

## **Lancashire County Council**

### **Health Scrutiny Committee**

**Minutes of the Meeting held on Tuesday, 22nd November, 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	Y Motala
Mrs F Craig-Wilson	M Otter
G Dowding	D T Smith
A Cullens	D Stansfield
N Hennessy	R Shewan
M Iqbal	K Snape

#### **Co-opted members**

Councillor Bridget Hilton, (Ribble Valley Borough Council)  
Councillor Hasina Khan, (Chorley Borough Council)  
Councillor Roy Leeming, (Preston City Council)  
Councillor Julie Robinson, (Wyre Borough Council)  
Councillor Amanda Robertson, Rossendale Borough Council

#### **1. Apologies**

Apologies from absence were presented on behalf of District Councillors Eammon Higgins (Hyndburn), Colin Hartley (Lancaster), Mick Titherington (South Ribble) and Shirley Green (Fylde).

County Councillor Ron Shewan attending in place of County Councillor Niki Penney, County Councillor Kim Snape in place of County Councillor Bev Murray, District Councillor Amanda Robertson in place of Councillor Barbara Ashworth and District Councillor Gareth Dowling in place of Councillor Gail Godson.

The following speakers were welcomed to the Health Scrutiny Committee meeting:

- Karen Partington, Chief Executive, Lancashire Teaching Hospitals Trust
- Professor Mark Pugh, Medical Director, Lancashire Teaching Hospitals Trust
- Andy Curran, Consultant in Emergency Medicine, Lancashire Teaching Hospitals Trust

- Karen Swindley, Director of Workforce and Education, Lancashire Teaching Hospitals Trust
- Helen Curtis, Head of Quality and Performance, Chorley South Ribble and Greater Preston Clinical Commissioning Group
- Clare Platt, Head of Service Health, Equity, Welfare and Partnerships, Lancashire County Council

## **2. Disclosure of Pecuniary and Non-Pecuniary Interests**

There were no declarations of interest at this time.

## **3. Minutes of the Meeting Held on 18 October 2016**

**Resolved:** Minutes from the meeting held on 18 October 2016 be confirmed and signed by the Chair.

## **4. Lancashire Teaching Hospitals Trust - Response to Scrutiny Report**

Karen Partington, Professor Mark Pugh, Andy Curran and Karen Swindley from Lancashire Teaching Hospitals Trust (LTHT) and Helen Curtis from Chorley South Ribble and Greater Preston Clinical Commissioning Group provided a presentation (appended to the minutes) to the Committee on the Emergency Care Update.

The presentation provided a response to the recommendations contained within the 'Emergency Care Crisis – Chorley' scrutiny review report and included an update on the progress on the Chorley Emergency Department mobilisation plan.

It was confirmed that the issues concerning Accident and Emergency (A&E) departments has been mirrored nationally with increasing attendance and deteriorating performance levels. Added to this was the difficulties to discharge patients for a number of reasons although it was reported that LTHT were working with partners to assist with this. In addition, a programme was reported to be in place to identify other support services to assist with alleviating the numbers of patients attending A&E.

It was highlighted that although a number of CV's were received since April for the required middle grade doctor vacancies, a large number of these did not meet the required criteria. In addition, although 12 job offers were made, none were accepted, largely due to doctors accepting job offers elsewhere (mainly in the south of England).

Members were assured that NHS Improvement provided assistance with the concerns raised around the inconsistencies in the application of the agency cap across hospitals.

It was confirmed that the Urgent Care Centre will be mobilised on the 18 January 2017.

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 applications were regularly received from all over the world and from doctors who have never worked in the UK before or worked in the NHS. Many were applying for large number of posts across the UK. Further to this, members were informed that a large number of applicants were required to pass the English language test. It was reported that support is given to applicants through the international recruitment process and that the language skills element is part of this scheme.

It was agreed that there was a need to ensure Lancashire is recognised as attractive place to work and this is currently being addressed with various partners. It was confirmed that a great deal of information at a local level was being providing to overseas applicants but the feedback received indicated that pressure was from the applicant's families to move south.

It was reported that there has been no current impact in Lancashire post Brexit but were looking ahead for any future implications particularly around international recruitment.

Members questioned the confidence in staffing numbers being available for January 2017 opening and it was reported that the Urgent Care Centre would be run by Go To Doc which is a not for profit organisation who will provide their own staff. This would release the staff currently providing this service to support the 12 hour A&E.

A query was raised in relation to the reported 'super hospital' and members were advised that work was currently ongoing to identify what the NHS would look like in the next 10 years and the redesign of services. There were reported to be no plans to specifically look at providing new hospitals but that the new model of care linking health and social would determine the location of services. In addition, there would be work completed around local need through the public engagement programme.

It was confirmed that education is a key partner and will be part of Our Health, Our Care programme. In addition, from the NHS perspective, there continues to be a need to improve the pathways and communicating those effectively.

In response to the query around the 2012 reduction in training places, it was highlighted that Health Education England commission training places and have regularly monitored the situation. It was reported that there is a shortfall of around 3000 nationally out of a total of 8000 nationally required.

In response to the query around the future of Chorley Hospital, it was confirmed that the flow of patients into the medical admissions unit has remained. The same range of services in Chorley Hospital continues with a new Chemotherapy Unit in place.

Members were assured that there was a mobilisation and communication plan in place which could be shared as a narrative with the Committee.

Members were advised that in neighbouring hospitals (particularly Wigan and Preston) there has been only a small increase in activity reported. Members queried the impact on other hospitals and it was confirmed that this information was received direct from those hospitals.

A query was raised in relation to winter planning and it was confirmed that plans were in place to manage this. In addition, the opening of the Emergency Department and Urgent Care Centre at Chorley Hospital would help to relieve some of the pressure.

In relation to a question on major incidents, it was reported that a major trauma network event was held to look at this and it was recognised that there have been significant changes across major trauma networks and plans would need to be updated in line with these changes.

Members then discussed the request for a decision on the signage and whether it should be updated to convey that the Emergency Department at Chorley would only be open for 12 hours per day. Members were advised that there were no issues with the current signage. Members agreed that further conversations would be required and that additional information would be circulated.

**Resolved:** That;

- i. The response by the Trust and comments from the Committee be noted
- ii. The Communication and Engagement Plan from the Trust be provided to the Committee on the Emergency and Urgent Care Centre
- iii. An update be provided to the Committee in February from the Trust on the progress of the revised Chorley Hospital A&E and Urgent Care Centre provision

## **5. Health and Wellbeing Partnerships**

Clare Platt, Head of Service Health, Equity, Welfare and Partnerships was welcomed to the meeting to discuss the report circulated on the current health and wellbeing partnership arrangements and the proposals for the future relationship with the Health and Wellbeing Board (HWB). The report outlined information on work being undertaken to move to a new model of health and wellbeing board governance in the form of a single Pan Lancashire HW with five local area partnerships.

The proposals were anticipated to be finalised, for agreement with the three current statutory HWB authorities ahead of implementation in spring 2017.

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 the Fire and Rescue Authority had been included in the draft proposals to be represented on the Pan Lancashire Board.

Members were advised that the proposal going forward for the partnerships would be more standardised and would include a core group whilst ensuring a need for flexibility at a local level. In addition the voluntary, community and faith sector has been recommended to be included in the membership.

Members commented on the need for equity across all of the HWB partnerships in Lancashire. Further to this, it was agreed that it would be helpful to share any action plans from the partnerships with members.

**Resolved:** That the report and comments be noted.

## **6. Report of the Health Scrutiny Committee Steering Group**

A request was made to members for a review to be undertaken to look at how the information from the Health Scrutiny Committee Steering Group is to be presented for future meetings.

**Resolved:** That a review be undertaken and reported back to the Committee

## **7. Work Plan**

The Committee were presented with the workplan for both the Health Scrutiny Committee and its Steering Group, including current Task Group reviews.

**Resolved:** That the report be noted.

## **8. Recent and Forthcoming Decisions**

The Committee's attention was drawn to forthcoming decisions and decisions recently made by 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.

**Resolved:** That the report be received.

## **9. Urgent Business**

There were no items of urgent business.

## **10. Date of Next Meeting**

The next meeting of the Health Scrutiny Committee will be held on Tuesday 10 January 2017 at 10.30am in Cabinet Room C, County Hall, Preston.

I Young  
Director of Governance, Finance  
and Public Services

County Hall  
Preston

Excellent care with compassion



Lancashire Teaching  
Hospitals  
NHS Foundation Trust

# Emergency Care Update

Lancashire County Council  
Health Scrutiny Committee 22 November 2016



Minute Item 4

Excellent care with compassion



Lancashire Teaching  
Hospitals  
NHS Foundation Trust

Lancashire Teaching Hospitals  
NHS Foundation Trust

Karen Partington, Chief Executive

Professor Mark Pugh, Medical Director

Andy Curran, Consultant in Emergency Medicine

Karen Swindley, Workforce & Education Director

Chorley & South Ribble  
Greater Preston  
Clinical Commissioning Group

Healthier Lancashire and South  
Cumbria

Sam Nicol, Director

Helen Curtis, Head of  
Quality & Performance



# AGENDA

- Response to Health Scrutiny Committee report and recommendations
- NHS Improvement and NHS England independent report
- Chorley Emergency Department mobilisation plan
  - Progress
  - Risks
- Transforming services roadmap
  - Local Delivery Plan (Our Health Our Care)
  - Sustainability and Transformation Plan (Healthier Lancashire and South Cumbria)

1. The Trust should provide the Committee with a transparent, sustainable, realistic and achievable plan for the provision of services at Chorley by 22<sup>nd</sup> November 16

- Fully committed to reinstating the emergency department at Chorley
- Dependent on the right number and level of staff to deliver safe and sustainable care
- Plan to reinstate the Emergency Department 12 hours a day when Urgent Care Centre opens 24 hours on 18 January 2017
- Independent review found reinstating the Emergency Department 24 hours a day “is not feasible”

2. The Trust should provide the Committee with detailed information on how they are addressing their inability to meet the 4 hour target for A&E attendance at Royal Preston Hospital

## NATIONAL ISSUE - INCREASING ATTENDANCE, DETERIORATING PERFORMANCE

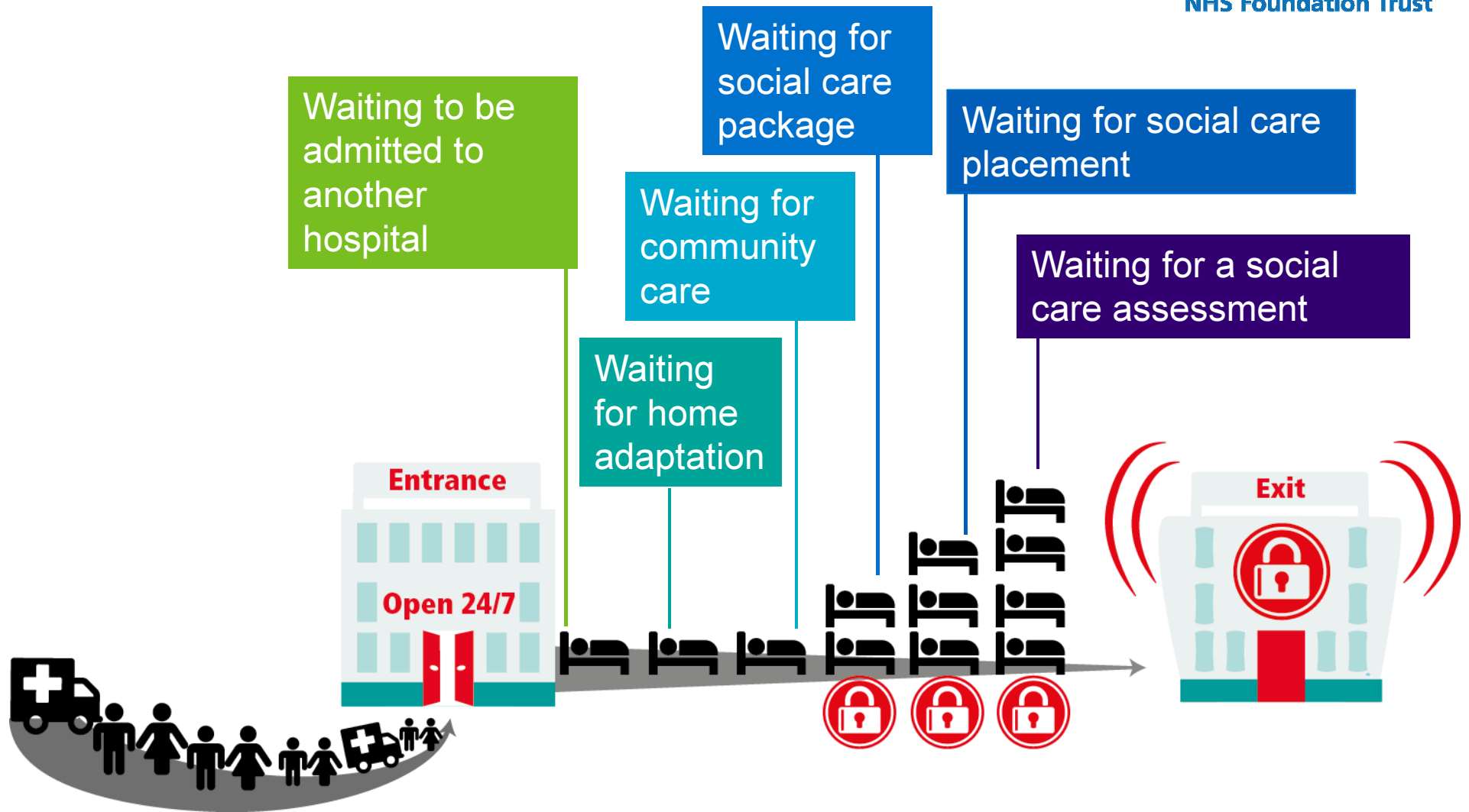
“NHS England recorded the **worst performance against the target since 2003**, with 90.3% of people attending A&E being seen within four hours in Q1 2016-17”  
Health Service Journal, September 16

“There were over **90,000 more A&E attendances** in September 2016 compared to the same month last year.”  
NHS England November 2016

“the performance of an A&E department is almost wholly dependent on its relationships with the other departments of the hospital and other providers in the health economy.”

Prof Keith Willett, Medical Director for Acute Care, NHS England, October 2016

# A&E IS A BAROMETER OF THE SYSTEM



139 patients in beds every day who no longer need hospital care

## What are we doing to improve this?

- Participating in the NHS Improvement A&E programme
- System A&E delivery board working on :
  - Attendance and admission avoidance
  - Early supported discharge
- Working with NWS on ambulance handover

### Improving flow IN THE SYSTEM

- Primary care diversion scheme at Preston from 26 November
- Community frailty service from 28 November
- Expanding Age Concern's 'take home and settle' service to cover ED and assessment units
- Urgent Care Centre go live in January

### Improving flow IN HOSPITAL

- National Delayed Transfer of Care programme (national increasing trend)
- Red : Green days
- Breaking the cycle : preparing for winter programme

### 3. The Clinical Commissioning Group to provide the Committee with evidence that it is supporting the Trust to explore all methods to recruit and retain staff

- System Resilience Group reviews activity bi-weekly
- CCG satisfied the Trust has explored all available recruitment opportunities
- Comprehensive and extensive recruitment activity :
  - Quicker recruitment process
  - International recruitment
  - National recruitment
  - Off-framework recruitment agencies
  - Role redesign
  - Recruitment premia
- Since April 2016 **150+ CVs** reviewed
- **12 job offers** made

“there are currently insufficient consultants in post to provide even one on duty in every department for even 16 hours per day. If the number of doctors had kept pace with the increasing number of patient admissions in recent years, there would now be 8,074 doctors working in A&E departments rather than 5,300.”

Royal College of Emergency Medicine

## 5. Demonstrate how CCG will effectively engage and involve local residents in future service design

- Our Health Our Care engagement plan currently live
- But, this was a sudden and unpredictable deterioration of staffing position required immediate action
- Circumstances did not allow sufficient notice of change to be given to local residents or other stakeholders
- Staffing concerns highlighted to NHSI, NHSE and SRG since June 15
- Stakeholder meetings, briefings, media interviews and statements
- Communication and engagement plan developed
- Emergency Department reinstatement communication plan in train

6. SRG should develop a lessons learnt plan in particular how communication and resource planning is managed. It should then be shared with wider NHS and social partners and stakeholders

- From April to date the SRG has reviewed, challenged and assessed the situation to identify learning
- Workshop with CCG, Lancashire Teaching Hospitals, Our Health Our Care and Healthier Lancashire and South Cumbria communication and engagement teams to identify lessons. Learning has been incorporated into future change programme plans



7. The Emergency Care crisis should be a Sustainability and Transformation Plan priority. A plan for Emergency Care across Lancashire should be developed, and the Lancashire Health and Wellbeing Board are asked to take responsibility for the implementation and monitoring of this priority

- Lancashire & South Cumbria Urgent & Emergency Care Network (chaired by David Bonson, COO Blackpool CCG) work stream is an STP priority
- Lancashire County Council is a member of the STP board
- Chorley Council selected to represent district councils on STP board
- Health and Wellbeing Boards are involved in STP work
- Healthwatch is involved in STP work

8. The Trust should increase the Chorley Urgent Care Centre opening hours to 6am – midnight as additional staff are appointed.

- SRG has reviewed staffing on a regular basis to risk assess opportunities to :
  - Extend the hours of the Urgent Care Centre
  - Reinstate the Emergency Department
- Do not currently have sufficient staff to extend the opening hours without destabilising the Major Trauma Centre
- Destabilising the Major Trauma Centre would present more risk to patients than maintaining the status quo at Chorley

**ZERO patient safety issues at Chorley**

## 9. The Trust should actively seek best practice from other trusts regarding staffing on A&Es

- Continuous benchmarking undertaken, and input regularly invited from other organisations and national service improvement teams
- Seeking best practice was the grounds for requesting a formal independent review

### Agency cap

- NHS Improvement informed of concerns about inconsistent application of the agency cap across hospitals
- NHS Improvement restated the importance of implementing the cap
- Trust board decided the cap should not be implemented for emergency department doctors on patient safety grounds
  - however this did not yield agency doctor CVs
  - we lifted the cap as soon as we needed to

10. A more open approach to design and delivery changes to the local health economy needs to take place, working with wider public services through the Lancashire Health and Wellbeing Board to make our hospitals more sustainable and better able to serve the needs of residents

- Our Health Our Care transformation programme currently live
- The temporary change to Chorley Emergency Department was not a planned service change, but a culmination of unpredictable events.
- This difficult decision was taken to keep patients safe and for no other reason



# NHS England & NHS Improvement Independent Report

## KEY FINDINGS

“having the emergency department reopened at the same time as the opening of the new 24-hour urgent care centre, integrating the two services, will provide additional resilience.

This is an opportunity to enable the service to reopen without compromising patient safety”

“it would not be practical or safe to open the department before then, because it would require staff to work excessive hours, and would compromise the major trauma centre at Preston”

“Isn't feasible to reopen on a 24-hour-a-day basis”

“Emergency Department could reopen on a part-time basis”

# Chorley Emergency Department Mobilisation Plan

- Nurse and doctor recruitment activities
  - Confident nurses can be recruited
  - 2 middle grade doctors have been appointed
- Improving patient flow programmes
- Risks identified
- Interdependencies with Go To Docs and Urgent Care Centre
- Reviewed bi-weekly at SRG

# Risks

## Medical staff

- Remaining gap in doctor rota
- Reviewed weekly – confident this can be filled

## Mobilisation of the Urgent Care Service

- Weekly meetings with Go To Doc
- Assured Urgent Care Centre will mobilise on 18 January 2017

## Communication

- Partnership communication plan in place to convey service change and service offer

## Road Signs

**DECISION** : should road signs be updated to convey that the Emergency Department at Chorley is only open 12 hours a day?

# Summary

- Committed to better informing Health Scrutiny Committee of challenges and plans
- Lessons have been taken forward as part of Our Health Our Care, and Healthier Lancashire and South Cumbria
- Work is ongoing across the health economy to improve patient flow, which will improve A&E performance
- Mobilisation plan is in place and is monitored bi-weekly by SRG
- Confident that we will have enough staff to reinstate the department when the Urgent Care Centre opens in January



# Our Health Our Care

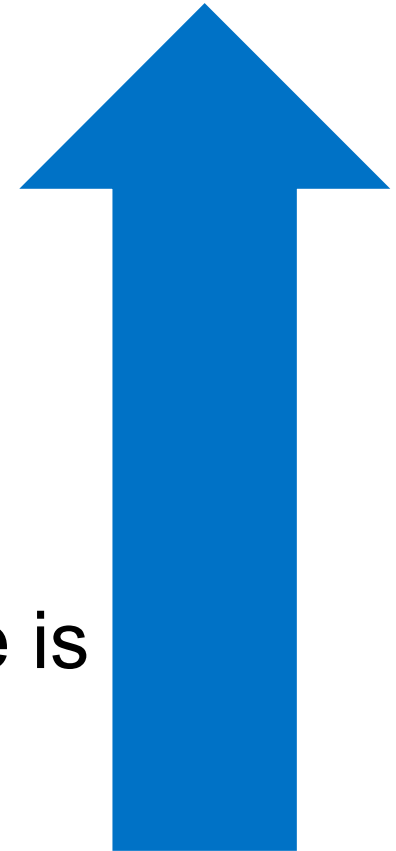
- Health and care organisations in central Lancashire working together with local people and stakeholders to design a new model of care that meets the needs of our communities, now and in the future
- Ensuring health and care services are clinically and financially viable for the future



## Why change is needed

- Ageing population
- Rising population
- Increase in chronic conditions
- Deprivation
- Life expectancy in central Lancashire is lower than the national average
- Buildings not fit for purpose
- Workforce challenges
- £150m financial gap

INCREASING  
DEMAND



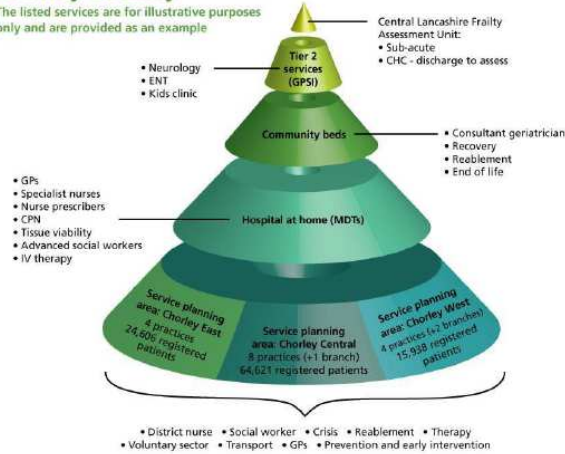
**Our Health Our Care**

Excellent care with compassion

# Developing a proposition for our integrated system ...

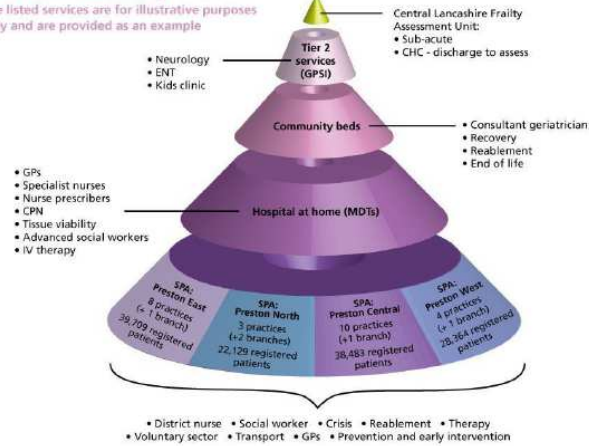
## Chorley Locality

The listed services are for illustrative purposes only and are provided as an example



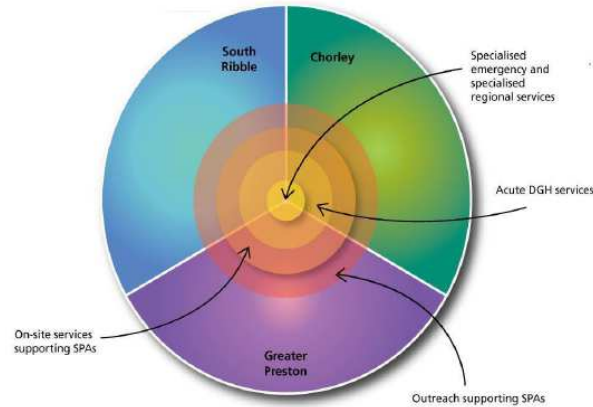
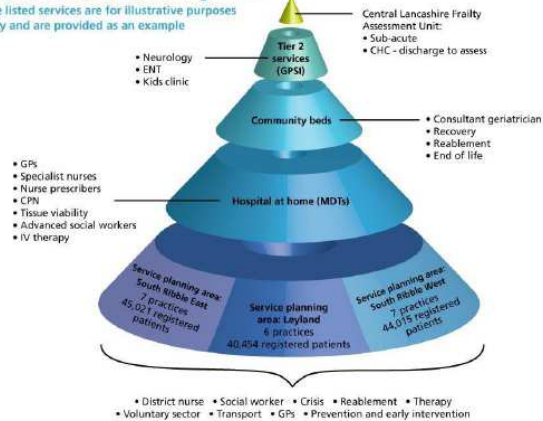
## Preston Locality

The listed services are for illustrative purposes only and are provided as an example



## South Ribble Locality

The listed services are for illustrative purposes only and are provided as an example



Our aim is to move away from a reactive treatment and intervention based system to a preventative, anticipatory, whole person approach to care based on individuals and carers' needs, where we are able to tailor services to population and size, with three locality models for our three main populations feeding into a redesigned acute model



# Timeline



November 2016

December 2016

January 2016

Dec – June 16

June – Aug 16

Sept – Mar 17

Spring-Summer17

2017-2020



## Current status



- We have held three solution design events with clinicians, health professionals, public service representatives, voluntary sector representatives and patients from all organisations. Through these events we have developed the following;
  - Case for Change
  - Benefits Framework
  - Evaluation Criteria
  - Quality Standards
  - Emerging models of care
- These have been iterated through our governance structure and shared with the Central Lancashire Health and Wellbeing Partnership
- We have also held a number public engagement events

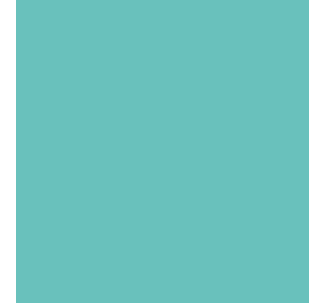
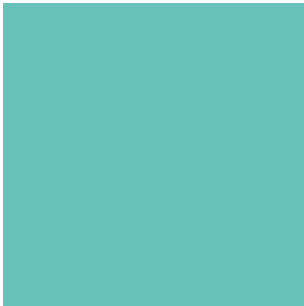
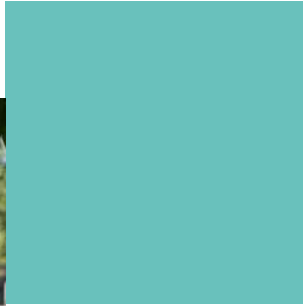
6 September  
Solution Design  
Event One

6 October  
Solution Design  
Event Two

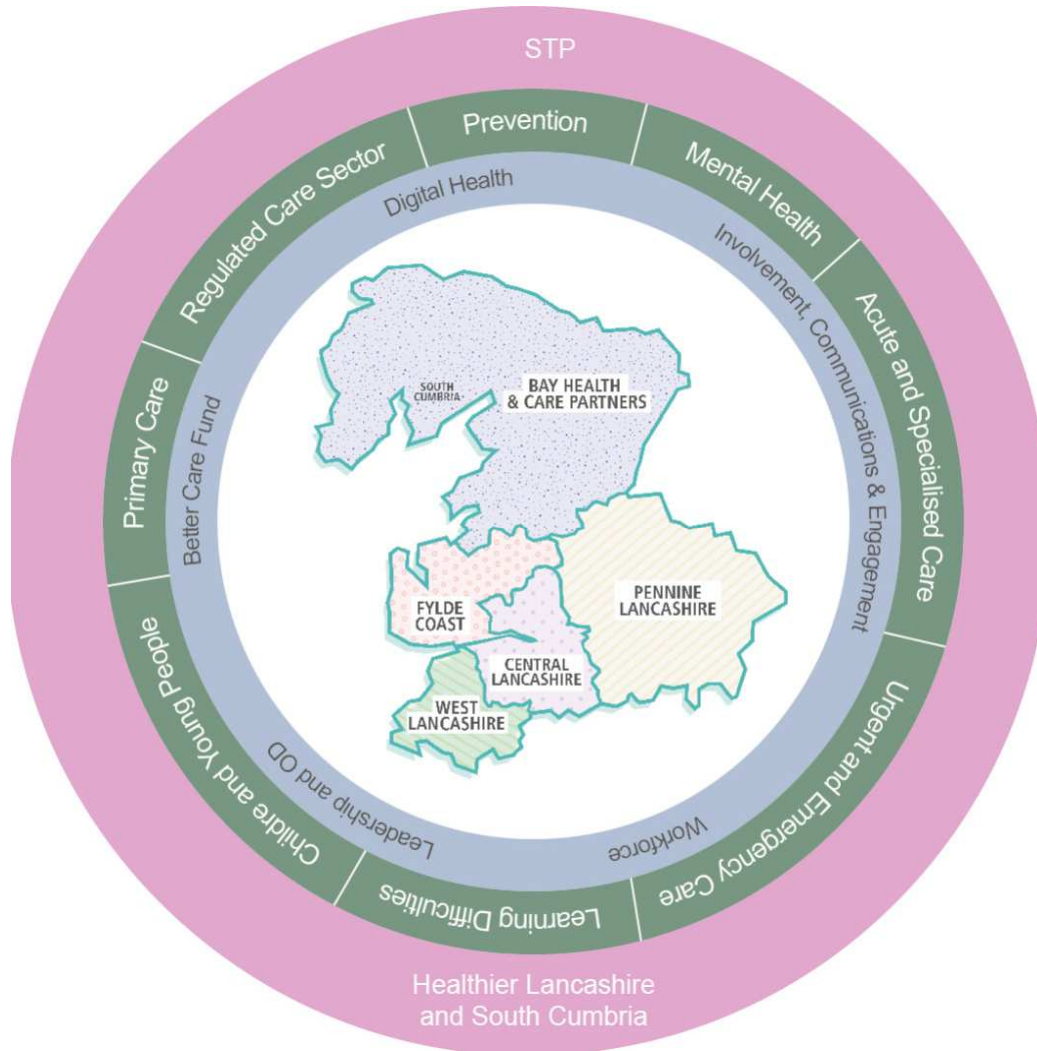
15 November  
Solution Design  
Event Three

[Engagement Events Feedback](#)

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## Excellent care with compassion



Healthier Lancashire & South Cumbria is made up of five Local Delivery areas and eight workstreams developing the building blocks for a new population based system focused on better health outcomes, better care, a better experience for patients and the best use of NHS resources. We want to make sure that quality improves wherever care is being delivered, whether that is close to home, in life threatening emergencies, or in situations where specialist treatment is needed.



