**Lancashire County Council**

**Health Scrutiny Committee - Steering Group**

**Minutes of the Meeting held on Monday, 4th July, 2016 at 2.00 pm in County Mess, County Hall, Preston**

**Present:**

County Councillor Steven Holgate (Chair)

**County Councillors**

M Brindle
F Craig-Wilson
Y Motala
 M Otter

**Co-opted members**

Cllr H Khan
Cllr MJ Titherington
Cllr E Higgins

## 1.    Apologies

Apologies received from County Councillor Yousuf Motala.

## 2.    Draft report of Steering Group re issues arising from the temporary replacement of Chorley A&E with an Urgent Care Centre

Chair welcomed members to this special meeting of the Steering Group to discuss and draft a report regarding issues arising from the temporary replacement of Chorley A&E by an Urgent Care Centre.

Discussions centred around four main areas of concern; impact on neighbouring A&E's, recruitment and retention of staff, training and communication.

It was confirmed that the additional information requested on any potential impact on the A&E Departments in neighbouring Trusts has not yet been received.  It was agreed that although this information was required to assist with the recommendations, it should not delay it.

The following areas of concern were highlighted:

- Neighbouring Trusts were reporting they were at full capacity and therefore not available to take on extra patients. It was felt that

sustainability could be considerably compromised if Chorley A&E remained closed.

- Impact on patients due to the additional travelling distance required to reach the nearest A&E Department particularly in critical situations.
- There continues to be conflicting evidence around the level of impact on other Trusts and members felt need to express caution on its validity.
- Possible ripple effect outside of Lancashire.

Members then went on to discuss the information received around the recruitment and retention of staff:

- Information received indicated that only 3 out of 35 applications received were suitable.  It was felt that there was a need to determine why recruitment continues to be an issue and what has been put in place to challenge this.
- It was felt that junior doctors should not be included as part of the staffing numbers to help reduce the impact should training places not be filled.
- It was acknowledged, and understood, that the Chorley A&E Department closed due to clinical safety, however there were serious concerns that the staffing issue was not shared with partners earlier and felt that a 'crisis management' approach was used.
- It was acknowledged that Lancashire Teaching Hospitals Trust (LTHT) held the agency cap for as long as possible but it was unclear as to the underlying reasons for staffing issues at Chorley Hospital, whilst other Trusts were able to maintain an A&E provision.
- There continues to be national issues of discrepancy between substantive and locum staff.
- In relation to overseas recruitment of doctors, it was understood that there continues to be issues around knowledge and experience of an emergency department system similar to the NHS depending on where doctors are recruited from.
- It was recognised that despite action taken in the key areas identified to enable the reopening of Chorley A&E, no significant progress had been made and it was suggested that there was a need to look at good practice in other Trusts to identify alternative possible solutions.

It was acknowledged by members that training places impacted further on the staffing situation which was highlighted in the following:

- From information received from Health Education North West (HENW), there were a large number of training posts for Lancashire in comparison to other Trusts and that the demand for these places which had reduced over the years was not adequately acknowledged or addressed.
- It was felt that national issues which included the reduction of training places required a fundamental review to assist with a longer term solution.

- Chorley Hospital no longer has the relevant facilities to meet the criteria set to be a training site for trainees in emergency medicine (trauma, paediatrics or intensive care).
- It was felt that the Trust seemed to place an over reliance on trainee posts to supplement their staffing structure.

A further area of concern related to communications where the following areas were highlighted:

- Members felt that the Clinical Commissioning Group's (CCG) should have more of a lead role in identifying issues and solutions.
- Long term future use of Chorley Hospital overall appears to be unclear, in light of key service areas withdrawn over recent years.
- It was felt that the Trust must take responsibility for the poor management of the issue in terms of communicating concerns early enough to partners and formulating an action plan to deal with such an event.

In addition to the four key areas discussed, members expressed concern in relation to the urgent care hours of 8am-8pm.  Outside of these hours, patients would be required to attend neighbouring A&E's. It was felt that these hours should be extended to at least midnight if 24 hr urgent care was not possible to help reduce any impact on the neighbouring A&E's.

Further to this, members discussed the impact that the continuing closure of Chorley A&E would have on any county wide plans for potential emergency situations (such as a terrorist event or major transport collision).

Recommendations:
- Letter from the Committee to go out to neighbouring Trusts to request data relating to potential impact on other A&E Departments.
- Urgent Care Centre opening hours are not adequate as a temporary measure and at the very minimum it should be 8 – midnight.
- CCG should take more of a lead role in driving a resolution forward.
- LTHT to address the issue of trainee posts with regard to the long term sustainability of staffing structures.
- Challenge the requirement for A&E to be staffed with middle grade doctors?
- LTHT to seek best practice from other Trusts.


I Young
Director of Governance, Finance
and Public Services


County Hall
Preston