The trust's helipad is located at Royal Preston Hospital.

4. Both hospitals provide a 24 hour emergency department service, with consultant cover at Royal Preston Hospital until midnight (on call thereafter). There is no consultant presence at Chorley and South Ribble Hospital after 6pm. Around 79,000 patients attend Royal Preston Emergency Department a year, and around 50,000 patients attend Chorley Emergency Department.

5. NWAS pathfinder process[1] means all major trauma, emergency vascular and paediatric patients are taken directly to Royal Preston Hospital.

6. Any patient who presents at Chorley who requires a specialist review is transferred to Royal Preston Hospital, including children and young people as there is no paediatric service at Chorley and South Ribble Hospital. Only patients with a medical condition are admitted to hospital via Chorley emergency department, all other patients are transferred to Royal Preston for admission. This includes: acute surgical patients, trauma patients requiring inpatient care, all children requiring inpatient care, and those patients requiring specialist inpatient treatment only available regionally at the Royal Preston Hospital (e.g. neurosciences, plastic surgery, vascular surgery, renal medicine).

[1] Paramedic Pathfinder is part of the NWAS Urgent Care Strategy. Paramedics conduct a face to face assessment when they arrive at the scene and, using a flow chart of specific symptoms, determine the most appropriate care pathway for that patient. Depending on the assessment, the next step for the patient could be that they are taken to either a community based specialist service, an Urgent Care Centre or to an Emergency Department.

Staffing arrangements for the emergency departments

7. Hospital emergency departments are staffed by a combination of consultants, middle grade doctors (Trust doctors, SAS doctors and locum doctors), and doctors in training (specialist trainee level 3 and above). The hospitals have one of the few departments in the North West with a full permanent consultant workforce (an establishment of 14.6 WTE consultants, with 14.8 currently in post). This is supplemented by an establishment of 14 middle grade doctors and doctors in training.

8. The consultants and doctors are managed by Lancashire Teaching Hospitals, and the doctors in training (specialist trainee level 3 and above) are managed by Health Education North West (HENW).

SECTION TWO; CURRENT SERVICE PROVISION AND THE EMERGENCY CARE CRISIS

9. The emergency departments need to be staffed to approved levels regardless of the numbers of attendances. In order to maintain a safe rota over both sites, there are minimum staff levels we must have relating to both a consultant and middle grade presence. These staff levels are met within the current establishment in the Emergency Departments on both hospital sites, which is shown below:

Grade	Whole time equivalents
Consultants	14.60
Middle grades	14.00

10. Our current establishment, when at a full complement, enables us to deliver the following service;

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

** Although the consultant is scheduled to leave at midnight, our information demonstrates that the consultant does not leave the department until at least 3am on an average shift due to demand levels.

What levels of staff do we have for the emergency department?

11. Lancashire Teaching Hospitals have a full permanent consultant workforce (an establishment of 14.6 WTE consultants, with 14.8 currently in post). This enables us to deliver the consultant rota.

12. However, to run a safe service across the two sites, this consultant rota needs to be supported by a weekly requirement to cover 457 direct clinical hours with middle grade doctors.

13. To deliver the full weekly requirement of 457 hours by middle grades, we need 14 doctors. We currently have just eight of the 14 doctors we need to staff the middle grade rotas.

Current Middle Grade provision

14. The middle grade provision currently (April 2016) for both the Emergency Departments covering the Royal Preston and Chorley Hospital sites is detailed in the table below;

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	
SAS	RPH CDH	5 posts	2 posts	
Total		14 posts	7 posts	

*The establishment is the number of posts and substantive is the number of employees in those posts

Gaps in provision

15. This table shows us with seven doctors and a gap of seven; however within the substantive workforce listed there are two members of the team who are unavailable to work therefore meaning our gap is actually nine. To mitigate this we currently have three locums working for us – this means that we have eight doctors working on the rota and leaves the current gap as six posts.

How did we get here?

16. This table shows the 14 substantive non consultant posts within the emergency department, and the status of each post since August 2015. It also shows a projection for each the post until July 2016. The table shows that from August 15 to January 16 we were working with five gaps in our substantive workforce. This was supplemented by agency doctors. From February 16 onwards we have seen an increase in gaps to eight and then to nine. This takes us to the situation we find ourselves in today where we have nine doctor gaps in our substantive workforce, as illustrated in the previous section. Also as indicated, we have three agency doctors working for us meaning that we have six gaps overall.

2015-16	AUGUST 2015	SEPTEMBER 2015	OCTOBER 2015	NOVEMBER 2015	DECEMBER 2015	JANUARY 2016	FEBRUARY 2016	MARCH 2016	APRIL 2016	MAY 2016	JUNE 2016	JULY 2016
CT3	Post filled	Post filled	Post filled	Post filled	Post filled	Post filled	Post filled	Post filled	Post filled	Post filled	Post filled	Post filled
CT3	Post filled	Post filled	Post filled	Post filled	Post filled	Post filled	Post filled	Vacancy	Vacancy	Vacancy	Vacancy	Vacancy
ST4-6	Post filled	Post filled	Post filled	Post filled	Post filled	Vacancy	Vacancy	Vacancy	Vacancy	Vacancy	Vacancy	Vacancy
ST4-6	Vacancy	Vacancy	Vacancy	Post filled	Post filled	Post filled	Post filled	Post filled	Post filled	Post filled	Post filled	Post filled
ST4-6	Post filled	Post filled	Post filled	Post filled	Post filled	Post filled	Post filled	Post filled	Post filled	Post filled	Post filled	Post filled
ST4-6 CT3	Post filled	Post filled	Post filled	Post filled	Post filled	Post filled	Vacancy	Vacancy	Vacancy	Vacancy	Vacancy	Vacancy
ST4-6	Vacancy	Vacancy	Post filled	Post filled	Post filled	Post filled	Vacancy	Vacancy	Vacancy	Vacancy	Vacancy	Vacancy
Associate Specialist	Post filled	Post filled	Post filled	Post filled	Post filled	Post filled	Post filled	Post filled	Post filled	Post filled	Post filled	Post filled
Associate Specialist	Absent from Work	Absent from Work	Absent from Work	Absent from Work	Absent from Work	Absent from Work	Absent from Work	Absent from Work	Absent from Work	Absent from Work	Absent from Work	Absent from Work
Specialty Dr	Post filled	Post filled	Post filled	Vacancy	Vacancy	Vacancy	Post filled	Post filled	Post filled	Post filled	Post filled	Post filled
Specialty Dr	Post filled	Post filled	Post filled	Post filled	Post filled	Absent from Work	Absent from Work	Absent from Work	Absent from Work	Absent from Work	Absent from Work	Absent from Work
Specialty Dr	Vacancy	Vacancy	Vacancy	Vacancy	Vacancy	Vacancy	Vacancy	Vacancy	Vacancy	Vacancy	Vacancy	Vacancy
Specialty Dr	Post filled	Post filled	Post filled	Post filled	Post filled	Post filled	Vacancy	Vacancy	Vacancy	Vacancy	Vacancy	Vacancy
Specialty Dr	Vacancy	Vacancy	Vacancy	Vacancy	Vacancy	Vacancy	Vacancy	Vacancy	Vacancy	Vacancy	Vacancy	Vacancy
GAP	5	5	4	4	4	5	8	9	9	9	9	9

Why has this become an issue?

17. Historically we have used agency (locum) doctors to fill any gaps in our rotas. This is due to a national shortage in the number of doctors choosing a career in Emergency Medicine, an issue that has gained widespread national recognition over the last 5 years.

Health Education North West provision

18. Our doctors in training are supplied by Health Education North West. HENW is responsible for all activities linked with the postgraduate education and training of doctors in hospital medicine. It is acknowledged that there is an undersupply of doctors in Lancashire. In the ST3-6 posts, we should have a compliment of 7 doctors, and we currently only have 3 of those posts filled.

19. HENW has confirmed that it is not acceptable to divert trainees from other specialities to work in the emergency department, and that our net allocation of trainees would not increase even if Chorley was redesigned as an approved training unit.

Agency Cap

20. With the implementation of the agency cap, our ability to retain and attract locum doctors throughout the organisation has been challenged, which has resulted in the middle grade gaps over the last 4 months. For the EDs this has meant a loss of one locum and an inability to attract suitable new locums.

21. Over the last 6 months whilst implementing the agency cap we have managed to safely staff our emergency department service by asking our consultants to work extra shifts, to cover the gaps in the doctor rota, and securing as many agency doctors as we can. Whilst we were aware that this was not a long term solution, we were able to safely staff the departments whilst we undertook other short, medium and long term actions to improve patient flow and ensure that the service was a productive and efficient as possible, including ongoing recruitment activities.

22. However maintaining the capped rates has reduced the number of applicants being sent from agencies to fill gaps as ED doctors have not been prepared to work for the February or the April cap. It has therefore become extremely difficult to fill vacancies or gaps. This is in part due to the fact that the number of suitable middle grade locum doctors qualified to cover the Emergency Department is relatively small. Anecdotally many of this group of doctors have decided to move to other Trusts where the agency cap does not apply (Wales, Scotland and Northern Ireland) or to Trusts in England who have not implemented the agency cap.

23. Despite the commitment from our consultant team and ongoing recruitment drive, we identified that we will no longer be able to safely staff our emergency department rotas from April.

24. As a result of this risk the Trust Board took a decision on 16th March not to implement the final phase of the agency cap in April, however, it is now apparent that despite breaching the agency cap, we are still not able secure the number of agency doctors we need to safely staff the rotas at both Royal Preston Hospital and Chorley and South Ribble Hospitals.

25. Consequently the Emergency Department (ED) consultants have raised a significant concern about patient safety (risk assessment appendix 3).

SECTION THREE; RESPONSE TO THE CRISIS

What mitigation actions have we taken?

26. Over the last 6 months, we have managed to safely staff our emergency department service by asking our consultants to work extra shifts, to cover the gaps in the doctor rota, and securing as many agency doctors as we can. During this period, we have been developing plans to mitigate the issue in the short, medium and long term. This covers recruitment actions, service improvement and working across the health economy to transform urgent care.

27. Whilst we will continue to focus on improving patient flow and the productivity of our services, we will always need a certain level of doctors to maintain safe staffing levels for our emergency departments. This is required with no correlation to the numbers of attendances at the emergency department. Patient safety must always be our first priority. If we are unable to staff our rotas we will simply not be able to provide safe patient care. That is why we've undertaken a significant number of actions in the past eighteen months to recruit to establishment.

Actions to recruit to establishment

28. We have taken a number of actions with regards to recruiting to establishment over the past eighteen months. We are on continual active recruitment for all posts, and permanently have vacancies out for agency doctors.

- Working with HENW to look at reallocation of training posts across the North West
- 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
- Developed a Trust wide vacancy management strategy
- 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
    - Working with a company called Plabright to secure overseas doctors
    - Put in applications for numerous MTI schemes
    - Working with Royal College of Surgeons on an international recruitment project

What actions have we taken in response to the crisis situation?

29. We have undertaken a number of actions as a Trust since 16th March. This includes;

- Agreement from the Board to breach the agency cap
- An agreement with the consultant workforce to undertake additional shifts and to act down into middle grade slots with enhanced pay for a period of two weeks until 18th April 2016.
- Agreement to focus the available middle grades onto the CDH site in the first instance to ensure all the middle grades shifts are covered wherever possible; leaving the RPH site to be covered by consultants and additional support for other specialties.
- Advert placed for consultants to replace middle grades in recognition of difficulty in recruiting to middle grade posts
- Specialties of respiratory, gastro, elderly and orthopaedics asked to support ED with middle grade / consultants on the RPH site during 5-10pm period. This has resulted in shifts on the RPH site being provided by consultant specialist in the evening period to support the reduced ED cover at RPH.
- Maximised utilisation of emergency nurse practitioners and nurse clinicians who have supported providing additional support – however they cannot fulfil / replace the requirement of a middle grade.

30. There are a number of other actions that we have explored for support. This includes;

- Additional GP support
- Request to mobilise the Urgent Care Centre bid – LCFT and the two Out of Hours services: the request to mobilise without prejudicing the current procurement process was agreed by the CCG.
- Re-locate the Chorley GP Out of Hours service into the Urgent Care Centre at CDH– approved by the CCG.
- Request to NWAS to support with Paramedic pathfinder: NWAS supporting data analysis and will implement paramedic pathfinder on any change in service provision.
- Governors and MPs suggested contacting the armed services to see if they are able to offer any support. We already have a working relationship with the local barracks as their medics train in our emergency department and assessment areas. However they have no personnel who would be suitable to work in our emergency departments in the roles we require, so this has not provided any opportunities worth further exploration.

Options Development

31. The System Resilience Group (SRG) met to undertake immediate actions outlined in the section above, and then to develop options as a temporary solution to the crisis.

32. On evaluation of the ED definition it has been established that to maintain the service status it must be available 24/7 and consultant led; which is why a rationalised ED service across both sites has not been considered as part of this options appraisal. In addition, due to the Royal Preston site being a designated as a major trauma centre (MTC), priority has to be

given to ensuring this department is fully staffed; therefore the options have to be focussed on the Chorley and South Ribble District General Hospital.

33. There are three main options that have been identified are temporary proposals, with some sub options. These are as follows;

Option One;	**Sustain both sites with ED departments 24/7 by securing additional ED specific resource (status quo)**
Option Two;	**Change the service offer at Chorley and South Ribble District General Hospital by opening an urgent care centre[2]:** **2.a. Urgent Care Centre is open 24/7** **2.b. Urgent Care Centre is open 8am – Midnight** **2.c. Urgent Care Centre is open 8am – 8pm** **2.d. Urgent Care Centre is open 9am – 4pm**
Option Three;	**Full Closure of the Emergency Department at Chorley and South Ribble District General Hospital and no urgent care centre provided**

.

34. Risk assessments were undertaken on the options using the Trust risk assessment matrix. The SRG considered all the options; with an aim to deliver a safe service which optimised the service provision at Chorley and which had the least impact on other organisations within the staffing resources available. It was therefore concluded with the risk assessment and analysis shared that the supported option was option 2c, with the Urgent Care Centre service operating between the hours of 08:00 – 20:00hrs.

Recommended Option

35. The SRG considered all the options; with an aim to deliver a safe service which optimised the service provision at Chorley and which had the least impact on other organisations with the staffing resources available. It was therefore concluded with the risk assessment and analysis shared that the supported option was option 2c, with the Urgent Care Centre service operating between the hours of 08:00 – 20:00hrs

[2] The Trust has reviewed the national Kitemark requirements for an urgent care centre and it is proposed that this would be a category 2 and 3 only service**.**

THE URGENT CARE CENTRE - MODEL OF SERVICE

The emergency department at Chorley will be rationalised to an urgent care centre (UCC) operating between the hours of 08:00 and 20:00hrs. Outside these hours patients should phone 111 for advice, or attend their nearest emergency department if they need urgent help for serious and life-threatening injuries and conditions. From Monday, the Euxton GP out of hours service will also be based at the Urgent Care Centre to provide additional support which can be accessed via 111. The urgent care service will be provided by a combination of emergency department consultants, nurse practitioners, GPs, nurses and healthcare assistants. The team will be able to assess patients, and treat minor injuries and illness. Patients who attend the Urgent Care Centre who need specialist treatment will be transferred swiftly to Royal Preston Hospital. On arrival patients will be initially assessed to prioritise the urgency of their care, following this, the patients will be seen and treated by a Doctor or Nurse Practitioner.

North West Ambulance Service has protocols in place to ensure patients are transferred directly to the most appropriate service. From Monday 18 April, 999 ambulances will no longer take patients to Chorley Hospital, but will instead transfer patients directly to Royal Preston Hospital or nearest appropriate emergency department. We have been working with NWAS and the UCC has been kite marked by North West Ambulance service, which means that if patients call an ambulance but their condition is not life threatening, they may be taken to the UCC for treatment rather than to a local Accident and Emergency department, this will further mitigate the potential impact on RPH and other providers.

More than half of the people who currently attend the emergency department at Chorley have conditions that can be treated safely and appropriately by an urgent care service, or by another service such as a GP, pharmacist, or self-care at home.

The UCC Service objectives are;

- To deliver a whole system and integrated response to people with urgent care needs
- To provide quick and safe access to effective evidence base health care
- To provide an integrated triage and treatment of minor illness / injury service
- To reduce unnecessary onwards admissions and referrals
- To provide a service which retains at least 85% of current urgent care activity within Chorley

Service Delivery

The UCC will provide an integrated triage and treatment of minor illness and injury on the Chorley District general hospital. The service will be delivered 12 hours a day, 7 days a week with the support from an Emergency Care Consultant on a sessional basis.

The role of the UCC

The UCC will provide a prompt and timely treatment of minor injury and illness such as;

- Minor nose bleeds
- Minor cuts, bites and stings
- Burns and scalds
- Infections (including abscesses)
- Foreign bodies in wounds, ears and noses
- Muscular sprains and strains to shoulders, arms and legs
- Fractures to shoulders, arms, legs & ribs
- Dislocations of fingers, thumbs and toes
- Minor eye conditions including conjunctivitis and foreign bodies
- Minor chest, neck and back injuries
- Minor head injuries with no loss of consciousness or alcohol-related
- Minor allergic reactions
- Minor ailments such as coughs, colds, flu symptoms, sore throat, earache, urinary tract infections and sinusitis
- Diarrhoea / Constipation
- Emergency contraception

The UCC will not have full facilities and support services of an acute Accident and Emergency department and can therefore not provide a service for acutely unwell patients inclusive of the following:-

- Extensive trauma
- Extensive burns
- Patients requiring resuscitation
- Suspected acute heart attack
- Suspected acute stroke
- High risk gastrointestinal haemorrhage
- Sick children (cardiac arrest/peri-arrest, head injuries)

Health Scrutiny Committee
Meeting to be held on 26 April 2016

Electoral Divisions affected:
All

Report of the Health Scrutiny Committee Steering Group
(Appendix A refers)

Contact for further information:
Wendy Broadley, 07825 584684, Democratic Services,
wendy.broadley@lancashire.gov.uk

Executive Summary

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.

Recommendation:

The Health Scrutiny Committee is asked to receive the report of the Steering Group.

Background and Advice

The Scrutiny Committee approved the appointment of a Health Scrutiny Steering Group on 11 June 2010 following the restructure of Overview and Scrutiny approved by Full Council on 20 May 2010. The Steering Group is made up of the Chair and Deputy Chair of the Health Scrutiny Committee plus two additional members, one each nominated by the Conservative and Liberal Democrat Groups.

The main purpose of the Steering Group is to manage the workload of the Committee more effectively in the light of the increasing number of changes to health services which are considered to be substantial. The main functions of the Steering Group are listed below:

- To act as the first point of contact between Scrutiny and the Health Service Trusts;
- To make proposals to the main Committee on whether they consider NHS service changes to be 'substantial' thereby instigating further consultation with scrutiny;
- To liaise, on behalf of the Committee, with Health Service Trusts;

Lancashire County Council

- To develop a work programme for the Committee to consider.

It is important to note that the Steering Group is not a formal decision making body and that it will report its activities and any aspect of its work to the full Committee for consideration and agreement.

Consultations

N/A.

Implications:

This item has the following implications, as indicated:

Risk management

This report has no significant risk implications.

Local Government (Access to Information) Act 1985
List of Background Papers

Paper Date Contact/Directorate/Tel

N/A.

Reason for inclusion in Part II, if appropriate

N/A.

Lancashire County Council

Health Scrutiny Committee - Steering Group

Minutes of the Meeting held on Monday, 8th February, 2016 at 2.00 pm in Room B18b, County Hall - County Hall, Preston

Present:

County Councillor Steven Holgate (Chair)

County Councillors

M Brindle
Mrs F Craig-Wilson
Y Motala

1. Apologies

Apologies were noted from Bridget Hilton and Sharon Martin who were due to attend to discuss Item 4 – Adults with LD.

2. Notes of the last meeting

Notes from the meeting held on the 18th January were agreed as an accurate record and there were no matters arising.

3. Mental Health Services - 2.00pm

Julie Dockerty and Jon Blackburn from the Health and Care System Development Team attended to update members on the mental health services.

The programme of work looking at high spend contracts of care to identify costs and possible alternatives was outlined to the members.

From analysis of the mental health services market place, areas identified include:

- There are less people using home care across Lancashire
- There is currently no framework in place or preferred providers
- It is a free market
- Mental health is very unstructured and very different from any other client groups
- Home care is too fragmented
- There is duplication in services

There are a number of partnering opportunities with health and they are exploring those collaborations. Bench marking has been completed with other authorities and have liaised with health.

Following the assessment of the market, various areas have been highlighted which include:

- Controls on the market to ensure fairness and equity across the county - looking at pricing structure and a support agreement
- Looking at segmenting care and the different models of support with clear pathways
- Possible reduction of providers to around 20 (for new business only) Some providers only have one or two service users and they were in agreement with the reduction of providers
- Discussion to be held with providers to understand how much work there would be, staff needed etc. Capacity of organisations to be included in contracts to ensure development of staff etc.
- Using current market to identify demand

There have been three rounds of consultations with providers and service users and as a result have solid proposals for procurement. Third sector providers will be involved and have established good links.
Long term contracts are being looked at with the potential for seven break points. This will assist with evaluation of the contract and the service provided.
Members asked how the reduction of providers will be weighted. This has been discussed with providers and it was felt that grouping by districts would be more beneficial.

Members felt that the following needed to be taken into consideration:

- How to handle medication in community and the safety issues for that person and community.
- Reactiveness of the community.
- Need to ensure that if person has mental health need, to ensure provider is mental health professional.
- Domiciliary care market – are there any good practice examples nationally that could be looked at

In addition members requested information on how this will relate to CAMHS. The national report has been published and working group established to bring forward national plan and how it links with this work in Lancashire.

<u>Next Steps</u>
This will be a whole systems approach and there will be some joining up with the learning disability commissioning.

Proposals have been put together and are been discussed with the Management Team and also working with Newton Consultancy.

Members requested sight of the final report for further discussion.

4. Adults with LD - 3.00pm

David Rogers and Maria Howard from the East Lancashire Clinical Commissioning Group attended to discuss with members the commissioning arrangements of services for adults with learning disabilities.

Maria outlined the background to this work which included:

- Lancashire is one of six fast track sites
- Bids for funding was submitted and received £1.3m (not capital)
- National plan came out which changed the Lancashire plan to include the closure of Calderstones
- Timescale for the programme is three years from April 2016
- A plan has been coordinated with stakeholders and commissioners and a steering group established with Tony Pounder and Sharon Martin (East Lancs CCG)

Maria then discussed the on-going work on commissioning arrangements which included:

- Pump priming funding to ensure smooth transition
- Setting up community prevention services and crisis management services where the most severe cases would become inpatient care
- Early intervention to prevent crisis and rate of offending (preventative rather than reactionary service)
- Clear pathway with no gaps in provision
- Looking at fixed price contracts and identifying quality in commissioning services
- Meeting with commissioners to identify the combined areas

Further discussion took place around the closure of Calderstones. Maria reported that:

- Plans to be implemented for those in the judicial system which need to be detained and also for those who could be released.
- Looking to identify those held in the system indefinitely to ensure correct packages of care for them.
- Some funding will be made available for resettlement
- Discussions are taking place to determine whether the site would be sold or if it could provide a base for other services
- Looking at what they can do to keep individuals based in the houses on the outskirts with a package of care in the community.

David then detailed the following information around the communications plan for Transforming Care:

- A Communication Work Plan has been drafted along with a Route Map.
- Maximising the use of communications teams across all partner agencies
- Calderstones communications is being led by NHS England. There is a need to align with this around any public communication.

Wendy discussed the benefit of joint scrutiny around this area of work with Blackpool and Blackburn. In addition, members were asked if they felt that Greater Manchester should be included as Greater Manchester have more patients in Calderstones than Lancashire. It also will involve Cheshire and Merseyside. There is a North West Scrutiny Officers meeting in March and it was agreed it would be beneficial to discuss further at this meeting. In addition, there is a Chairs Network (North West Employers) meeting where this could be included.

It was agreed that:
1. Members agreed that the same information needs to come to Lancashire, Blackpool and Blackburn.
2. A draft is to be circulated to members for comment
3. Wendy to send contact details for Blackpool and Blackburn to David and Maria

5. Quality Accounts

Members agreed to provide standard statement if requested.

6. Date of next meeting

The next meeting on the 7th March at 2pm, County Mess will include item from West Lancs CCG on Community Health Services procurement.

I Young
Director of Governance, Finance and Public Services

County Hall
Preston

Health Scrutiny Committee
Meeting to be held on 26 April 2016

Electoral Divisions affected:
All

Health Scrutiny Committee Work Plan 2015/16
(Appendix A refers)

Contact for further information:
Wendy Broadley, 07825 584684, Democratic Services,
wendy.broadley@lancashire.gov.uk

Executive Summary

The Plan at Appendix A is the work plan for both the Health Scrutiny Committee and its Steering Group, including current Task Group reviews.

The topics included were identified at the work planning workshop that members took part in during April 2015 and also additions and amendments agreed by the Steering Group.

A further work planning workshop has been arranged for Monday 9 May to consider items for inclusion in the 2016/2017 work plan

Recommendation

The Health Scrutiny Committee is asked to note and comment on the report.

Background and Advice

A statement of the current status of work being undertaken and considered by the Committee is presented to each meeting for information.

Consultations
N/A.

Implications:
This item has the following implications, as indicated:

Risk management
This report has no significant risk implications.

Lancashire County Council

Local Government (Access to Information) Act 1985
List of Background Papers

Paper	Date	Contact/Directorate/Tel

N/A.

Reason for inclusion in Part II, if appropriate

N/A.

Appendix A

Health Scrutiny Committee – 2015/2016 Work Plan

Updated – 26 April 2016

Health Scrutiny Committee	
Date	**Topic**
2 June	• North West Ambulance Service
15 July	• Prevention – to focus on falls, care homes 'no lift' policies and the role of CQC regarding those policies. What LCC and partners can do to address the issues
1 September	• Joint Working – fragmented commissioning amongst partners. To use mental health commissioning as the example. To include how partners share information and intelligence.
13 October	• Access to Services – using services for deaf people as an example and a comparison between rural and urban areas
24 November	• Health & Wellbeing Board update • Healthwatch update
26 January	• Transforming care for adults with learning disabilities
15 March	• Director of Public Health – update on the latest developments relevant to Public Health

26 April	• Better Care Fund – presentation by Paul Robinson - Lancashire BCF Senior Programme Manager, NHS Midlands and Lancashire CSU • Rossendale BC - Task Group Review of the Ambulance Service in Rossendale. Final report

Steering Group		Progress
CQC/Monitor inspections – ongoing review	• A review of the inspection process undertaken by CQC and Monitor in relation to Acute Trusts	22.6.15 – met with CQC Inspection Manager to determine the process/management of an actual inspection
Non-Executive Directors – ongoing review	• An investigation into the role, responsibilities and effectiveness on Non-Executive Directors on Acute Trust Boards	• 22.6.15 – agreed dates to attend individual Trust Board meetings • ELHT Board attended by CC Brindle • Meeting to be arranged with TDA officers – 5 October • SOHT Board attended by CC Holgate – 7 October • LTHT Board attended by CC Holgate – 11 November
End of year HSC report	• An annual report highlighting the work and outcomes of the Committee	At the Scrutiny Chairs and Deputies meeting on 6 April it was agreed to look at a combined annual review for all the Committees
Healthwatch – joint working	• Consideration of how the Committee and Healthwatch can work in partnership to achieve shared outcomes	Healthwatch Chief Executive invited to SG 26 October. Follow up with attendance at Committee - 24 November
Additional topics	• Inclusion and Disability Service – at the request of the Budget Scrutiny Working Group	tba
	Occupational Therapy - capacity and collaborative	Meeting to be arranged with OT service

	working	managers for both adults services – meeting arranged for 6 June
	• Maintaining oversight of Healthier Lancashire	Met with Sam Nicol 26 October. BSB 2 December.
	• Lancashire Teaching Hospitals Trust o Your Hospital, Your Health – review of clinical strategies and hospital estate o Financial situation following investigation by Monitor	Attended SG on 13 July. BSB delivered 17 November
	• Southport & Ormskirk Hospital Trust – action plan following CQC inspection	Attended SG on 3 August. CC Hennessey and Cllr Liz Savage also in attendance.
	• Falls Prevention – role of care homes	Meeting with Paul Simic, Chief Executive of the Lancashire Care Association arranged for 5 October
	• GP recruitment/vacancies	CSR/GP CCG undertaking a 'Workforce for the Future' project. Meeting to discuss to be arranged for 16 November.
	• WLCCG – retendering of Community Health Services	• Officers from WLCCG to be invited to meet with Steering Group. (7 December) • Progress meeting arranged for 7 March to update SG • Further update meeting planned for September
	• Commissioning Support Unit	Meeting with Carl Ashworth and Maureen Harrison from CSU to discuss delivery of support in Lancashire – 18 January

	• Rossendale Task Group report on NWAS	Cllr Barbara Ashworth at Pat Couch to present draft report 16 November. Final report to be presented to full Committee on 26 April
	• Mental Health services	Julie Dockerty and Jon Blackburn attended SG on 8 Feb
	• Adults with Learning Disabilities	Following on from Committee on 26 Jan SG met with Maria Howard (ELCCG) on 8 Feb to discuss commissioning of community based services for adults with learning disabilities
	• Update on Adult Social Care services and Care Act	Tony Pounder to attend SG 18 April

Task Groups:

- Shortage of Nurses – request presented to Scrutiny Committee 13 November. Approved.

Health Scrutiny Committee
Meeting to be held on 26 April 2016

Electoral Division affected: None

Recent and Forthcoming Decisions

Contact for further information:
Wendy Broadley, Democratic Services, 07825 584684
wendy.broadley@lancashire.gov.uk

Executive Summary

To advise the committee about recent and forthcoming decisions relevant to the work of the committee.

Recommendation

Members are asked to review the recent or forthcoming decisions and agree whether any should be the subject of further consideration by scrutiny.

Background and Advice

It is considered useful for scrutiny to receive information about 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 can 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

The County Council is required to publish details of a Key Decision at least 28 clear days before the decision is due to be taken. Forthcoming Key Decisions can be identified by setting the 'Date range' field on the above link.

For information, a key decision is an executive decision which is likely:

(a)to result in the council incurring expenditure which is, or the making of savings which are significant having regard to the council's budget for the service or function which the decision relates; or

(b)to be significant in terms of its effects on communities living or working in an area comprising two or more wards or electoral divisions in the area of the council.

Lancashire County Council

For the purposes of paragraph (a), the threshold for "significant" is £1.4million.

The onus is on individual Members to look at Cabinet and Cabinet Member decisions using the link provided above and obtain further information from the officer(s) shown for any decisions which may be of interest to them. The Member may then raise for consideration by the Committee any relevant, proposed decision that he/she wishes the Committee to review.

Consultations

N/A

Implications:

This item has the following implications, as indicated:

Risk management

There are no significant risk management or other implications

Local Government (Access to Information) Act 1985
List of Background Papers

Paper	Date	Contact/Directorate/Tel

N/A

Reason for inclusion in Part II, if appropriate

N/A