

<b>To:</b>	<b>The Trust Board</b>
<b>From:</b>	Dr. Suneil Kapadia, Medical Director
<b>Date:</b>	February 2017

<b>Title:</b>	Emergency Care Service – Current Position
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**Responsible Director: Dr. Suneil Kapadia, Medical Director**

Author: Dr. Suneil Kapadia

**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 August 17<sup>th</sup>
- to make a decision in relation to the opening hours of the department

**The Report is provided to the Board for:**


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

- Details relating to the current staffing situation with regards to emergency care at Lincoln hospital, Pilgrim hospital and Grantham hospital
- Analysis following the continued temporary closure of the Grantham A&E in August 2017 between the hours of 18:30 and 09:00
- Recommendations for the Board to consider for the Accident & Emergency department at GDH after 17<sup>th</sup> February 2017

**Recommendations:**  
 Based on the evidence provided in the report, the Trust Board is asked to support the continued overnight closure of A&E department but consider extending the opening hours to 10.5 hours during the day.  
 To review the overnight closure in 3 months.

<b>Strategic Risk Register</b>	<b>Performance KPIs and measures</b>
.	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**

<b>Patient and Public Involvement (PPI) Implications</b>
Information exempt from Disclosure – No
Requirement for further review? Yes

**EMERGENCY CARE SERVICE – CURRENT POSITION**

**February 2017**

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## 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 series of circumstances that have led to a staffing crisis situation within our A&E departments, primarily at Lincoln County Hospital.

Following a decision made by the Trust Board of ULHT on 1<sup>st</sup> November 2017, the temporary overnight closure was to be continued for a further three months until 17<sup>th</sup> February 2017. 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 6<sup>th</sup> December 2016. No changes were made to the planned overnight closure until 17<sup>th</sup> February.

This report provides a summary of the emergency department activity, performance, and capacity following the decision made by the Trust Board of ULHT, to support the temporary closure of the Grantham A&E between the hours of 18:30 and 09:00 with effect from 17<sup>th</sup> August 2016 until 17<sup>th</sup> February 2017. The report will also explain the actions that have been taken since then to increase the medical staffing numbers required to support ULHT A&E departments. It will also provide details of the impact following these actions.

The report makes four recommendations to be considered for the Grantham A&E department after 17<sup>th</sup> February 2017. It takes 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 objectives of the report are:

- To provide the current situation with regards to medical staffing in emergency care at Lincoln hospital, Pilgrim hospital and Grantham hospital following the decision taken to close the Grantham A&E department between the hours of 18:30 and 09:00 from August 17<sup>th</sup> 2016.
- To evaluate the impact of this closure on each of the ULHT A&E departments since August 17<sup>th</sup> 2016.
- To enable a decision to be made for the operational hours at Grantham hospital following review of the staffing situation 5 months following the decision to temporarily close the Grantham A&E between the hours of 18:30 and 09:00.

# 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 (9am to 6.30pm at Grantham since 17.8.16). 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.

Seven consultants provide on-site presence from 08:00 to 22:00 during the week and 08:00 to 20:00 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 11 middle grades specialising 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 21:00 during the week and 09:00 to 16:00 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 11 middle grades specialising in emergency care.

### **Grantham and District Hospital**

The ED at GDH provides unrestricted access to A&E services 24/7 (9am to 6.30pm since 17.8.16). 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 17:00 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 6 middle grades specialising in emergency care.

## 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.

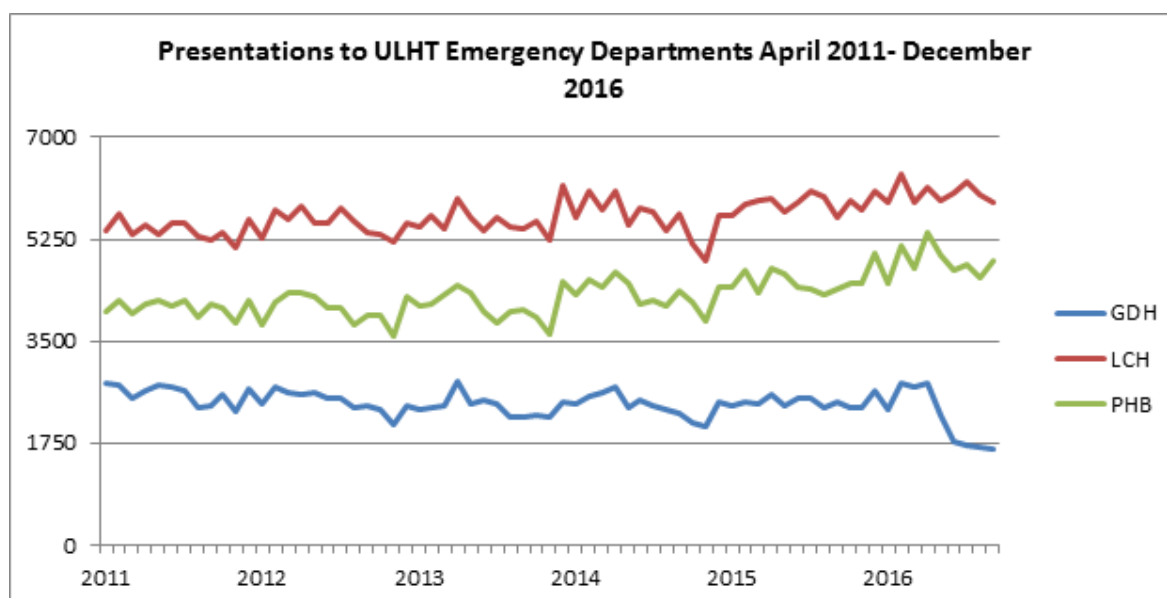
**Table 1:** Emergency department attendance data for the period 2015/16 (full year)

Average numbers per day	Site	Number	%
Attendances	LCH	190	
	PHB	147	
	GDH	80	
Admissions from A&E	LCH	50	26.3%
	PHB	47	32%
	GDH	14	17.5%

### 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.

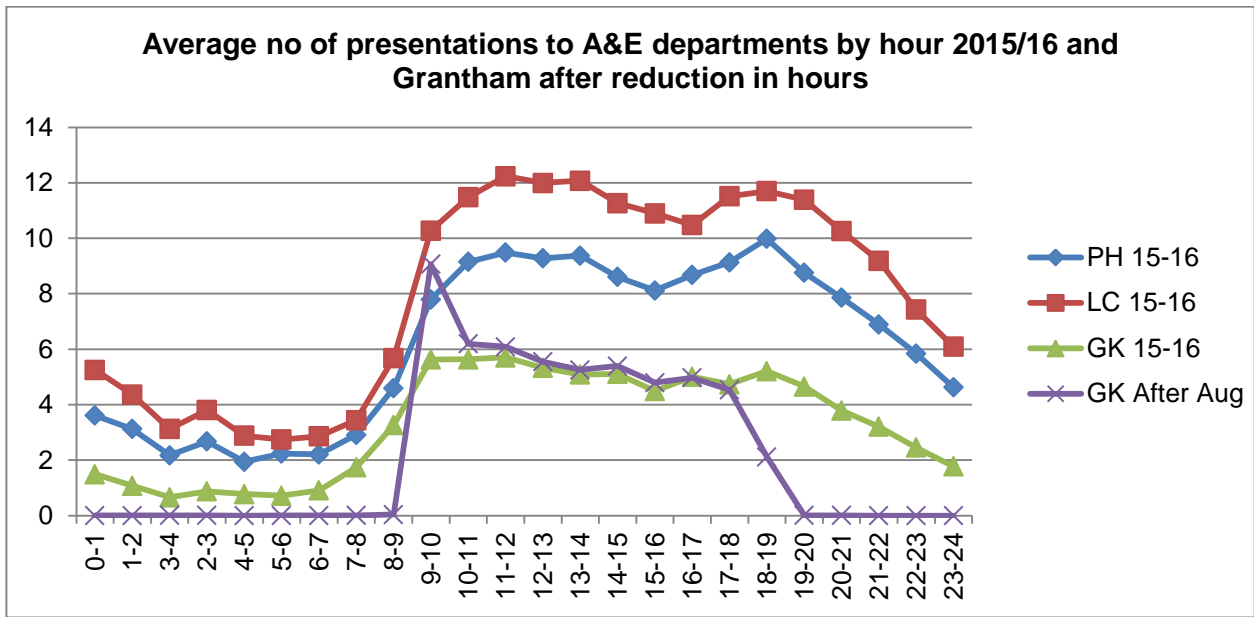
**Chart 1:** Profile of patient presentations to the ULHT emergency departments



### Summary of presentations to A&E by hour

Chart 2 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 (75<sup>th</sup> percentile 9).

**Chart 2:** Presentations to the A&E departments by hour of the day



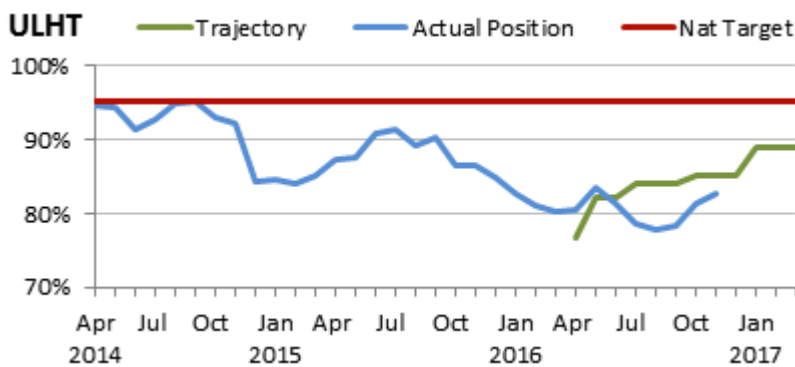


## 1.2. Our current performance against national standards

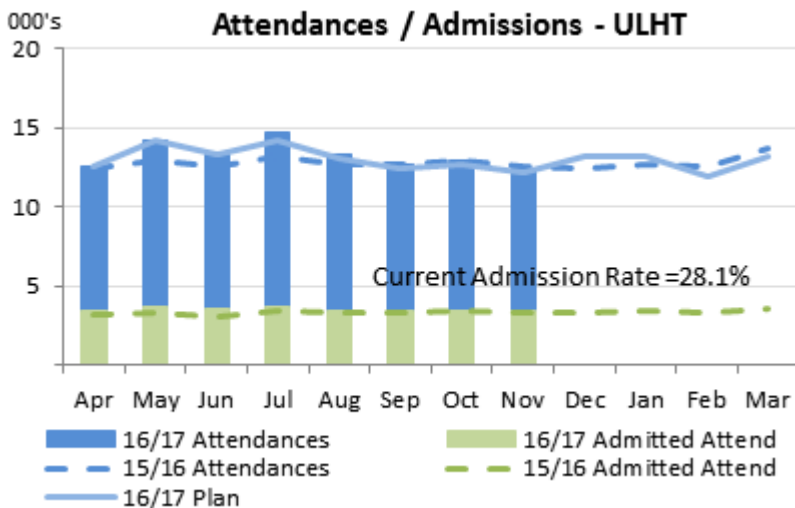
The national 4-hour A&E target has been challenging to achieve at all three hospitals. A contracted trajectory has been agreed with the commissioners and NHS Improvement.

Chart 3 below shows the performance for ULHT against the 4 hour standard for the last two years; 2014/15 and 2015/16, together with Q1 and Q2 for current year 2016/17 and finally the trajectory for the next six months. This clearly demonstrates that ULHT is significantly underperforming against the national standard and is struggling to achieve performance against the agreed trajectory.

**Chart 3:** ULHT performance against the A&E 4 hour standard for 2014/15, 2015/16 and 8 months for 2016/17.



**Chart 4** below shows the number of attendances to ULHT A&E departments in total, and also demonstrates that the current admission rate following presentation to A&E is running at 28%. The chart shows this detail for a full year; 2015/16 and for 8 months 2016/17.



### 1.3. 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 show the number of funded medical posts, the numbers in place in August 2016 and the rostered presence of senior medical staff for the three A&Es.

**Table 3:** Funded medical posts for ULHT A&E departments and numbers in place August 2016

Grade	Funded Whole time equivalents	August 2016
<b>Consultants</b>	15.0	14
<b>Middle grades</b>	28.0	11.6

Table 4 below summarises the medical presence for each of the ULHT Emergency Departments.

**Table 4: 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

## 1.4 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. 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 17<sup>th</sup> August 2016**

- Reduced A&E opening to 09.00 – 18.30 from 24/7
- Will accept ambulance conveyances in line with the current inclusions and exclusions between the hours of 09:00 and 18:30
- Medical presence between the hours of 09.00 and 22.00
- Admission to GDH for medical and orthopaedic emergencies remain unchanged
- 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 – 09.00 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

## 1.5 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. Additional actions have included:

- All adverts being reviewed and refreshed.
  - *Done*
- A new agency has approached ULHT who suggest they can help to recruit consultants and middle grades to posts that have proved challenging to recruit to. This is being pursued.
  - *Remains challenging.*
- CESR (Certificate of Eligibility for Specialist Registration) posts have been re-advertised
  - *Regular rolling advert. One doctor should be starting this in January 2017. There are plans for more.*
- A&E speciality doctor posts advertised with up to 2 sessions a week, together with funding, to support the completion of an appropriate part time MSc or PhD. This ULHT funded initiative has been developed in partnership with the Community and Health Research Unit, based in the University of Lincoln and is seen as nationally innovative.
  - *Rolling advert but has not led to any additional doctors*
- ULHT had a recruitment stand at the Royal College of Emergency Medicine (RCEM) conference 20th-22nd of September and the BMJ Fair on 21-22<sup>nd</sup> October
  - *Good feedback and publicity but has not lead to any additional doctors*
- RCEM agreed to tweet all of their members with details of our vacancies to support our ED recruitment drive.
  - *Did not lead to any additional doctors*
- Launch of a Master's programme for middle grades planned
  - *No progress made yet*
- Exhibited at national recruitment conference
  - *Did not lead to any additional doctors*
- Released promotional DVD to attract doctors to the trust
  - *Working with Lincolnshire Medical Committee to develop a coordinated attraction strategy for Lincolnshire*
- Advertised through networks such as Doctors.net
  - *Did not lead to any additional doctors*
- Proactive international recruitment actions including ;
  - Skype interviews undertaken to support international recruitment
    - *A number of Skype interviews have taken place with offers made but has not translated in to additional doctors. Significant difficulties have been encountered trying to set Skype up.*
  - Developed a Trust wide vacancy management strategy
    - *In progress*
  - Role substitution through nurse clinicians, physicians associates and emergency nurse practitioners
    - *Five due to start by the end of February 2017 to take the total to 15. Potential barriers to progress are clinical supervision with EM qualified consultants, and protected study time. The long term plan (2-3 yr) that at*

*least half of this group will be credentialed through RCEM to an equivalent of ST4 level training in emergency care*

- A&E consultant going to India in 2016/17 on annual leave and for an Accident & Emergency conference. He will try to see if any interested in coming to the UK to complete Emergency Medicine Fellowship exams or enrol on MSc.

### **Lincoln County Hospital**

To 31<sup>st</sup> December 2016 there have been either 11 applications or expressions of interest by middle grades. None of the doctors offered employment are in post.

### **Pilgrim Hospital, Boston**

To date one of the doctors offered employment is in post but it is expected that another one should start in January 2017.

### **Grantham and District Hospital**

No offers of employment have been made.

### **Consultant medical staff**

The total number of substantive consultants in A&E remain at 4. However, one long term locum has resigned. It is anticipated that there will be an additional temporary loss of another consultant, taking the expected consultant staffing numbers for ULHT from 15wte to 13 wte during the month of February.

### **Trainees/junior medical staff**

It is anticipated that there will be a decrease in the number of junior medical and trainee staff from April 2017 at LCH. This may well be a reduction of 50% from 10 to 5 staff.

### **Registered nursing staff**

The A&E department at Grantham have 5 registered nursing vacancies. At PHB there are 5.1wte nurse vacancies in A&E and 1 wte going on maternity leave in March. At LCH there are 3.9wte nurse vacancies.

Table 8 below summarises the impact of the recruitment success at each of the hospital sites, and shows the number of staff that could be in post as a result of the recruitment drive together with anticipated start dates.

**Table 8: Summary of potential recruitment to medical middle grade posts**

	Lincoln funded for 11.0 wte		PHB funded for 11.0 wte		GH funded for 6.0wte	ULHT funded for 28 wte	
	Substantive	Long term locum	Substantive	Long term locum	Substantive	Long term locum	Total
<b>01.08.16</b>	2.6	0	4.0	0	5.0	0	11.6
<b>01.09.16</b>	2.6	0	5.0	0	5.0	0	12.6
<b>01.10.16</b>	2.6	2.0	5.0	2.0	5.0	0	16.6
<b>01.11.16</b>	2.6	2.0	5.0	2.0	5.0	0	16.6
<b>01.12.16</b>	2.6	3.0(2.0)	5.0 (4.0)	2.0	5.0	0	17.6 (15.6)
<b>01.01.17</b>	2.6 (3.6)	3.0	6.0	2.0	5.0	0	18.6 (19.6)
<b>01.02.17</b>	2.6 (5.6)	3.0	6.0	1.0(2.0)	5.0	0	17.6 (21.6)
<b>01.03.17</b>	3.6	3.0	6.0	1.0	5.0	0	18.6

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

## 2.0 Impact of reduced A&E opening hours at ULHT

### Medical staff

The middle grade doctors from Grantham A&E have continued to provide up to 75 additional hours per week at LCH and the GDH A&E consultants have been supporting LCH with up to 8 additional hours per week.

### Attendances to A&Es at ULHT

The data for the number of patients attending the ULHT emergency departments is contained in Appendix 2, but in summary:

- The average attendance over 24 hours to A&E at LCH 1<sup>st</sup> April 2016 to 16<sup>th</sup> August was 196 and since then to 8<sup>th</sup> December was 199.
- The average attendance over 24 hours to A&E at PHB 1<sup>st</sup> April 2016 to 16<sup>th</sup> August was 161 and since then to 8<sup>th</sup> December was 156.
- The average attendance over 24 hours to A&E at GH 1<sup>st</sup> April to 16<sup>th</sup> August was 86 per day and since then to 8<sup>th</sup> December was 57 – a reduction of 29.

### Summary

There has been no significant change to the overall attendance to A&E departments at LCH and PHB since the reduced opening hours at GDH and since last reported to Trust Board.

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

Appendix 3 contains the detail by patient 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

- 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 8th December was 19.
- 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 8th December was 7.

## **Summary**

Following the change, 6 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 has remained unchanged since last reported to Trust Board.

## **Patients conveyed to the emergency departments via 999**

Appendix 4 contains the details of patients who were taken to the Lincoln and Pilgrim hospital emergency departments via 999 calls, in summary:

- The average 24/7 attendance to A&E at LCH 1st April 2016 to 16th August was 69 and since then to 8th December was 71.
- The average 24/7 attendance to A&E at PHB 1st April 2016 to 16th August was 64 and since then to 8th December was 61.

## **Summary**

Overall there has been no significant change 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. This has remained unchanged since last reported to Trust Board.

## **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 was 8 and since then to 8th December was 10.
- The average 24/7 attendance to A&E at PHB from these post codes 1st April 2016 to 16th August was 3 and since then to 8th December was 3.

## **Summary**

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.

## **Total admissions to ULHT**

Appendix 6 shows details of the total admissions to ULHT

- The average number of patient admissions to LCH 1st April 2016 to 16th August was 208 and since then to 9th October was 204 and to 8<sup>th</sup> December were 211.
- The average number of patient admissions to PHB 1st April 2016 to 16th August was 151 and since then to 9th October was 145 and to 8<sup>th</sup> December were 147.
- The average number of patient admissions to GH 1st April 2016 to 16th August was 40 and since then to 9th October was 38 and to 8<sup>th</sup> December were 39.

## **Summary**

Overall there has been little change in total admissions to ULHT since the changes to the opening hours of the Grantham A&E were implemented. However, since 9<sup>th</sup> October there has been a slight increase in admissions to ULHT and more so to LCH (7 patients).

## **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 16<sup>th</sup> August 2016 was 26 and since then to 8<sup>th</sup> December was 27.

- The average number of admissions to PHB prior to 16<sup>th</sup> August 2016 was 9 and since then to 8<sup>th</sup> December was 9.

### **Summary**

Overall there has been no change in admissions to LCH or PHB from the Grantham and Sleaford post codes since 17<sup>th</sup> August. This data was not reported to Trust Board in November 2016.

### **Emergency admissions to ULHT**

Appendix 8 shows the average number of emergency admissions to each of the ULHT hospitals

- The average number of emergency admissions to LCH prior to 16<sup>th</sup> August 2016 was 85 and since then to 9<sup>th</sup> October was 85. This remains unchanged to 8<sup>th</sup> December.
- The average number of emergency admissions to PHB prior to 16<sup>th</sup> August 2016 was 61 and since then to 9<sup>th</sup> October was 60 and to 8<sup>th</sup> December were 60.5.
- The average number of emergency admissions to GDH prior to 16<sup>th</sup> August 2016 was 15 and since then to 8<sup>th</sup> December was 12.

### **Summary**

There has been negligible change in emergency admissions since the 17<sup>th</sup> August. This data has remained unchanged since last reported to Trust Board.

### **Emergency admissions to LCH and PHB from the Grantham and Sleaford area**

Appendix 9 shows the number of emergency admissions to the Lincoln and Pilgrim Hospitals from 1<sup>st</sup> April 2016 to 8<sup>th</sup> December 2016 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 1<sup>st</sup> April 2016 to 16<sup>th</sup> August was 10 and since then to 9<sup>th</sup> October was 12 and to 8<sup>th</sup> December was 11.
- The average number of emergency admissions to PHB from these post codes 1<sup>st</sup> April 2016 to 16<sup>th</sup> August was 3.6 and since then to 9<sup>th</sup> October was 3.2 and to 8<sup>th</sup> December was 3.5.

### **Summary**

There has been a slight increase in emergency admissions to LCH and PHB from the Grantham and Sleaford post codes since the 17<sup>th</sup> August. However, since October there has been a slight decrease in emergency admissions (1 less) from Grantham and Sleaford post codes to LCH.

### **Discharges from A&E at LCH to Grantham and Sleaford post codes NG31, 32, 33 & 34.**

Appendix 10 shows the number of patients discharged by hour of the day from the Emergency Department at Lincoln Hospital to the Grantham and Sleaford post code areas; NG31, NG32, NG33 and NG34.

The previously documented increase in the number of patients discharged to Grantham and Sleaford post codes out of hours since August 17<sup>th</sup> has remained unchanged department. The most recent data (to 12 December 2016) shows 7.42 patients (7.6 at last Trust board) compared with 3.8 patients prior to 17<sup>th</sup> August 2016.



### **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 18<sup>th</sup> August and 21<sup>st</sup> December there have been 13 patients placed here pending transfer. The majority (11) needed further surgical assessment. The average time from admission to discharge from EAU was 3 hours. Two patients waited 8 and 9 hours with 10 patients waiting less than 3.5 hours.

### **Patients in A&E at GDH (data for 103 days is manually collected in A&E)**

#### **At 09.00**

For 103 days over a 4 month period since 17<sup>th</sup> August 2016, the average number of patients per day attending at 09.00 was 4. For the first 6 weeks this averaged 5 and since the end of October this has reduced to 3.

#### **At 18.30**

Appendix 19 shows that the previously documented marginal reduction (14. to 12.6) in the number of patients in the department at 18.30 hrs continues to be static at 12.3 to 6<sup>th</sup> December 2016. For the first 6 weeks this averaged 13 and since the end of October this has reduced to 11.

#### **At 21.00**

For 103 days over a 4 month period since 17<sup>th</sup> August 2016, the average number of patients in the department at 21.00 was 1.3. For the first 6 weeks this averaged 1.5 and since the end of October this has reduced to 1.2.

### **Time taken to have 0 patients in A&E after closing the doors at 18.30hrs**

For 103 days over a 4 month period since 17<sup>th</sup> August 2016, the average time taken to have 0 patients in the department once the doors had closed at 18.30 hours was 2 hours and 46 minutes. For the first 6 weeks this averaged 2 hours and 52 minutes and since the end of October this has decreased marginally to 2 hours and 42 minutes.

### **Call to 111 and 999 from Grantham A&E**

From the 18<sup>th</sup> August to 2<sup>nd</sup> January 2017 there have been a total of 88 calls using the telephone outside A&E as shown in Appendix 20.

There were 7 calls to 111 within 30 minutes of the department closing.

There have been 11 calls to 999 and 3 of these were within 15 minutes of the department opening or within 30 minutes of the department closing. There were 2 calls to 999 whilst the department was open. The remaining calls were made when there was no staff in the department.

### **Winter planning scenario**

Following the November Trust board meeting, a modelling assessment of anticipated attendances to the emergency departments over winter was made. The aim of which was to help gauge the impact of the overnight closure and our ability to maintain safe clinical emergency services. Appendix 21 shows the anticipated A&E attendances per hour for the three sites in the form of a heat map to March 2017. The data for all sites show a slight increase in hourly attendances is to be expected to March 2016. The absolute number for attendances to GDH remains low at 2.2 to 2.4 patients per hour during A&E opening times.

## 2.1 Quality impact

### Length of stay

Appendix 11 shows data relating to length of stay for patients admitted from the Grantham and Sleaford areas with post codes NG 31, 32, 33 and 34. The data suggests that there does not appear to be a significant change to length of stay related to the reduced opening hours of Grantham A&E.

### Hospital standardised mortality ratio (HSMR)

The HSMR for patients admitted to ULHT or Lincoln County from post codes NG31, 32, 33 & 34 shows no significant change to September 2016 and remain within the expected range throughout for both as shown on Appendix 12 (Data from Dr Foster).

### Sickness

Nursing sickness levels for A&E departments for Pilgrim and Grantham have decreased from Q1 of 2016 whereas for Lincoln this has increased as shown on Appendix 13.

### Friends and family test

Appendix 14 shows that there has been an improvement in the overall FFT scores from 78% to 83% for emergency care at ULHT. The improvement at Grantham and Pilgrim Hospitals is greater than for Lincoln. Comments received in relation to Friends and Family Tests can be seen in Appendix 15. Four patient stories from Patient Opinion over the last three months are shown in Appendix 16.

### Serious incidents

There has been no SIs reported on DATIX in relation to the changes made to the opening hours of Grantham Accident & Emergency department.

### Complaints

Since August the complaints team have received 9 complaints from a patient or carer in relation to A&E at Grantham but only 1 related specifically to the reduced opening hours of A&E at Grantham Hospital. However, we are aware of the unhappiness with this decision as expressed on social media sites.

### Medical trainees

Appendix 17 details comments made taken from exit questionnaires, by medical trainees working in A&E at ULHT

### Mandatory training

Compliance with mandatory training for staff in A&E at Grantham Hospital has increased significantly since August 2016. Appendix 18 shows the overall composite data.

## 2.2 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<sup>th</sup> 2016

### Attendances

- Overall there has been no significant effect on attendances to A&E departments at LCH and PHB.
- There has been a decrease of 29 (86 to 57) in patient attendances to A&E at GDH.

- From NG post codes 31, 32, 33 and 34 there has been an increase in attendances (8), by patients, to A&E departments at LCH and PHB.
- EMAS 999 conveyances to A&E departments at LCH have increased by 2 and decreased by 3 for PHB.
- 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 little change in admissions to ULHT. However, since 9<sup>th</sup> October there has been a slight increase in admissions to ULHT and more so to LCH (7 patients).
- From NG post codes 31, 32, 33 and 34 the total number of admissions has changed little (35 to 36) with a minor increase in emergency admissions to LCH (1).

### **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 17<sup>th</sup> August 2016.

### **Patients in A&E**

- The average number of patients in the department at 18.30 are 13 and it takes approximately 2 hours 45 minutes to have 0 patients once the doors are closed.

### **Calls to 111 and 999 from Grantham**

- There were 88 calls made over 20 weeks. A quarter of these call were made during the day on the first day when the change to the opening time was introduced.

### **Quality**

- HSMR and length of stay are unchanged to September 2016 but the data is unlikely to identify subtle changes
- In A&E at Grantham hospital, mandatory training and sickness levels for nursing staff have increased and decreased respectively by a significant amount.
- Sickness levels for nursing staff in A&E at Lincoln County have increased.
- Friends and family tests scores for A&E have increased for the Trust as a whole; however, scores for Lincoln remain sub-optimal.
- There have been no serious incidents identified on DATIX and complaints remain unchanged.
- Overall there have been no serious issues reported that we are aware of but we continue to remain vigilant
- 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.

## **2.3 Impact on stakeholders**

### **Impact on EMAS**

#### **EMAS job cycle time for 137 days before and after 17<sup>th</sup> August 2016 for the SWCCG area (post codes NG23, 31, 32, 33, 34, LN4, and PE10)**

Appendix 22 shows details provided by EMAS of the job cycle time for crews.

For double crewed ambulances there has been little change to the in the length of time spent on scene or time taken to arrive respectively. The job cycle time has increased by 11 minutes with the number of callouts totaling around 9150.

For rapid response vehicles the time spent on scene and travelling has increased by just over 2 minutes and by 2 minutes respectively. The overall job cycle time has increased by 10 minutes and the number of call outs decreased from 3686 to 3872.

**Note:** These data relate to different post codes to that described to the Trust Board in November 2016 making direct comparisons invalid. The data is based on call cycle time across the full 24hr span.

### **EMAS R1 performance data in the South Locality for April to November 2015 and 2016**

Appendix 23 shows performance data as provided by EMAS for six ambulance stations (Bourne, Grantham, Sleaford, Stamford, Holbeach & Spalding).

There is variation throughout the year making it difficult to compare activity prior to and after the change in opening hours to A&E. The monthly data for 2015 shows an average R1 activity of 55 compared with 65 for 2016. The compliance with R1 targets is 66% and 75% respectively for 2015 and 2016.

### **EMAS R1 activity data for the Grantham and Sleaford post codes NG31, 32, 33 and 34 for April to November 2015 and 2016.**

There is variation throughout the year making it difficult to compare activity prior to and after the change in opening hours to A&E. Appendix 24 shows that there has been a slight increase in mean monthly (9 vs 7 respectively) activity for 2016 compared with 2015.

### **EMAS R1 performance data 18.00 – 10.00 hrs in the SWCCG (post codes NG23, 31, 32, 33, 34, LN4, and PE10) area for 137 days before and after 17<sup>th</sup> August 2016.**

In the 137 days before 17<sup>th</sup> August 2016 their R1 performance for the 75% target was 56.9% and for the 95% target it was 96.1%.

For 137 days after this date the 75% target was 59.3% and for the 95% target it was 100%.

### **EMAS waits and handover for 137 days before and after 17<sup>th</sup> August 2016**

Appendix 25 shows that there has been an increase in the average ambulance handover times except for Grantham. The data has remained largely unchanged since the last report to the Trust Board.

### **Summary of impact on EMAS**

- EMAS R1 performance data shows variation throughout the year making it difficult to assess the impact of the changes to A&E. Nevertheless there does not appear to be a significant change to the data.
- There has been deterioration in ambulance handover times and this is largely unchanged since the last report to the Trust Board.
- It is difficult to assess the impact on job cycle times as a consequence of the changes to A&E at Grantham Hospital

### **EMAS have provided the following statement:**

“EMAS analysis shows that before the reduction in opening hours of the A&E department, approximately 7 patients were conveyed overnight to ED during the closure times. EMAS

believe these patients are being conveyed from Grantham ED catchment to other A&E's. While the average job cycle time given in the appendix deals with large numbers e.g. 11 minute increase, the time spent travelling out of and back into the Grantham A&E catchment area is additional unfunded hours utilization for these "7" per night."

"Given the short period of time since the restricted hours at GDH, it is difficult to assess the impact and draw a firm conclusion from the data, however, there is a definite trend in the reduced admissions via ambulance into GDH and the handover delays at the other acutes have seen an increase. There is a reduction in the number of IFT's out of Grantham and Red 1 performance has reduced. R1 performance is set however against a general increase in activity, divisionally and regionally."

### EMAS Staff and Vehicles

"It is not easy to measure the impact on staff and vehicles specifically from the South of the division. Anecdotally however staff and vehicles are significantly out of position at the end of their shift finish e.g. 1900hrs finish terminating shift at Lincoln A&E with a post handover drive to the South of the County still required. This impacts on the oncoming crew if awaiting the vehicle and the finishing crew if rostered the next day in terms of rest hours. As stated there is no way to directly correlate this to Grantham changing hours of operation nor the impact due to the multi-faceted reasons for attending other A&E's. It is however worthy of consideration".

### **Impact on out of hours service**

The data relating to this can be seen in Appendix 26. LCHS have provided the following statement:

"In regards to attendances in the OOH's service numbers utilising the service remain down. The closure of the A+E department has had an impact on the number of patients using the service. The primary reason for this is due to the inability of patients walk in to the service as they did when we were co-located with A+E. Patients when they are now using the service have to go through 111 and potentially the CAS service to get a booked appointment. I would expect that there are also a proportion of patients who are being diverted away following these contacts to other access points for healthcare (we are currently looking to see if we can identify Grantham patients to get a firm figure to support this). The enhanced service providing injury support has not been well utilised since its inception. The maximum number of patients seeking support from us has been 3 per night. I have looked to see if patients locally are accessing injury support elsewhere. The CCG have forwarded data pertaining to the MIU at Newark."

"Newark does show an increase in attendance since the closure. I believe that a number of Grantham patients are accessing injury care there. I have asked the CCG for last year's data to compare and quantify this. However I have as yet not received this. SWCCG indicate that PSHFT are still having an additional crew from EMAS per day from a Grantham postcode with the numbers going to Lincoln County remaining around 4."

### **Impact on the Lincolnshire Police**

The police have provided the following statement:

*Between 17<sup>th</sup> August 2016 and 31<sup>st</sup> December 2016 Grantham officers have recorded 199 hours of additional operational time when being required to attend hospitals other than Grantham during the Grantham closure times in circumstances whereby they have*

*previously used Grantham. This figure is total time and includes waiting time at the relevant hospital.*

*Over the course of 18 weeks this equates to approximately 11 hours per week. I am confident that this figure will be an under-reporting as it is logistically difficult to accurately record the data. This abstraction has an impact on operational policing.*

*There is no mitigation that we can put in place due to already fully committed resources. I am unable to comment on how ULHT should consider this information other than to say Lincolnshire Police aims to have the right resources in the right place at the right time to best serve the public, whilst working effectively with our partners.*

### **3.0 Engagement with staff, stakeholders and the public**

#### **Engagement by ULHT**

Appendix 27 contains the letter we have sent to organisations

#### **Staff**

- Regular updates to and from the staff at GDH have continued.

#### **LCHS**

- see section 2.2

#### **EMAS**

- see section 2.2

#### **LPFT**

Psychiatric Liaison Services – no apparent impact seen

Crisis services: Data for Grantham area mental health patients attending A&E departments in Lincoln and Boston out of hours from August to December 2016. There were only 24 referrals within this time.

#### **Commissioning CCG**

##### **Lincolnshire SW Clinical Commissioning Group:**

*Apologies for the late response, we have had feedback from our largest practice on the high street as below a while back , it echoes general comments about patients being unclear so thought it helpful to include although it is not really evidence in our view of impact of the closure overnight.*

*We have been keeping a close eye on things over the past couple of months, and although we don't feel there has been any huge fluctuation in the numbers of acute/emergency triage assessments we are making on a daily basis, we feel there has been an increase in the number of 'walk-in' patients presenting with chest pain or shortness of breath, and also non-registered patients that have fallen/been taken ill in town, and we are then first port of call. These examples are obviously occurring during core hours, when A&E is still open, but perhaps people are unsure so deviate to an option they know will definitely be open? At this time of year, we usually see an increase, particularly in the number of patients with breathing difficulties, but the perception is that it is much more pronounced this year. One day last week, there were four walk-ins within a short space of time, that all required GP and nurse input, oxygen and observation prior to admission to EAU. In order to ensure the safety of these patients, we have to divert nursing staff away from their pre-booked clinic lists which causes inconvenience and*

*frustration for our other patients. It may be sheer coincidence, but we will try and monitor on a more formal basis from now on to enable us to provide more quantitative feedback for you.*

*Some GPs in Grantham town have reported that there is a small increase in surgery early evening of patients unsure about A&E hours and some of these have been medically unwell patients that then need to go to A&E and are struggling to get EMAS for hours as they are in a deemed place of safety. They have datix these events and we are picking up with EMAS, the crews state that the delay is due to having to take patients further afield. It is the view of local GPs that if the direct admission pathway was in place a good proportion of patients admitted from surgery or generally overnight to other sites would meet criteria for GDH.*

*Generally we are getting increased complaints/concerns raised to the CCG about the closure and the impact on individuals which is to be expected given the length of the closure hours. We have also had complaints re lack of provision from 8 am –9am, we have responded to the 8-9 am to state that GP surgeries are open when OOH ends and for A&E they will need to travel.*

*The opening hours and the direct admission pathway are therefore the key elements of impact we would like you to consider at your next board meeting.*

**Lincolnshire West Clinical commissioning Group:**

*I am pleased to inform you that there has been no reported adverse impact on our residents as a result of the closure of the night time closure of Grantham Hospital A&E.*

**Healthwatch Lincolnshire**

*Further to your email please find below feedback we have received in the last week:*

**Feedback centre comments received regarding Grantham A+E**

**Grantham + District Hospital     January 25, 2017, 6:32 pm**

Star: 5/5

It is vital that this hospital is restored to a fully functioning A&E asap. Grantham and District residents are not being catered for in emergency situations that are time critical. The journeys to surrounding A&E s are an hour away and therefore a risk to health. Reopen for 24hours a day every day and restore to full level Vital for the future of the town

**Grantham + District Hospital     January 26, 2017, 7:28 am**

Star: 5/5

Ratings are only applicable to the few hours it's open otherwise there isn't any emergency care for over 120,000 people within Grantham & District. I'm appalled that ULHT can leave so many people without emergency cover.

**Grantham + District Hospital     January 25, 2017, 8:59 pm**

Star: 5/5

Fortunately this review of A &E is based on February 2016. I now in dread of my husband being ill again as no way would we go to Lincoln for fear of him dying before we could get there. Grantham staff are superb and we need our doctors back

**Grantham + District Hospital     January 25, 2017, 11:26 pm**

Star: 5/5

Grantham and District Hospital is vital to our community. Grantham is not in a good position regarding public transport. A woman in the 8th month of pregnancy has to travel on public transport for two hours to reach Lincoln hospital. This is not acceptable.

Ambulance waiting times are getting longer, can be up to 4 hours. Again not acceptable. This is not the fault of EMAS it's the ambulances queuing at Lincoln A&E waiting to hand over patients. Many of those could have been treated at Grantham if it was still open 24 hours and the hospital had not been deliberately run down. As a community we are extremely anxious regarding emergency healthcare, and given the choice would prefer to be treated at Grantham.

**Grantham + District Hospital ( January 25, 2017, 5:21 pm**

Star: 5/5

We need Level 1 A&E restored 24/7 at Grantham immediately. The population is too large not to have a full A&E department.

**Lincolnshire Police**

See section 2.2. It is not possible to identify to identify how many additional hours over and above that would have been spent had A&E been open 24/7.

**Army Training Regiment**

*Apologies for the slight delay in getting this to you, as we have been busy on the east coast with Lincs County Council and the potential flooding.*

*Please see below and attached for our response over this matter.*

*The points I raised in Capt. Lepage's email dated 9 Sep 16 (see attached email) regarding the impact of Grantham Hospital's A&E closure remain extant although ATR(G)'s current medical plan works well now that we have established a positive working relationship with Newark Minor Injuries Unit following a request to them in Sep 16 for our recruits' med treatment during silent hours, after 1830 when Grantham A&E is closed, and the very effective daytime service we get from RAF Cranwell Medical Centre. In effect, we have had to adjust our medical plans to the treatment facilities available because we have the equivalent of a statutory duty of medical care and there is no alternative. We are currently working with our own chain of command to get a first line medical technician as part of our manpower, as currently we have none established on our books. This will help all those involved, both us and the civilian medical services, as we saw a big reduction of the need for our recruits to attend either Grantham or Newark medical facilities out of hours.*

*Attached is a summary of medical admissions for our recruits over the period 9 Apr 16 – 16 Oct 16. (Appendix 28)*

*Hope this is useful, and if you have any further questions, then please let me know.*

**NUH**

No concerns have been raised

**Peterborough**

No specific concerns have been raised but see the comments from LCHS section 2.2

**Newark**

No concerns raised but see the comments from LCHS section 2.2



## **Engagement with community organisations by ULHT**

Appendix 29 documents the work ULHT has done in engaging and communicating with community organisations and public since last reported to Trust Board in November.  
Awaited

## **Grantham staff**

Supportive of trying to increase the opening hours provided it is safe to do so. There have been no additional issues with regard to the overnight closure of the department.

## **Accident & Emergency**

- A meeting A&E medical and nursing staff took place on 26th January 2017
- concerns were raised by delays in transfer by EMAS from the A&E department to other sites
- sign posting to OOH was felt to be poor
- no specific issues raised to the overnight closure
- staff were receptive to increasing the opening hours of A&E at GDH. If this could be 12 hours the optimal opening hours for patient demand and staff would be 08.00 – 20.00 hrs
- Any change to the opening hours would require a notice period of approximately 6 weeks
- the medical middle grades were willing to continue with their support of Lincoln
- there remained issues with the medical rota at LCH

## **Grantham Medical Advisory Meeting**

- would like to help support LCH with more patients being able to come to GDH if possible
- supportive of increased opening hours 08.00 – 20.00 but would prefer 24/7 if possible
- direct emergency admission according to protocol, by EMAS, is planned
- need to review the SOP for EMAS bringing patients to A&E after it has closed the doors but staff are about to leave

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

- 6<sup>th</sup> January preliminary discussion with SWCCG GPs
- 13<sup>th</sup> January 2017 preliminary discussion with NHSI
- 19<sup>th</sup> January 2017 discussion at Clinical Executive Committee
- w/c 23<sup>rd</sup> January 2017 discussion with and feedback from Grantham A&E nursing and medical staff
- 31<sup>st</sup> January 2017 discussion with and feedback from an extra ordinary Grantham Medical Advisory
- 25<sup>th</sup> January &/or 1<sup>st</sup> February 2017 discussion with Lincolnshire System Executive Team
- 2<sup>nd</sup> February 2017 discussion with ULHT's Clinical Management Board for a recommendation
- **7<sup>th</sup> February 2017 discussion and decision by ULHT's Trust Board**
- 8<sup>th</sup> February 2017 review decision with Lincolnshire System Executive Team
- 10<sup>th</sup> February 2017 review by A&E Delivery Board
- 13 -16<sup>th</sup> February discussion with NHS Improvement and NHS England and agree outcomes

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

### NHS Improvement and NHS England

Awaiting formal review 10<sup>th</sup> February 2017

### South West Lincolnshire CCG

See section 3. 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
- Supportive of trying to increase the opening hours to 12 if staffing permits this but also recognizes the fragility of medical staffing.
- For a further debate next week once CMB have reviewed the data and Trust Board have considered all the options

### Clinical management board (CMB)

The CMB considered four options for A&E at GDH. These were:

1. To reopen to 24/7
2. To continue with the current reduced opening hours
3. To increase the opening hours to 12 hours (08.00 – 20.00)
4. To increase the opening hours to 10.5 hours (08.00 – 18.30)

A detailed discussion based on the available information, led the clinical directors to conclude:

1. A&E medical staffing at LCH was insufficient (and likely to become more fragile than previously stated in the near future) to support either increasing the opening hours to 12/24 or 24/7 at GDH.

Their recommendation was:

1. For A&E to remain closed overnight
2. Not to increase extending the opening hours to 12
3. To consider the possibility of increasing the opening hours 08.00 – 18.30 if staffing allowed.

## 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 November 2016.

An assessment of effect in terms of length of stay, mortality, serious incidents and complaints is minimal. Sickness levels, mandatory training compliance and Friends and Family Test (FFT) data have improved at Grantham since the overnight closure of A&E. Of concern is that sickness levels at Lincoln have deteriorated and FFT results for the site remain sub optimal.

The significance of the impact on EMAS remains unclear. Key performance indicators show variation throughout the year making it difficult to assess the effect of changes

directly attributable to Grantham A&E. Nevertheless, there appears to be some deterioration in ambulance handover times which is largely unchanged since the last report to the Trust Board in November 2016.

The impact on surrounding stakeholders, anecdotally, is small for the most part. There are approximately 10 more attendances to Newark MIU corresponding to the altered opening times at Grantham. Attendance to the OOH service on site at Grantham was decreasing during the course of the year and has decreased even further since the changes were implemented.

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 09.00 – 18.30, has enabled A&E at LCH to be supported up to an additional 85 hours per week by the middle grade and consultant staff from A&E at GDH.

To date the number of substantive or long term locum middle grades recruited has increased to 18.6 wte but the number of consultants is predicted to decrease to 13 or 14 during February. Junior medical staff are likely to decrease by up to 50% from April. The recruitment of middle grade doctors to ULHT and in particular LCH remains particularly challenging and volatile. Nevertheless, the underlying picture has been very slowly improving. Although there remains the potential to recruit more middle grade doctors, this is subject to a number of actions beyond the influence of ULHT. Based on our experience since August 2016, it is highly unlikely any doctors recruited in the next couple of months would be in a position to take up employment before May 2017.

In view of concerns expressed previously over access to emergency medical support in the morning, consideration should be given to allowing A&E at Grantham to increase its opening hours by 1 hour to 10.5 hours per day. This will still allow an increased level of support to be provided to Lincoln of up to 40 hours per week. It is important for the Trust Board to be aware that the recruitment of trained medical staff of appropriate seniority remains very fragile.

## 7.0 Recommendation

The Trust Board is asked to note the contents of this paper, including the views of the CMB, staff, public and stakeholders including regulators and commissioners.

When the decision was taken in August to reduce the opening hours of the Grantham A&E, a threshold of a minimum of 21 wte middle grade doctors would be required to safely staff the three A&E departments (Lincoln, Pilgrim and Grantham). This report has demonstrated that although the recruitment drive has led to a gradually improving picture in medical staffing, it will not reach the minimum threshold to open 24/7 by 17<sup>th</sup> February and remains doubtful for March 2017. The provision of emergency services, particularly at LCH, remains fragile and requires the continued support of A&E medical staff, from GDH, on grounds of patient safety.

Provided medical staffing improves in March it would be possible to allow A&E at Grantham to increase its opening hours to 10.5 hours whilst at the same time continuing to provide support to Lincoln County Hospital. The optimal opening hours based on the discussions at CMB, and predicted staffing numbers is 08.00 – 18.30 hours. In order to assess staffing numbers in place as well as facilitate and provide sufficient notice for nursing and medical rotas, it is proposed that the implementation of the new opening hours commence 27<sup>th</sup> March 2017; provided it is safe to do so.

From the evidence provided in the report, the Trust Board is asked to support the following recommendations:

1. To continue with the current overnight closure and review in 3 months
2. To increase the opening hours of Grantham A&E to 10.5 hours (08.00 – 18.30) provided medical staffing numbers enables a safe service to be delivered at LCH.
3. To consider implementing the changes to the opening hours from 27<sup>th</sup> March 2017.
4. To reassess the proposal to increase the A&E opening hours at GDH to 10.5 hours at the March 2017 Trust Board meeting

## 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 haemorrhage (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.

## ADMISSION PROTOCOL

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

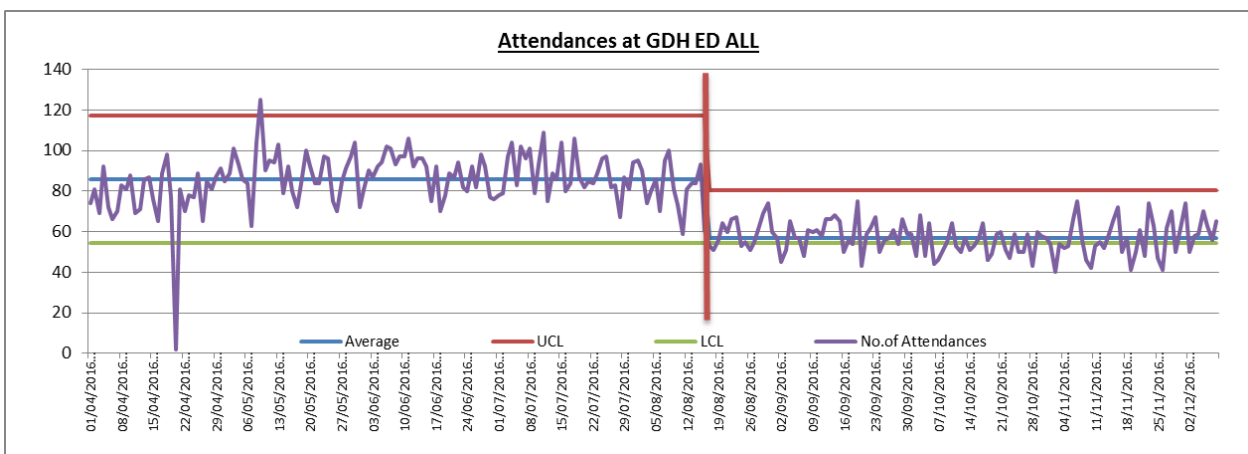
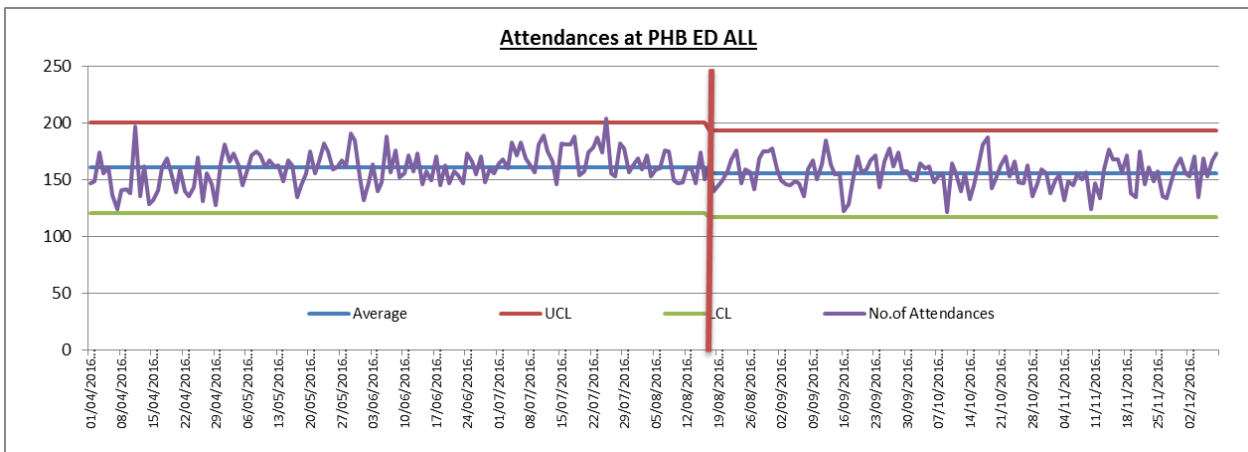
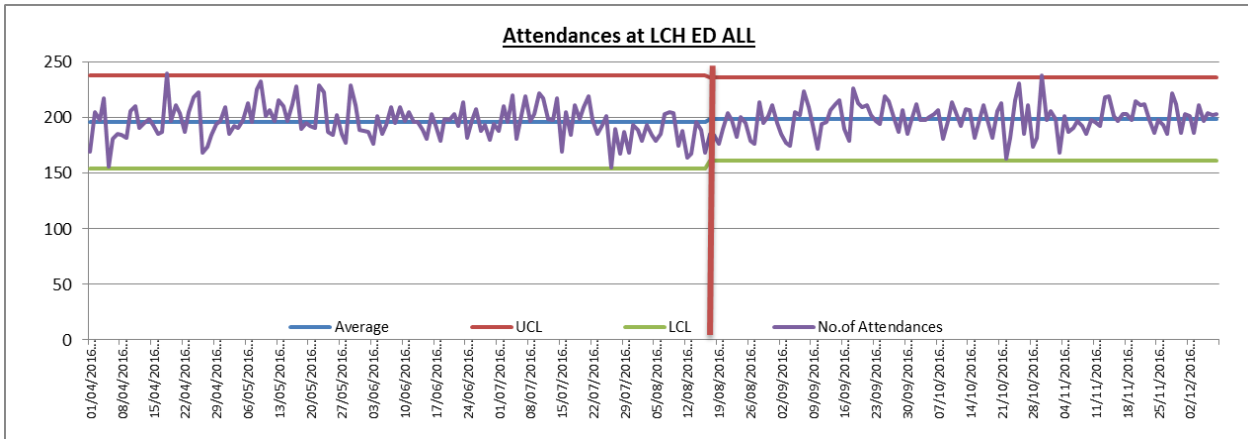
Trauma involving just the peripheral skeleton MAY still be brought to Grantham A&E.

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 2

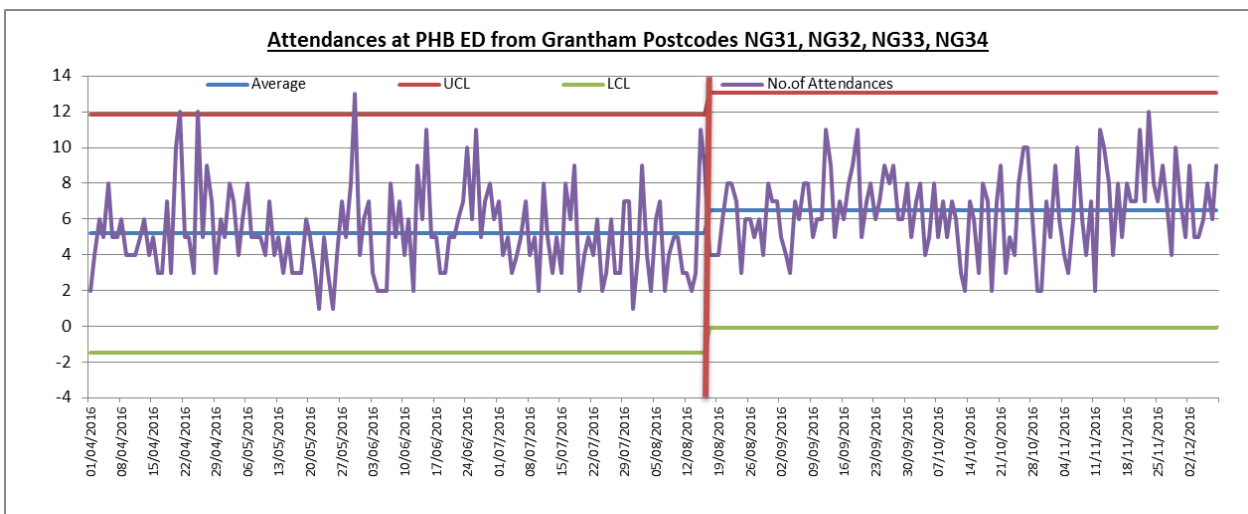
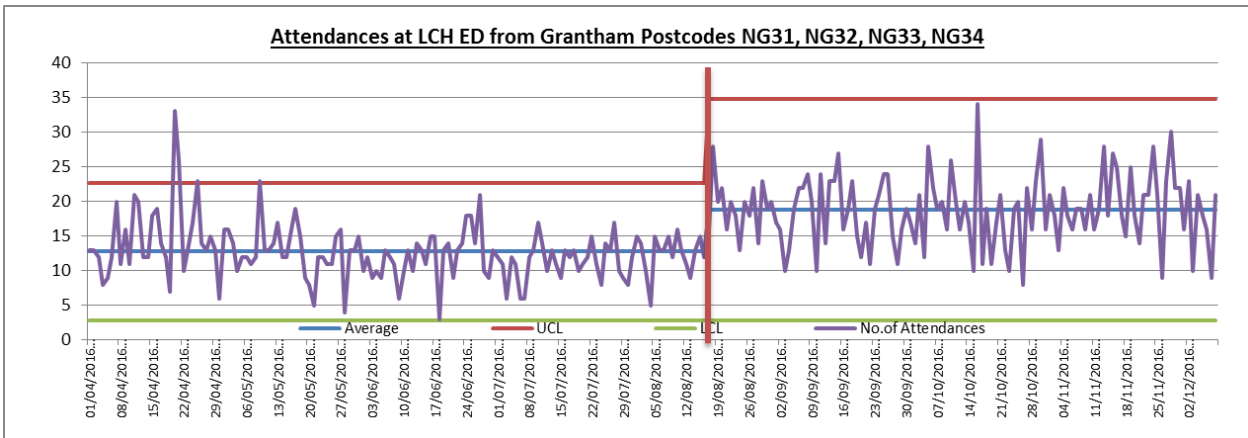
Attendances to the A&E departments at LCH, PHB and GDH before and after reduced A&E opening times at GDH





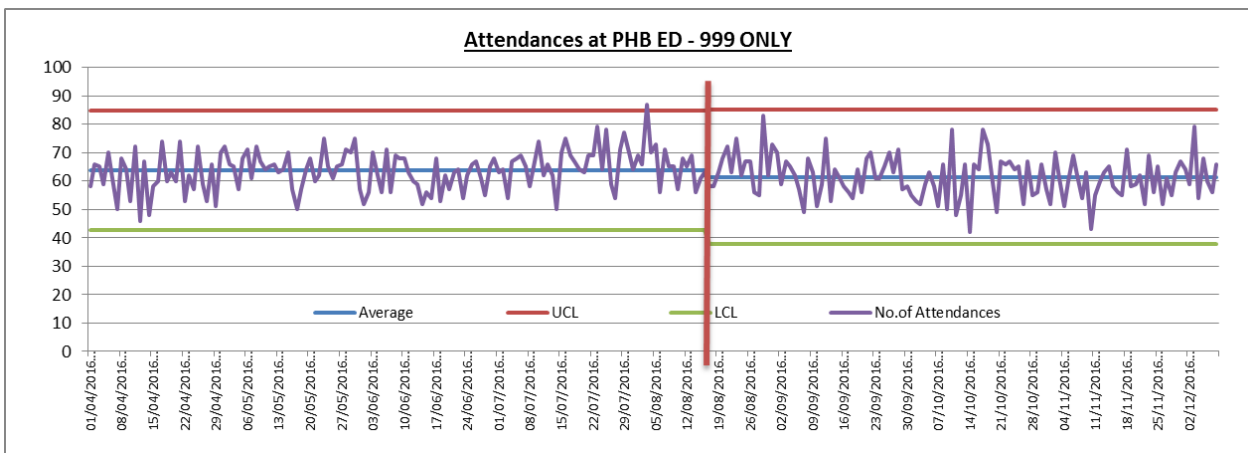
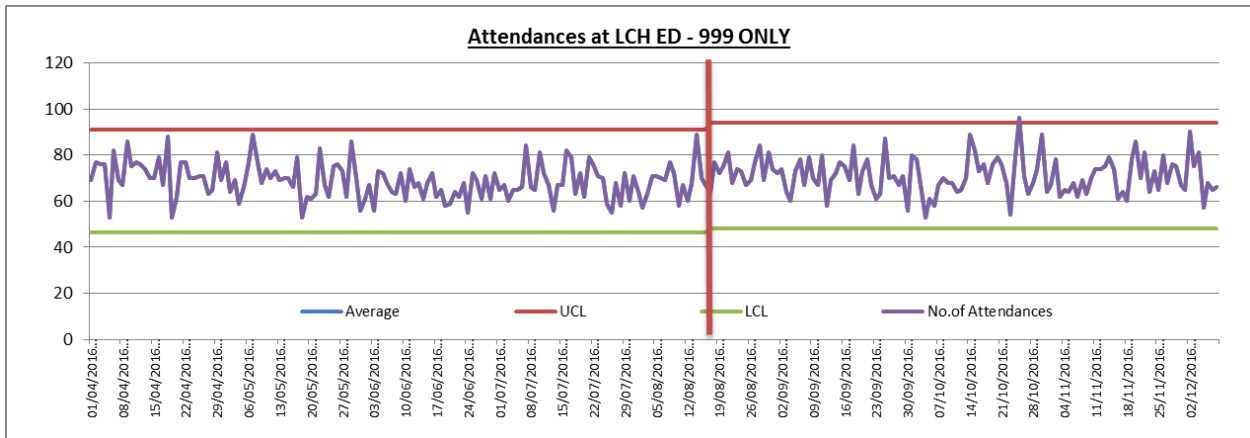
### Appendix 3

Attendances to A&E departments at LCH and PHB from Grantham and Sleaford post codes NG 31, 32, 33 and 34



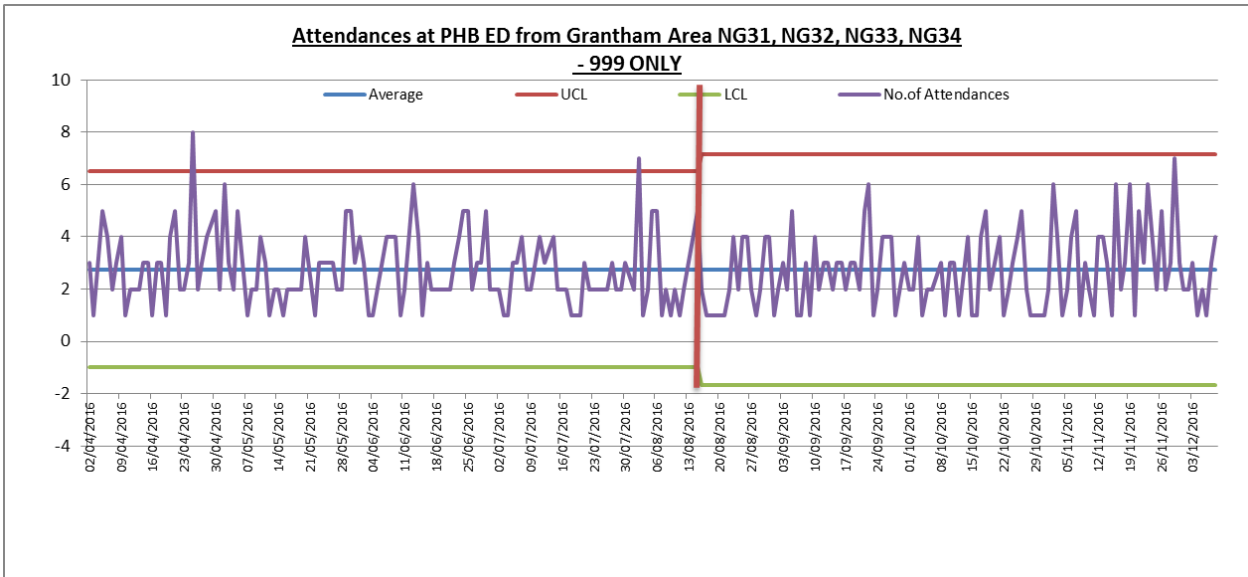
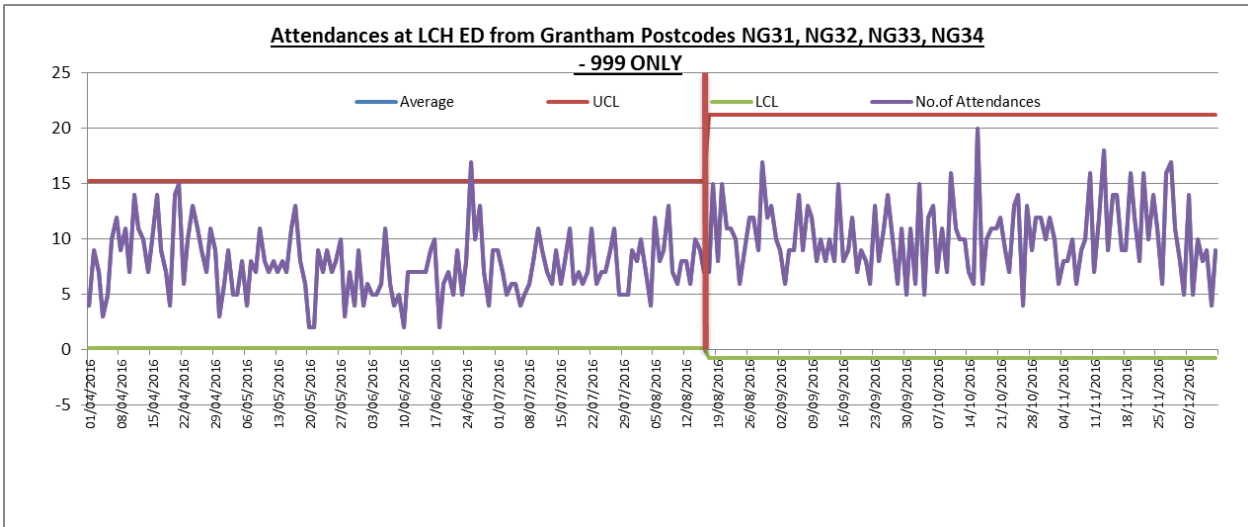
## Appendix 4

### Attendances to A&E departments at LCH and PHB by 999



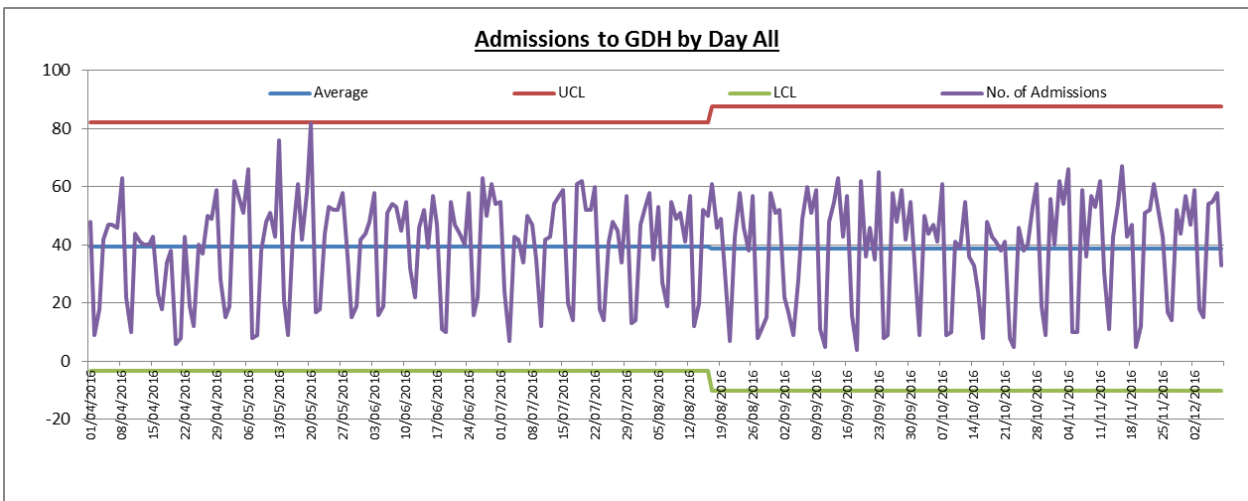
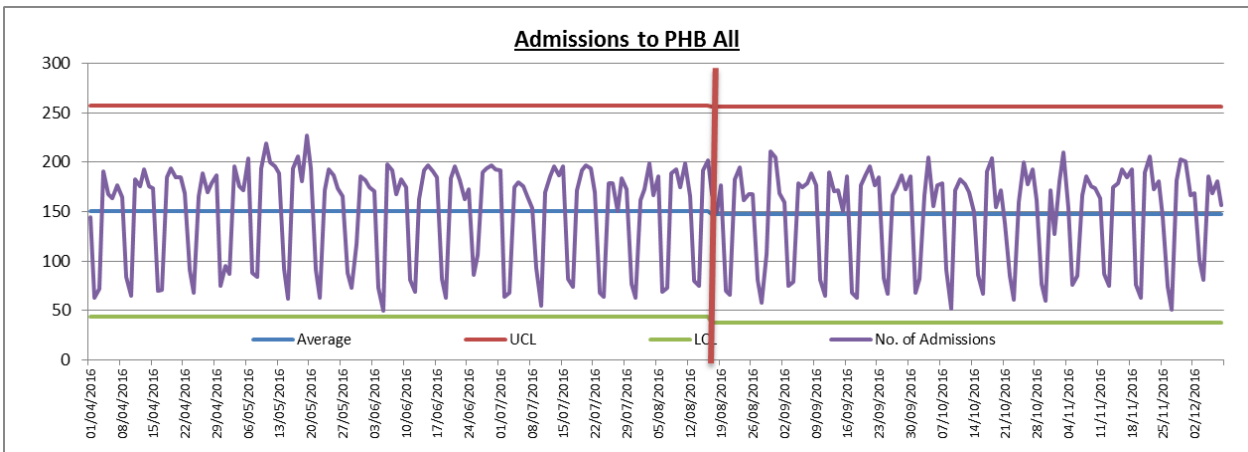
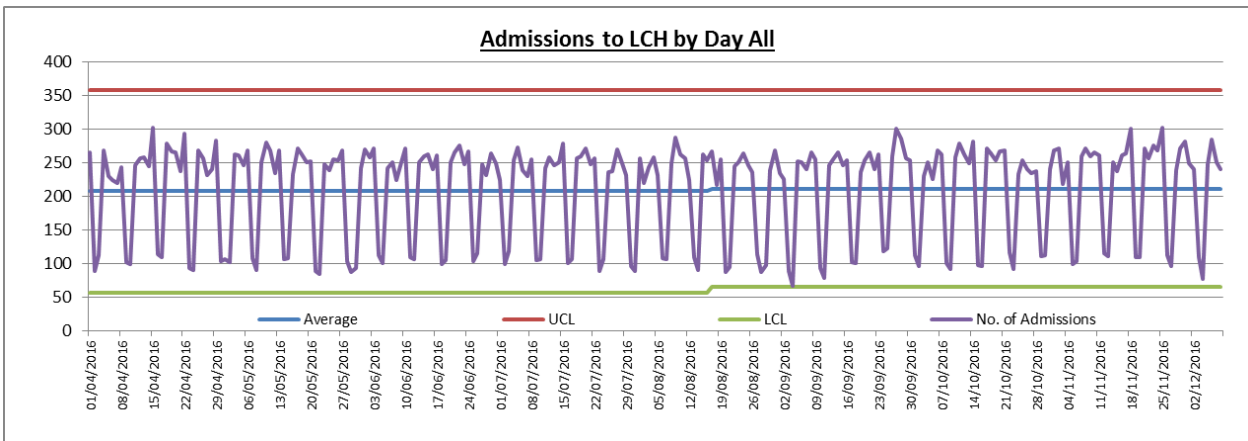
## Appendix 5

Attendances by 999 to the A&E departments at LCH and PHB from Grantham and Sleaford post codes NG 31, 32, 33 and 34.

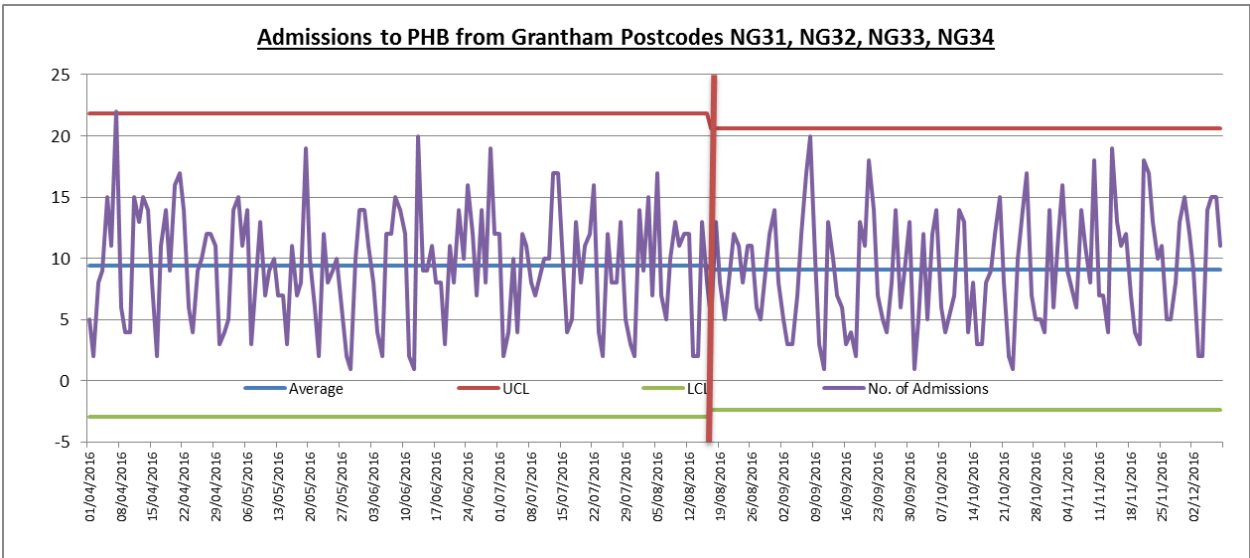
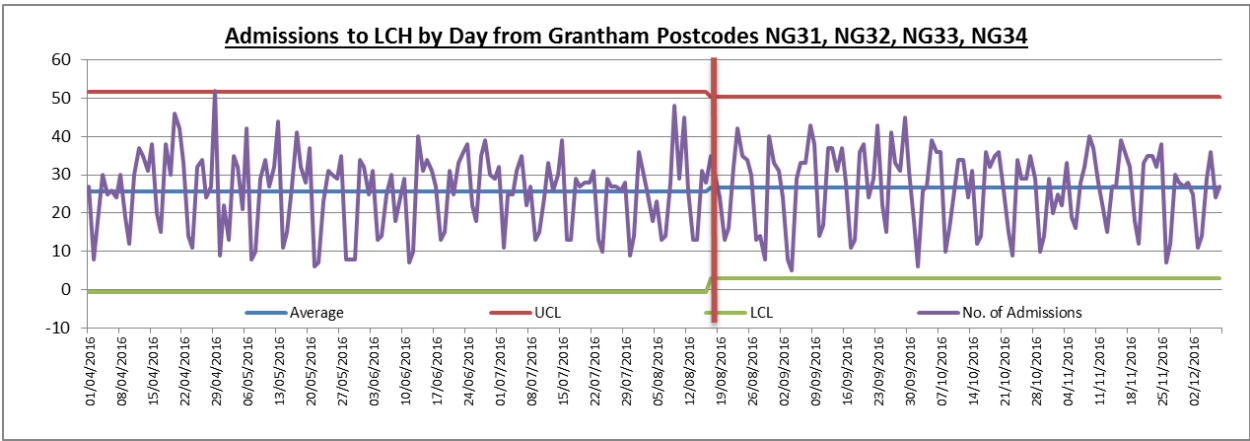


## Appendix 6

### Total admissions to LCH, PHB and GDH

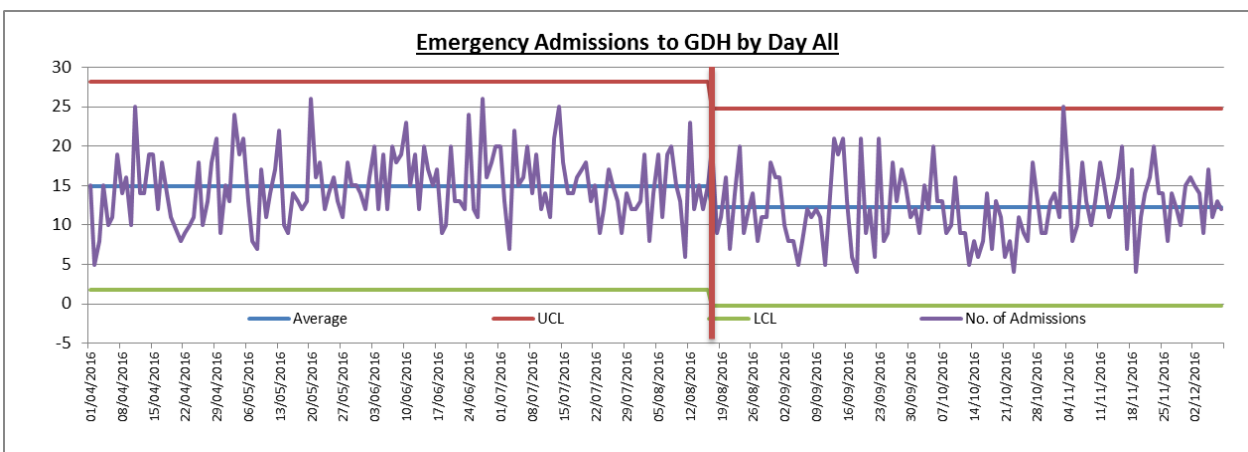
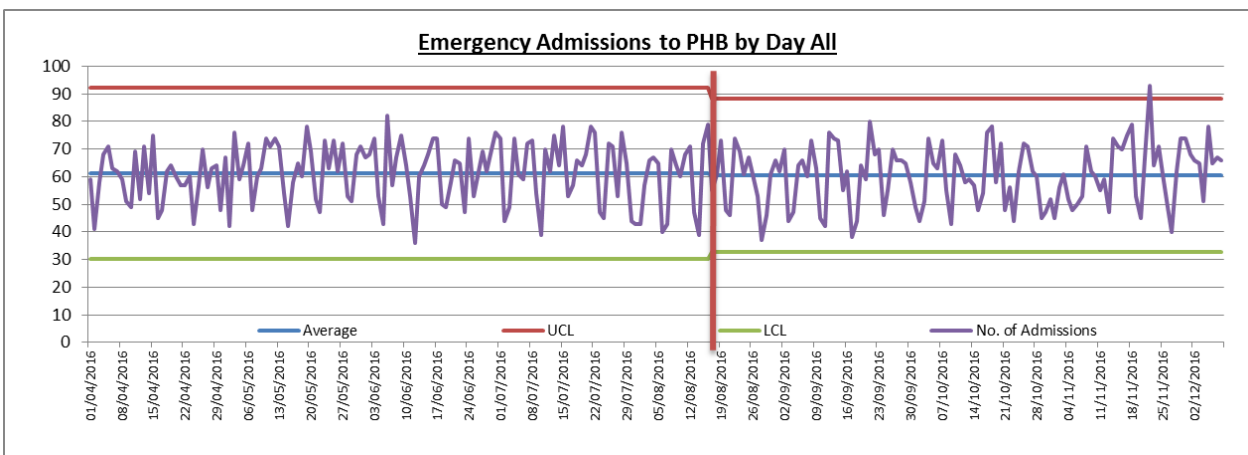
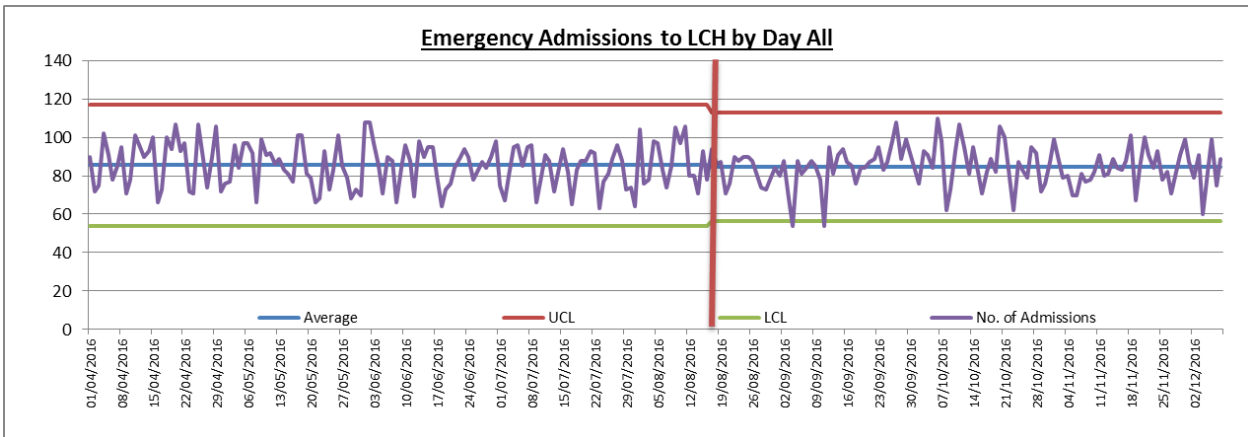


**Appendix 7**  
**Admissions to ULHT from Grantham and Sleaford areas**



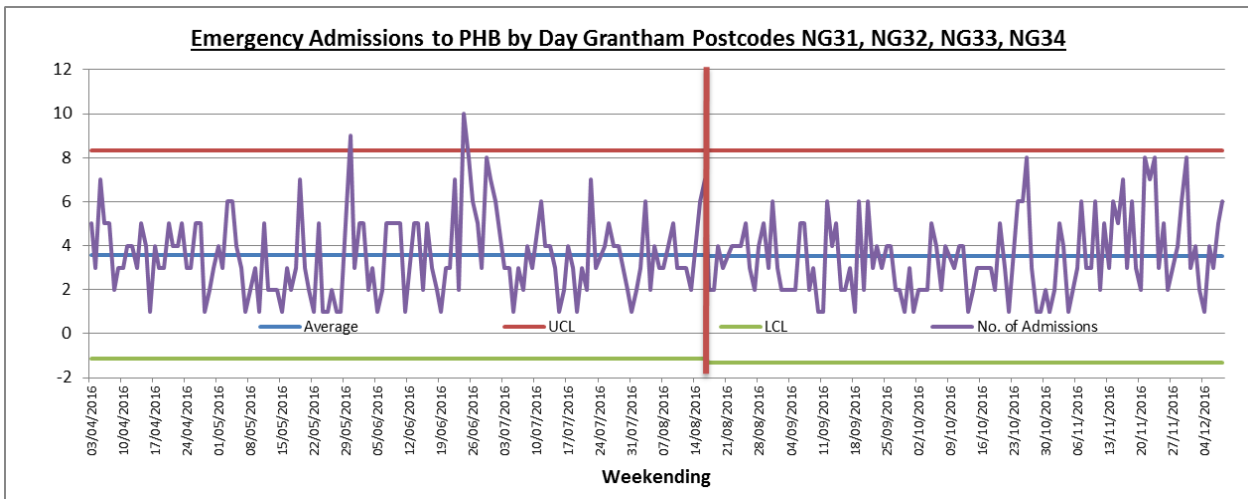
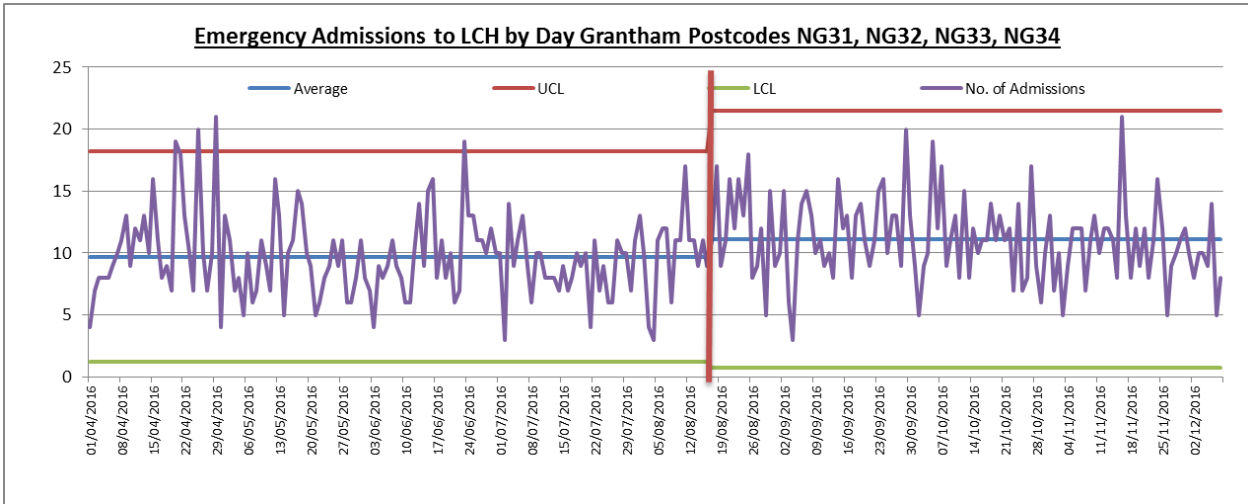
## Appendix 8

### Emergency admissions to LCH, PHB and GDH



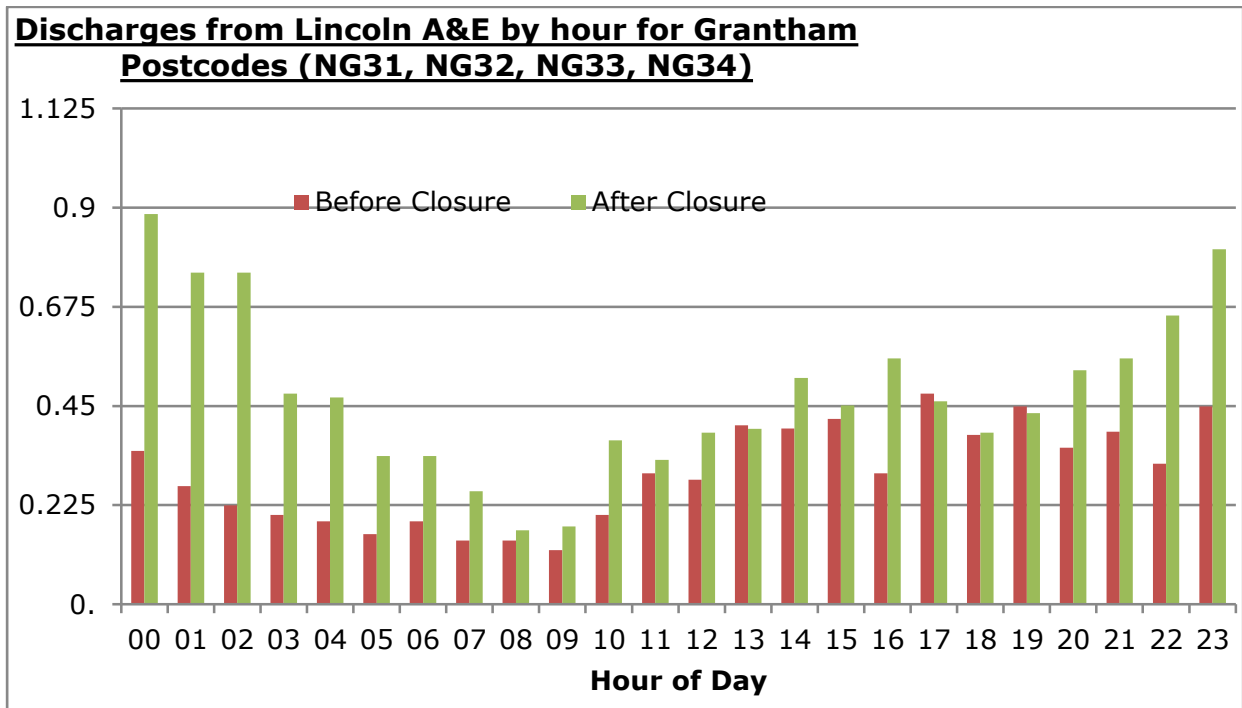
## Appendix 9

Emergency admissions to LCH and PHB from Grantham and Sleaford Postcodes NG31, NG32, NG33 & NG34

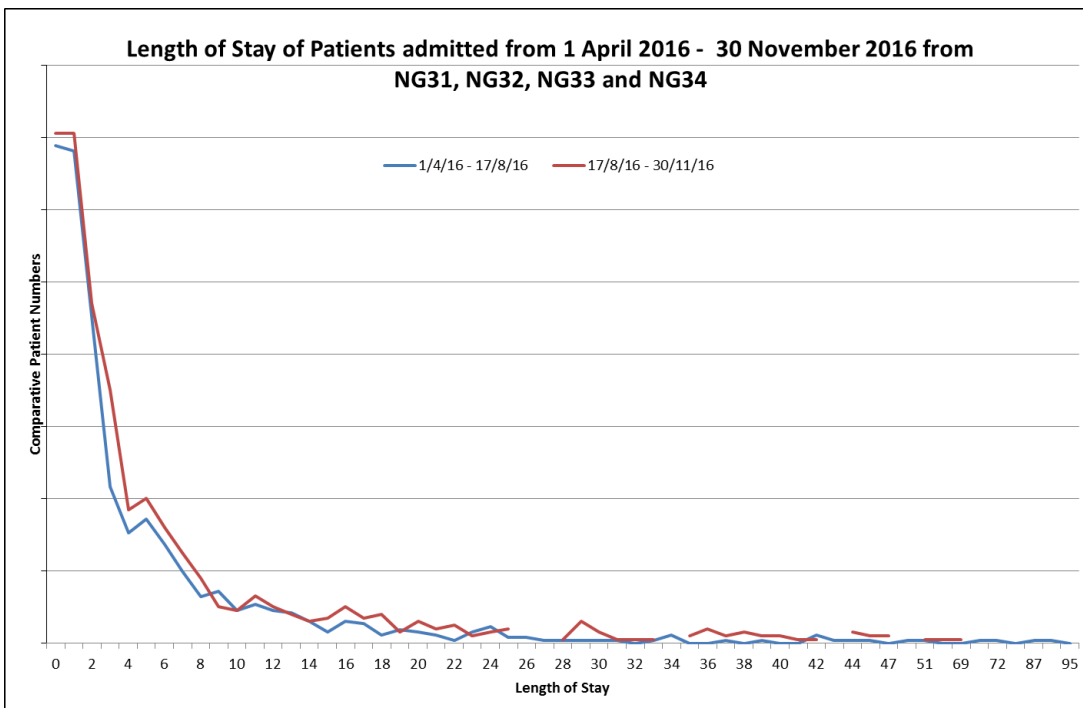


## Appendix 10

Discharges per hour from A&E at LCH to Grantham and Sleaford post codes NG31, 32, 33 and 34.



## Appendix 11

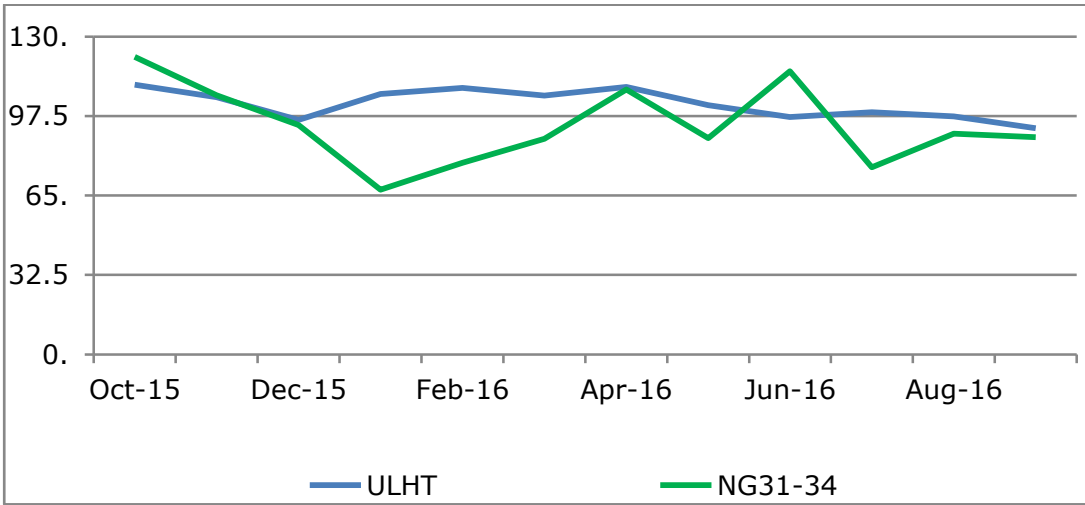


(Figures have been normalised so that the distribution in both data sets represents the same number of patients)



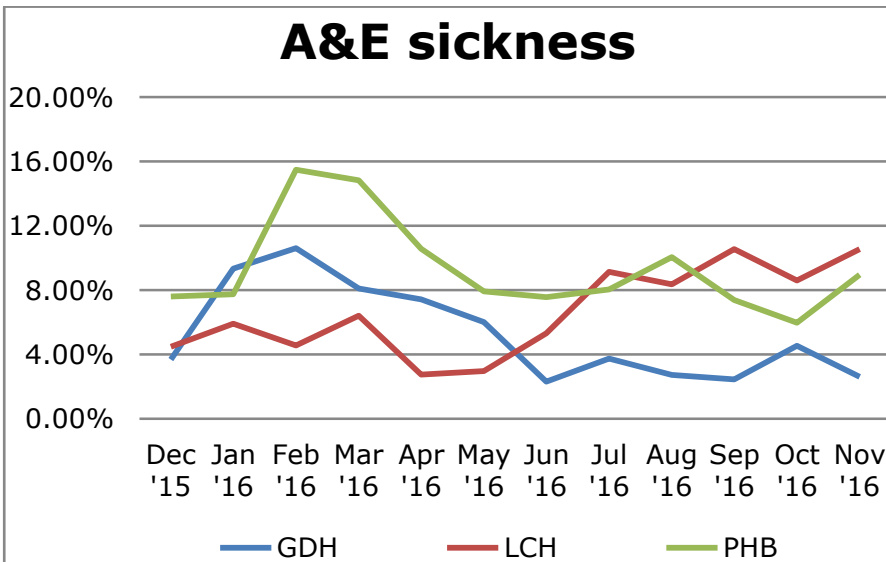
**Appendix 12**

HSMR for patients from ULHT and patients from 8 GP practices with post codes NG31, NG 32, NG 33 and NG 34



**Appendix 13**

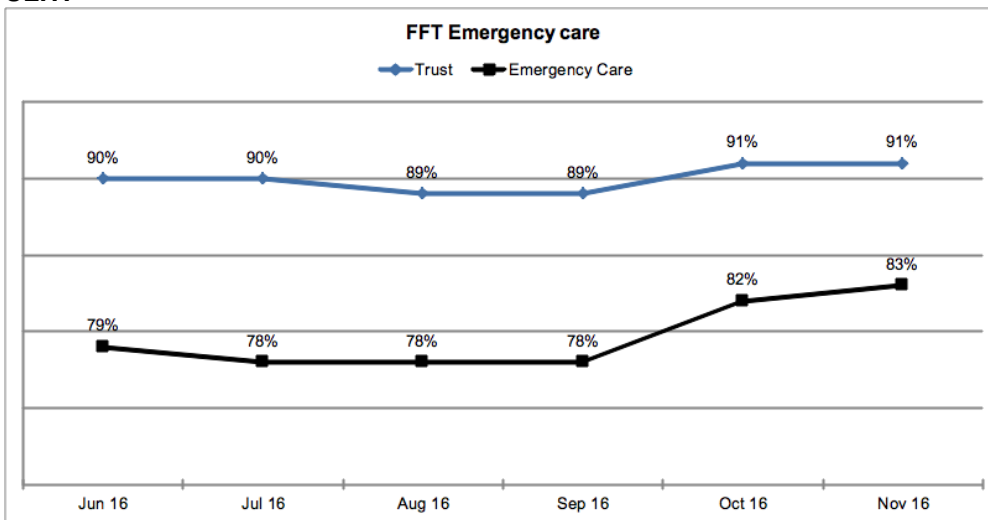
Nursing staff sickness levels for A&E at GDG, LCH and PHB



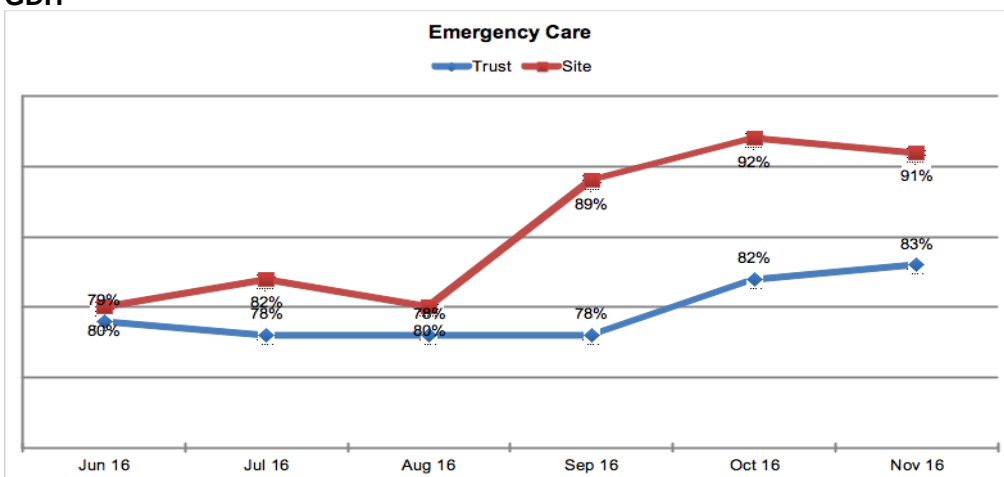
## Appendix 14

### Friend and Family Test for A&E departments at ULHT

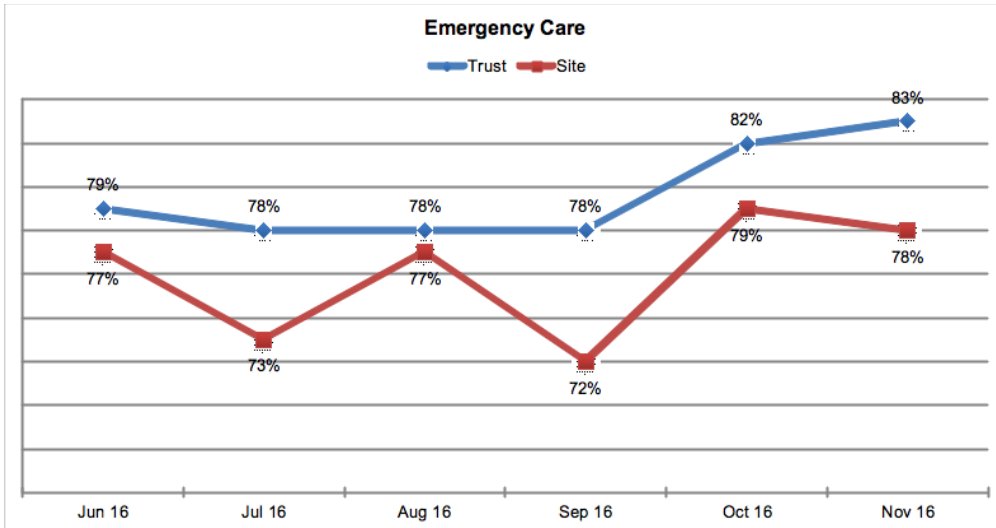
#### ULHT



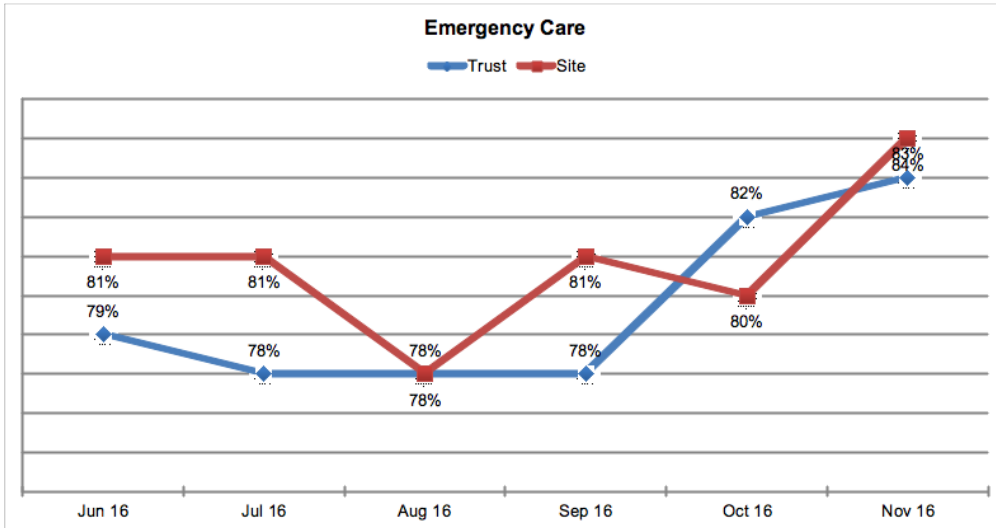
#### GDH



LCH



PHB



## Appendix 15

### FFT comments received directly mentioning A&E evening closure

1. considering Grantham a&e is under huge threat of closure based on unsound reasoning, the service is second to none and 1000% better than lincoln a&e (ive visited both several times).
2. i felt the staff were very professional considering the circumstances they workd under less staff and the closure of dept at night.
3. i went to grantham a&e on sunday morning with bad pain in my legs the lass at reception was extremely helpful and the young asian doctor was brilliant he sorted my problem out which was an attack of gout i now have tablets for the pain which will keep the pain at bay do not shut our a &e kevin elliot
4. as its the nearest one now grantham is closed at 6:30pm, we are not left with mych choice.
5. as its the nearest one now grantham is closed at 6:30pm, we are not left with mych choice.
6. convenience of a&e being local to home.
7. as the local a & e it is the only one you can go to, so recommending it to friends and family is irrelevant as you cannot choose what a&e you go to.
8. we need our a&e in grantham .
9. i wouldnt recommend grantham a&e highly to people as its closed from 6pm to 8.30am
10. how many a&es locally do i have to choose from?
11. i feel that the hospital under staffed and with other hospital closing the ed they can not accomandate the amount of people coming through the door i was there 8 hours before i was seen i thought it was a waste of time when i should have been seen by out of hours as i didnt think my condition was bad enough to be told by 111 that i need the a&e this could have been used for seriously ill patients.
12. lincoln was too busy and extremely long waiting times, only went as grantham was closed, left lincoln after 3 hours having not been seen and went to grantham in the morning, grantham a&e was good
13. it would be nice to have an a&e near to home (grantham) i could have gone too.
14. as for the people visiting a&e need to think seriously be for going in there is walk in centre monks rd can take some pressure off a&e in which ive used in past .
15. a&e is needed.
16. hospital being closed early which leads to deaths
17. i had to be driven 40 miles to lincoln a@e because grantham a@e is closed after 6.30
18. because its the closest a&e to most people, it lacks some support due to cuts in the nhs but they do the best with what they have
19. this town needs an a&e dept.
20. i would always recommend grantham hospital, services need to be returned to grantham, not just a&e but other services that have been eroded and taken away slowly over the years.
21. i would always recommend grantham hospital, services need to be returned to grantham, not just a&e but other services that have been eroded and taken away slowly over the years.
22. given that grantham a&e was not open at the time i attended and i needed medical attention it is difficult to answer anything else.
23. its the only a&e around here
24. i would be extremely likely if the a and e is open as my accident happed after you where closed on a sunday eve and i had to leave work very early on monday to make sure i could get to the a and e before it closed.
25. because i was in serve pain the night before but because a&e are not open had to wait all night in pain to see someone making it not ideal with my health issues
26. had to attend lincoln as grantham a & e closed.
27. 1 if grantham a&e stays open and returns to old hours ie 24/7
28. extremely good staff however people were turned away from the ed as they did not get to the reception desk before 18:30.
29. people in grantham need the a&e we are a large town we need an a&e

30. the problem with grantham a&e is its not open all the time any more and then people have to suffer
31. the hospital is clearly under immense pressure, with incoming casualties from grantham and surrounding areas since the a&e closure, and this was very evident when we were there.
32. my biggest concern however, was getting injured at 8am and nowhere to go, i had to sit and wait for a&e to open at 9am, this was a frightening experience for me as an adult!
33. need to keep our a&e open received good enough treatment but would be quicker if more doctors/nurses on
34. but we need our a&e back 24hrs.
35. i needed to go to a&e around 8pm, as i broke a bone in my foot in two places, but obviously grantham is shut then.
36. i really believe that grantham a&e should be open 24 hours to provide the excellent ser
37. 3 had no choice grantham a & a was closed 3 hour round trip plus waiting time to be seen
38. keep grantham a&e open
39. because i spent 2 hours waiting for an ambulance that didnt turn up then had family take me to hospital to have to wait for another 6 hours to been seen at 3 in the morning i should have been at grantham but it was closed and suffered due to this
40. the closing of our a&e during the night is an outrage and i simply cannot see how this focus on saving funds instead of lives of our rural community can be supported.
41. save grantham a&e please.
42. no time to be touring the country for a particular a&e!
43. i received excellent care but now the opening hours have changed and we dont receive a full a&e service i couldnt recommend as if care is needed after 6.30 its closed
44. its the only a&e in the local area.
45. unlike lincoln a&e. grantham a&e needs to stay open!

## Appendix 16

### Patient Opinion

#### "Excellent care grantham A&E"

**About:** [Grantham & District Hospital / Accident and emergency](#) Grantham & District Hospital Accident and emergency Grantham NG31 8DG

Posted by [Kjay79](#) (as the patient), 4 months ago

I myself was carrying my 2yr old down the stairs unfortunatley I slipped landing heavily on my back and my sons leg clipped the banister quite hard on the left leg so went to a&e to double check there was nothing broken as my son couldnt walk properly the care I received was second to none not only did they thoroughly examine his leg and sent for a xray the doctor in our care recommended me to be seen to as I had landed badly and was struggling in pain I also had xray luckily no broken bones but I can say they were friendly explained everything to me I wouldnt like to think what would happen should grantham a&e continue to be shut at night so many in the area rely on this hospital as the nearest one apart from here is a further 30/40 miles away I would just like to thank them for there time and care recieved

#### "At night it is like a ghost town"

**About:** [Grantham & District Hospital](#) Grantham & District Hospital Grantham NG31 8DG

Posted by [R176](#) (as a parent/guardian), 3 months ago

I can only presume this will be one in a long list of emails that you've received with regards to the hospital and the closures etc. I'm not normally one to make such an email but felt it right to tell you of my visit Wednesday night and what I saw or didn't see for that matter.

My little boy had an mri scan booked in at 7. 30pm. We arrived 20mins early and we're advised to go in via maternity .... well we all know there is no maternity unit. A&E closed, outpatients closed, everywhere closed but the kingfisher children's ward... by which time we've walked half way round the grounds of the hospital trying to get to our appointment on time. We made it with 2 mins to spare. We saw the 2 staff members in mri and 1 other staff in the whole of the hospital. Got lost trying to get out of the building and on a night it's like a ghost town, horror movie ish and my 5yr old boy was tired out and scared.

Outside there are people trying to find the out of hours walking around the building grounds as nothing is very well signposted, in dressing gowns etc. I saw an elderly lady in and wheelchair outside what should be a & e, I don't know why she was there going in, coming out but she shouldn't have been there, an ambulance pulled up to A&E but then what do they do...there's no one there!

I understand cuts have to be made but this current way of working is going to be detrimental to someone's life and then it will literally hit the fan.

I'm pleased we only had an appointment to keep and my boy wasn't ill else I would have been distraught by the time I found my way in.

I think it needs staff, it needs better signage, it needs something to happen and soon.

Please please try and take note of what I'm saying here, I think the town needs a hospital that is open.

Thank you for reading

### "Staff are trying their very best despite what is happening"

**About:** [Grantham & District Hospital / Accident and emergency](#) Grantham & District Hospital Accident and emergency Grantham NG31 8DG

Posted by [Lady S](#) (as a relative), 3 months ago

Took my husband to A/E Grantham, treatment from Dr Manay & nurse Sian was both professional & caring.

The hospital needs everyones support to stay a full time hospital, all dept need to be open instead of struggling to survive, as you never know when you or your family may need to use it.

We have been to several depts over the last few months & each time it is proof it is being run down. Staff are trying their very best despite what is happening in every dept in the hospital.

Thank you

### "Staff treated me with dignity, respect and professionalism"

**About:** [Grantham & District Hospital / Accident and emergency](#) Grantham & District Hospital Accident and emergency Grantham NG31 8DG

Posted by [Loving Grantham](#) (as the patient), last month

Grantham the place that Margaret Thatcher resided, is quite a small town with many villages surrounding this wonderful historic location. Grantham Hospital although old fashioned and quite small has a busy Hospital with many wonderful caring staff, after visiting by A and E and observing the staff at this hospital a sense of fear surrounds the hospital as many are fearful that this wonderful hospital may be facing closure.

Florence Nightingale would have loved this Hospital as its clean, they're compassionate staff. The hospital has a old fashioned approach a rarity in today's society.

I visited this hospital to get my foot checked out and although not serious the staff treated me with dignity, respect and professionalism. Behind the scenes doctors and nurses and specialists were busy attending more serious cases without fluster, with passion and pride.

These staff work hard to attend to our needs and we owe it to them to appreciate the service and defend privatisation of our wonderful NHS. A service that other nations envy.

## **Appendix 17**

Comments from exit questionnaires by medical trainees

Hi Suneil

We don't have anything specific to GDH A&E. If it helps I have listed below comments re A&E taken from Lincoln trainee exit questionnaires; and the areas of RED results for Lincoln A&E taken from the GMC surveys.

### **Lincoln Trainee exit questionnaires....**

#### **July 2015**

- We need doctor's offices – e.g. private phone calls are made in the middle of the ward.

#### **July 2016**

- Its an OK environment but the culture is one of negativity.
- In general jobs are understaffed and rotas have gaps – this hinders work / life balance and training opportunities.
- Very friendly environment to work in.
- Not enough senior support at night. All service provision, little to no educational time.

### **Red Results from the GMC Survey.....**

#### 2013

- Overall Satisfaction
- Clinical Supervision
- Handover
- Study Leave

#### 2014

- Overall Satisfaction
- Clinical Supervision
- Handover
- Study Leave

#### 2015

- Study Leave

#### 2016

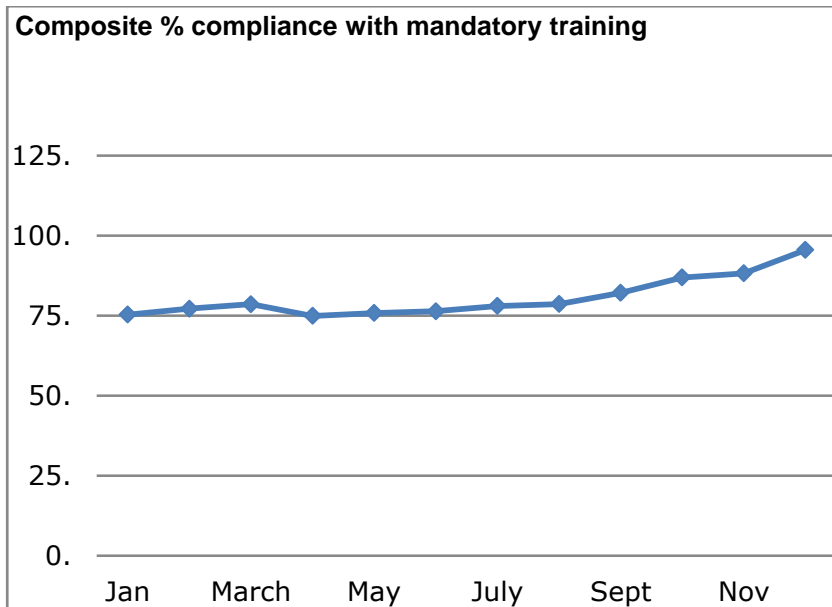
- Clinical Supervision
- Clinical Supervision Out of Hours
- Handover

### **PHB**

There have been good GMC survey results for 2015 and 2016, with handover flagged as green. At the last GMC visit they questioned the fact that there was only 1 substantive Consultant, which of course is constantly being looked at by the Trust

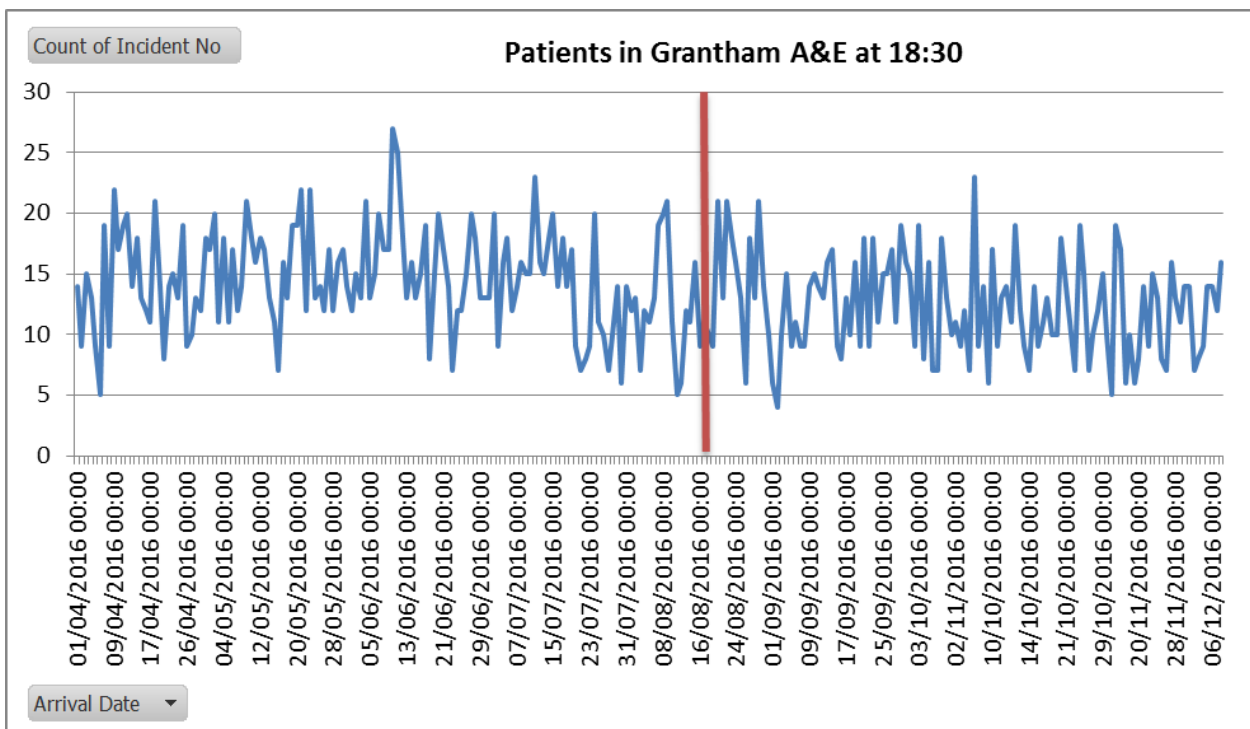
## Appendix 18

Compliance with mandatory training in A&E at Grantham



## Appendix 19

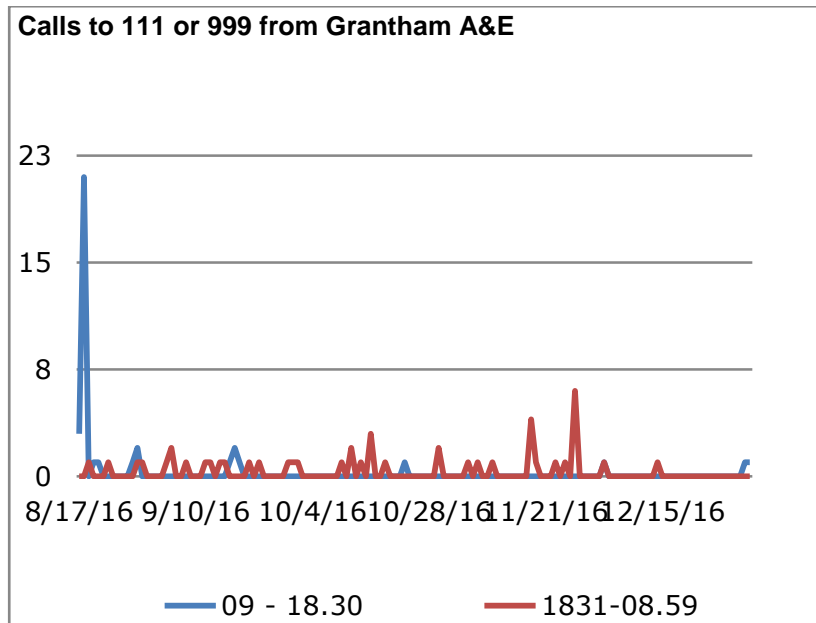
Number of patients in A&E at GDH when the department is closed at 18.30 hrs





## Appendix 20

Calls from to 111 and 999 from the telephone outside A&E



## Appendix 21 Forecast for average A&E attendances per hour

Time	Grantham				Lincoln				Pilgrim			
	Dec	Jan	Feb	Mar	Dec	Jan	Feb	Mar	Dec	Jan	Feb	Mar
00	-	-	-	-	5.15	5.10	4.74	5.01	4.54	3.98	4.74	4.58
01	-	-	-	-	4.47	4.26	3.98	3.98	3.61	3.08	3.06	2.83
02	-	-	-	-	4.09	4.22	3.95	3.90	2.75	2.39	2.26	2.96
03	-	-	-	-	3.50	3.78	3.31	3.64	2.50	2.33	2.22	2.18
04	-	-	-	-	3.20	2.83	2.92	2.80	1.88	1.94	1.79	1.93
05	-	-	-	-	3.01	2.88	2.85	3.16	3.04	2.76	2.25	2.79
06	-	-	-	-	3.34	2.92	3.14	3.01	2.97	2.56	2.68	2.64
07	-	-	-	-	3.78	3.20	3.62	4.27	3.00	2.59	3.08	3.56
08	0.02	0.02	0.02	0.03	5.63	5.50	5.87	6.28	4.45	4.70	4.89	4.98
09	8.40	8.78	9.59	11.23	9.66	10.06	10.28	11.30	8.37	8.98	9.61	9.85
10	5.87	5.55	5.55	6.10	11.24	11.25	12.73	11.67	9.07	9.03	9.79	9.91
11	6.16	5.74	6.88	6.44	11.31	11.51	11.34	12.89	10.07	10.47	10.08	10.92
12	5.03	5.35	5.08	5.80	11.50	12.58	12.69	12.37	9.77	9.69	9.73	11.40
13	4.96	5.04	5.45	5.35	11.13	11.28	11.31	12.16	8.25	9.39	9.57	9.99
14	5.62	5.27	5.99	5.74	11.04	10.45	10.65	10.69	8.28	8.07	9.68	9.26
15	4.85	4.46	4.80	5.39	9.76	9.40	10.04	10.14	7.35	6.90	8.39	7.65
16	4.94	4.40	4.64	5.28	8.58	9.57	10.94	10.13	8.97	9.22	10.15	9.99
17	4.20	4.14	4.33	4.76	10.66	10.50	11.33	12.48	8.97	8.86	9.61	9.89
18	1.80	1.82	1.95	2.12	11.65	11.27	12.71	11.86	9.76	10.68	10.66	12.00
19	0.03	0.03	0.03	0.04	11.04	10.23	11.28	12.16	8.80	8.72	10.01	10.41
20	0.02	0.02	0.03	0.03	9.04	8.61	9.81	8.97	7.46	8.52	7.63	8.50
21	-	-	-	-	8.94	8.23	9.01	8.74	6.50	5.85	6.08	6.60
22	-	-	-	-	8.19	8.25	7.43	7.67	5.73	6.03	5.97	5.72
23	-	-	-	-	6.34	5.54	5.98	6.00	5.56	5.42	5.18	5.05

## Appendix 22

EMAS job cycle time for 137 days before and after 17<sup>th</sup> August 2016 for the SWCCG area (post codes NG23, 31, 32, 33, 34, LN4, and PE10)

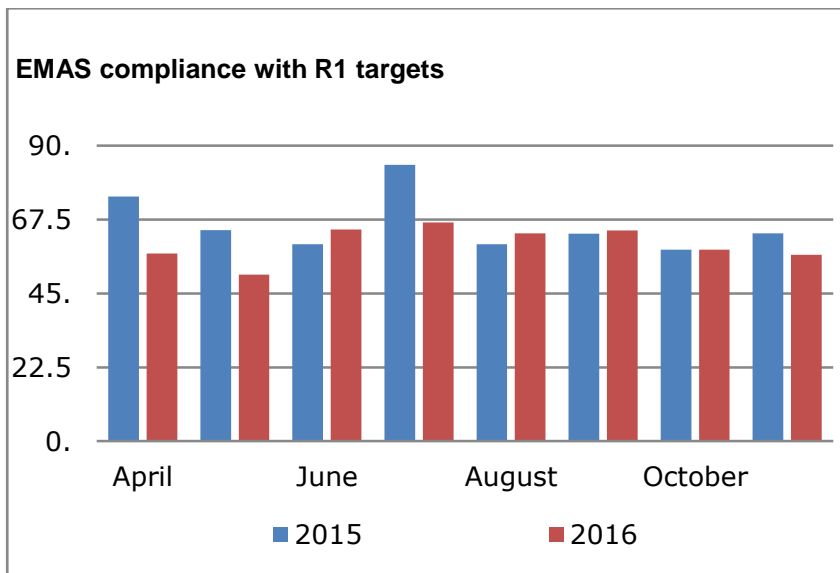
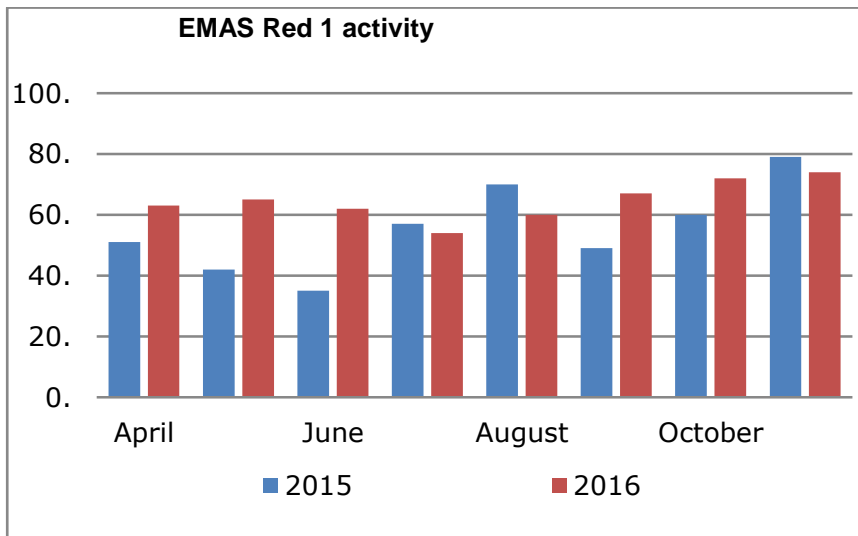
	On scene	Travel	Job cycle	n
DCA before mins	37.2	27.4	87	9150

DCA after mins	36.3	28.2	99	9145
FRV before mins	55.2	9.6	64	3686
FRV after mins	57.5	11.5	74	3872
Data 137 days before and after 17 <sup>th</sup> August 2016 EMAS data				

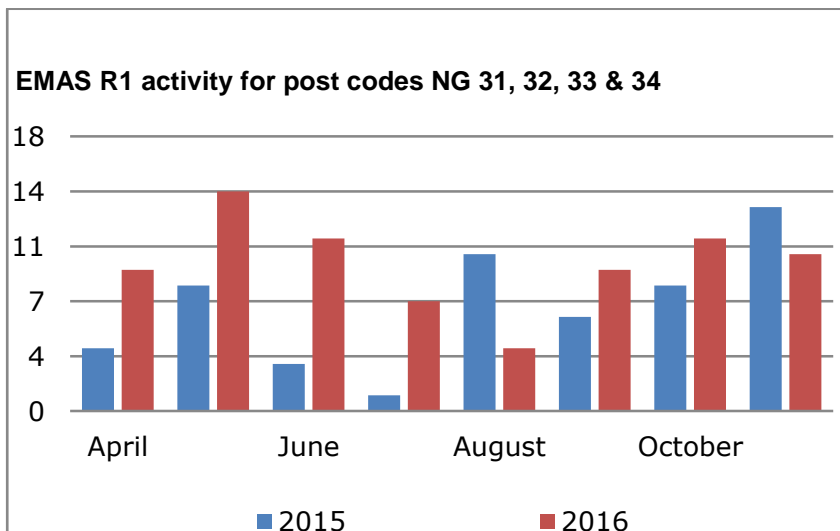
DCA – double crewed ambulance  
FRV – fast response vehicle

**Appendix 23**

EMAS R1 performance in the South Locality



**Appendix 24**



## Appendix 25

EMAS handover times between 18.00 – 10.00

137 days prior to Grantham A&E hours change.

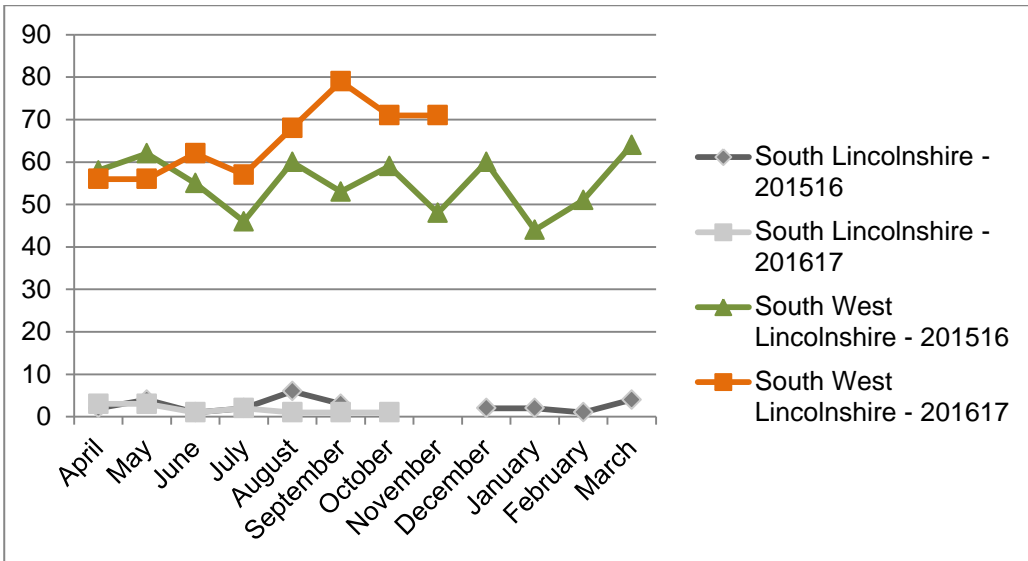
<b>Hospital</b>	<b>Average Clinical Handover Time</b>	<b>Overall Time at Hospital average</b>
Boston	20.5	37.44
Grantham	23	37
Lincoln Hospital	29	42

137 days since Grantham A&E hours change

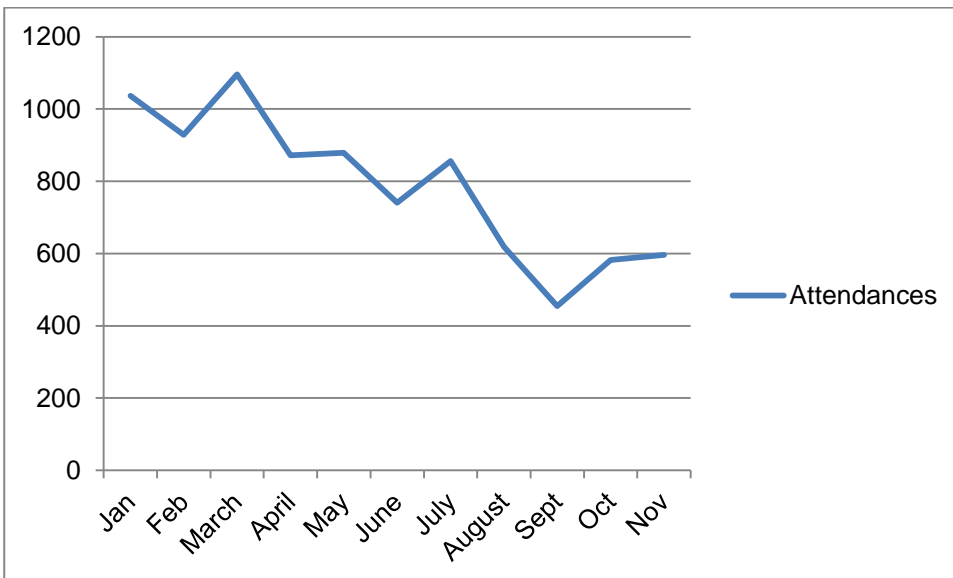
<b>Hospital</b>	<b>Average Clinical Handover Time</b>	<b>Overall Time at Hospital average</b>
Boston	23	39.34
Grantham	20	35.37
Lincoln Hospital	31	44.29

## Appendix 26

### Newark MIU Activity for patients from SLCCG and SWLCCG



### Attendances to OOH at Grantham



Data provided by LCHS

## **Appendix 27**

Letter sent to stakeholders in January 2017

Dear

I'm writing to you for an update on the impact, if any, that the continued temporary reduction in opening hours of Grantham A&E has had upon your organisation.

In February 2017, our Trust Board will again review the closure, impact and progress made in making our medical rotas more sustainable. Thereafter, it will be making a further recommendation to the wider system, including regulators, to decide whether we are able to restore full services or if a different course of action is necessary.

I would like a further update as to how the on-going closure is affecting others. Please could you send me any information that illustrates how the reduced opening hours has affected your services. If there has been an impact, what steps have you had to take to mitigate against these effects.

Please also share any other thoughts or views you would like ULHT to consider when we come to review the situation in February.

I would be grateful if you could send me the information by 13 January 2017 to enable me to collate the information in preparation for the February Trust Board. It would also be helpful to receive a response even if there has been nothing to report.

I would like to thank you for your continued support and understanding during what has been a difficult time for our patients and the wider system across Lincolnshire.

Yours sincerely

**Dr Suneil A Kapadia MSc MD FRCP**  
**Medical Director (GMC No 2837444)**

## Appendix 28

Summary of military medical attendance/admissions 09.04.16 – 16.10.16

	M/F	Date	Med Centre/Hosp	Reason	Result
<b>Cse 01/16</b>					
9-24 Apr 16	M	13/04/2016	RAF Cranwell	D & V (Diarrhoea and Vomiting)	RTU
	M	10/04/2016	Grantham A & E	Suspected tear/rupture to the calf muscle	RTU
	M	16/04/2016	Grantham A & E	Torn Calf Muscle	RTU
	M	11/04/2016	Grantham A & E	Back Strain	Continued Trg
	F	13/04/2016	RAF Cranwell	Neck Injury	Continued Trg
	M	14/04/2016	RAF Cranwell	Shoulder injury	Continued Trg
	F	18/04/2016	Grantham A & E	Suspected Glandular Fever	Continued Trg
	M	21/04/2016	Grantham A & E	Torn Knee Ligament	Continued Trg
<b>Cse 02/16</b>					
7-22 May 16	M	09/05/2016	Grantham A & E	Ankle Injury	RTU
	M	14/05/2016	Grantham A & E	Shoulder Injury	RTU
	M	10/05/2016	Grantham A & E	Thigh Muscle Injury	Continued Trg
<b>Cse 03/16</b>					
11-26 Jun	F	11/06/2016	Grantham A & E	Foot injury sustained during 4 mile weighted march	RTU
	M	12/06/2016	Grantham A & E	Back Injury	RTU
	M	12/06/2016	RAF Cranwell	Back Injury	RTU
	M	18/06/2016	Grantham A&E	Back Injury	RTU
	M	18/06/2016	Grantham A&E / RAF Cranwell	Breathing difficulties	Continued Trg
	M	19/06/2016	Grantham A&E	Ankle injury	Continued Trg
	F	23/06/2016	Grantham A&E	Breathing difficulties	Continued Trg
	F	24/06/2016	Grantham A&E	Hip Problem	Continued Trg
<b>Cse 04/16</b>					
9-24 Jul	M	19/07/2016	Grantham A&E	Groin Injury	RTU
	F	13/07/2016	Grantham A&E	Inflamed tendon	RTU
	M	10/07/2016	CSE MEDIC	Back Pain	RTU
	M	09/07/2016	CSE MEDIC	Ankle Injury	RTU
	M	11/07/2016	CSE MEDIC	Knee Injury	RTU
	M	10/07/2016	CSE MEDIC	Shoulder Injury	RTU
	F	10/07/2016	CSE MEDIC	Bruised Knees	Continued Trg
	M	12/07/2016	RAF Cranwell	Chest Injury	Continued Trg
	M	11-12/07/16	RAF Cranwell	UTI	Continued Trg



	M	11/07/2016	CSE MEDIC	Back Strain	Continued Trg
	M	11/07/2016	CSE MEDIC	Knee Injury	Continued Trg
	M	12/07/2016	CSE MEDIC	Blisters	Continued Trg
	M	13/07/2016	CSE MEDIC	Knee Pain	Continued Trg
	M	13/07/2016	CSE MEDIC	Knee Pain	Continued Trg
	M	13/07/2016	CSE MEDIC	Knee Pain	Continued Trg
	M	13/07/2016	RAF Cranwell	Dental	Continued Trg
	F	16/07/2016	CSE MEDIC	Knee Injury	Continued Trg
	M	16/07/2016	CSE MEDIC	Heat Exhaustion?	Continued Trg
	F	16/07/2016	RAF Cranwell	Insect Bites	Continued Trg
	M	16/07/2016	CSE MEDIC	Swollen Knee	Continued Trg
	M	17/07/2016	CSE MEDIC	Chest infection	Continued Trg
	M	18/07/2016	CSE MEDIC	Rash	Continued Trg
	M	18/07/2016	CSE MEDIC	Blisters	Continued Trg
	M	18/07/2016	RAF Cranwell	Black Out	Continued Trg
	M	18/07/2016	CSE MEDIC	Ankle injury	Continued Trg
	M	20/07/2016	RAF Cranwell	Back injury	Continued Trg
	M	20/07/2016	CSE MEDIC	Blisters	Continued Trg
	M	18/07/2016	RAF Cranwell	Blisters	Continued Trg
<b>Cse 05/16</b>					
3-18 Sep	M	03/09/2016	Newark MIU	D & V	RTU
	M	06/09/2016	Newark MIU/Mansfield Hosp	Twisted Testicle	RTU
	M	14/09/2016	RAF Cranwell 12/09 - Grantham A & E 13/09	Knee Injury	RTU
	F	12/09/2016	RAF Cranwell	Knee Injury	Continued Trg
	F	12/09/2016	Grantham A&E	Urinary Infection	Continued Trg
	F	12/09/2016	Grantham A&E	Passed Out	Continued Trg
	M	12/09/2016	RAF Cranwell	Knee Injury	Continued Trg

	F	12/09/2016	RAF Cranwell	Blister	Continued Trg
	M	06/09/2016	RAF Cranwell	D & V	Continued Trg
	M	12/09/2016	RAF Cranwell	Ankle Injury	Continued Trg
	F	06/09/2016	RAF Cranwell (telephone apt)	Constipation D & V	Continued Trg
	F	12/09/2016	Newark MIU	Ankle & Hand injury	Continued Trg
<b>Cse 05A/16</b>					
			<b>N/A</b>		
<b>Cse 06/16</b>					
1-16 Oct	F	22/11/2016	RAF Cranwell	Achilles Tendon	RTU
	M	27/11/2016	Newark MIU	Ankle Injury	RTU
	M	30/11/2016	RAF Cranwell	Leg injury	RTU
	F	22/11/2016	RAF Cranwell	Shoulder injury	Continued Trg
	M	26/11/2016	Newark MIU	Back Injury	Continued Trg
	F	28/11/2016	RAF Cranwell	Blisters	Continued Trg
	F	28/11/2016	RAF Cranwell	Eye Injury	Continued Trg
	F	29/11/2016	RAF Cranwell	Blisters	Continued Trg
	F	29/11/2016	RAF Cranwell	Blisters	Continued Trg
	M	29/11/2016	RAF Cranwell	Blisters	Continued Trg
	F	30/11/2016	RAF Cranwell	Shoulder injury	Continued Trg
	M	30/11/2016	RAF Cranwell	Knee injury	Continued Trg
	M	01/12/2016	RAF Cranwell	Knee Injury	Continued Trg
	M	03/12/2016	Grantham A&E	Knee Injury	Continued Trg

## Appendix 29

Grantham A&E engagement- summary since November

Since the Trust Board meeting in November when the closure was extended, we have attended five engagement meetings and received and responded to more than 30 letters and emails from members of the public who have raised questions and concerns.

Group	Protected characteristic	Action	Numbers at event
ULHT members locality forums	All	Meetings on 21.10.16, 24.10.16, 31.10.16 and	36

Group	Protected characteristic	Action	Numbers at event
Grantham and area PPG representatives	All	Meeting on 21.11.16	7
Public consultation meeting with F4GH	All	Meeting on 01.12.16	C.40
Market Cross PPG	All	Meeting on 10.01.17	10
Swingbridge surgery PPG	All	Meeting on 16.01.17	6

### Feedback following Trust Board decision in November to keep A&E closed overnight

Overall, engagement carried out since the November Trust Board has taken a more balanced tone than previously, with some instances of the public discussing ways in which they can support the Trust in the recruitment of doctors and getting the department back up and running 24 hours a day.

Conversation has begun to centre more on the STP, and plans for the future of Grantham A&E rather than the overnight closure, in many instances.

A small group of those spoken to have said that they believe ULHT is misrepresenting the figures on ambulance handover times, ambulance delays, A&E attendances and impact on neighbouring hospitals, as well as impact on individual patients.

Many remain very concerned about the impact the overnight closure is having, in particular relating to possible deaths and individual patient stories reported, the impact on EMAS and Lincolnshire Police and the worry and stress caused to the residents of Grantham.

A large number have said that the facts presented when the decision was made are very clear, and helped them to understand why the decision was made and that it was in the best interest of patients. They supported the decision and were keen to see this data and information shared with more patients in the Grantham area.

### Themes from all engagement (including since November)

#### A) What do you understand/know about the change that has taken place?

Every person spoken to said that they understood the change had taken place because of a shortage of doctors, most said the change had been well publicised in the local media and generally understood why the decision had to be made.

A large number of respondents said they were aware that the doctor shortage was not at Grantham hospital, but at other hospitals in Lincolnshire. Overall most people said they felt that the people of Grantham are considered less important than residents of other parts of Lincolnshire.

Comments included: "This has happened because ULHT took over the hospital, when it was just Grantham hospital it wasn't under threat all the time."

The majority of people had heard that the change has put a major strain on the ambulance service. Around half were aware that there is an extended out of hours service.

A small number of people said they felt the change was made because it's part of a slow downgrade of Grantham hospital overall and felt there was a conspiracy. A small number also said

they felt the reason for the change was because of hospital managers not planning staffing adequately or seeing the problem coming.

**B) What impact has the change had on you?**

Only one person we spoke to had been directly impacted by the change so far. The main impact of the decision, expressed by nearly everyone we spoke to, has been the feeling of worry, fear and stress caused to the population of Grantham. People said they felt vulnerable and anxious without an overnight A&E near to their homes.

Comments included: "I worry that one of my family could be taken ill and not get the treatment they require."

And: "It has caused added stress as I have disabled children and need local services. The alternatives are too far away and it is not acceptable."

A few people mentioned they were concerned that if people go to Grantham A&E just before 6.30pm, they could be sent home before treatment has finished because the department would close.

A small number of people quoted the impact they have heard reported, not direct impact, in response to this question. Generally there was a feeling of a lack of confidence in the Trust.

**C) When was the last time you used Grantham A&E at night?**

The majority of respondents said that they had never used Grantham A&E at night. Two people had used A&E recently at night and a small number had used it in the last two years.

A small number of people said that they felt this question was not relevant, as it was not about when they last used A&E, but the availability of the service for the future.

**D) Which groups do you think will feel this change most acutely?**

The general feeling was that everyone in Grantham and the surrounding area would feel the impact of this change. Particular groups mentioned frequently in response included older people, those who don't drive, have no transport or are on a low income and children. It was raised that the cost of a taxi to Lincoln from Grantham was around £70.

There was frequent mention of the impact the change has had on the ambulance, police and fire services.

A small number of individuals said they felt other groups were feeling the change acutely, including people with mental health conditions and learning disabilities, pregnant ladies, children and families, carers and people with chronic conditions and allergies.

Comments included: "It's older people I worry about because they won't ring an ambulance because they don't want to put anyone out."

Respondents in the Sleaford and Ruskington area mostly said that they already expect to travel for hospital care, and that although they had heard about the change it did not unduly concern them, as Lincoln is not much further away for them than Grantham.

**E) What worries you most about A&E being closed at night?**

The most common response to this question was that people were concerned about the East Midlands Ambulance Service (EMAS) being under pressure, there being a shortage of ambulances and ambulances queueing outside A&Es.

Comments included: "I worry that there will not be enough ambulances to come out to you when you need it."

Many people said that they were concerned people would die because of a delay in getting treatment when being transferred to other hospitals, particularly as winter approaches and the road conditions deteriorate.

Comments included: "Someone is going to die if they can't get access to immediate medical attention."

Many mentions were made of the fact that Grantham is growing, saying that demand for hospital services is only going to grow. A number of people also mentioned the proximity of Grantham to the A1 and what would happen if there was an accident on the road at night.

A small number of respondents said they felt this was the start of A&E being closed completely or that they believe it won't re-open at the same level it was before. These same people mentioned their concern that there had been no consultation on the decision.

Mental health groups raised a specific concern that without A&E there was a lack of provision for mental health problems at night.

#### **F) What could we put in place to lessen the impact to the community of Grantham?**

Everyone we talked to said the biggest thing that could be done was to fully re-open A&E 24 hours a day.

Accepting that this was not immediately possible, most people said that the biggest thing that would make a difference would be directing more ambulance resources in the Grantham area to cope with increase in numbers.

A small number of people said more should be done to publicise the out of hours service. Others also suggested providing transport between Lincoln and Grantham to bring patients back after A&E treatment, improving the quality of the 111 service or providing accommodation near Lincoln- a patient and visitor hotel. There were also suggestions about increasing GP provision and access in the area to compensate.

#### **G) What do you think the solution is long term?**

Around half of those spoken to said they would like to see hospital services re-instated at Grantham.

Comments included: "Reinstate all services that have been taken away from Grantham."

Many of those we spoke to said that the long term solution is around the recruitment and retention of doctors, suggesting financial incentives, better working conditions, flexibility and advertising to make people want to come and work in Lincolnshire.

Comments included: "You need to be able to offer more money and better terms and conditions to doctors to attract them to work here."

Suggestions were also made by small numbers of people around considering putting in place a 24 hour minor injuries unit alongside A&E, working more closely with EMAS and Lincolnshire Police to understand the impact on them and listening to and speaking to local people and use their views to shape decisions.

A number of respondents said they would like to see a change in the management of the hospital away from ULHT or to a private provider.

#### **H) Other notes**

A small number of respondents expressed a suspicion that ULHT is not telling the truth on figures and reasons for the change.

Two people said they recognised that A&E issues are a knock-on effect of current difficulties in getting a GP appointment in some areas.

### **Next steps**

We also continuing to contact other groups to see if we can come to their meetings or send them information, including those covering migrants, mother and baby, mental health, substance misuse, respiratory, pregnancy and carers.

Further consultations meetings are planned for the coming months, including:

<b>Group</b>	<b>Protected characteristic</b>	<b>Action</b>
Corby Glen PPG	All	Meeting on 21.02.17
Grantham dementia café	Disability, carers	Meeting on 21.02.17
Engagement with youth council of Grantham	Young people	Arranging for January