

To:	The Trust Board
From:	Dr. Neill Hepburn, Medical Director
Date:	October 31 2017

Title:	Emergency Care Service – Current Position
---------------	---

Responsible Director: Dr. Neill Hepburn, Medical Director

Authors: Julie Pipes, Assistant Director of Strategy & Change & Dr Neill Hepburn, Medical Director

Purpose of the Report:
 The purpose of this report is to provide the Trust Board with details:

- Of the current staffing situation
- Highlighting the impact of the temporary closure of Grantham A&E since 17th August 2016
- To make a decision on the future operational hours of the Grantham A&E Department

The Report is provided to the Board for:

Decision	X	Discussion	X
Assurance		Information	

Summary/Key Points:
 To provide the Trust Board with:

- Details of the current staffing situation for emergency care at Lincoln hospital, Pilgrim hospital and Grantham hospital, which demonstrate that the threshold (21) for middle grade doctors to support the A&E departments has now been reached albeit with a heavy reliance on locum/agency staff. It is important to highlight that these posts could be vacated at any time and at short notice, which would take the number of middle grade doctors available to support the three A&E departments below the agreed threshold of 21.
- Analysis of the impact from August 2016 to October 2017 following the continued temporary closure between the hours of 18:30 and 08:00 at Grantham A&E
- Recommendations for the Board to consider reopening the A&E department at Grantham 24/7

Recommendations:

- Based on the evidence provided in the report, the Trust Board is asked to support the re-opening of the Grantham A&E department 24/7 provided it is assured that three departmental A&E rotas can be staffed 24/7 for a reasonable prospective period. This will be subject to a safety review of the A&E services staffing model, which will the Trust will be supported by NHSE and NHSI to complete.
- NHSI has requested that the Trust Board delay their final decision to reopen the department for a period of one month to allow time for the safety review to be completed.
- We continue to work with CCGs and partners to find a more sustainable model in light of our inability to guarantee that we may need to close again in the future

- To review the position on a monthly basis

Strategic Risk Register .	Performance KPIs and measures Performance against the 4-hour A&E standard is included within the report
Resource Implications (e.g. Financial, HR) Continued recruitment for medical and nursing staff for the three Accident & Emergency departments in ULHT	
Assurance Implications	
Patient and Public Involvement (PPI) Implications	
Information exempt from Disclosure – No	
Requirement for further review? Yes	

Table of Contents

Executive summary.....	1
1. Introduction.....	2
1.1 Context and background	2
1.1.1 Volume of patients	3
1.1.2 Medical staffing	5
1.3 Threshold to re-open the A&E department at GDH	7
1.4 Outcomes of recruitment actions since August 2016.....	8
1.5 Impact of IR 35 taxation by HMRC	9
2. Impact of reduced A&E opening hours at ULHT	9
2.1 Medical staff	9
2.2. Attendances to A&Es at ULHT	9
2.3. Attendance to A&E at LCH and PHB from the Grantham and Sleaford area.....	10
2.4 Patients conveyed to the emergency departments via 999.....	10
2.5 Total admissions to ULHT as at June 30 th 2017	11
2.5.1 Emergency admissions to ULHT as at 11 th October 2017.....	11
2.5.2 Discharges from A&E at LCH to Grantham and Sleaford post codes NG31, 32, 33 & 34. (To 30 th June 2017)	12
2.5.3 Activity of Grantham ring fenced department	12
2.5.4 Patients in A&E at GDH.....	12
2.6 Quality impact.....	12
2.7 Summary of effects on attendance, admission, discharge and quality data since the hours of opening at A&E at GDH were reduced from August 17 th 2016.....	13
3.0 Engagement with staff, stakeholders and the public.....	13
4.0 Timeline to review the decision for the opening hours for A&E at GDH	17
5.0 Summary of discussions with ULHT's stakeholders on reviewing the impact of the change.....	17
6.0 Summary	18
7. Recommendation	19

Executive summary

In August 2016, a decision was made by United Lincolnshire Hospitals NHS Trust (ULHT), supported by NHS England, NHS Improvement and the local Clinical Commissioning Group, to temporarily close the Grantham Accident & Emergency (A&E) Department between the hours of 18:30 and 09:00. This decision was taken in response to a staffing crisis within our A&E departments, primarily at Lincoln County Hospital.

Following a detailed assessment of the effects of this by the Trust Board in November 2016 and February 2017, the overnight closure was to be continued until 17th May 2017. At the February Trust Board meeting it was agreed that the opening hours of Grantham A&E should be changed to 08.00 – 18.30, an increase of 1 hour. This was to be effective from 27th March provided middle grade staffing levels enabled this to take place safely.

The status of medical staff recruited and in post, as well as the numbers required to support three ULHT Accident & Emergency Departments, were reviewed and noted by the Trust Board on 7th March 2017. No changes were made to the planned alteration to the overnight closure due to commence 27th March 2017. The status was again reviewed at subsequent Trust Board meetings held on 9th May 2017, and again on 5th September 2017.

The increase in the opening hours to the current opening times of 08.00 – 18.30 hours since 27th March 2017 appears to have made little difference to the activity in A&E at Grantham.

This report provides a summary of the emergency department activity, performance, and capacity up to 11th October 2017.

The report indicates the current staffing levels to support the ULHT A&E departments. It also describes the impact on A&E by the recent changes to taxation rules for contracted medical staff.

Having taken into account the overall situation across all A&E departments and whether ULHT is now in a position to safely staff all three of them, the report makes two recommendations about the Grantham A&E department to be considered by the ULHT Trust Board.

The objectives of the report are:

- To provide the Trust Board with the current medical staffing in emergency care at Lincoln hospital, Pilgrim hospital and Grantham hospital following the decision taken to close the Grantham A&E department overnight from 17th August 2016.
- To evaluate the impact of this closure up to 11th October 2017 on each of the ULHT A&E departments since 17th August 2016.
- To recommend to the Trust Board that:
 - The Grantham A&E department is re-opened 24/7 on a temporary basis, subject to a successful completion of the safety review.
 - The final decision is delayed for one month until the December Trust Board meeting to allow time for the safety review to be completed. This review has been requested by NHSI, who have offered, together with NHS England to work with the Trust to review the staffing model for A&E services and agree the way forward.
- Thereafter to review the situation on a monthly basis if the A&E department is re-opened 24/7 on a temporary basis.

1. Introduction

1.1 Context and background

An overview of the emergency department services at ULHT

ULHT currently provides three emergency service departments running 24 hours per day, 7 days per week (09:00 to 18:30 at Grantham since 17.8.16 and increased to 08:00 to 18:30 since 27.03.17). The regional major trauma centre is located at Nottingham University Hospitals NHS Trust, Queens Medical Centre campus. This is where patients needing the services of a major trauma service are directed.

Lincoln County Hospital

The Emergency Department (ED) at Lincoln provides unrestricted access to A&E services 24/7 with an in-patient infrastructure to support most clinical emergencies. It can receive patients by air ambulance.

Six consultants provide on-site presence from 08:00 to 22:00h during the week and 08:00 to 20:00h at weekends. At other times they provide on call cover off site but are available to attend the hospital emergency department for emergencies. The department is funded for eight Consultants and sixteen middle grades specializing in emergency care.

Pilgrim Hospital, Boston

The ED at Pilgrim provides unrestricted access to A&E services 24/7 with an in-patient infrastructure to support a range of clinical emergencies. It can receive patients by air ambulance.

Six consultants provide on-site presence in the ED from 08:00 to 21:00h during the week and 09:00 to 16:00h at weekends. At other times they provide on call cover off site but are available to attend the hospital for emergencies. The department is funded for six Consultants and 16 middle grades specializing in emergency care.

Grantham and District Hospital

The ED at GDH provides unrestricted access to A&E services 24/7 (09:00 to 18:30h) since 17.8.16 and from 08:00 to 18:30h since 27.03.17). However, because of the limited in-patient infrastructure, the ED is restricted in its ability to support a full range of emergencies that normally would be expected to be treated in an ED. It cannot receive patients by air ambulance.

The health community (East Midlands Ambulance Service and local general practitioners) are aware that patients with certain medical conditions should not be taken or sent GDH (Appendix 1).

Patients who require treatment and management beyond that available at GDH are transferred to LCH, PHB or Nottingham University Hospitals.

Two consultants provide on-site presence in the ED from 09:00 to 17:00h during the week only. At weekends and at other times they provide on call cover off site but are available to attend the hospital for emergencies. The department is funded for two consultants and six middle grades specializing in emergency care.

1.1.1 Volume of patients

Table 1 below shows the summary of emergency department attendance data for each of the ULHT hospital sites for 2015/16. It also shows the number of patients who were admitted to the hospitals as an inpatient following their presentation to the ED.

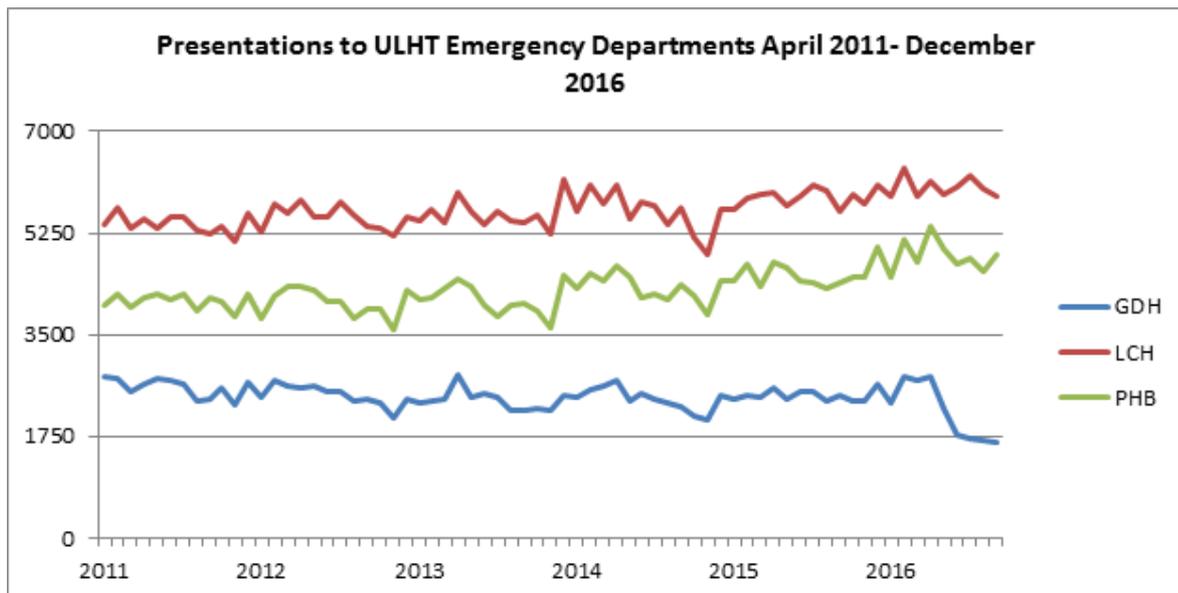
Table 1: Emergency department attendance data for the period since closure in August 2016 to 11th October 2017.

Average numbers per day	Site	Number	%
Attendances	LCH	195	
	PHB	165	
	GDH	61	
Admissions from A&E	LCH	82	42%
	PHB	60	36%
	GDH	12	19.6%

Overall A&E attendance profile over the last 5 years (2011 - 2016)

Chart 1 shows the profile of presentations to the emergency departments over the last 5 years, since 2011. This demonstrates an increase in presentations to both Lincoln (13.2%) and Pilgrim (25%) emergency departments over the five year period. Grantham has remained relatively static.

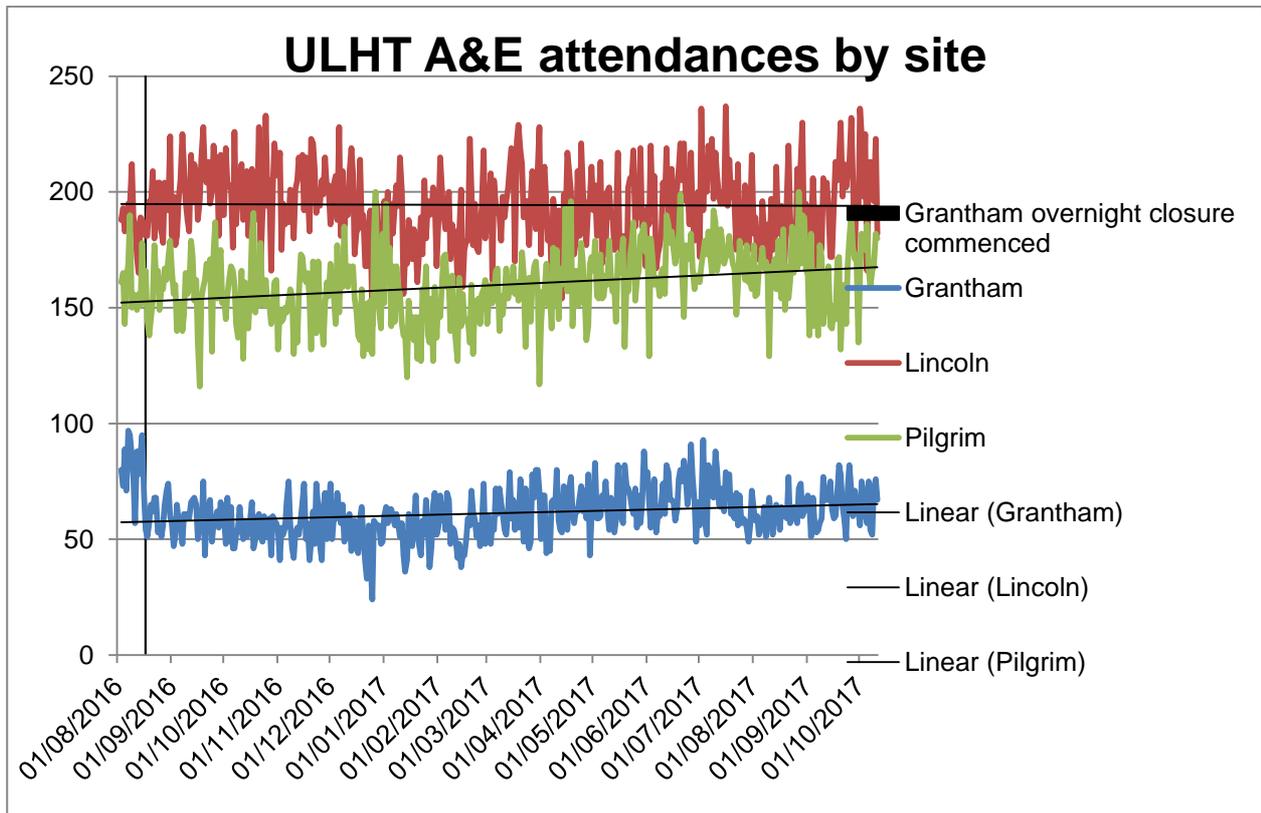
Chart 1: Profile of patient presentations to the ULHT emergency departments



Overall A&E attendance profile between 17/8/16 and 11/10/17

Chart 2 below shows the profile of attendances to the A&E departments from the time the Grantham A&E department closed overnight in August 2016. This chart demonstrates that daily attendances to Lincoln have remained static, while attendances to Pilgrim have increased considerably. Grantham's attendances have slightly increased.

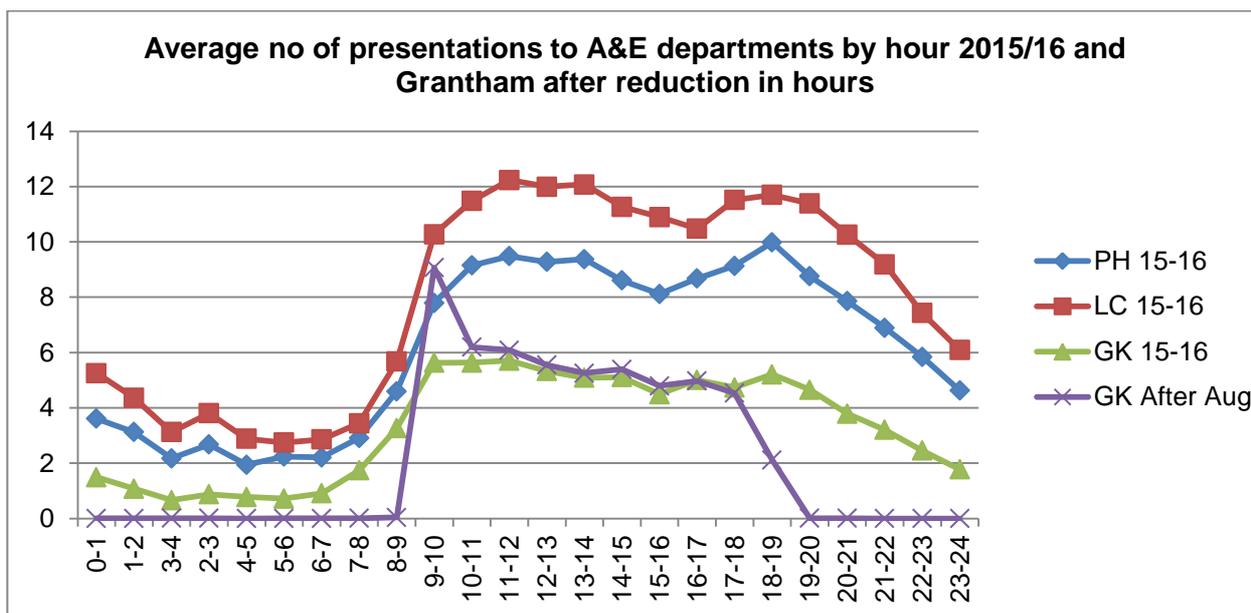
Chart 2: ULHT A&E average daily attendance profile by site since 17/8/16



Summary of presentations to A&E by hour

Chart 3 below summarises the presentations to each of the A&E departments by time of presentation. It shows the average number of presentations to all three A&E departments by hour, for the period April 2015 to March 2016. The average number of patients attending A&E at Grantham between 18.30 and 20.00 for the year July 2015 – June 2016 was 7 (75th percentile 9).

Chart 3: Presentations to the A&E departments by hour of the day



1.1.2 Medical staffing

Hospital emergency departments are staffed by a combination of consultants, middle grade doctors, doctors in training, A&E nurses and emergency care practitioners. Current guidance is for there to be on site presence, by a consultant, for 16 hours per day. Tables 3 and 4 shows the number of funded medical posts, the numbers in place in October 2016 and the rostered presence of senior medical staff for the three A&Es.

Table 3: Funded medical posts for all ULHT A&E departments and numbers in place as at October 11th 2017

Grade	Funded whole time equivalents/establishment	Substantive in place	Long Term Locums in place	Total in place	Posts remaining vacant
Consultants	15.0	5.0	9.0	14.0	1.0
Middle Grades	38.0	14.0	8.0	22.0	16.0

Table 4: Funded medical posts for ULHT A&E Departments and numbers in place as at October 11th, 2017, broken down by hospital site

Consultants

	Lincoln	Pilgrim	Grantham	Total
Funded Establishment as at 11/10/17	7	6	2	15
Funded Establishment from 1/4/2018	9	8	2	19
Substantive in post as at 11/10/17	4	1	0	5
Long term locum	2	5	2	9

Middle grades

	Lincoln	Pilgrim	Grantham	Total
Funded Establishment as at 11/10/17	16	16	6	38
Funded Establishment from 1/1/2018	19	17	6	42
Funded Establishment from 1/4/2018	19	19	6	44
Substantive in post as at 11/10/17	5	6	3	14
Long term locum	2- long term * 2-long term (could vacate short notice)	2	2	8
Vacancy / Adhoc locums	7	8	1	16

*It is important to highlight that these posts could be vacated at any time at short notice, which take the number of middle grade doctors available to support the three A&E departments to 20

It is also important to highlight that the funding for establishment has been increased since the previous papers submitted to the Trust Board. The funded establishment for middle grade posts has been increased to 38.0 wte, an increase of 10.0 wte since the last paper that was submitted to the Trust Board.

Funding for middle grade establishment will further increase from 1/1/2018 to a total of 42.0, and again from 1/4/2018 to a total of 44.0. This is reflected in the tables above.

Funded establishment for Consultants will increase with effect from 1/4/2018. The increase has been made to meet the demand for services.

Table 5 below summarises the existing medical presence for each of the ULHT Emergency Departments.

Table 5: Medical Staff presence at ULHT Emergency Departments

Site	Grade	Site presence	Days per week
Lincoln	Consultant	14 hours per day 08:00-22.00 On call off site after 22.00	Mon-Fri
	Consultant	12 hours per day 08:00-20:00 On call off site after 20:00	Sat/Sun
	Middle Grade	24 hour per day	Mon - Sun
Pilgrim	Consultant	13 hours per day 08:00-21.00 on call cover off site after 21.00	Mon-Fri
	Consultant	7 hours per day 09:00-16.00 On call cover after 16.00	Sat/Sun
	Middle Grade	24 hour per day	Mon - Sun
Grantham	Consultant	8 hours per day 09:00 – 17.00 On call off site after 17.00	Mon-Fri
	Consultant	On call off site only	Sat - Sun
	Middle Grade	24 hour per day	Mon - Sun

1.3 Threshold to re-open the A&E department at GDH

It was agreed with commissioners, NHS Improvement and NHS England that the A&E department at GDH should return to 24/7 opening hours when the required middle grade establishment had been reached and that there had been no deterioration number of consultants. The middle grade threshold was set at 21 substantives and/ or long term locums, against an establishment of 28, which has subsequently increased to 38 since the last paper to Trust Board, and will increase again to 42 with effect from 1/1/2018, and again to 44 with effect from 1/4/2018. This would enable three 24/7 rotas to be staffed consistently and prospectively but still requiring agency support to fulfil all duties within the rotas.

The model of service for the provision of emergency care at GDH since 17th August 2016

- Emergency admission and exclusion criteria to GDH remains unchanged (Appendix 1)
- Out of hours (OOH) service and a new minor injuries service located in the Kingfisher unit at GDH and run by LCHS
- Single point of contact 17.00 – 09.00h for police, EMAS, LCHS and ULHT to access the crisis response team
- Direct line of access for police to the Grantham OOH services
- Dedicated telephone access outside A&E for 999 and 111 only when A&E is closed.
- 2 ring fenced in-patient beds for patients needing transfer from A&E to another hospital after A&E closed and staff not present
- Since 3rd April 2017 direct admission to EAU by EMAS against agreed protocols
- Since 27th March 2017 increased opening times to A&E; 08.00 – 18.30h.

1.4 Outcomes of recruitment actions since August 2016

Actions and outcomes to recruit to establishment

Significant recruitment activity has been underway for a considerable amount of time to increase the number of middle grade staff.

Two more middle grades have been appointed and have now joined middle grade rota.

Consultant medical staff

The total number of substantive consultants in A&E is five following a new appointment in August 2017.

Trainees/junior medical staff

There has been a reduction from 10 to 5 in the number of junior medical and trainee staff. The 10 posts are made up of 8 deanery and 2 trust posts. One deanery post has been converted to a trust post and it is expected all 10 posts will be filled.

Registered nursing staff

The A&E department at Grantham has 2.5 registered nursing vacancies. At PHB there are 1.1wte nurse vacancies in A&E and 1 wte on maternity leave in March. At LCH there are 6.55 registered and 2.71unregistered wte nurse vacancies.

Table 6 below shows the number of middle grades at each of the hospital sites.

Table 6: Summary of recruitment to medical middle grade posts

	Lincoln funded for 16.0 wte		PHB funded for 16.0 wte		GH funded for 6.0wte		ULHT funded for 38 wte
	Substantive	Long term locum	Substantive	Long term locum	Substantive	Long term locum	Total
01.08.16	2.6	0	4.0	0	5.0	0	11.6
01.09.16	2.6	0	5.0	0	5.0	0	12.6
01.10.16	2.6	2.0	5.0	2.0	5.0	0	16.6
01.11.16	2.6	2.0	5.0	2.0	5.0	0	16.6
01.12.16	2.6	3.0(2.0)	5.0 (4.0)	2.0	5.0	0	17.6 (15.6)
01.01.17	2.6 (3.6)	3.0	6.0	2.0	5.0	0	18.6 (19.6)
01.02.17	2.6 (5.6)	3.0	6.0	1.0(2.0)	5.0	0	17.6 (21.6)
01.03.17	3.6	3.0	6.0	1.0	5.0	0	18.6
01.04.17	3.6	3.0	6.0	1.0	5.0	0	18.6
01.05.17	3.6	3.0	6.0	1.0	5.0	0	18.6
01.06.17	3.6	3.0	6.0	1.0	5.0	0	18.6
01.07.17	3.6	3.0	6.0	1.0	5.0	0	18.6
11.10.17	5.0	4.0	6.0	2.0	3.0	2.0	22.0

Numbers in *italics* represent appointments subject to a number of actions beyond the control of ULHT. Numbers in () represent what was predicted at the December Trust Board

1.5 Impact of IR 35 taxation by HMRC

From 6 April 2017, a change to the IR35 tax system has required public sector employers to deduct tax and national insurance contributions from contractors' pay at source, rather than allowing them to defer and claim expenses. These changes to the tax system affect many locum or agency medical staff that has previously chosen to contract their work through personal service companies.

Coincidentally and perhaps as a consequence, many locums and agency medical staff have become "unavailable" for employment since early April. This has had a profound effect on many NHS organisations that employ locum medical staff. ULHT and in particular our A&E departments rely very heavily on these staff. Therefore, the change to the taxation rules has had a disproportionate effect on the running of our A&E departments.

At ULHT there was a reduction in agency hours covered by locums from 295 hours per week to 52 hours per week. Unfilled hours increased from 16 hours per week to 166 hours per week. Substantive medical staff increased their additional hours from 63 to 126 hours per week.

In order to be able provide a safe 24/7 emergency service to the population of Lincolnshire; ULHT had to declare a "Critical incident" (which was one stage below major incident) with effect from 5th April 2017 until 19th April 2017. This resulted in having to take extraordinary measures to keep the A&E departments staffed appropriately and safe for patients. Actions taken included:
Seeking system wide support from NHSI and neighbouring Trusts less affected than ULHT.
Some A&E consultants being resident overnight in A&E, acting as middle grades
A physician, surgeon, orthopaedic surgeon and paediatrician were placed in the A&E department during the day and over the weekend before Easter at LCH and at LCH and PHB for Easter weekend.

2. Impact of reduced A&E opening hours at ULHT

2.1 Medical staff

In the three months to 29th May 2017, the middle grade doctors and consultants from Grantham A&E continued to provide up to 64 additional middle grade and 8 additional consultant hours per week respectively at LCH. This decreased from the previous three month period when it had peaked at 75 hours of middle grade time reflecting the small increase in opening hours at GDH.

2.2. Attendances to A&Es at ULHT

The data for the number of patients attending the ULHT emergency departments is summarized below:

- The average attendance over 24 hours to A&E at LCH 1st April 2016 to 16th August 2016 was 196 and has remained relatively static up to 11th October 2017 at 195
- The average attendance over 24 hours to A&E at PHB 1st April 2016 to 16th August 2016 was 161 and since then a slight increase has been seen to 165
- The average attendance over 24 hours to A&E at GH 1st April 2016 to 16th August 2016 was 86 per day and since then to 11th October 2017 has dropped to 61

Summary

There has been no significant change to the overall average attendance to A&E departments at LCH and PHB since the reduced opening hours at GDH from August 2016. The average number of attendances at PHB has increased slightly from 161 to 165, an increase of 4 per day; however the average attendance at Grantham has reduced by 25 per day, without having a significant impact to LCH or PHB.

2.3. Attendance to A&E at LCH and PHB from the Grantham and Sleaford area

A summary of postcode of attendances to the emergency departments at Lincoln and Pilgrim Hospitals, for patients living in the following postcode areas: NG31, NG32, NG33, and NG34 is as follows:

- The average 24/7 attendance to A&E at LCH from these post codes 1st April 2016 to 16th August was 13 and since then to 30th June 2017 was 17.4.
- The average 24/7 attendance to A&E at PHB from these post codes 1st April 2016 to 16th August was 5 and since then to 30th June 2017 was 6.6.

Summary

Following the change, 4 more patients are attending Lincoln A&E and 2 more attending Pilgrim each day from the Grantham and Sleaford area with the above post codes. This is marginally less since last reported to Trust Board.

Apologies but this information was not available for this report, but is not expected to be significantly different to the reported numbers above as at the end of June 2017.

2.4 Patients conveyed to the emergency departments via 999

In summary, the number of patients who were taken to the Lincoln and Pilgrim hospital emergency departments via 999 calls were as follows:

- The average 24/7 attendance to A&E at LCH 1st April 2016 to 16th August 2016 was 69, to 26th March 2017 was 70, to 30th June 2017 was 69 and since then to 11th October 2017 was 80
- The average 24/7 attendance to A&E at PHB 1st April 2016 to 16th August 2016 was 64, to 26th March 2017 was 62, to 30th June 2017 was 62, and since then to 11th October 2017 was 67
- The average 24/7 attendance to A&E at Grantham since closure of the department overnight in August 2016 is 8

Summary

Overall there has been an increase to 999 conveyances to A&E departments at LCH and PHB since the changes to the opening hours of the Grantham A&E were implemented.

Attendance to A&E by 999 at LCH and PHB from the Grantham and Sleaford area Appendix 5 shows the number of patients who were brought to the Lincoln and Pilgrim emergency departments via 999 calls, and who lived in the following post code areas: NG31, NG32, NG33 and NG34.

- The average 24/7 attendance to A&E at LCH from these post codes 1st April 2016 to 16th August 2016 was 8, to 26th March 2017 was 10 and since then to 30th June 2017 was 9.
- The average 24/7 attendance to A&E at PHB from these post codes 1st April 2016 to 16th August 2016 was 3, to 26th March 2017 was 3 and since then to 30th June 2017 was 3.

Apologies but this information was not available for this report, but is not expected to be significantly different to the reported numbers above as at the end of June 2017.

Summary as at 30th June 2017

Following the changes in the opening hours of the Grantham A&E, 2 additional people are attending Lincoln A&E each day by 999 from NG31, 32, 33 and 34 post codes. There is no change to Pilgrim A&E. This data has remained unchanged since last reported to Trust Board.

2.5 Total admissions to ULHT as at June 30th 2017

The total number of admissions made to ULHT hospitals is summarised below:

- The average number of patient admissions to LCH 1st April 2016 to 16th August was 208 and since then to 9th October 2016 - 204, to 8th December 2016 – 211, to 26th March 2017 - 209 and to 30 June 2017 – 208.
- The average number of patient admissions to PHB 1st April 2016 to 16th August was 151 and since then to 9th October 2016 – 145, to 8th December 2016 – 147, to 26th March 2017 – 144, and to 30 June 2017 – 144.
- The average number of patient admissions to GH 1st April 2016 to 16th August 2016 was 40 and since then to 9th October 2016 – 38, to 8th December 2016 - 39 to 26th March 2017 - 39 and to 30 June 2017 – 39.

Summary

Overall there has been a slight decrease in total admissions (8) to ULHT since the changes to the opening hours of the Grantham A&E were implemented. These changes are mostly due to a reduction in admissions at PHB.

Admissions to ULHT from Grantham and Sleaford areas

Appendix 7 shows the average number of admissions for patients living in post code areas; NG31, NG32, NG33 & NG34.

- The average number of admissions to LCH prior to 16th August 2016 was 26 and since then to 8th December 2016 was 27, to 26th March 2017 was 25 and to 30th June 2017 was 24.
- The average number of admissions to PHB prior to 16th August 2016 was 9 and since then to 8th December 2016 was 9, to 26th March 2017 was 9 and to 30th June 2017 was 9.

Summary

Overall there has been no change in admissions to LCH or PHB from the Grantham and Sleaford post codes since 17th August 2016.

2.5.1 Emergency admissions to ULHT as at 11th October 2017

The average number of emergency admissions to each of the ULHT hospitals is summarized below:

- The average number of emergency admissions to LCH prior to 16th August 2016 was 85 and since then to 9th October 2016 and to 8th December 2016 was unchanged. To 26th March 2017 the average number of emergency admissions was 86, and to 11th October 2017 was 82
- The average number of emergency admissions to PHB prior to 16th August 2016 was 61 and since then to 9th October 2016 was 60, to 8th December 2016 was 60.5 and to 26th March 2017 was 59 and to 11th October 2017 was 60
- The average number of emergency admissions to GDH prior to 16th August 2016 was 15 and since then to 8th December 2016 was 12 and to 26th March 2017 was 12.6, and to 11th October 2017 was 12

Summary

There has been negligible change in emergency admissions since the 17th August 2016.

Emergency admissions to LCH and PHB from the Grantham and Sleaford area (to 30th June 2017)

The number of emergency admissions to the Lincoln and Pilgrim Hospitals from 1st April 2016 to 30 June 2017 for patients living only in the following post code areas: NG31, NG32, NG33 and NG34

- The average number of emergency admissions to LCH from these post codes 1st April 2016 to 16th August 2016 was 10. Since then to 9th October it was 12, to 8th December 2016 it was 11, to 26th March 2017 it was 10.5 and to 30 June 2017 it was 10.3.
- The average number of emergency admissions to PHB from these post codes 1st April 2016 to 16th August 2016 was 3.6. Since then to 9th October 2016 it was 3.2, to 8th December 2016 it was 3.5, to 26th March 2017 it was 3.5 and to 30th June 2017 it was 3.5.

Summary

There has been very little change in emergency admissions to LCH and PHB from the Grantham and Sleaford post codes since the 17th August 2017. The previously reported slight increase in emergency admissions has not been sustained.

2.5.2 Discharges from A&E at LCH to Grantham and Sleaford post codes NG31, 32, 33 & 34. (To 30th June 2017)

The previously documented increase in the number of patients discharged to Grantham and Sleaford post codes out of hours since August 17th has decreased a little. The most recent data to 10th July 2017 shows 7.04 patients were discharged. Data presented to the November 2016, February 2017 and May 2017 Trust Board meetings were 7.6, 7.42 and 7.0 respectively. This compares with 3.8 patients prior to 17th August 2016.

2.5.3 Activity of Grantham ring fenced department

To facilitate transfer of patients from A&E requiring more specialised care after the department has closed there have been two beds on the Emergency Admissions Unit ring fenced specifically for this purpose. Between 18th August and 21st December there have been 13 patients placed here pending transfer. From December 5th 2016 to 30th March 2017 there were 23 patients admitted to the ring fenced beds awaiting transfer to other sites. The average time awaiting transfer was 3 hours. The longest wait was 8.5 hours; the shortest wait was 45 minutes. These numbers have not been recorded since March 2017 but the bed managers and matron report the activity is low.

2.5.4 Patients in A&E at GDH

At 18.30

There has been a marginal reduction in the number of patients in the department at 18.30 hours pre overnight closure from 14 to 11.7 following the closure.

Call to 111 and 999 from Grantham A&E

- From the 18th August to 2nd January 2017 there have been a total of 88 calls using the telephone outside A&E.
- From 1st January 2017 to 24th April 2017 there were 54 calls made including 5 to 999. A total of 35 calls were made over the weekend (Saturday & Sunday) .There were 24 calls made whilst the department was open and 20 of these were made at the weekend.
- From 11 June to 2 July 2017 there were 102 call made including 1 to 999. Of those 30 were made over the weekend (Saturday and Sunday) and 71 were made whilst the department was open.

2.6 Quality impact

There is insufficient data since the last report to Trust Board to provide a meaningful report on the quality impact. However, to date there have been no issues or incidents as a consequence of the overnight closure alone.

2.7 Summary of effects on attendance, admission, discharge and quality data since the hours of opening at A&E at GDH were reduced from August 17th 2016

Attendance

- Overall there has been no significant effect on attendances to A&E departments at LCH and PHB.
- The decrease of in patient attendances to A&E at GDH remains static at around 30.
- From NG post codes 31, 32, 33 and 34 there has been an increase in attendances (5), by patients, to A&E departments at LCH and PHB. This is less than previously reported (8).
- EMAS 999 conveyances to A&E departments at LCH and PHB have changed very little.
- From NG post codes 31, 32, 33 and 34 there has been an increase of 2 patients to LCH and no change to PHB.

Admissions

- Overall there has been no change in admissions to ULHT since last reported to Trust board.
- From NG post codes 31, 32, 33 and 34 the total number of admissions and emergency admissions to ULHT have has changed very little.

Discharges

- Approximately 3-4 more patients are discharged out of hours to NG post codes 31, 32, 33 and 34 since the changes were made. This has remained unchanged since 17th August 2016.

Patients in A&E

- The average number of patients in the department at 18.30 is 11.7.

Calls to 111 and 999 from Grantham

- There were on average 3.3 calls per week calls made over the first 16 weeks in 2017. 65% of the total calls were made at the weekend and 44% when the department was open. Between 11 June and 2 July (21 days) 6 calls were made (2 per week).

Quality

- Overall there have been no serious issues reported that we are aware of but we continue to monitor the situation.
- Some patients will have had a poor experience as a consequence of the changes to Grantham A&E and the need to travel further to seek medical advice. This is difficult to assess.

3.0 Engagement with staff, stakeholders and the public

Engagement by ULHT

Appendix 3 contains the letter sent to Stakeholders on 9th October 2017

LCHS

No response

EMAS

No response

NHS Improvement

The response from NHSI is copied into this document below:



1st November 2017

Jan Sobieraj
CEO
United Lincolnshire Hospitals NHS Trust

Dear Jan

Grantham A&E Overnight Closure

I am writing to you over the agenda item on 'Grantham's A&E Overnight Closure' scheduled for the ULHT Trust Board on Tuesday 7th November 2017.

Due to the ongoing concerns around the delivery of A&E services at Lincoln County and Pilgrim Hospital and specifically the sustainability of your staffing model, NHS Improvement asks that the Trust delay any decision for one month. This is to enable NHSI and NHSE to work with Trust to review the staffing model for A&E services in Lincolnshire and agree the way forward.

Yours sincerely

Jeffrey Worrall
Delivery and Improvement Director

LPFT

The following response was received:

From: Jerams Ian (LPT)
Sent: 09 October 2017 18:11
to: Casburn Kate (ULHT)
Cc: Brewin John Dr (LPT)
Subject: RE: Grantham A & E - United Lincolnshire Hospitals NHS Trust

Return from LPFT:

From a review of the referral activity YTD (183days) for **Lincoln Crisis Resolution Team (CRT)**, there have been 48 referrals that have a O4Q CCG code (SWLCCG)) Virtually all of them are out of hours, post cessation of Mental Health Liaison Service (MHLS) at 2200hrs. There has also

been a total of 27 who have been seen by the MHLS (through operational hours) so overall it has not had a major impact on activity, albeit there has been an increase on the previous year (2015/16) before the A and E hours reduction. From an anecdotal perspective, the CRT Coordinator supports the view that any increased referrals have not really been noticed.

Activity for Grantham CRT and MHLS has shown a slight increase from previous years but not significantly

Overall impact of the reduction in Grantham A&E hours has therefore been low.

Hope this helps.
Ian

Ian Jerams
Director of Operations
Lincolnshire Partnership NHS Foundation Trust
Trust Headquarters,
St George's, Long Leys Road, Lincoln, LN1 1FS.
Tel No: 01522 309172
Mobile: 07572 783578

Lincolnshire SW Commissioning CCG

No formal response, but ongoing discussion around service model at Grantham and District Hospital continues, and regular meetings are held with the Commissioners and Clinical Lead from LSWCCG to discuss the service model, most recent meeting held on 20th October.

Lincolnshire West Clinical commissioning Group:

No response to date

Healthwatch Lincolnshire

No specific issues related to the overnight closure of the A&E department. The response received from Healthwatch Lincolnshire is embedded below. Some of the comments in the response highlight that the public do not realise that Grantham A&E has a limited clinical protocol for attendances.



Grantham AE Closure
Comments - Healthwa

Lincolnshire Police

No response to date

Army Training Regiment

No response to date

NUH

No response to date

Peterborough

No response to date

Newark

No response to date

Engagement with community organisations by ULHT

Our communication team has stated:

Since the last update we have had some valuable contact with students from Grantham College, in order to gain the views of some of the young people in the local population. Since it was proving difficult to organise an engagement session where the majority of students could attend, we sent a questionnaire with supporting information to be shared amongst all students.

Some of the feedback received revealed that students feel A&E services should be provided locally where possible, but that there should be more out-of-hours centres in rural locations. They also feel that more transport should be made available for families to be able to attend out-of-hours or A&E, to help reduce pressure on the ambulance service.

Engagement with staff

Accident & Emergency

A meeting A&E medical and nursing staff took place on 28th July 2017. The following are comments made by them:

- There needs to be better signage for the MRI United Lincolnshire Hospitals NHS Trust NHS11 need to be advised about the opening hours of OOH and also be advised again about the times for A&E. Patients continued to be advised to attend A&E after the department was closed.
- No specific issues raised to the overnight closure
- There had been no issues due to the earlier opening of the A&E department. There were no queues prior to the department opening.
- The consultant felt medical middle grades would be willing to continue with their support of Lincoln but there continued to be some degree of unhappiness with this.
- There remained issues with the medical rota at LCH

A meeting with A&E medical and nursing staff took place at Grantham on Friday 20th October, where Dr Hepburn advised the staff that the number of recruits to Middle-Grade posts had increased through substantive and locum appointments, and that the threshold of 21 had been reached, and was currently 22 middle grade doctors were in post either substantively or via locums appointments.

Dr Dave Baker and Clair Raybould from LSWCCG were also in attendance at the meeting.

Matron Mandy Charles at Grantham met with the A&E Nurses on Friday 20th October after the meeting with Dr Hepburn to discuss the possibility of the Grantham A&E Department re-opening from Mid-December. The response from the Nurses was positive, and they thanked Mandy for the information. They were especially concerned for the Christmas/New year rota, and have based the rota requirements on the department re-opening 24/7 so that there would be no surprises if the Trust Board approves the re-opening of the department.

The nurses and Matron Mandy Charles expressed a concern and a wish for time to be made available for the nurses to undertake training to become Emergency Nurse Practitioners, and/or

Advanced Nurse Practitioners as this will be the skill mix required for the longer term vision of the Grantham A&E department for the overnight workforce.

4.0 Timeline to review the decision for the opening hours for A&E at GDH

- w/c 18th April 2017 discussion with and feedback from Grantham A&E nursing and medical staff
- 19th April 2017 discussion with Lincolnshire System Executive Team
- 20th April 2017 email sent to the Chair of Grantham MAC requesting feedback.
- 20th April 2017 discussion at Clinical Executive Committee
- 26th April 2017 discussion with Lincolnshire System Executive Team
- 9th May 2017 discussion and decision by ULHT's Trust Board
- 16th May 2017 review by A&E Delivery Board
- 12th May 2017 discussion with NHS Improvement and NHS England supportive of continued temporary arrangement
- 20th July 2017 Discussion at Clinical Executive Group
- 27th July 2017 discussion at Quality Governance Committee
- 1st August 2017 discussion at Trust Board
- 3rd August 2017 discussion at Clinical Management Board
- 5th September 2017 discussion at Trust Board
- 11th October 2017 discussion at Executive Team
- 20th October 2017 discussion with LSWCCG, EMAS and staff at Grantham
- 7th November 2017 discussion at ULHT's Trust Board

5.0 Summary of discussions with ULHT's stakeholders on reviewing the impact of the change

NHS Improvement and NHS England

South West Lincolnshire CCG

There is support from the Executive Committee Chair of SWCCG to continue with the overnight closure but to try and extend the opening hours if safe to do so.

Lincolnshire System Executive Team

- Supportive of desire to re-open 24/7 when safe to do so.
- To continue with overnight closure

ULHT Executive Team

The ULHT Executive Team are supportive of re-opening the Grantham A&E department 24/7 on a temporary basis to honor the pledge made by the Trust Board to the staff and public at the time of closing the department overnight back in August 2016. The pledge was such that if ULHT could increase the number of Middle Grade doctors in post to at least 21, it would re-open the A&E department on a 24/7 basis. The number of Middle Grade doctors now in post across ULHT is 22; this is made up of both substantive and locum appointments.

EMAS

EMAS are supportive of the A&E department reopening 24/7 however, they do not want to make any changes to the EMAS divert that is in place from Grantham at the current time. This in effect

would not therefore increase the number of ambulances that are currently going to Grantham, and they would continue to be diverted away from Grantham overnight. Therefore, there would

6.0 Summary

Since the overnight closure of A&E at GDH, the overall impact on ULHT remains more or less unchanged since last reviewed by the Trust Board in August 2017.

Since the last report to the Board (August 2017), a formal assessment of the quality impact in terms of length of stay, mortality, serious incidents and complaints has not been made because of insufficient data. However, there is no suggestion of any adverse events as a direct consequence of the overnight closure.

The significance of the impact on EMAS remains unclear but there have been no new developments since last reported to Trust board, and EMAS has made a request that if Grantham A&E reopens on a temporary basis, no changes are made to the current divert of ambulances after 18:30h.

The impact on surrounding stakeholders, anecdotally, remains small for the most part. Attendance to the OOH service on site at Grantham decreased prior to the changes being made.

The public, particularly from the Grantham area continue to have concerns about the on-going closure of the A&E department. This concern is shared by some staff from Grantham hospital.

Reducing the A&E opening hours at GDH to 08.00 – 18.30h, has enabled A&E at LCH to be supported up to an additional 53 hours per week by the middle grade and consultant staff from A&E at GDH.

Although nursing vacancies in A&E were not the primary reason for the overnight closure of Grantham A&E, there remains a significant vacancy factor in the A&E departments at both Grantham and Lincoln. The nursing shortage merely adds to the pressures faced in the Emergency departments.

To date the number of substantive or long term locum middle grades recruited has increased to 22.0 wte, this is made up from 14.0 wte substantive recruits, and 8.0 wte locum doctors, of which 2.0 wte of the locum doctors are employed on a week by week basis, which means they could leave at very short notice, which would take the number of middle grades below the threshold of 21.0 wte. Although there remains the potential to recruit more middle grade doctors, this is subject to a number of constraints beyond the influence of ULHT.

The number of substantive wte consultants and total wte consultants has remained static at 14.0 wte (5.0 substantively in place, and 9 long term locum Consultants) but temporary sickness absence has made staffing arrangements a challenge. There remains an expectation that junior medical staff recruitment will decrease significantly.

The introduction of IR 35 taxation in April 2017 had a profound impact on our ability to recruit locum medical staff and maintain a safe level of service in A&E. This has led to ULHT declaring a time limited critical incident resulting in the implementation of exceptional but unsustainable actions in order to provide a safe 24/7 A&E service at LCH and PHB.

It is important for the Trust Board to be aware that the recruitment of trained medical staff of appropriate seniority and the provision of 24/7 A&E services has improved since the last report to the Trust Board in July 2017, but remains volatile specifically with middle grade doctors. The current position could deteriorate very quickly and place us below the agreed threshold of 21.0 wte

in post, should either of the two locum middle grade doctors at Grantham who are employed on a week by week basis decide to leave.

7. Recommendation

The Trust Board is asked to note the contents of this paper, including the views of all interested parties.

When the decision was taken in August 2016 to reduce the opening hours of the Grantham A&E, it was agreed that a threshold of a minimum of 21.0 wte middle grade doctors would be required to safely staff the three A&E departments (Lincoln, Pilgrim and Grantham). This report has demonstrated that this threshold has been reached, and there are 22.0 wte middle grade doctors currently in post.

The provision of emergency services at Pilgrim and at Lincoln continues to remain fragile due to the number of locum middle grade doctors making up the 22.0 wte in post at the current time. We could very quickly go beneath threshold of 21.0 wte middle grade doctors should either of the two locum doctors at Grantham who are employed on a week by week contract, decide to leave. The recent change to the taxation rules has had an additional deleterious and previously unforeseen effect on A&E staffing.

From the evidence provided in the report, the Trust Board is asked to support the following recommendations. These recommendations will provide helpful support to the A&E departments at Pilgrim and at Lincoln over the coming winter months when it is expected that all A&E departments will come under increased pressure:

1. The Trust Board considers the re-opening of the Grantham A&E department 24/7 on a temporary basis subject to a successful completion of the safety review with the final decision being delayed for one month until the December Trust Board meeting to allow time for the safety review to be completed. This review has been requested by NHSI, who have offered together with NHS England to work with the Trust to review the staffing model for A&E services and agree the way forward.
2. We continue to work with CCGs and partners to find a more sustainable model in light of our inability to guarantee that we may need to close again in the future
3. Thereafter to review the situation on a monthly basis if the A&E department is re-opened 24/7 on a temporary basis.

Appendix 1

EXCLUSION PROTOCOL

Ambulances / GPs SHOULD NOT bring / send these patients to Grantham and District Hospital A&E and Emergency Assessment Unit

The following Specific Patient Groups

- Acute surgical admission
- Acute stroke
- Gastro-intestinal hemorrhage (fresh blood or melena).
- Severe abdominal pain and acute abdomen (refer patient directly to LCH.)
- A female of childbearing age with lower abdominal pain.
- A male under 30 years of age with testicular pain.
- A patient with a suspected abdominal aortic aneurysm.
- Patients with an ischaemic limb needs admission to the on-call vascular team at PHB
- All Obstetric and Gynaecological patients
- Head injury – Glasgow Coma Score < 15
- Neutropenic sepsis
- Patients requiring dialysis
- Patients with renal transplants
- Ophthalmological emergencies (e.g. acute glaucoma)
- Severe ENT emergencies (e.g. bleeding)

Patients with Major Injuries

- All major trauma involving head, cervical spine, chest, abdominal or pelvic injuries.
- All suspected and actual spinal trauma and patients with abnormal spinal neurological examination
- Multiple peripheral injuries involving more than one long bone fracture above the knee or elbow.
- Head injuries with a Glasgow Coma Score < 15
- All gunshot wounds.
- All penetrating injuries above the knee or elbow.
- Scalds and burns covering >15% body surface area.
- Burns to face, neck, eyes, ears or genitalia.
- Electrical burns, significant inhalation injuries or significant chemical burns.

Patients with Significant Mechanism of Injury who need Admission or Assessment

- Ejection from vehicle.
- Death in same passenger compartment.
- Roll over RTA.
- High speed /impact RTA (speed > 30mph, major vehicle deformity, passenger. compartment intrusion, extraction time > 20 mins).
- Motorcyclist RTA > 20mph or run over.
- Pedestrian thrown, run over or > 5 mph impact.
- Falls > 3m.

Appendix 2

ADMISSION PROTOCOL

A patient MAY be brought to Grantham and District Hospital if they require immediate Airway and/or Breathing resuscitation.

Trauma involving just the peripheral skeleton MAY still be brought to Grantham A&E.

For example:

- All suspected shoulder, arm, wrist and hand fractures (including compound [open]).
- All suspected hip fractures.
- All suspected femoral, tibia, ankle and foot fractures (including compound [open]).
- All suspected joint dislocations, shoulder, elbow, wrist, hip, knee, and ankle.
- All suspected peripheral soft tissue injuries, sprains, strains, lacerations, haematomata.
- All hand injuries (may require subsequent transfer after assessment).
- Children's suspected fractures. If confined to one area and are haemodynamically stable may be brought to Grantham. (May require subsequent transfer after assessment).

Appendix 3

Letter sent to stakeholders on 9th October 2017



Appendix 12 letter to
stakeholders.pdf

