

Extract of the minutes of the Health Scrutiny Committee meeting held on 24 May 2016

"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:

Appendix 'B'

- 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."