

Emergency Care Crisis - Chorley

Overview & Scrutiny Review



County Councillor Steve Holgate, Chair of the Health Scrutiny Committee

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Executive Summary

On 13 April Lancashire Teaching Hospitals Trust notified a number of stakeholders and the public that they had taken the decision to temporarily close the A&E Department at Chorley & South Ribble Hospital and introduce an Urgent Care Service which would only be open between the hours of 8am and 8pm with a GP Out-of-Hours service overnight. The reason given by the Trust for the decision was due to insufficient numbers of middle grade doctors required to deliver a safe service.

The temporary change came into effect on Monday 18 April 2016.

The Health Scrutiny Committee consequently held a series of meetings to establish how the situation came to be, what steps needed to be taken by the Trust to resolve the situation, and what lessons could be learnt for the NHS for the future. Committee meetings took place on 26 April, 24 May and 14 June during which evidence was presented by a number of stakeholders and additional information had been gathered to support the members in their consideration of the issues identified.

The recommendations made by the Committee are:

1. 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
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
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
4. NHS Improvement 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
5. 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

6. 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.
7. 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 be asked to take responsibility for the implementation and monitoring of this priority.
8. 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. In addition the Health Scrutiny Committee require the Trust to provide evidence of the public promotion of the Urgent Care Centre including information available on the services it delivers.
9. The Trust should actively seek best practice from other Trusts regarding staffing on A&E Departments
10. 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. Partners must also demonstrate robust engagement with local residents on the proposed location of future services.



Background and methodology

Lancashire Teaching Hospitals Trust provides a range of district general hospital services to the 390,000 local population of Preston, Chorley, and South Ribble. Services are provided mainly from Royal Preston Hospital and Chorley and South Ribble Hospital.

- Royal Preston Hospital is designated as the major trauma centre for Lancashire which is where the majority of the Trust's specialist services are provided, as well as trauma pathway services including neurosurgery, vascular, plastics, and trauma orthopaedics.
- Any patient who presents at Chorley who requires a specialist review is transferred to Royal Preston Hospital, including children and young people as there is no longer a paediatric service at Chorley and South Ribble Hospital.
- In 2015, around 79,000 patients attended Royal Preston Emergency Department a year, and around 50,000 patients attended Chorley Emergency Department.

Prior to 18 April 2016, both hospitals provided a 24 hour emergency department service, with consultant cover at Royal Preston Hospital until midnight (on call thereafter). There was no consultant presence at Chorley and South Ribble Hospital after 6pm.

On 13 April the Trust notified a number of stakeholders that they had taken the decision to temporarily change the service provision at Chorley from an A&E Department to an Urgent Care Service, operating between the hours of 8am and 8pm with a GP Out-of-Hours service overnight. The decision was made due to insufficient numbers of middle grade doctors required to deliver a safe service. The change would take effect from 18 April 2016.

Considering the evidence

The subject of A&E services is always extremely controversial and emotive. Services can be, literally, a matter of life and death. Decisions around A&E must always be taken solely on the grounds of patient safety and ensuring the best outcomes for people who present to A&E. In considering this sensitive subject, the Committee has sought to separate out the facts from the emotions, whilst recognising the strong feelings that the decision generated.

It is well understood that the nature of health and social care services are changing, and that, due to the increasing specialisation of healthcare and the better outcomes this brings, that it is no longer possible for all hospitals to offer all services. However, it is essential that any such decisions are made on the grounds of delivering the best outcomes, and not for purely financial

or other non-health reasons. The concern in this case was that the closure, albeit temporary, happened so quickly, with so little communication, that there has been, at least in the public's mind, doubt about the motivation, and a clear lack of clarity about the impact of the change.

The first in a series of the Health Scrutiny Committee meetings was held on 26 April to which Lancashire Teaching Hospitals Trust and Chorley South Ribble & Greater Preston Clinical Commissioning Group were invited to present.

At the meeting the Committee heard from the Trust as they provided details of their actions and the events that had led up to their decision to make the temporary changes. It was evident that the key factor for the Trust was their inability to recruit adequate numbers of staff to provide a safe service and they cited a number of underlying reasons for this which included

- the lack of actual trainee doctors provided by Health Education North West compared to the number of training posts in the Trust's structure
- a lack of sufficiently experienced, qualified and available locums
- the Trust's reluctance to break the 'agency cap', guidance introduced by the NHS in November 2015 which limits the hourly rate that can be paid for agency staff with the intention that it should only be breached on "exceptional safety grounds"

The next meeting held on 24 May therefore concentrated on the issue of recruitment and further investigation was undertaken to explore the factors identified by the Trust. Members were provided with comments and opinion from:

- Health Education North West regarding the system in place for the training of consultants and the allocation of trainee doctors to the Trust
- Medacs UK, a healthcare recruitment company employed by the Trust to help source locum doctors from a number of agencies and across all services.
- NHS Improvement in relation to the "agency cap", and the Trust's application of it, specifically the timing of the decision by the Trust to break the cap
- Rt Hon Lindsay Hoyle MP regarding local opinion and the impact on neighbouring Trusts

The final meeting held on 14 June subsequently focused on the long term sustainability of acute health services within Chorley, the wider CCG footprint and also at a county wide level.

Members were provided with presentations from:

- The CCG, on their "Our Health, Our Care" Programme which would take a medium to long term view on how future models of care will need to operate, and plans for implementation in addition to
- Healthier Lancashire & South Cumbria Change Programme which is the overarching strategy for the county to identify how sustainable health and care services can be delivered.
- The Committee also heard from a representative from the Protect Chorley Hospital Against Cuts and Privatisation campaign group and acknowledged the strength of feeling of local residents and their efforts to ensure that local people were at the centre of local service design and delivery

The Committee received direct contributions from	Additional evidence was obtained from
<ul style="list-style-type: none"> • Lancashire Teaching Hospitals Trust • Chorley South Ribble & Greater Preston CCG • System Resilience Group • Health Education England North West • Medacs UK • NHS Improvement • NHS Employers • Rt Hon Lindsay Hoyle MP • Mark Hendrick MP • Seema Kennedy MP • Local Campaign Group - Protect Chorley Hospital Against Cuts and Privatisation • Healthier Lancashire & South Cumbria Change Programme 	<ul style="list-style-type: none"> • Wrightington, Wigan & Leigh NHS Trust • University Hospitals Morecambe Bay • North West Ambulance Service • General Medical Council • College of Emergency Medicine • Chorley Council • NHS England • Local residents

Findings

What the evidence told us

The Committee heard a lot of evidence, some of it contradictory, and much of it requiring further analysis and examination. However, the very clear message that emerged is that there is a very real and serious problem with emergency care services and A&Es. This does not appear to be limited to Lancashire, as regular news stories about queueing ambulances, Trusts missing the four hour target for dealing with A&E attendees set by government, and regular campaigns and requests by the NHS through the media to the public to make sure they are using A&E appropriately.

What is also true is that often A&Es are where the problems in our health services show most obviously, but that this does not mean that the problems are with the A&Es themselves. People present at A&Es if the right alternatives are not available. People get stuck in A&E departments if there are no beds available for them because other services aren't operating effectively. More people need emergency treatment if their day to day health and care needs aren't met, until they end up in a crisis situation.

The investigation by the scrutiny committee cannot begin to consider all of these issues and the general problem with Emergency Care in Lancashire. However, the Chorley A&E closure has highlighted that this is a system under massive pressure, and that things can very easily go wrong. There are also clearly some specific actions or issues in Chorley that the Committee have sought to identify and address.

In relation to Chorley, throughout the evidence gathering sessions a number of key areas of concern emerged which included:

- a) The impact on surrounding hospitals
- b) Policies and practices relating to recruitment
- c) How the developing situation had been communicated
- d) What the future holds

The impact on surrounding hospitals

- One crucial area for consideration is the impact on the A&E departments of neighbouring Trusts, and their capacity to take on any additional patients. Statements made by Lancashire Teaching Hospitals Trust claimed that the situation at Chorley was only having a 'minimal impact' on neighbouring hospitals. However, anecdotal evidence was that there was an impact, especially at Royal Preston.

- The Committee established that the following Trusts had been included within data analysis by the System Resilience Group and North West Ambulance Service to consider what level of impact the changes may have had:
 - Blackpool Teaching Hospitals Trust
 - University Hospitals Morecambe Bay Trust
 - East Lancashire Hospitals Trust
 - Wrightington, Wigan & Leigh Trust
- Many local Trusts have recently made media statements identifying the current pressures on their A&E Departments and whilst it was acknowledged that there were several reasons for these pressures, at least one of those Trusts said that the change to services at Chorley was one of the contributory factors resulting in them struggling to meet demand.
- The data provided identified the increase in patient attendance at six neighbouring hospital A&E Departments. It was clear that Royal Preston Hospital had the most significant increase both month on month and in comparing 2015 to 2016 data (see Appendix A). The other Trust that experienced an increase in attendance was Wrightington, Wigan & Leigh. The table below is an excerpt from Appendix A.

It provides numbers of ambulance attendances at A&E Departments for the Royal Albert Edward and Royal Preston Hospitals for April to June during 2015 and 2016, specifically identifying those patients presenting from a postcode served by the Chorley and South Ribble CCG, who would, for the most part, have had the Chorley A&E as their nearest. It should be acknowledged that the data is a snapshot of a three month period and does not identify what increase in attendances took place in the months previous to the change to services in Chorley.

	2015	2016
	A&E Department attendance	
Royal Albert Edward Infirmary Wigan Greater Manchester	24	157
April	5	19
May	10	73
June	9	65
Royal Preston Hospital Lancashire	1064	2598
April	386	665
May	343	1029
June	335	904

- These tables, at first glance, demonstrate a significant impact, with the number of patients from Chorley and South Ribble presenting at Royal Preston almost trebling following the closure. The number of extra patients at the Royal Albert Edward, although the percentage increase was large, is not especially significant in the context of the overall numbers. However, when systems are already under pressure, small numbers can sometimes make a significant difference.
- It is also clear that the A&E at Royal Preston is struggling to cope with demand. Appendices B & C show the outcome of further analysis by the CCG. The data shows that ambulance attendances have increased by an average of 24 per day and severe handover delays (over 60 minutes) occurred 141 times in May 2016, which is more than double that of any neighbouring A&E Department. The Trust have also failed to achieve their performance target of 95% for dealing with attendances within a four hour period. The figure for May 2016 is 82.2% compared to 97.2% for the same period last year. Even accepting the general increase in patient numbers of 26% it was felt that the significant deterioration in the four hour target performance was unacceptable.



- The figures show that the increase in attendance at Royal Preston is significantly greater than simply the difference between the attendance at Chorley and Preston this time last year. If there were no other pressures, then the extra demand at Preston would have halved. Again, this highlights that this was already a system under massive pressure when the Chorley decision was made, and raises serious questions about the Trust's understanding of the problem and preparedness for the impact.
- The figures for patients being seen within the four hour target show that there is a major problem at Royal Preston, but that at the Chorley UCC 100% of patients are seen within the timescale. This suggests that either staffing ratios at the two sites are wrong, and that there is possibly spare capacity at the UCC, or that the public don't understand when they can go to the UCC and when they need to go to the full A&E. It would be interesting to establish how many presenting at Royal Preston could have been satisfactorily seen at Chorley. This is, perhaps, again a matter of communication from the Trust not properly explaining what the UCC is for and when it should be used.
- This analysis places a spotlight on when failures within A&E are identified, it is clear however that the concerns around the provision of primary care and social care also need to be addressed to produce long term sustainable solutions to a whole system approach.

Policies and practices relating to recruitment

- The Committee acknowledged that the changes implemented at Chorley were based on clinical safety and accepted this fact. However, they had serious concerns that the situation had been allowed to get to the stage where patient safety was a problem, that the staffing issue was not shared with partners earlier, and the committee felt that a 'crisis management' approach had been used over a sustained period of time.
- The Committee have seen little evidence that the Trust implemented alternative recruitment processes at an early enough stage which indicates a perceived reliance on traditional methods to source potential staff. Additionally there is a lack of robust engagement with other Trusts to explore different ways of working or seeking best practice procedures. A reactive rather than proactive approach seems to have been adopted. This assumption is reinforced by the admission of the Trust that they did not lift the agency cap until 16 March. This then enabled the Trust to pay enhanced rates for locum doctors to increase their ability to attract potential staff.

- A cap on the hourly rate paid for agency staff was introduced by the NHS in November 2015, in an attempt to reduce the cost of locum doctors to the NHS. The "agency cap" was introduced on a phased basis across the NHS in England, and the intention that this cap would be adhered to and only breached in exceptional circumstances - the provision was for Trusts to override the cap only on '*exceptional safety grounds*'. The Committee heard that LTHT followed the guidance strictly, and was one of the only Trusts in the country to do so and act in accordance with the government's intention. Whilst on one hand the Committee acknowledged the Trust's stance to adhere to the guidance relating to the agency cap could be perceived as commendable, members were of the opinion that in the circumstances it was a naïve approach to take when staffing levels put at risk the viability of an A&E Department being able to provide a safe service and therefore continue to remain open, and that the circumstances were "exceptional" much earlier than the Trust acknowledged. The Trust, in short, did not act quickly enough to tackle the problem.
- The significance of the Trust not breaching the cap when other Trusts did, was simply that other Trusts were willing to pay more for the services of locums. The Trust obviously therefore would not attract as many suitably qualified locum doctors.
- NHS Improvement confirmed they were aware of potential gaps in the system around the enforcement of the agency cap and they were currently unable to monitor this as effectively as they would like. It is a matter of concern that such an important and commendable government initiative to reduce the costs of locums was not being properly monitored to ensure fairness.
- Many reasons were cited by the Trust explaining how multiple factors had compounded their inability to adequately staff the A&E Department at Chorley such as the application of the agency cap, lack of trainees and the unreliability of locum doctors. However the Committee felt these considerations were universal across the NHS, and being dealt with more effectively elsewhere. There was a concern that the Trust was attempting to shift the responsibility onto other organisations for the current position.
- Even though it was acknowledged that the Trust held the agency cap until the 11th hour it is unclear what the underlying reasons are for staffing issues being at crisis point at Lancashire Teaching Hospitals whilst other Trusts such as University Hospitals Morecambe Bay are able to maintain an A&E provision on more than one site.
- The Trust seem to place an over reliance on trainee posts to supplement their staffing structure for the A&E Department and the reduction in actual number of trainees available has not been adequately addressed. The Committee felt that the Trust just cited the inability to confirm exact trainee numbers without providing any assurances that alternative

methods were being developed. Health Education North West were of the opinion that a sufficient number of trainee posts had been allocated to the Trust and nationally there was not the demand from doctors for an increase in emergency medicine placements.

- The national issues of discrepancy between substantive and locum staff pay, the adherence to the agency cap by Trusts and the number of available emergency medicine training places are significant factors that would benefit from a fundamental review.
- Because of the way that Emergency Departments are run in the UK it was agreed that challenges exist around the ability to identify staff from overseas who are able to be recruited on the basis that their knowledge and experience of an emergency department system is similar to that in the NHS. This effectively narrows the places from which potential staff can be sourced.
- It was acknowledged by Medacs, the managed recruitment service used by the Trust, that 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

How the developing situation had been communicated

- The Trust must take the 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.
- Taking the decision based on clinical safety does not mitigate the fact that Lancashire Teaching Hospitals and the wider health system should have taken action earlier to address staffing issues and to communicate with other partners and stakeholders
- It was apparent from several sources, including the Trust itself, that the emerging issue of staffing levels reaching crisis point at Chorley had been known and documented for a significant period of time and the Committee were dismayed that the information had not been shared with stakeholders sooner nor an active action plan developed and implemented.
- It also appears that the Trust may not have adequately communicated the services for which the UCC could be used, and when the public should attend the full A&E

What the future holds

- Members were always sceptical that the potential re-opening date of August subject to staffing levels was unlikely to be achieved and that the A&E Department would not re-open. The latest communication from the System Resilience Group (dated 28 July) has borne this out, and it now appears that the A&E will not re-open until 2017 at the earliest.
- The Committee felt that the Urgent Care Centre opening hours are not adequate even as a temporary measure. It was felt that a 24 hour service was necessary, and at the very minimum it should be 6am – midnight. The Committee also considered that the Trust should begin to reintroduce extended hours on an incremental basis for the Urgent Care Centre as soon as additional staff became available as an interim measure and to demonstrate their commitment to the service.
- The Clinical Commissioning Group should take more of a lead role in driving a resolution forward by insisting the Trust look at different ways of service delivery by comparing the actions of other Trusts.
- Health Education North West stated that for a centre to offer the required training element for doctors it needed to provide at least 2 of the following 3 specialisms; an A&E, Paediatrics and Intensive Care – Chorley no longer has these facilities. Some members expressed the view that the long term future use of Chorley Hospital overall appears to be unclear in light of key service areas withdrawn over recent years. This needs to be addressed within the Sustainability and Transformation Plan for Lancashire and South Cumbria to determine what role the hospital will play in the transformative plan for health and care services in the county.
- The local 'Our Health, Our Care Programme' being designed by the Clinical Commissioning Group and the wider 'Healthier Lancashire & South Cumbria Change Programme' need to demonstrate how they will consider the views and ideas of the local population. It is recognised that as the Sustainability and Transformation Plan for Lancashire and South Cumbria is developed it will outline how health and care services are built around the needs of the local population and therefore bring about significant changes to the patient experience and substantial improvements in health outcomes.
- The Trust have failed in its attempts to convince the local community that there is a genuine commitment to re-open the A&E Department at Chorley. Regular and well attended public protests at Chorley hospital demonstrate great local concern at the

position. Evidence, especially from MPs and local campaigners, suggests a lack of trust by a large section of the public and there is even a view that has been expressed that the handling of the situation has amounted to "closure by stealth". The Trust therefore need to make a very clear statement that they are fully committed to reopening a full A&E service at Chorley. Clearly, if that is not the case, and the intention is to close Chorley A&E permanently, that must not be done until there is the full consultation, in accordance with legal requirements, where the Trust can openly set out its reasoning for closure and the public and its representatives can have their say as part of a proper democratic process.

Conclusions

There is a major problem in Lancashire and the rest of the country in Emergency Care. The reasons for this are complex, wide ranging and the subject of much debate amongst health and social care professionals, politicians and the public. The Committee can't solve this problem, it can only acknowledge that it exists, and try to understand the situation in Chorley in this context.

It would be unfair to simply say that all of the problems in Emergency Care in central Lancashire are the fault of the Trust. The Committee also accepts that, at the point the announcement was made, the situation at Chorley A&E would have become unsafe for patients if it had been allowed to remain open.

However, it would equally not be reasonable to say that the Trust is a simple victim of circumstances, nor that the Trust could not have acted to prevent the situation at Chorley becoming unsafe.

Simply put, it has been clear for some time that there has been a growing problem in Emergency Care. The Trust could and should have seen that coming, and should have taken action to ensure that the problem did not become a crisis.

The Trust failed to act soon enough to tackle the problems with recruitment. It failed to recognise that the situation was "exceptional" and justified breaking the agency cap much earlier. The Trust did not appear to have actively sought other options or engage with other Trusts to identify creative solutions, and when, finally, the Trust acted, it was too late.

The Trust also failed to communicate with key partners and the public about the developing situation. There were rumours which the Trust did not either confirm or effectively put a stop to. The Health Scrutiny Committee, who the Trust have a statutory duty to engage with, were kept in

the dark. If the position had been explained, if the Trust had been more open, then conversations and consultations could have been held and a solution could possibly have been found.

The position at Chorley is still unresolved, and it has recently been confirmed that the Trust has not recruited sufficient staff to reopen in August, as originally suggested might be the case. The latest information is that the A&E will not reopen until 2017, indicating that whatever actions the Trust is taking are insufficient, and giving fuel to the fire of those who believe that it is the Trust's intention, and perhaps has always been the Trust's intention, to close Chorley A&E permanently. If this is not the case then the Trust needs to make a clear public statement to that effect.

The Committee, and the public, understand that the NHS is under great pressure, and that NHS services have to change to reflect demand, clinical developments, better integration, improved technology and the financial pressures it is under. However, any changes must be done in a co-ordinated, planned, open and transparent way, looking at the whole system of health and social care. Until actions are taken in primary care, other acute services and social care to reduce demand on A&E, reducing capacity in emergency care and piecemeal and emergency closures will only make a bad situation worse.

The Trust, by their actions and in some cases inaction, have regrettably made an already difficult situation worse.

Recommendations

1. 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
2. The Trust should provide the Committee with detailed information on how they are addressing their inability to meet the four hour target for A&E attendance at Royal Preston Hospital
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
4. NHS Improvement should undertake a review of the national issues identified within this report, namely:
 - a. The discrepancy between substantive and locum pay
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5. 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
6. 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.
7. 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 be asked to take responsibility for the implementation and monitoring of this priority.
8. 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. In addition the Health Scrutiny Committee require the Trust to provide evidence of the public promotion of the Urgent Care Centre including information available on the services it delivers.
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10. 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. Partners must also demonstrate robust engagement with local residents on the proposed location of future services.