

Lancashire County Council

Health Scrutiny Committee

Tuesday, 14th June, 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
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1.	Apologies
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2.	Disclosure of Pecuniary and Non-Pecuniary Interests
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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.	Appointment of Chair and Deputy Chair
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To note the appointment by Full Council on 26 May 2016 of County Councillor Steve Holgate as Chair of the Committee and County Councillor Yousuf Motala as Deputy Chair for the following municipal year.

4.	Constitution, Membership and Terms of Reference	(Pages 1 - 6)
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5.	Minutes of the Meeting Held on 24 May 2016	(Pages 7 - 12)
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6.	Lancashire Teaching Hospitals Trust - temporary closure of Chorley A&E	(Pages 13 - 26)
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7.	Urgent Business
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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.

8. Date of Next Meeting

The next meeting of the Health Scrutiny Committee will be held on Tuesday 26th July 2011 at 10.30am in Cabinet Room C, County Hall, Preston.

I Young
Director of Governance,
Finance and Public Services

County Hall
Preston

Health Scrutiny Committee

Meeting to be held on 14 June 2016

Electoral Division affected: None

Constitution, Membership and Terms of Reference of the Committee

(Appendix A refers)

Contact for further information:

Wendy Broadley, 07825 584684, Legal and Democratic Services

Wendy.broadley@lancashire.gov.uk

Executive Summary

This report sets out the constitution, membership and terms of reference of the Health Scrutiny Committee for the municipal year 2016/17.

Recommendation

The Committee is asked to note the report.

Background

i) Constitution and Membership

The Full Council, at its meeting on 26 May 2016, agreed that the Health Scrutiny Committee shall comprise 13 County Councillors (on the basis of 6:5:1:1) and 12 non-voting co-opted members, with each District Council being invited to nominate a representative.

It was also agreed that County Councillor nominations to serve on the Committee should be submitted to the Director of Governance, Finance and Public Services by the respective Political Groups. Accordingly, the membership of the Committee, as confirmed by the Political Group Secretaries and the 12 Lancashire District Councils, is as follows:

County Councillors

M Brindle	D Smith
F Craig-Wilson	Y Motala
G Dowding	B Murray
N Hennessy	M Otter
A James	N Penney
M Iqbal	S Holgate
D Stansfield	

Non-voting co-opted members (* indicates that at the time the agenda published the nominee is yet to be confirmed by the relevant district council)

Burnley Borough Council	-	Councillor Lubna Khan
Chorley Borough Council	-	Councillor Hasina Khan
Fylde Borough Council	-	Councillor Shirley Green
Hyndburn Borough Council	-	Councillor Eammon Higgins
Lancaster City Council	-	*
Pendle Borough Council	-	Councillor Wayne Blackburn
Preston City Council	-	Councillor Roy Leeming
Ribble Valley Borough Council	-	Councillor Bridget Hilton
Rossendale Borough Council	-	Councillor Barbara Ashworth
South Ribble Borough Council	-	Councillor Mick Titherington
West Lancashire District Council	-	Councillor Gail Hodson
Wyre Borough Council	-	Councillor Julie Robinson

The Committee has a steering group 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 principal role of the Steering Group is to manage the agenda of the Committee, with particular reference to its statutory responsibilities in relation to the National Health Service.

ii) Terms of Reference

The Terms of Reference of the Committee are set out at Appendix A for information.

Consultations - N/A.

Risk Management

There are no risk management implications arising from this item.

Local Government (Access to Information) Act 1985

List of Background Papers

Paper	Date	Contact/Directorate/Ext
Agenda and minutes of the meeting of Full Council	26 May 2016	Janet Mather, Legal and Democratic Services Ext. 31123
Reason for inclusion in Part II, if appropriate		
N/A.		

Health Scrutiny Committee

(Thirteen County Councillors and twelve non-voting Co-opted district Members)

To review and scrutinise issues around public health and health inequalities. The Committee will review and scrutinise the work and performance of any relevant part of the County Council and its partners and the functions of the relevant Cabinet Members

To discharge the statutory health overview and scrutiny functions under the provisions of the Health and Social Care Act 2012. For this purpose the Committee shall include twelve non-voting Co-opted district council Members.

The following Terms of Reference should be read in conjunction with the above summary.

Health Scrutiny Committee

Note: The Committee shall, for the purpose of discharging the statutory health overview and scrutiny functions, comprise twelve non-voting district council Members

1. To review decisions made, or other action taken, in connection with the discharge of any relevant functions undertaken by the Cabinet collectively, or the relevant Cabinet Members or Cabinet Committee.
2. To make reports or recommendations to the Full Council, the Cabinet or the relevant Cabinet Member or Cabinet committee with respect to the discharge of any relevant functions undertaken by the Cabinet collectively or the relevant Cabinet Member or Cabinet committee.
3. In reviewing decisions (other than decisions designated as urgent under Standing Order 34(3)) made in connection with the discharge of any relevant functions undertaken by the Cabinet collectively or the relevant Cabinet Member or Cabinet committee, but which have not been implemented, the Committee may recommend that the decision be reconsidered by the person who made it or to refer the decision to the Full Council for it to decide whether it wishes it to be reconsidered by the decision taker.
4. To request a report by the executive to Full Council where a decision which was not treated as being a key decision has been made and the Health Scrutiny Committee is of the opinion that the decision should have been treated as a key decision

5. To hold general policy reviews and to assist in the development of future policies and strategies (whether requested by the Full Council, the Cabinet, the relevant Cabinet Member, Cabinet committee or decided by the Committee itself) and, after consulting with any appropriate interested parties, to make recommendations to either the Cabinet, the relevant Cabinet Member, Cabinet committee or to the Health and Well Being Board or the Full Council as appropriate.
6. To review and scrutinise any County Council services planned or provided as part of the Council's wider public health responsibilities, and to make recommendations to the Full Council, the Health and Well Being Board or the Cabinet or Cabinet committee, as appropriate.
7. To review and scrutinise any matter relating to the planning, provision and operation of the health service in the area and make reports and recommendations to NHS bodies as appropriate,
8. In reviewing any matter relating to the planning, provision and operation of the health service in the area, to invite interested parties to comment on the matter and take account of relevant information available, particularly that provided by the Local Healthwatch
9. To review and scrutinise any local services planned or provided by other agencies which contribute towards the health improvement and the reduction of health inequalities in Lancashire and to make recommendations to those agencies, as appropriate
10. In the case of contested NHS proposals for substantial service changes, to take steps to reach agreement with the NHS body
11. In the case of contested NHS proposals for substantial service changes where agreement cannot be reached with the NHS, to refer the matter to the relevant Secretary of State.
12. To refer to the relevant Secretary of State any NHS proposal which the Committee feels has been the subject of inadequate consultation.
13. To scrutinise the social care services provided or commissioned by NHS bodies exercising local authority functions under Section 31 of the Health Act 1999.
14. To request that the Scrutiny Committee establish as necessary joint working arrangements with district councils and other neighbouring authorities.
15. To draw up a forward programme of health scrutiny in consultation with other local authorities, NHS partners, the Local Healthwatch and other key stakeholders.

16. To acknowledge within 20 working days to referrals on relevant matters from the Local Healthwatch or Local Healthwatch contractor, and to keep the referrer informed of any action taken in relation to the matter
17. To consider any relevant matter referred to the Committee by the Scrutiny Committee following a request by a County Councillor or a Co-optee of the Committee who wishes the issue to be considered.
18. To request that the Scrutiny Committee establish task groups and other working groups and panels as necessary.
19. To require the Chief Executives of local NHS bodies to attend before the Committee to answer questions, and to invite the chairs and non-executive directors of local NHS bodies to appear before the Committee to give evidence.
20. To invite any officer of any NHS body to attend before the Committee to answer questions or give evidence.
21. To invite to any meeting of the Committee and permit to participate in discussion and debate, but not to vote, any person not a County Councillor whom the Committee considers would assist it in carrying out its functions.
22. To recommend the Full Council to co-opt on to the Committee persons with appropriate expertise in relevant health matters, without voting rights.
23. To require any Councillor who is a member of the Cabinet, the appropriate Executive Director or a senior officer nominated by him/her to attend any meeting of the Committee to answer questions and discuss issues.
24. To recommend to the Scrutiny Committee appropriate training for members of the Committee on health related issues

Lancashire County Council

Health Scrutiny Committee

Minutes of the Meeting held on Tuesday, 24th May, 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
N Hennessy	D T Smith
Y Motala	D Stansfield
B Murray	L Collinge

Co-opted members

Councillor Barbara Ashworth, (Rossendale Borough Council)
Councillor Bridget Hilton, (Ribble Valley Borough Council)
Councillor Hasina Khan, (Chorley Borough Council)
Councillor Roy Leeming, (Preston City Council)
Councillor G Hodson, West Lancashire Borough Council

1. Apologies

Apologies for absence were presented on behalf of County Councillor Gina Dowding and District Councillors Colin Hartley (Lancaster), Julie Robinson (Wyre), Mick Titherington (South Ribble), Shirley Green (Fylde) and Asjad Mahmood (Pendle).

District Councillor Gail Hodson was welcomed as a new member of the Committee in place of Cllr Liz Savage (West Lancashire).

2. Disclosure of Pecuniary and Non-Pecuniary Interests

County Councillor Collinge declared a non-pecuniary interest in item 4 – Recruitment Issues – Lancashire Teaching Hospitals Trust, as an employee of Lancashire Care Foundation Trust.

3. Minutes of the Meeting Held on 26th April 2016

Resolved: The minutes of the Health Scrutiny Committee held on the 26 April 2016 be confirmed and signed by the Chair

4. Recruitment Issues - Lancashire Teaching Hospitals Trust

**Prior to the meeting, a statement from Chorley Borough Council was circulated to all members of the Committee. This statement is appended to these minutes.

At the Health Scrutiny Committee meeting on the 26 April 2016 held to discuss the temporary closure of the Emergency Department at Chorley Hospital, it had been agreed that further scrutiny of the key issues should take place and it in particular that the challenges around recruitment would be discussed in further detail.

The Chair welcomed the following speakers to the meeting to contribute to the discussion:

Professor Jacky Hayden, Dean of Postgraduate Medical Studies, Health Education North West

Lindsay Hoyle, MP for Chorley

Mick Whitley, Managing Director UK, Medacs Healthcare

Kelly Lyon, Medacs Healthcare

Helen Kelly, Medacs Healthcare

Paul Chandler, Acting Regional Director, NHS Improvement

Gaynor Hales, Regional Nurse Director, NHS Improvement

Professor Jacky Hayden, Dean of Postgraduate Medical Studies, provided information to the Committee from Health Education North West.

Members were advised that Health Education North West was responsible for the training of around 7,500 doctors which took them from their graduation from medical school to their appointment as a consultant or general practitioner. This involved ensuring they have access to the specific curriculum according to their specialism.

It was reported that the number of higher trainee posts across the North West included seven for Lancashire Teaching Hospitals Trust, all based at Royal Preston, four in East Lancashire, two in Morecambe Bay and three in Blackpool. It was felt that Lancashire Teaching Hospitals had been allocated a sufficient number of higher trainee posts.

It was confirmed that Chorley Hospital did not currently meet the criteria set by the Royal College of Emergency Medicine and the General Medical Council to be a training site for trainees in emergency medicine. It was particularly noted that the Chorley site, unlike Royal Preston, did not offer intensive care, trauma or paediatric services, and that these areas of specialism were closely linked with emergency medicine and would generally need to be present on site for a

hospital to be recognised as an appropriate location for full training of those higher level trainees.

Members of the Committee were invited to comment and raise questions and a summary of the discussion is set out below:

- In response to a question around the recognition for higher training at Chorley Hospital, it was confirmed that Lancashire Teaching Hospitals would need to initiate the assessment through a case submission for Chorley Hospital to become a recognised training site which meets the criteria required. As Chorley Hospital had no urgent trauma, ICU and paediatric services currently, members were advised that it was unlikely to be an appropriate training site.
- The demand was not sufficient for the training places currently approved for emergency medicine so there was no case to increase the number of places allocated for Lancashire Teaching Hospitals.
- Members were informed that surveys were conducted annually by the Deanery with a 99.8% response rate and included yearly or bi-yearly visits to sites. The Trust would then respond to any issues identified.
- Exit interviews were completed for trainees in emergency medicine and any issues were reported back. It was suggested that the information from the Trust's response to the Deanery visits and to exit interview data could be obtained by the committee if required.

Lindsay Hoyle, MP for Chorley, spoke to the Committee on the issue, and in particular his involvement and activities with a range of individuals and organisations, including meetings with the Secretary of State, other Lancashire MPs, NHS Improvement and the Chief Executive of Lancashire Teaching Hospitals Trust to further understand the issues which led to the temporary closure of Chorley A&E.

Among the issues identified by Mr Hoyle were:

- Concerns over the Teaching Hospitals Trust's communication and engagement with staff, local people and key stakeholders, particularly prior to the temporary closure.
- The impact on neighbouring hospital A&E Departments.
- The impact on the NW Ambulance Service, including the reliance on private ambulances.
- Recruitment arrangements in place at the Trust, and why recruitment problems were not replicated at other local trusts.
- The need to have an agreed and publicly stated plan to re-open. It was understood that a date in August had been identified as a possible date for reopening, but that no date had been formally agreed or announced.

Members of the Committee were invited to comment and raise questions and a summary of the discussion is set out below:

- It was reported that to assist with meeting the August reopening deadline, a specialist recruitment company was being commissioned.
- It was identified that there was a need to understand current timescales around wait times at neighbouring A&E departments.
- It was questioned as to whether the timing of removal of the agency cap was sufficient enough to enable effective response to growing concerns around staffing. In addition, it was felt that the Trust did not react in a timely manner to the recruitment needs.

Mr Hoyle confirmed that he was willing to share information with the committee, and the Chair resolved he would formally write to Mr Hoyle with this request.

Mick Whitley, Managing Director, Medacs Healthcare, gave a presentation to members on the background to the services provided and the timelines leading up to the temporary closure of Chorley Hospital A&E.

Members were advised that Medacs Healthcare provided specialist staffing and included services such as conducting pre-employment checks, training, referencing and criminal conviction checks.

In relation to international recruitment of doctors, it was reported that there were only a limited number of countries that have training programmes consistent with UK requirements which then limits recruitment into the country. In addition, benefits for doctors working in countries such as US, Canada and Australia outweigh the benefits in the UK so there was very little recruitment from these countries.

There were indications that outside of Lancashire, different approaches were employed to navigate around the limitations of the agency cap which impacted on the ability to recruit locums in Lancashire.

The timelines outlined in the presentation given indicated the rising difficulties in recruiting to vacant posts through the phased introduction of the agency cap which led to the decision to first delay the phase 3 implementation and then to remove the agency cap in March 2016.

Members of the Committee were invited to comment and raise questions and a summary of the discussion is set out below:

- It was confirmed that Medacs were still working to recruit to the vacant posts and CVs were being reviewed.
- Medacs were reported to have around 200 clients overall in the NHS – nearest comparator is Blackpool Teaching Hospital but also supply to Bolton, Lancaster and Wigan.
- There were challenges to recruiting to Chorley A&E, due to the lack of trauma and intensive care units at the site, which made it less attractive to specialists in emergency care.

- It was reported that a fundamental problem was that the vacancy rates had not reduced in the last six months across the UK.
- In general, there was concern over the reliance of the NHS on locums, but it was agreed that, there was a need to ensure that the focus was not lost on the quality of all doctors, locum or permanent.
- Members were advised that to move forward from this situation there was a need to ensure the filling of the training posts, to effectively manage agency spend and Lancashire to build on its reputation and range of opportunities as a place to work.

Paul Chandler, Acting Regional Director and Gaynor Hales, Regional Nurse Director, NHS Improvement, provided the members with background information to the introduction of the agency cap and how this contributed to the recruitment issues at Chorley Hospital.

It was reported to the Committee that the total spend for all agency staff had risen by 25% each year in the last three years up to the introduction of the cap and the rate of increase was rising.

Monitor (now part of NHS Improvement) was tasked by the Secretary of State to identify a way to reduce agency costs. A consultation took place with providers and at that time over 90% agreed to the proposed implementation of the agency cap to reduce the cost of agency staff. The longer term aim of this agency cap implementation was to reverse the trend of junior doctors becoming locums by reducing the financial benefits.

The agency cap was then implemented through a phased approach. In the initial phase in November 2015, no junior doctor locum could be paid more than 250% above the equivalent hourly rate. This was then reduced to 200% in February and then to 155% in April.

It was reported that the figures for October – February indicated an initial £290m saving (£60m per month) with a potential annual saving of £800m.

A further survey conducted confirmed that 76% of providers agreed that the agency costs had reduced and as at the 1st April, 71% of providers were in agreement to implement the final reduced rate. Further indications overall had shown that actual usage of agency staff had reduced and better systems were in place for vacancy management.

Members were informed that concerns were raised that there would be ways around the agency cap to attract locums. It was reported that NHS Improvement had taken action when made aware of any situations where this has occurred. It was confirmed that NHS Improvement was aware of these gaps in the system around the agency cap and currently unable to monitor this as effectively as they would like. It was confirmed that Lancashire Teaching Hospitals Trust was one of the few Trusts in the country that had not breached the cap at any point since its introduction.

Members of the Committee were invited to comment and raise questions and a summary of the discussion is set out below:

- Committee members raised concerns around the notice period for locums. It was agreed that this was an uncontrolled market and agency cap was implemented to assist with this.
- It was confirmed that providers have a cap on what they can spend per year on agency staff.
- It was agreed that there was a need to look at total actual expenditure on staffing through collection of meaningful data to give indication if the agency cap is being mis-managed. In addition, in the future, it was reported that agency fees would also be capped.
- Members were assured that NHS Improvement were working more with the Trust and the local Clinical Commissioning Group's (CCG) to support service provision on an ongoing basis.

Resolved: The Committee:

- i. Notes the contributions of the presenters.
- ii. Seek data on the impact to the neighbouring A&E departments.
- iii. Seek an update from North West Ambulance Service on the impact to their services and the role of the additional ambulance support from the private provider.
- iv. To invite members from the CCG to attend the next meeting of the Health Scrutiny Committee.
- v. Ask the Chair to obtain the evidence referred to in the presentation from Lindsay Hoyle MP.

5. Urgent Business

There was no urgent business.

6. Date of Next Meeting

It was noted that the next meeting of the Committee would be held on Tuesday 14 June 2016 at 10.30am in the Duke of Lancaster Room (Cabinet Room C), County Hall.

I Young
Director of Governance, Finance
and Public Services

County Hall
Preston

Health Scrutiny Committee

Meeting to be held on Tuesday, 14 June 2016

Electoral Division affected:
Bamber Bridge and Walton-le-Dale; Chorley East; Chorley North; Chorley Rural East; Chorley Rural North; Chorley Rural West; Chorley South; Chorley West; Farington; 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;

Sustainability issues - Lancashire Teaching Hospitals Trust temporary closure of Chorley A&E

(Appendix A refers)

Contact for further information:

Wendy Broadley, Principal Overview & Scrutiny Officer, 07825 584684,
wendy.broadley@lancashire.gov.uk

Executive Summary

The Health Scrutiny Committee has held a series of meetings to discuss the issues arising from the temporary closure of the Emergency Department at Chorley Hospital.

The first meeting on 26 April was attended by the Chief Executive of Lancashire Teaching Hospitals Trust and representatives from the local Clinical Commissioning Group. The purpose of the meeting was to establish the events and decisions that contributed to the closure of the department.

A second meeting was then held on 24 May to consider the issues of recruitment that had been identified by the Trust as contributory factors to their decision to close the department and attendees included Health Education England North West, Medacs Healthcare and NHS Improvement.

This third meeting will focus on the long term sustainability of health services within the county and discuss how the Clinical Commissioning Group and partners will design, consult and deliver new models of care. Representatives will attend from Healthier Lancashire & South Cumbria Change Programme, the Clinical Commissioning Group and a local campaign group.

Recommendation

The Health Scrutiny Committee is asked to consider the information and to discuss and determine the future course of action.

Background and Advice

The Health Scrutiny Committee met on 26 April to discuss the temporary closure of the Emergency Department at Chorley Hospital. The meeting was attended by the Chief Executive of Lancashire Teaching Hospitals Trust and representatives from the local Clinical Commissioning Group. A presentation provided by the Trust identified a number of key factors that influenced the decision to temporarily close the A&E at Chorley. One of these key factors was the current challenges around recruitment of middle grade doctors.

To better understand this issue it was agreed that further scrutiny was required of the external factors that impact on recruitment processes. Therefore a number of key organisations and individuals were invited to either express their concerns or explain the role and responsibilities of the organisations they represent at a special meeting of the Committee on 24 May.

The Committee received contributions from the following:

- Paul Chandler and Gaynor Hales from NHS Improvement – this organisation is responsible for overseeing Foundation Trusts and NHS Trusts, as well as independent providers that provide NHS-funded care. By holding providers to account and, where necessary, intervening, they help the NHS to meet its short-term challenges and secure its future.
- NHS Employers - their vision is to be the authoritative voice of workforce leaders, experts in HR, negotiating fairly to get the best deal for patients. They help employers make sense of current and emerging healthcare issues to ensure that their voice is front and centre of health policy and practice. They keep them up to date with the latest workforce thinking and expert opinion, providing practical advice and information, and generating opportunities to network and share knowledge and best practice. They provide the Committee with a copy of the Guidance on the Appointment and Employment of Locum Doctors.
- Mick Whitley from Medacs Healthcare – They are a leading healthcare staffing company providing healthcare recruitment expertise to both the public and private sectors. They are the managed service provider for Lancashire Teaching Hospitals Trust.

- Professor Jacky Hayden from Health Education England North West – working across the North West, they are responsible for the education, training and workforce planning for all NHS staff. They provide the Trust with an allocation of trainee doctors.
- A number of local MPs were also invited. Written statements were provided by Mark Hendrick MP for Preston and Seema Kennedy MP for South Ribble. Lindsay Hoyle MP for Chorley attended the meeting

This third meeting now has a focus on the long term sustainability of health services not only within the Chorley area but within the wider CCG footprint and at a county level. NHS colleagues and a representative from a local campaign group will attend the meeting to continue the discussion on the future of Chorley A&E.

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

Governing Body Meeting

Date of meeting	25 May 2016
Title of paper	Chorley A&E Temporary Closure
Presented by	Mr Iain Crossley, Chief Finance and Contracting Officer
Author	Mr Iain Crossley, Chief Finance and Contracting Officer
Clinical lead	Dr Matt Orr, GP Director for Urgent Care
Confidential	No

Purpose of the paper		
<p>The aim of the paper is to explain the background and reasons for the temporary closure of the A&E service at Chorley Hospital.</p>		
Executive summary		
<p>On Monday 18 April the emergency department at Chorley Hospital was temporarily replaced by an Urgent Care Service and the local GP Out of Hours service was moved to the new facilities at Chorley Hospital. This change was made because Lancashire Teaching Hospitals was no longer able to staff both emergency departments at Preston and Chorley, and continuing to provide a service in these circumstances was an unacceptable risk to patient safety.</p>		
Recommendations		
<p>The Governing Body is asked to note the cause of the Chorley A&E closure and the work being done to ensure it can be safely re-opened.</p>		
Links to CCG Strategic Objectives		
SO1	Improve Quality through more efficient, safer services which deliver a better patient experience	<input checked="" type="checkbox"/>
SO2	Commission care so that it is integrated and ensures an appropriate balance between in-hospital and out of hospital provision	<input type="checkbox"/>

SO3	Be an integral part of a financially sustainable health economy	<input type="checkbox"/>
SO4	Ensure patients are at the centre of the planning and management of their own care and their voices are heard	<input type="checkbox"/>
SO5	Be seen as a well-run clinical commissioning group and the system leader	<input type="checkbox"/>

Governance and reporting		
Meeting	Date	Outcome
Central Lancashire System Resilience Group	13/4/16	Support for Trust decision to temporarily close Chorley A&E
Were any conflicts of interest identified at previous meetings (mark X in the correct box below)		
Yes		No
		X
If conflicts of interest were identified what were these:		

Implications			
Quality/patient experience implications?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
(Potential) conflicts of interest?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>
Equality Impact Assessment?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
Privacy Impact Assessment?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
Are there any associated risks?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
Are the risks on the CCG's risk register?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
If yes, please include risk description and reference number	GBAF 01		

Assurance
<p>The Central Lancashire System Resilience Group (SRG) provides the forum for overseeing the Chorley A&E temporary closure and the work being done to reopen as soon as it can be done safely and sustainably. The project is managed by a senior responsible officer, appointed by the SRG and there is a weekly project group which reports directly to the SRG.</p>

Chorley A&E Temporary Closure

1.0 Introduction

- 1.1 On Monday 18 April the emergency department at Chorley Hospital was temporarily replaced by an Urgent Care Service and the local GP Out of Hours service was moved to the new facilities at Chorley Hospital. This change was made because Lancashire Teaching Hospitals NHS Foundation Trust was not able to staff both emergency departments at Preston and Chorley, and continuing to provide a service in these circumstances was an unacceptable risk to patient safety.
- 1.2 Ambulances responding to 999 calls have been diverted to existing A&E facilities, mainly at Preston and additional ambulance cover was arranged to ensure any transfers from Chorley to neighbouring facilities could be as efficient as possible.
- 1.3 The decision to temporarily close the Chorley A&E was made by the Trust's Chief Executive on the advice of the Medical Director; the decision was unanimously supported by the Central Lancashire Systems Resilience Group. The Systems Resilience Group ensured a smooth transition to the temporary arrangements.
- 1.4 The Systems Resilience Group considered all the options put forward by LTHTR; with the aim of delivering a safe service which optimised the service provision at Chorley and which had the least impact on patients and other organisations.

2.0 Staffing Crisis

- 2.1 Hospital emergency departments are staffed by consultants, doctors, and doctors in training. Since December, it has become increasingly difficult to staff the middle grade doctor rota for the emergency departments at Lancashire Teaching Hospitals Foundation Trust. This issue has arisen because of a number of factors; there is a national shortage of emergency medicine doctors; the Trust has been unsuccessful in attracting enough doctors in training to assist with our staff rotas; and the application of the national agency cap has affected the trust's ability to secure locums to fill gaps in the rota and staff absence and sickness.
- 2.2 The Trust has taken a number of actions to recruit a permanent workforce, including continuous international and national recruitment activities, changing how service works and adapting some job roles to maintain services, and appointing some GPs to provide additional support to the emergency department.

3.0 Systems Resilience

- 3.1 The System Resilience Group, which oversees urgent care in the local area, is meeting regularly to review the current crisis, assess risks, and consider all the potential options for the future provision of services. A single Senior Responsible Officer has been appointed to manage the current service and the transitional arrangements for re-opening the Chorley A&E facilities.

4.0 Next Steps

- 4.1 Lancashire Teaching Hospitals NHS Foundation Trust is building up its staffing resources and identifying additional locum staff-cover. Once the staffing levels which existed in December are achieved and the Systems Resilience Group is satisfied this can be maintained; then the phased re-opening of Chorley A&E will commence.

5.0 Action

- 5.1 The Governing Body is asked to note the cause of the Chorley A&E closure and the work being done to ensure it can be safely re-opened.

Mr Iain Crossley
Chief Finance and Contracting Officer
May 2016

Tel: 01772 522692

Email: karen.partington@lthtr.nhs.uk

Ref: KP/kb

Chief Executive's Office
Royal Preston Hospital
Sharoe Green Lane
Fulwood
PRESTON
PR2 9HT

6 May 2016

Dear Colleague

Re: Temporary changes to the emergency department at Chorley Hospital

We have committed to keep all stakeholders informed about the progress we are making to reinstate the emergency department at Chorley Hospital. We shared the news release update last week and will be issuing a further release later today. A copy is attached for your information.

We also agreed to keep you informed about the progress we are making to secure the workforce we need to staff the emergency department rotas. We need 14 middle grade doctors to staff the rotas and the System Resilience Group has recently agreed that the split would need to be 75% substantive and 25% locum, which equates to approximately 10 substantive middle grade doctors, with the remaining gaps filled by locums. This level will enable us to provide a safe and sustainable service with adequate capacity to respond to any future fluctuations in the workforce. Our position today is that we have 5 substantive middle grade doctors and 3 locums.

Since the change to service came into effect on 18 April 2016 and despite continued efforts, we have not been able to recruit any permanent doctors. We are continuing our efforts to recruit all of the staff we need, and pursuing both international and national recruitment opportunities.

As we advised, 2 locums commenced on 25 April 2016, both of whom have decided not to continue their placement. Next week we are expecting 3 locums to commence on their trial period. Locums who successfully complete their trial period to test their competence and suitability will be offered both long term contracts and/or a substantive position.

I have also written to Ian Cummings, Chief Executive of Health Education England and I have spoken with Graham Urwin, Director of Commissioning Operations NHS England to seek assurances that we will receive our full allocation of doctors in training in the next rotation to enable us to manage our workforce and plan the rotas. I have also again requested that our allocation is reviewed and increased.

I wish to assure you that our board remains fully committed to reinstating the emergency department as soon as we have sufficient doctors to provide a safe and sustainable service and we will continue to make every effort to secure the staff we need.

Any support you are able to offer to resolve this situation would be welcome.

If you have any further queries please do let me know.

We will continue to provide regular updates and will be in touch shortly to arrange another meeting to discuss the matter in more detail.

Yours sincerely

A handwritten signature in black ink, appearing to read "Karen Partington". The signature is written in a cursive style with a large, stylized initial 'K'.

KAREN PARTINGTON
CHIEF EXECUTIVE

UPDATE

Latest update about temporary change to emergency department at Chorley Hospital

6 May 2016

The Emergency Department at Chorley Hospital was temporarily replaced by an Urgent Care Centre on 18 April 2016. Staffed by a wide range of medical professionals, the centre is able to provide a variety of treatments for many minor injuries, and residents of Chorley and the surrounding areas can access this service whilst plans are being put in place for the reinstatement of the emergency department.

The urgent care centre is able to treat:

- 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
- Some minor ailments such as coughs, colds, flu symptoms, sore throat, earache, urinary tract infections and sinusitis
- Diarrhoea / constipation
- The UCC can also provide emergency contraception

The centre is open 8am to 8pm, seven days a week. Outside of these hours, patients should phone 111 for advice or 999 in a life-threatening emergency.

The change has happened because Lancashire Teaching Hospitals doesn't have enough of the right type of doctor to safely staff its emergency departments.

Professor Mark Pugh, Consultant Anaesthetist and Medical Director of Lancashire Teaching Hospitals NHS Foundation Trust said, “We are continuing to do everything we can to recruit and retain the additional staff required to reinstate the emergency department at Chorley in a safe and sustainable manner.

“Whilst recruitment activities are ongoing, along with our partner agencies we’ve mobilised the urgent care service. We have made changes at Royal Preston Hospital to accommodate any additional patients and we will continue to provide safe and effective care.”

Discussions continue to take place to ensure the safe and timely reinstatement of the emergency department. The System Resilience Group (SRG) met again this week to agree the staffing position that needs to be achieved to deliver a safe and sustainable service and enable the reinstatement of the department at Chorley Hospital.

14 middle grade doctors are needed to safely staff the emergency department. It has been agreed that the department can be reinstated once Lancashire Teaching Hospitals has a workforce that consists of at least 10 permanent staff, with the gaps covered by locums who have successfully completed a trial period. These requirements will ensure a safe and sustainable service can be delivered, and there is enough capacity to respond to changes in the workforce.

Professor Pugh added: “When these staffing levels have been reached, there will need to be a short period of testing the stability of that workforce. Once we are confident the level can be sustained, we will be able to plan for the reinstatement of the emergency department at Chorley Hospital.”

Dr Dinesh Patel, Clinical Chair of Greater Preston Clinical Commissioning Group and member of the System Resilience Group said: “The SRG is liaising weekly with Lancashire Teaching Hospitals and other stakeholders to gain assurances that the process for recruiting staff and reinstating the emergency department at Chorley Hospital is progressing. We want to see the emergency department reinstated as soon as possible, but we will ensure that it is only reinstated when the agreed level of staffing can be sustained.”

For more information about the temporary change, visit:

www.lancsteachinghospitals.nhs.uk/temporary-changes-to-chorley-emergency-department

Notes to editors

The local System Resilience Group comprises Chorley and South Ribble Clinical Commissioning Group, Greater Preston Clinical Commissioning Group, Lancashire Care Foundation Trust, Lancashire County Council, Lancashire Teaching Hospitals NHS Foundation Trust, and North West Ambulance Service.

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Notes to Editors: For further information contact Helen Lea, Communication and Public Relations Officer, helen.lea@lthtr.nhs.uk 01772 523515.

Lancashire Teaching Hospitals NHS Foundation Trust provides district general hospital services to a local community of 390,000, and specialist services to 1.5m across Lancashire and South Cumbria. Services are provided from Royal Preston Hospital, Chorley and South Ribble Hospital and the Specialist Mobility and Rehabilitation Centre, as well as a wide range of services in community settings and at other hospitals in the region.

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