

Lancashire County Council

Health Scrutiny Committee

**Minutes of the Meeting held on Monday, 24th July, 2017 at 10.30 am in
Committee Room 'A' - The Tudor Room, County Hall, Preston**

Present:

County Councillor Peter Britcliffe (Chair)

County Councillors

J Burrows	M Pattison
Ms L Collinge	E Pope
C Edwards	P Steen
N Hennessy	S Turner
M Iqbal	

Co-opted members

Councillor Barbara Ashworth, (Rossendale Borough Council)
Councillor Wayne Blackburn, (Pendle Borough Council)
Councillor Shirley Green, (Fylde Borough Council)
Councillor Bridget Hilton, (Ribble Valley Borough Council)
Councillor G Hodson, (West Lancashire Borough Council)
Councillor Hasina Khan, (Chorley Borough Council)
Councillor Roy Leeming, (Preston City Council)
Councillor M Tomlinson, (South Ribble Borough Council)

County Councillor Nikki Hennessy replaced County Councillor Lorraine Beavers for this meeting.

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

- Professor Mark Pugh, Medical Director from the Lancashire Teaching Hospitals Foundation Trust;
- The former Chair of the Health scrutiny Committee, County Councillor Steve Holgate;
- Heather Tierney-Moore, Chief Executive of Lancashire Care Foundation Trust (LCFT); and
- Damian Gallagher, LCFT.

1. Apologies

Apologies for absence were presented on behalf of County Councillor Jenny Purcell and District Councillor Colin Hartley (Lancaster City Council) and Julie Robinson (Wyre Borough Council).

2. Constitution: Membership; Chair and Deputy Chair; and Terms of Reference of the Health Scrutiny Committee and its Steering Group

The Committee was presented with a report setting out the constitution, membership, chair and deputy chair and terms of reference of the Health Scrutiny Committee for the municipal year 2017/18.

Resolved: That;

- i. The appointment of County Councillors Peter Britcliffe and Jenny Purcell as Chair and Deputy Chair of the Committee for the remainder of the 2017/18 municipal year be noted;
- ii. The new Membership of the Committee following the County Council's Annual Meeting on 25 May 2017 be noted; and
- iii. The Terms of Reference of the Committee.

3. Disclosure of Pecuniary and Non-Pecuniary Interests

County Councillor Lizzi Collinge declared a non-pecuniary interest for Item 5 as her employment was funded by Lancashire Care NHS Foundation Trust.

4. Minutes of the Meeting Held on 28 February 2017

Resolved: That the minutes from the meeting held on 28 February 2017 be confirmed as an accurate record and signed by the Chair.

5. Lancashire Teaching Hospitals Foundation Trust - Recruitment and Retention and the mobilisation of Chorley and South Ribble Hospital Emergency Department and Urgent Care Centre

The Chair welcomed Professor Mark Pugh, Medical Director from the Lancashire Teaching Hospitals Foundation Trust, to the meeting. Professor Pugh provided the Committee with an update on the mobilisation of Chorley and South Ribble Hospital's Emergency Department and Urgent Care Centre and the issues faced with recruitment and retention. A copy of the presentation is set out in the minutes.

The presentation provided the background to the circumstances, key findings of an independent review, the current situation, recruitment issues, use of locums and key messages.

The Committee expressed concerned with recruitment figures and policies. It was reported that there was no delay between an interview being conducted and a job

offer being made. The majority of delays involved visa applications and the English language tests. It was noted there was capacity within the system to allow individual Trusts to undertake their own individual English language assessments. On the use of locums it was reported that the Trust was limited to paying £120 per hour and the Trust was not allowed to break this cap in accordance with the regulator, NHS Improvement.

Resolved: That:

- i. The update on the mobilisation of Chorley and South Ribble Hospital's Emergency Department and Urgent Care Centre be noted; and
- ii. Further updates on the mobilisation of Chorley and South Ribble Hospital's Emergency Department and Urgent Care Centre be assigned to the Health Scrutiny Committee Steering Group.

7. Scrutiny Inquiry Event - "Sustainability and Transformation Plans (STP) - Workforce", 9 March 2017

The former Chair of the Health scrutiny Committee, County Councillor Steve Holgate presented the report of the Scrutiny Inquiry Event – "STP Workforce", which was held on 9 March 2017.

The aim of the Workforce Scrutiny Inquiry Event was to enhance elected members knowledge and understanding of the current and future challenges, explore options and identify where they could add value to the solution design. The challenges of the geography of Lancashire and South Cumbria combined with the diverse population and a myriad of organisations who either delivered or signposted health and social care services within the public, private and third sector required an innovative approach.

Resolved: That; the Scrutiny Inquiry Event report be;

- i. Received and noted;
- ii. Formally handed to the Local Workforce Action Board (LWAB); and
- iii. Circulated to all organisations who attended the event.

6. Lancashire and South Cumbria Sustainability and Transformation Partnership - Update on the work of the Local Workforce Action Board (LWAB)

The Chair welcomed Heather Tierney-Moore, Chief Executive and Damian Gallagher from Lancashire Care Foundation Trust (LCFT) who were both Senior Responsible Officers (SROs) within the Sustainability and Transformation Partnership (STP) Governance Structure. They provided the Committee with an update on the work of the Local Workforce Action Board (LWAB) highlighting progress that had been made since the Scrutiny Inquiry Event.

It was reported that there was a significant difference in the funding that Lancashire and South Cumbria received particularly for medical under-graduate

and post-graduate training compared with other parts of the North West and the south of the country. Officers were having discussions at a national level to address the disparity in funding. Lancashire and South Cumbria was under funded by approximately £27m.

The LWAB was also working with Health Education England nationally around the potential for Lancashire and South Cumbria in becoming an exemplar in global health utilising the "earn, learn and return" initiative to provide additional and sustainable method for recruitment. However, the importance of promoting the benefits of working in Lancashire from an academic, training and development perspective and to attract people to live and work in Lancashire was also vital and required a joint approach.

It was noted that considerable work was already happening across NHS organisations on recruitment and retention. Some of the work undertaken by the LWAB included:

- The creation of non-traditional contracts of employment to enable people with the flexibility to work across the whole of Lancashire and South Cumbria and not just employed by one Hospital Trust in one area;
- Funding additional medical places at the private medical school at the University of Central Lancashire (UCLAN). A small but important commitment to enable local recruitment in the knowledge that people tended to stay where they learned;
- Increased use of Physician Associates;
- Portfolio Career options as well as single specialities;
- Scaling up advanced practitioner nurses;
- Utilising Pharmacists in new ways;
- Minimising the use of agency staff and utilising Trusts' own 'Bank Staff' provisions;
- Sharing staff resources and systems such as payroll systems;
- Changing providers for Occupational Health; and
- Population-centric workforce planning.

Resolved: That;

- i. The work of the Local Workforce Action Board (LWAB) be noted; and
- ii. The Committee write to the Secretary of State for Health and the Chairs of Health Education England and Health Education North West to formally invite appropriate representatives to attend a future meeting of the Committee to address the inequity of funding for medical under-graduate and post-graduate training in Lancashire and South Cumbria.

8. Report of the Health Scrutiny Committee Steering Group

The first meeting of the Health Scrutiny Committee Steering Group was held on Tuesday 4 July 2017. Details of matters considered at that meeting were provided in the report.

Resolved: That the report of the Health Scrutiny Steering Group be received and noted.

9. Work Plan 2017/18

The work plan for both the Health Scrutiny Committee and its Steering Group was presented to the Committee for information. The topics included were identified at a work planning workshop held on 20 June 2017.

Resolved: That;

- i. The report and comments be noted;
- ii. The topic for the next scheduled meeting be confirmed; and
- iii. The information required for the topic to be considered at the next scheduled meeting be identified.

10. Urgent Business

There were no items of Urgent Business

11. Date of Next Meeting and Future Meetings

The next meeting of the Health Scrutiny Committee will take place on Tuesday 19 September at 10.30am in Cabinet Room C (The Duke of Lancaster Room) at the County Hall, Preston. Future meeting dates were noted.

I Young
Director of Governance, Finance
and Public Services

County Hall
Preston

Lancashire County Council Health Scrutiny Update

Mobilisation of the Chorley Emergency Department and Urgent Care Centre

24 July 2017

Professor Mark Pugh



Minute Item 5

Background

- The Emergency Department at Chorley District General Hospital was temporarily closed in April 2016 due to an inability to have safe staffing levels
- An urgent care centre operated following the temporary closure. This opened on April 18 2016 and ran from 8am till 8pm.
- An independent review was undertaken to consider the future of the service.

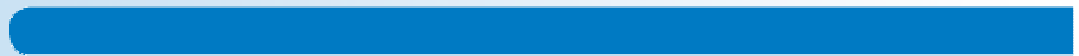
Independent Review – Key Findings

An NHS England and NHS Improvement independent review was undertaken in 2016, and the key findings were as follows;

“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 could 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”

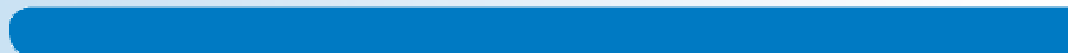


Current Situation

- As of 18 January 2017, a new urgent care service opened at Chorley, operated by Go to Docs, 24 hours a day, 7 days a week. It brought extra staff, and provides appropriate care and treatment for many patients - minor but urgent illnesses and injuries, such as fractures, sprains, dislocations and minor head, chest and back injuries, which frees up the emergency department staff to deal with people with life-threatening emergencies
- At the same time, the Emergency Department at Chorley District General Hospital reopened 12 hours a day from 8am till 8pm.
- We are continuing to work on recruitment for the department to ensure a full staffing quota. The CQC report in April 2017 noted that *'Medical staffing was a significant challenge to the trust which was clearly recognised and plans were in place to improve the recruitment of relevant medical staff.'*

Recruitment Issues - July 2017

- Middle grade doctors position
 - 17 middle grade doctors are required to staff Royal Preston Hospital 24 hours a day and Chorley District General Hospital 08:00- 22:00 hours a day
 - There are a total of 6.2 whole time equivalent vacancies plus additional shifts
 - We have 5 locums currently working in the department
 - Since April 2016, we have interviewed 43 candidates – and made 22 offers of which 3 accepted, 1 has started and 2 are due to start in August 2017. From the remaining, 4 are awaiting passing the international English language tests and 15 have withdrawn for various reasons including location, change in circumstances etc.



Recruitment Issues - July 2017

- Junior doctors position
 - 22 Junior doctors are required to staff Royal Preston Hospital 24 hours a day and Chorley District General Hospital 08:00- 22:00 hours a day
 - There have been significant shortages on the junior rota since February 2017 rotation with between February and August the department having 10.6 gaps. The position will change at the next rotation on the 2nd August and the staffing following this date is below.
 - There are a total of 4.4 whole time equivalent vacancies
 - We are under significant pressure due to large numbers of vacancies and have become dependant on locum doctors
 - We have 3 agency locums working in the department
 - Recruitment – we have made 7 offers to international candidates, 3 through NHS jobs and are working on bank contracts

Agency Locums

- There are currently 5 middle grade agency locums and 3 junior doctor locums
- Issues with locums;
 - unexpected loss of staff (e.g. 4 left in June and this resulted in 230 essential shifts vacant which had to be managed through a variety of means which are unsustainable, such as existing staff being spread thinner across both sites, ad hoc locums covering many of the shifts, other grades of staff acting down, nurse clinicians working junior shifts and doctors working additional hours after their shifts have finished)
 - cancelled shifts (141 since February)
- Cost of temporary staffing – 1.8m in 2016/17. Overtime/bank work – 0.3m in 2016/17.

Key Messages

- The current model of delivery for emergency care services in Central Lancashire is unsustainable on safety, workforce, patient experience and financial grounds
- The Trust is looking to providing sustainable services for the future through working at a Lancashire & South Cumbria level (STP) and at a Central Lancashire level via Our Health, Our Care (LDP)
- In the interim the Trust is committed to developing innovative workforce solutions to ensure patient safety and the optimal service within the current resource limitations. These solutions include:
 - Innovative recruitment methodologies
 - Expanding our non-medical work force
 - Ensuring viable alternatives to ED for patients / maximising patient flow in the hospital / reducing delays in discharge (A&E delivery board)