

Response to Lancashire Health Scrutiny Committee in relation to its report and recommendations on the temporary closure of Chorley accident and emergency department

1. **Recommendation:** The Trust should provide the Committee with a transparent, sustainable, realistic and achievable plan for the provision of services at Chorley by 22 November 2016.

Response: The Trust is fully committed to reinstating the emergency department at Chorley and we are working towards reopening on a limited hours' basis (12 hours a day) on 18 January 2017 when the new 24/7 integrated urgent care centre opens. Having the emergency department reopened at the same time as the opening of the new 24-hour urgent care service, integrating the two services, will provide additional resilience. This is an opportunity to enable the service to reopen without compromising patient safety. It has been agreed that it would not be practical or safe to reopen the department before this date, as it would require both additional staff and existing staff to work excessive hours, and would compromise the major trauma centre at Royal Preston Hospital. Furthermore, the independent review, jointly commissioned by NHS England and NHS Improvement, concluded that it is not feasible to reopen the department on a 24-hour-a-day basis.

We have developed a mobilisation plan for reinstating the limited hours' emergency department, which contains realistic, milestones for increasing the service provision at Chorley and details:

- Our focused recruitment plan to secure additional staff
- The changes we are making to improve medical patient flow
- The risks to mobilisation, particularly from a staffing perspective
- The inter-dependencies with the new provider of the urgent care service's mobilisation plan
- The estates limitations (whilst there has been significant investment to develop an urgent care centre at Chorley, there has been no capital investment on the Royal Preston site, which could impact on both the urgent care service mobilisation and the emergency department mobilisation plan)

Our mobilisation plan is monitored and reviewed on a bi-weekly basis by the System Resilience Group. The System Resilience Group will also be

reviewing the impact of the new 24-7 urgent care service on other services, including the emergency department and GP practices.

2. **Recommendation:** 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.

Response: Like many hospitals across Lancashire and nationally, the pressures on emergency services is an on-going challenge. Despite the best efforts of hard working staff, nationally hospital accident and emergency department performance is currently the worst it has ever been. In the first three months of this year only four of the 138 large A&E departments saw the required 95% of patients in four hours. One in 10 patients had to wait more than four hours, the highest level at this time of year since 2003/4.

The Trust works hard, both internally on its patient flow systems and externally with the wider health and care system, to ensure that patients receive timely and appropriate care and treatment. The Trust's aim is to ensure that all patients are seen, treated or discharged within four hours and we are committed to the national A&E improvement programme supported by NHS Improvement and NHS England. The Trust, however, has to prioritise seeing those patients that require urgent treatment for serious or life threatening conditions, and at times, this can create delays for those people who are less seriously ill.

The CCGs can provide an overview of the 4-hour target over specific timescales on request. Additionally, the Trust is working closely with the CCGs and a new provider to mobilise a new 24/7 urgent care service at both hospital sites, which should help reduce the pressures on Royal Preston Hospital, as it would allow A&E staff to be freed up to focus on the most acute and most life threatening cases, and enable the more minor cases to be treated in a timely way. (See response 8.)

3. **Recommendation:** 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.

Response: The local System Resilience Group (SRG) is chaired by the CCGs' Chief Officer Jan Ledward. The Group's work and discussions to support the Trust in the re-opening of the A&E at Chorley and South Ribble Hospital is fully documented on the Group's meeting minutes, which are published and publicly available on the CCGs' website.

In addition, the CCGs have been leading and administering a weekly project group meeting, the membership of which encompasses representatives from organisations across the health and care economy, including the Trust. The aim of the project group was to manage operational activity with a view to re-opening the A&E department at Chorley and South Ribble Hospital. This

remit has now been subsumed into a new time-limited version of the SRG, while the existing project has evolved to look at all A&E delivery for the whole of central Lancashire.

In relation to clinical recruitment specifically, there is of course a limit to what the CCGs can do to help with provider recruitment and the organisation's own retention levels, however, they are satisfied that the Trust has explored all of the options available to them.

Since before the current issue arose, the Trust undertook a proactive, comprehensive recruitment drive, both nationally and internationally. Job roles were revised to make them more attractive to potential candidates and a recruitment premia was introduced for emergency medicine doctors.

Recruitment processes were also improved to enhance the speed in which CVs received were considered, and to also speed up the process for arranging interviews and finalising job offers.

Vacancies are advertised on websites, via social media, and at the request of local stakeholders, in the national press. Also at the request of local stakeholders, 'off framework' recruitment agencies were used, but neither that nor the national press adverts produced any suitable leads.

Since April this year more than 150 CVs have been reviewed and 12 job offers have been made, although to date those applicants have declined the offers.

4. **Recommendation:** NHS England should undertake a review of the national issues identified within this report, namely:
 - a) The discrepancy between substantive and locum pay
 - b) The need for clear guidance relating to the application and/or removal of the agency cap
 - c) The number of emergency medicine trainee places

Response: We are unable to comment on this.

5. **Recommendation:** In the light of the failure of the Trust to communicate in a timely and effective manner with the public and their representatives in this case, NHS commissioners be asked to demonstrate how they will effectively engage and involve local residents in future service design.

Response: Whilst the Trust had escalated staffing concerns to NHS Improvement, NHS England and the System Resilience Group since June 2015, it is recognised that there was very little notice given to the public before the A&E department at Chorley and South Ribble Hospital was temporarily closed due to safety concerns.

However, since taking the decision to temporarily downgrade the emergency department, we have been actively engaging with all of our stakeholders through weekly stakeholder meetings and written briefings, and members of the public are encouraged to provide comments or feedback through our engagement portal, which is being hosted by the CCGs and can be found at www.chorleysouthribbleccg.nhs.uk and www.greaterprestonccg.nhs.uk.

A revised communications and engagement plan specifically for the temporary changes to the A&E department at Chorley has been put in place, to support communications while it is closed, and also communications in the lead up to its re-opening.

The health economy is also committed to ensuring that Health Overview and Scrutiny is given an early oversight should there be any early warning signs or indicators for similar pressures to affect other services, so that conversations can take place much earlier with local residents and stakeholders.

On a wider and longer term timescale, the central Lancashire transformation programme, Our Health Our Care is beginning, and between November 2016 and March 2017 there will be lots of opportunities for members of the public, staff and stakeholder organisations to get involved in service redesign, which will include how hospital services might be arranged in the future, including the longer term future for emergency and urgent care provision. The programme involves all local health and care organisations, and will be fully collaborative. Our Health Our Care will be the central Lancashire delivery element of the Lancashire STP, as central Lancashire's Local Delivery Plan (LDP).

6. **Recommendation:** The System Resilience Group should develop a plan that identifies the lessons learnt from this situation, in particular how communication and resource planning is managed. It should then be shared with wider NHS and social partners and stakeholders.

Response: Following the outcome of the review undertaken by NHS Improvement and NHS England, the CCGs will assess the review and see if any further reviews to inform lessons learnt are appropriate. (I.e. to see if there are any gaps in this area that have not been covered by this clinical review.) Any additional review work would need to take place with the agreement of the CCGs' Governing Bodies. If this does take place, the aim would be to provide positive learnings for the entire health and care economy. Outcomes would, of course, be reported publicly and fed into system planning for all organisations.

7. **Recommendation:** That the developing crisis in Emergency Care is given the required priority in the development of the Lancashire and South Cumbria Sustainability and Transformation Plan, and a plan for Emergency Care across Lancashire is developed as a key priority, and that the Lancashire

Health and Wellbeing Board are asked to take responsibility for the implementation and monitoring of this priority.

Response: Urgent care is a work stream and priority within the STP, which is now publicly available.

8. **Recommendation:** The Trust should make every effort to increase the Urgent Care Centre opening hours on the Chorley site to 6am – midnight as additional staff are appointed.

Response: The interim urgent care measures at Chorley and South Ribble Hospital (8am to 8pm) are in place to provide cover while the temporary closure of the A&E department is in place at the site.

Last year the local Clinical Commissioning Groups ran a tender process for a new 24/7 integrated urgent care service. The new urgent care provider will bring extra staff to the system, which gives more opportunity to reinstate the emergency department, and the urgent care centre will see a number of patients who would have previously attended the emergency department. Lancashire Teaching Hospitals will be recruiting extra nurses and consultants and our consultants have agreed to work extra shifts to help reinstate the service.

The Trust is therefore focusing on reopening the emergency department on a limited hours' basis (12 hours a day) on 18 January 2017 when the new 24/7 integrated urgent care centre opens. It is intended that the new urgent care service will be co-located to the emergency department. The emergency department will continue to treat injuries and more serious conditions that the new urgent care service cannot treat so we still expect to see a significant number of patients.

It is not practical or safe to reopen the department on a 6am – midnight basis, as it would require both additional staff and existing staff to work excessive hours, and would compromise the major trauma centre at Preston. Delivering a safe and sustainable service is our main priority and it is an unacceptable risk to patient safety to attempt to provide a service that is not staffed sufficiently by the necessary doctors. At the moment there is no plan to reinstate the emergency department 24-hours-a-day. The independent review commissioned by NHS Improvement and NHS England published in September recognises that reinstating the emergency department 24 hours a day is not currently realistic.

9. **Recommendation:** The Trust should actively seek best practice from other Trusts regarding staffing on A&E Departments.

Response: The Trust does this on a regular basis, but this was also the basis for formally requesting the review to take place, as led by NHS England and NHS Improvement. The Trust is always open to looking at new ways of

working and best practice, and will continue to welcome this input from other organisations and advisors.

With respect to the Trust's adherence to the agency cap as compared to other trusts, on 11 March 2016 the Trust formally wrote to Jim Mackey (NHS Improvement) to raise concerns about the inconsistent implementation of the cap nationally; in particular, the impact the lack of consistency has on an organisation's ability to recruit and retain doctors when other organisations are paying higher rates and there is no agency cap in other parts of the UK.

On 14 March 2016 Jim Mackey confirmed the importance of continuing to implement the cap. Despite this, on 16 March the Trust Board took the decision to not implement the cap for emergency medicine doctors on patient safety grounds; however this did not yield any further CVs.

10. **Recommendation:** For the future, a more open approach to the 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.

Response: This will be fully incorporated into the Our Health Our Care central Lancashire transformation programme. All of the health and care organisations within the central Lancashire economy are committed to fully engaging with the public and wider stakeholders about any planned service change, however, it is important to note that the temporary change to the A&E department at Chorley was necessitated by a culmination of unpredictable events. This difficult decision was taken to keep patients safe. (See response 5.)