

<b>To:</b>	<b>The Trust Board</b>
<b>From:</b>	Mark Brassington, Chief Operating Officer
<b>Date:</b>	4 <sup>th</sup> October 2016

<b>Title:</b>	Emergency Care Service – Current Position		
<b>Responsible Director:</b> Mark Brassington, Chief Operating Officer			
Authors: Mark Brassington, COO			
<b>Purpose of the Report:</b>			
<ul style="list-style-type: none"> <li>The purpose of this report is to provide a further update to the Trust Board relating to the provision of emergency care at ULHT Hospitals and the next steps to ensure continued patient safety and public engagement</li> </ul>			
<b>The Report is provided to the Board for:</b>			
<input type="checkbox"/> Decision		<input type="checkbox"/> Discussion	
<input type="checkbox"/> Assurance		<input checked="" type="checkbox"/> Information	
<b>Summary/Key Points:</b>			
The purpose of this briefing is to provide: <ul style="list-style-type: none"> <li>Current understanding of the impact of the temporary overnight closure of Grantham A&amp;E</li> <li>Engagement activities completed since the last Trust Board</li> <li>To outline the next steps</li> </ul>			
<b>Recommendations:</b>			
<ul style="list-style-type: none"> <li>That the Trust Board note the content of the paper and suggested next steps</li> </ul>			
<b>Strategic Risk Register</b>		<b>Performance KPIs and measures</b>	
Urgent Care Staffing within the Corporate Risk register		Performance against the 4-hour A&E standard remains poor.	
<b>Resource Implications (e.g. Financial, HR)</b>			
The course of action continues to release medical time which can be used to support the Lincoln and Pilgrim medical rotas			
<b>Assurance Implications</b>			
<b>Patient and Public Involvement (PPI) Implications</b> – considered through the Quality Impact Assessment and Equality Impact Assessment. This will remain an ongoing process as we will be continually engaging with patients and public during this temporary closure.			
<b>Information exempt from Disclosure</b> – No			
<b>Requirement for further review?</b> Yes			

## EMERGENCY CARE SERVICE – UPDATE

### 1.0 Background

During July 2016 Lincoln and Pilgrim emergency departments expressed increasing concern as to their ability to fill their middle grade medical rotas. Due to the increasing reliance locally and demand nationally for locum doctors the fill rate of our A&E shifts was reducing leaving the departments at Lincoln and Pilgrim significantly understaffed. Between the 31<sup>st</sup> July and the 6<sup>th</sup> August a further three middle grades at Lincoln and 0.6 at Pilgrim had left. As a result of only having 2.6 whole time equivalent (wte) middle grades in Lincoln against an establishment of 11 and 4 wte middle grades at Pilgrim against an establishment of 11, despite extreme mitigation and planning, the rota could not be safely staffed on a prospective basis. The Trust Board (TB) were appraised of the situation on the 2<sup>nd</sup> August and the potential options. The TB were in agreement that the level of additional risk to patients as indicated by; deterioration in ambulance handover times (particularly at Lincoln County Hospital), delays in first assessment (although the sickest patients are always prioritised) and a significant reduction in the number of patients assessed, treated, admitted or discharged within 4 hours (causing overcrowding within the emergency departments) is too great to continue without action. Approval was given to work through the possibility of a temporary service closure at Grantham in order to support staffing at Lincoln and Pilgrim A&E departments.

A significant volume of discussion and work was conducted following the TB to consider the implications and impact on patients, staff and partner organisations. Throughout the intervening period the TB as well as key stakeholders have been kept informed where possible. Support to proceed with the temporary change to the opening hours at Grantham was provided on the morning of the 9<sup>th</sup> August with the change taking effect on Wednesday 17<sup>th</sup> August.

The purpose of this briefing is to provide:

- Understanding of the impact of the temporary overnight closure of Grantham A&E
- Engagement activities completed since the last Trust Board
- To outline the next steps

The full detail of the case for change, options considered and full actions will not be repeated within this briefing but can be accessed from the TB paper presented on 6<sup>th</sup> September 2016.

## 2.0 Impact of the changes

The agreed daily monitoring process remains in place. Based on the data collected up to and including Tuesday 27<sup>th</sup> September is as follows:

- Daily average attendances at Grantham remains on average c.60 per day. This demonstrates a reduction of 20 attendances a day on the average attendances (80) seen between 1<sup>st</sup> August and 16<sup>th</sup> August. This is less than 25 reduction predicted.
- Attendances at Lincoln and Pilgrim remain within normal variation. However Lincoln has seen a spike in general attendances since 12<sup>th</sup> September. There is no evidence to suggest that this is caused by patients from the Grantham area.
- Analysis of attendances at Lincoln A&E from the Grantham postcodes NG31,32 and 33 suggest that on average an additional 4 people per day are attending Lincoln. Of these 4, 2 on average arrive by ambulance. This has resulted on average of 1 additional admission per night at Lincoln from a Grantham resident.
- Daily average admissions at Grantham remain at c12 compared to a previous average admission rate of 14. This suggests a daily reduction of 2 admissions a day. This is less than the 6 predicted. There has been no increase in admissions at Lincoln or Pilgrim.
- No material change in Out of Hours presentations.
- No change in ambulance conveyance rates at Lincoln or Pilgrim.

The data, covering a 41 day period since the change, continues to demonstrate that the expected numerical impact is lower than originally thought. However this will remain under close scrutiny.

Staff continue to be released to support the Lincoln rota. Discussions are ongoing to see what additional time may be released.

## 3.0 Recruitment activity

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

1. Progressing with recruiting with an agency to our top 50 hard to recruit consultant posts. CVs are being received already.
2. ULHT had a recruitment stand at the Royal College of Emergency Medicine (RCEM) conference 20th-22nd of September. Lots of interest and support from the college.
3. Lincoln:
  - 2 people recruited via the Certificate of Eligibility for Specialist Registration (CESR) route. One has accepted but wishes to work at Pilgrim. One further doctor offered a CESR post and awaiting acceptance.
  - 1 Clinical Fellow interviewed and offered a post – awaiting for the post to be accepted.
4. Pilgrim have 6 potential middle grades within the recruitment process at differing stages
5. Grantham middle grade that was to accept a post at ULHT has declined the role.

At the time of writing our intermediate tier (middle grade) establishment is as follows:

Site	Establishment	In Post
Lincoln	11	2.6
Pilgrim	11	5
Grantham	6	5

#### **4.0 Engagement activity**

We are busy listening and talking to our staff, stakeholders, and the public on Grantham A&E. There is a new weekly briefing that is being shared with partners, stakeholders and staff.

ULHT has attended Lincolnshire's health scrutiny committee and South Kesteven council meeting to give updates on Grantham. We talked about why we made the difficult decision, the impact of the decision, and gave an update on our recruitment plans.

We have also spent time with A&E staff in Grantham to see how they are feeling and to hear their reflections and concerns. We have committed to giving weekly briefings to Grantham staff to resolve any issues or concerns.

ULHT has responded to people's views in the run up to the closure and since. We have amended signage in and around the hospital; amended staff rotas based on their feedback and supported Lincolnshire Community Health Services NHS Trust in setting up the new minor injuries unit.

We have made contact with a number of community groups so we can go along and listen to Grantham people to see if the closure is affecting them. So far we have met with 9 community groups in Grantham and Sleaford areas including Grantham senior citizen club, Grantham Stroke Club, Fighting 4 Grantham Hospital Group, Healthwatch Lincolnshire, Sleaford dementia care, patient practice forums and the White Heather Club in Sleaford.

#### **5.0 Next Steps**

- Continue daily monitoring of the impact
- Engagement activities will continue in October. We will be meeting: Carers UK, Grantham U3A, Grantham Self Help Blind Group, Grantham Social Club for the Blind, South Lincolnshire Blind Society and Lincolnshire Sensory Service. We will continue to contact local groups and offer to meet them to understand the impact the reduced opening hours is having on local people.
- 1<sup>st</sup> November Trust Board to consider the three month temporary overnight closure of Grantham A&E
- 11<sup>th</sup> November regulator (NHSE and NHSI) review of the three month temporary overnight closure of Grantham A&E

#### **6.0 Recommendation**

**The Trust Board is asked to note the contents of this paper.**