

To:	The Trust Board
From:	Dr. Neill Hepburn, Interim Medical Director
Date:	May 2017

Title:	Emergency Care Service – Current Position
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Responsible Director: Dr. Neill Hepburn, Interim Medical Director

Author: Dr. Neil Hepburn

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 17th
- to make a decision in relation to the on-going overnight closure 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 of the impact from August 2016 to March 2017 following the continued temporary closure between the hours of 18:30 and 09:00 at Grantham A&E
- Recommendations for the Board to consider for the Accident & Emergency department at GDH after 17th May 2017

Recommendations:
 Based on the evidence provided in the report, the Trust Board is asked to support the overnight closure of the A&E department and to continue with the new current opening hours of 08.00 - 18.30 hours implemented 27th March 2017.
 To review the overnight closure in 3 months.

Strategic Risk Register .	Performance KPIs and measures Performance against the 4-hour A&E standard is included within the report
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Resource Implications (e.g. Financial, HR)
 Continued recruitment for medical and nursing staff for the three Accident & Emergency departments in ULHT

Assurance Implications

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

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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 staffing crisis within our A&E departments, primarily at Lincoln County Hospital.

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

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

This report provides a summary of the emergency department activity, performance, and capacity following the closure of Grantham A&E between the hours of 18:30 and 09:00 with effect from 17th August 2016 until 26th March 2017.

Insufficient data is available to provide useful information on the effects of increasing the opening hours to the current opening times of 08.00 – 18.30 hours since 27th March 2017.

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

The report makes one recommendation to be considered for the Grantham A&E department after 17th May 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 overnight from August 17th 2016.
- To evaluate the impact of this closure up to 26th March 2017 on each of the ULHT A&E departments since August 17th 2016.
- To enable a decision to be made for the operational hours at Grantham hospital following review of the staffing situation following the decision to temporarily close the Grantham A&E overnight.

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 and increased to 8am since 27.03.17). The regional major trauma centre is located at Nottingham University Hospitals NHS Trust, Queens Medical Centre campus. This is where patients needing the services of a major trauma service are directed.

Lincoln County Hospital

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

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 and from 8am to 6.30pm since 27.03.17). However, because of the limited in-patient infrastructure, the ED is restricted in its ability to support a full range of emergencies that normally would be expected to be treated in an ED. It cannot receive patients by air ambulance.

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

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

Two consultants provide on-site presence in the ED from 09:00 to 17:00 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.

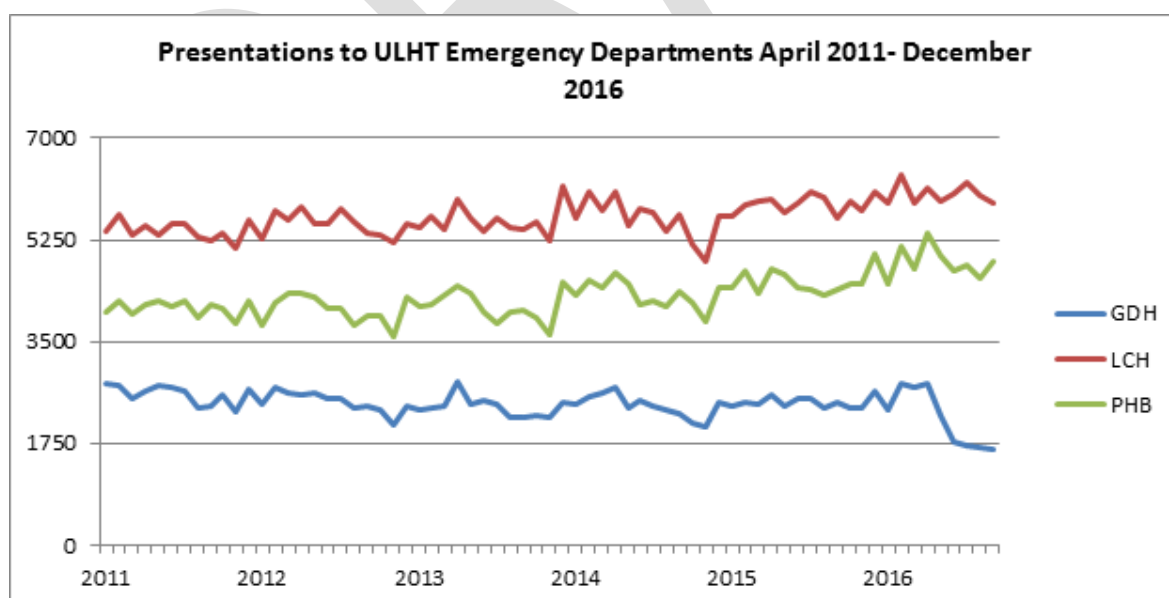
Table 1: Emergency department attendance data for the period 2015/16 (full year)

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

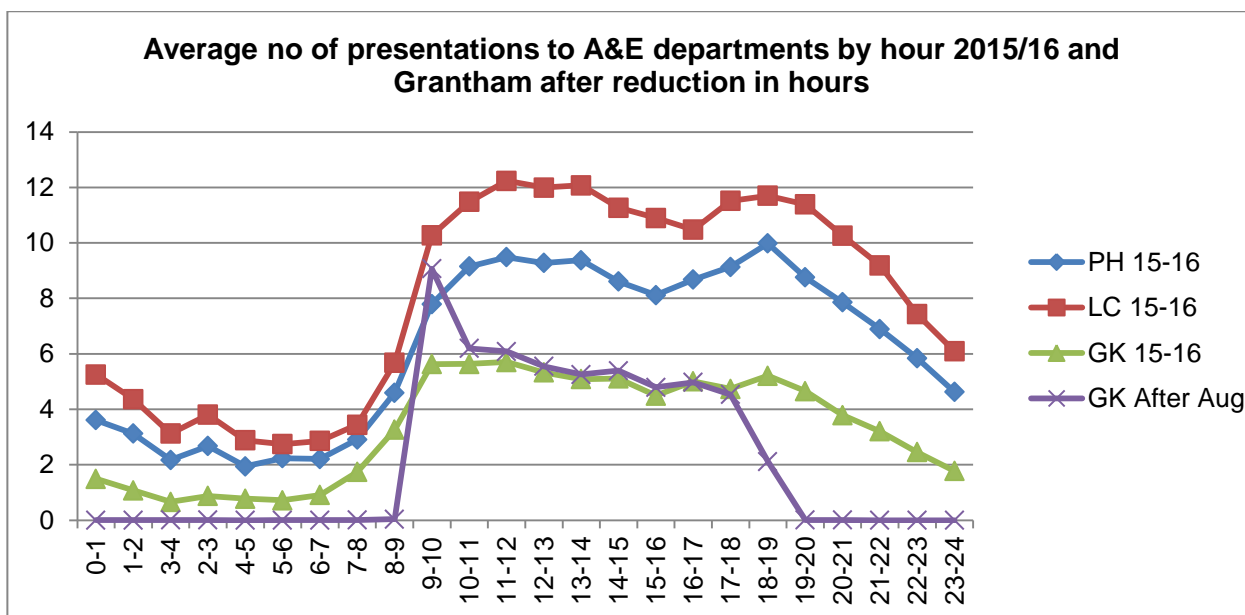


Summary of presentations to A&E by hour

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 (75th percentile 9).

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



1.2. Medical staffing

Hospital emergency departments are staffed by a combination of consultants, middle grade doctors, doctors in training, A&E nurses and emergency care practitioners. Current guidance is for there to be on site presence, by a consultant, for 16 hours per day. Tables 3 and 4 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
Consultants	15.0	14
Middle grades	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 17th August 2016

- Emergency admission and exclusion criteria to GDH remains unchanged (Appendix 1)
- Out of hours (OOH) service and a new minor injuries service located in the Kingfisher unit at GDH and run by LCHS
- Single point of contact 17.00 – 09.00 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
- Since 3rd April 2017 direct admission to EAU by EMAS against agreed protocols
- Since 27th March 2017 increased opening times to A&E; 08.00 – 18.30 hours.

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.

Two more middle grades have been appointed following the last advert but they will need 4 months on the junior rota before they can participate on the middle grade rota. This is not expected to be before the autumn 2017.

Consultant medical staff

The total number of substantive consultants in A&E remain at 4. However, ill health has reduced the expected consultant staffing numbers for ULHT from 15wte to 14 wte. This has been the case for several weeks and is likely to be so for the immediate future.

Trainees/junior medical staff

There has been a reduction from 10 to 5 in the number of junior medical and trainee staff from April 2017 at LCH.

Registered nursing staff

The A&E department at Grantham have 5 registered nursing vacancies. At PHB there are 1.1wte nurse vacancies in A&E and 1 wte on maternity leave in March. At LCH there are 6.5 registered and 5.4 unregistered wte nurse vacancies.

Table 5 below shows the number of middle grades at each of the hospital sites.

Table 5: Summary of 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
01.08.16	2.6	0	4.0	0	5.0	0	11.6
01.09.16	2.6	0	5.0	0	5.0	0	12.6
01.10.16	2.6	2.0	5.0	2.0	5.0	0	16.6
01.11.16	2.6	2.0	5.0	2.0	5.0	0	16.6
01.12.16	2.6	3.0(2.0)	5.0 (4.0)	2.0	5.0	0	17.6 (15.6)
01.01.17	2.6 (3.6)	3.0	6.0	2.0	5.0	0	18.6 (19.6)
01.02.17	2.6 (5.6)	3.0	6.0	1.0(2.0)	5.0	0	17.6 (21.6)
01.03.17	3.6	3.0	6.0	1.0	5.0	0	18.6
01.04.17	3.6	3.0	6.0	1.0	5.0	0	18.6
01.05.17	3.6	3.0	6.0	1.0	5.0	0	18.6

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 IR 35 taxation by HMRC

From 6 April 2017, changes to the IR35 tax system has required public sector employers to deduct tax and national insurance contributions from contractors' pay at source, rather

than allowing them to defer and claim expenses. These changes to the tax system affect many locum or agency medical staff who have previously chosen to contract their work through personal service companies.

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

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

In order to be able provide a safe 24/7 emergency service to the population of Lincolnshire, ULHT had to declare a “Critical incident” (which was one stage below major incident) with effect from 5th April 2017 until 19th April 2017. This resulted in having to take extraordinary measures to keep the A&E departments staffed appropriately and safe for patients. Actions taken included:

1. Seeking system wide support from NHSI and neighbouring Trusts less affected than ULHT.
2. Some A&E consultants being resident overnight in A&E, acting as middle grades
3. A physician, surgeon, orthopaedic surgeon and paediatrician were placed in the A&E department during the day and over the weekend before Easter at LCH and at LCH and PHB for Easter weekend.

At present it remains unclear for how long the pressures on medical locum staffing will continue.

3.0 Impact of reduced A&E opening hours at ULHT

Medical staff

Up to 26th March 2017, the middle grade doctors and consultants from Grantham A&E have continued to provide up to 75 and 8 additional hours per week respectively at LCH. From the 27th March it is expected that this will decrease to 45 and 8 hours respectively to reflect the small increase in opening hours at GDH.

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 1st April 2016 to 16th August 2016 was 196 and since then to 26th March 2017 was 195.
- The average attendance over 24 hours to A&E at PHB 1st April 2016 to 16th August 2016 was 161 and since then to 26th March 2017 was 153.
- The average attendance over 24 hours to A&E at GH 1st April 2016 to 16th August 2016 was 86 per day and since then to 26th March 2017 was 56.

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 26th March 2017 was 17.5.
- 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 26th March 2017 was 6.

Summary

Following the change, 4 more patients are attending Lincoln A&E and 1 more attending Pilgrim each day from the Grantham and Sleaford area with the above post codes. This is marginally less since last reported to Trust Board.

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 2016 was 69 and since then to 26th March 2017 was 70.
- The average 24/7 attendance to A&E at PHB 1st April 2016 to 16th August 2016 was 64 and since then to 26th March 2017 was 62.

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 2016 was 8 and since then to 26th March 2017 was 10.
- The average 24/7 attendance to A&E at PHB from these post codes 1st April 2016 to 16th August 2016 was 3 and since then to 26th March 2017 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 2016 - 204, to 8th December 2016 - 211 and to 26th March 2017 - 209.

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

Summary

Overall there has been a slight decrease in total admissions (7) to ULHT since the changes to the opening hours of the Grantham A&E were implemented. These changes are mostly due to a reduction in admissions at PHB.

Admissions to ULHT from Grantham and Sleaford areas

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

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

Summary

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

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

Summary

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

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

Summary

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

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 17th has decreased a little. The most recent data to 26th March 2017 shows 7 patients were discharged. Data presented to the November 2016 and February 2017 Trust Board meetings were 7.6 and 7.42 respectively. This compares with 3.8 patients prior to 17th 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 18th August and 21st December there have been 13 patients placed here pending transfer. From December 5th 2016 to 30th March 2017 there were 23 patients admitted to the ring fenced beds awaiting transfer to other sites. The average time awaiting transfer was 3 hours. The longest wait was 8.5 hours, the shortest wait was 45 minutes.

Patients in A&E at GDH

At 18.30

Appendix 11 shows that there has been a marginal reduction in the number of patients in the department at 18.30 hours pre overnight closure from 14 to 11 following the closure.

Call to 111 and 999 from Grantham A&E

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

3.1 Quality impact

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

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

Attendances

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

Admissions

- Overall there has been little change in admissions to ULHT since last reported to Trust board. There is a slight reduction in admissions to PHB (7).
- From NG post codes 31, 32, 33 and 34 the total number of admissions and emergency admissions to ULHT have has changed very little.

Discharges

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

Patients in A&E

- The average number of patients in the department at 18.30 is 11.

Calls to 111 and 999 from Grantham

- There were on average 3.3 calls per week calls made over the first 16 weeks in 2017. 65% of the total calls were made at the weekend and 44% when the department was open.

Quality

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

4.0 Engagement with staff, stakeholders and the public

Engagement by ULHT

Appendix 12 contains the letter we have sent to organisations

LCHS

Impact on out of hours service

Data provided by LCHS shows there has been a sharp decrease in attendance to the OOH service before any changes to the opening hours of the A&E department at GDH. Since then this decrease has plateaued. The data relating to this can be seen in Appendix 13

LCHS have provided the following statement:

“...The number of attendances remains down for the service as a whole. It has never recovered to its previous levels. I cannot quantify with full certainty the reasons for this. I would estimate that we are seeing behavioral change in the population when accessing healthcare within Grantham as the pathways for entry have themselves changed. Approximately 2100 people per year are going down to Peterborough from the Stamford area to use Minor Injury Illness services there on Thorpe Rd. However I think this is a static number and has not seen any significant jump. Previous evidence has suggested that patients are attending Minor Injuries in Newark and are not using the injury service within Grantham OOH’s. These numbers were around 10 patients a day. I have no evidence yet to suggest this number has reduced or increased.”

The variable within the mix is CAS. CAS as you know is now at full service specification with interim disposition management along with warm transfer and Green 3 and 4 call back integration. What I cannot fully quantify is the effect this has had on the level of patients attending the OOH’s service locally in Grantham. However there is no doubt that it will be supporting the identification of patients to self-help pathways and appropriate care providers locally where necessary (e.g Sleaford Medical Group, Newark MIU, Stamford MIU). This in turn will be mitigating any demand potentially on healthcare access in OOH’s caused by the A+E reducing its hours.”

EMAS

EMAS have provided the following statement:

“Nothing to report at present; no more adverse incidents raised as far as we are aware. We have had feedback that the public assume OOH is no longer available at GDH so refreshing the comms might be helpful.”

LPFT

LPFT have provided the following statements:

Crisis Services

For those patients who attended either Boston or Lincoln A&E from the South West CCG after 22.00hrs from January to the end of March. There were only 14 patients who attended for assessment. Therefore there has been no significant impact to Grantham A&E closing earlier in the evening in respect of crisis services.

Mental Health Liaison Services and Older Adult Mental Health Services

A review of the last 3 months of A&E activity at Grantham DGH involving the Mental Health Liaison Service has revealed that the service has only received 11 direct referrals

during the MHLS operational hours 0900-1700hrs 7 days. Very few have involved the necessity to hand over to the Crisis Service to complete before A&E closes at 1830hrs. There are no other reported issues experienced by either our Community Mental Health Team or Inpatient unit on site as a result of the early closure.

In summary, LPFT services are pleased to report a minimal impact of the reduced operating hours of the Grantham A and E.

Commissioning CCG

Lincolnshire SW Clinical Commissioning Group:

As requested please find detailed below the impact the continued temporary reduction in opening hours of Grantham A&E has had upon South West Lincolnshire CCG.

To date our complaints team have received 7 complaints/concerns regarding the changes. We have also had a number of local group meetings where the issue of access to the OOH service has been raised, poor signposting, poor lighting being the main concerns due to the location as prior to the closure the OOH operated from A&E in an integrated way. Long waits at LCH for those that do have to travel there is also a common theme raised.

Dr Baker – Vine House Surgery has advised on behalf of GPs that there were still ambulance delays, the issue was still ongoing with regards to elderly patients having to go to Lincoln, Boston and Peterborough. There has been no significant impact at practice level just individual patients.

Generally speaking we are incurring additional costs of the MIU service put in place and due to locating OOH on Kingfisher we have to fund additional staffing in OOH to escort any patients to plaster room. We would welcome consideration by the board about how we can move to a one service working from the current A&E department.

Lincolnshire West Clinical commissioning Group:

No response

Healthwatch Lincolnshire

No specific issues related to the overnight closure of the A&E department. There were 25 general comments about Grantham hospital and services from January to April 2017. See imbedded document.



Adobe Acrobat
Document

Lincolnshire Police

The police have provided the following statement:

I have consulted with management team members responsible for the Grantham area. Detailed information gathering on the impact on policing is not ongoing, as in itself the information gathering consumes resources. Based upon previous information gathering last year, and the fact there has been no change in the situation, it is estimated that at least 11 additional hours per week workload for officers operating in this area has been

caused by the closure. It is felt this figure, calculated during a short information gathering period, will be an under-reporting as it is logistically difficult to accurately record the data.

This abstraction has a small adverse impact on operational policing in the area.

Army Training Regiment

There have been no adverse events occurring specifically to the over-night closure. Full details of their response are in Appendix 14

NUH

No concerns have been raised

Peterborough

No specific concerns have been raised.

Newark

No specific concerns have been raised.

Engagement with community organisations by ULHT

Our communication team have stated:

We have attended two Grantham meetings since the last update- Grantham dementia café and Corby Glen patient practice group (PPG).

The themes of the discussions were very similar to other feedback we've had previously, with people generally saying they understood the decision that had been made although regretting that it had to be done. No one we spoke to have been adversely impacted directly by the overnight closure. Comments were made that people in Corby Glen area particularly would be more likely to use the minor injury unit at Stamford than Grantham hospital. There was also comment that it would be helpful to have a full minor injuries service in place to replace A&E at Grantham during this period, with x-ray and reporting available.

We will continue to engage with groups around Grantham once general election purdah ends.

Accident & Emergency

A meeting A&E medical and nursing staff took place on 19th April 2017. The following are comments made by them:

- sign posting to OOH was felt to be poor still. It was suggested that signage for the Kingfisher unit should be before patients entered the car park.
- There needs to be better signage for the MRI United Lincolnshire Hospitals NHS Trust NHS11 need to be advised about the opening hours of OOH and also be advised again about the times for A&E. Patients continued to be advised to attend A&E after the department was closed.
- no specific issues raised to the overnight closure

- although early days there had been no issues due to the earlier opening of the A&E department. There were no queues prior to the department opening.
- The consultant felt medical middle grades would be willing to continue with their support of Lincoln but there continued to be some degree of unhappiness with this.
- there remained issues with the medical rota at LCH

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

- w/c 18th April 2017 discussion with and feedback from Grantham A&E nursing and medical staff
- 19th April 2017 discussion with Lincolnshire System Executive Team **not sure if this was done need to check with Jan or Jane Ablewhite re minutes or Kevin T**
- 20th April 2017 email sent to the Chair of Grantham MAC requesting feedback.
- 20th April 2017 discussion at Clinical Executive Committee
- 26th April 2017 discussion with Lincolnshire System Executive Team
- **9th May 2017 discussion and decision by ULHT's Trust Board**
- 16th May 2017 review by A&E Delivery Board
- 3rd -16th May discussion with NHS Improvement and NHS England and agree outcomes

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

NHS Improvement and NHS England

Awaiting formal review.

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 **highlight in yellow is in anticipation only**

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

Clinical executive committee (CEC)

The CEC considered two options for A&E at GDH. These were:

1. To reopen to 24/7
2. To continue with the current reduced opening hours

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

1. A&E medical staffing at LCH was insufficient and remained too fragile to support increasing the opening hours to 24/7 at GDH.

Their recommendation was:

1. For A&E to remain closed overnight
2. Despite the increased fragility as a consequence of IR 35 taxation rules, that there should be no change to the current opening hours.

7.0 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 February 2017. To date it has not been possible to assess the impact of the new opening times from 27th March 2017.

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

The significance of the impact on EMAS remains unclear but there have been no new developments since last reported to Trust board.

The impact on surrounding stakeholders, anecdotally, remains small for the most part. Attendance to the OOH service on site at Grantham decreased prior to the changes were made. The rate of decline has reduced

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. It is anticipated that this will decrease to 53 hours following the commencement of the new opening times.

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

To date the number of substantive or long term locum middle grades recruited has increased to 18.6 wte except during February. There is no expectation that this will change in the immediate future but has the potential to increase. Based on our experience, it is highly unlikely any doctors recruited in the next couple of months would be in a position to take up employment before autumn 2017. Although there remains the potential to recruit more middle grade doctors, this is subject to a number of actions beyond the influence of ULHT.

The number of substantive wte consultants and total wte consultants have remained static at 15 but temporary sickness absence has made staffing arrangements a challenge. There remains an expectation that junior medical staff recruitment will decrease significantly.

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

It is important for the Trust Board to be aware that the recruitment of trained medical staff of appropriate seniority and the provision of 24/7 A&E services remains very fragile. The recruitment of middle grade doctors to ULHT remains particularly challenging and volatile.

8.0 Recommendation

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

When the decision was taken in August 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 17th May and remains doubtful thereafter. The provision of emergency services, particularly at LCH, continues to remain fragile and requires the support of A&E medical staff, from GDH, on grounds of patient safety. The recent change to the taxation rules has had an additional deleterious and previously unforeseen effect on A&E staffing.

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

1. To continue with the current overnight closure and review in 3 months

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.

Appendix 1

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.

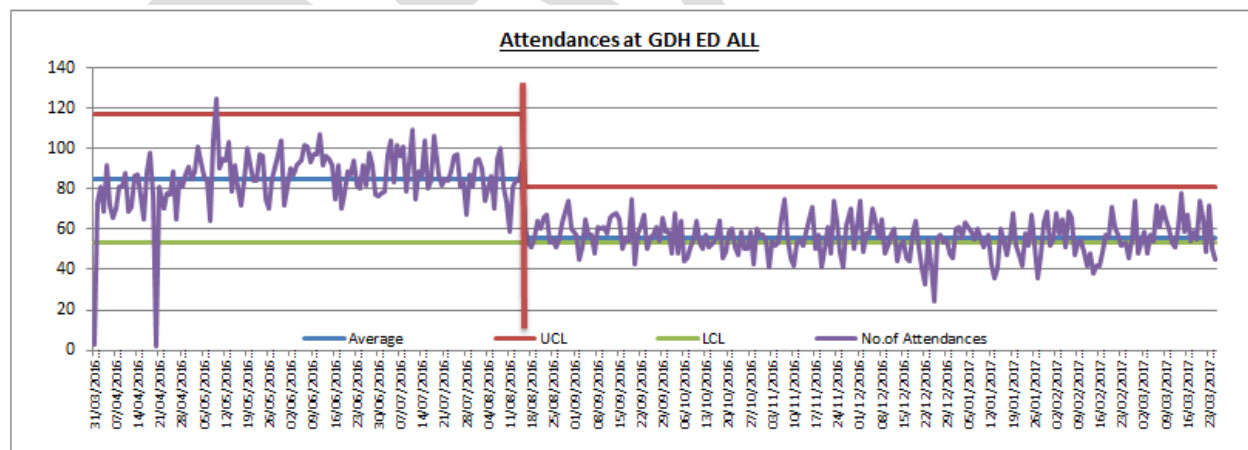
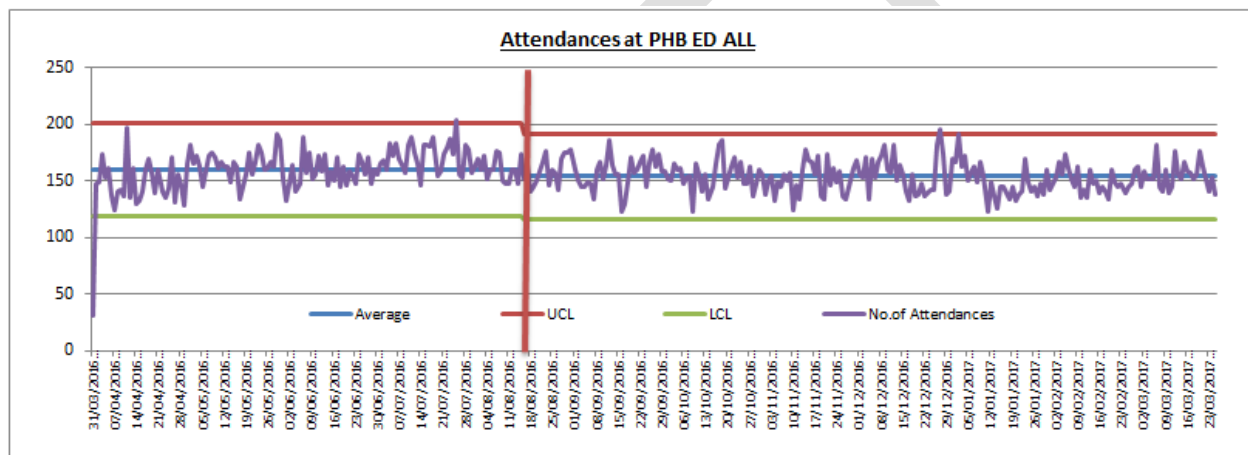
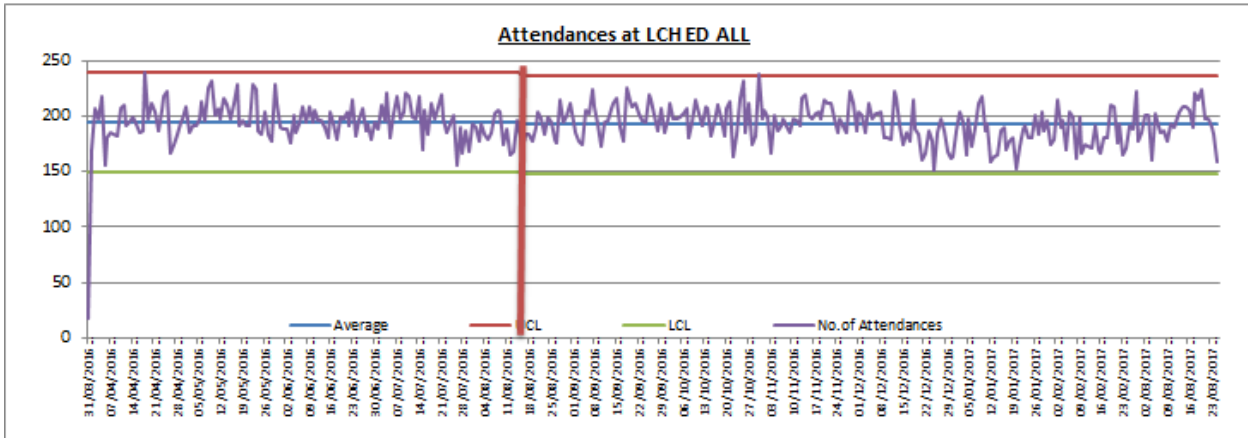
For example:

- 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).

DRAFT

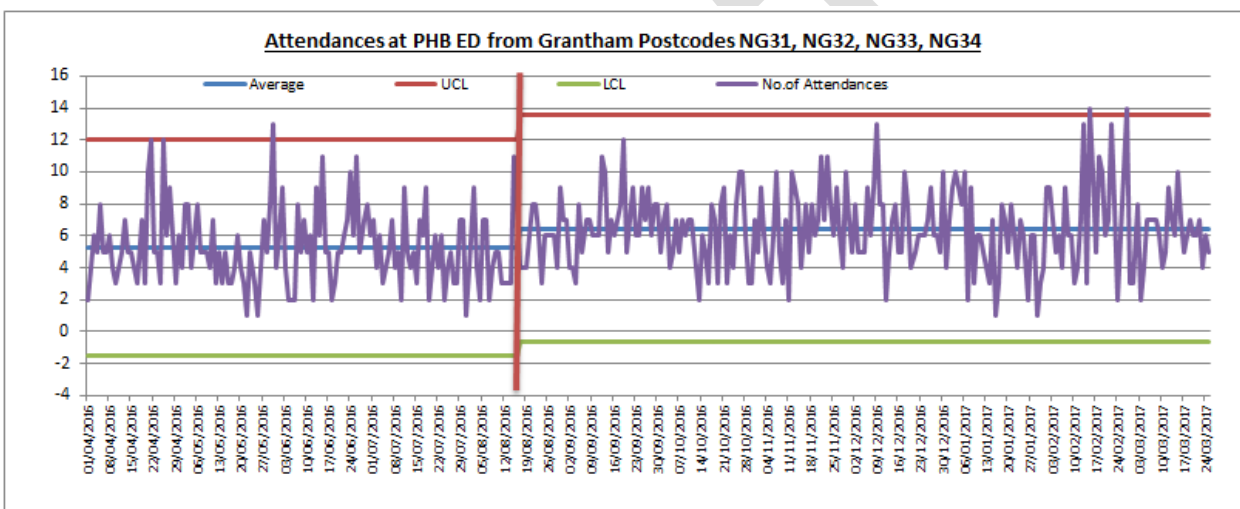
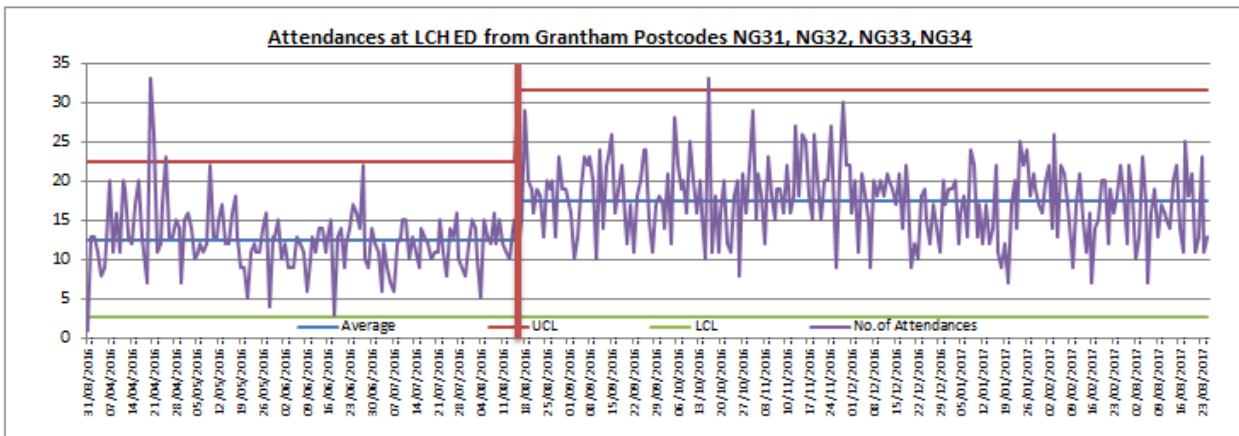
Appendix 2

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



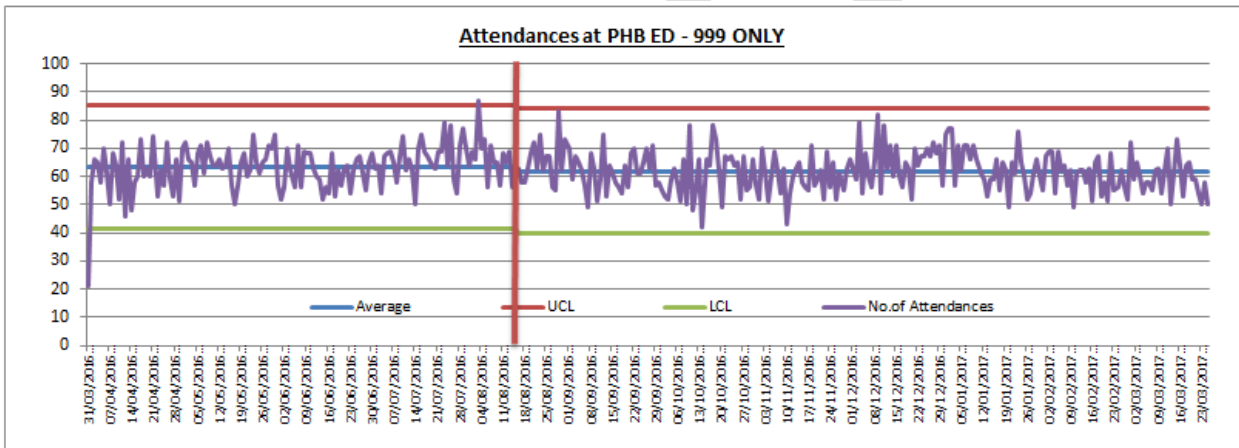
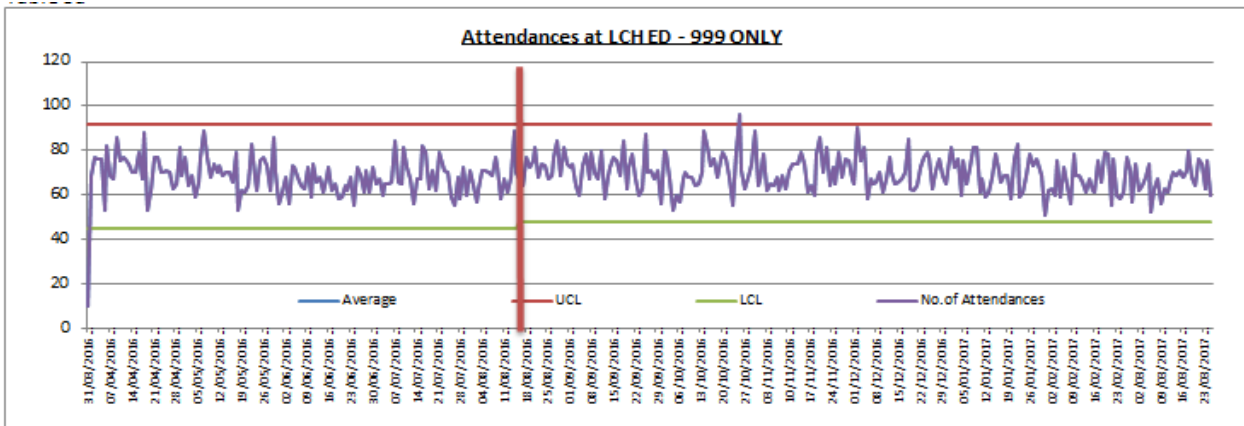
Appendix 3

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



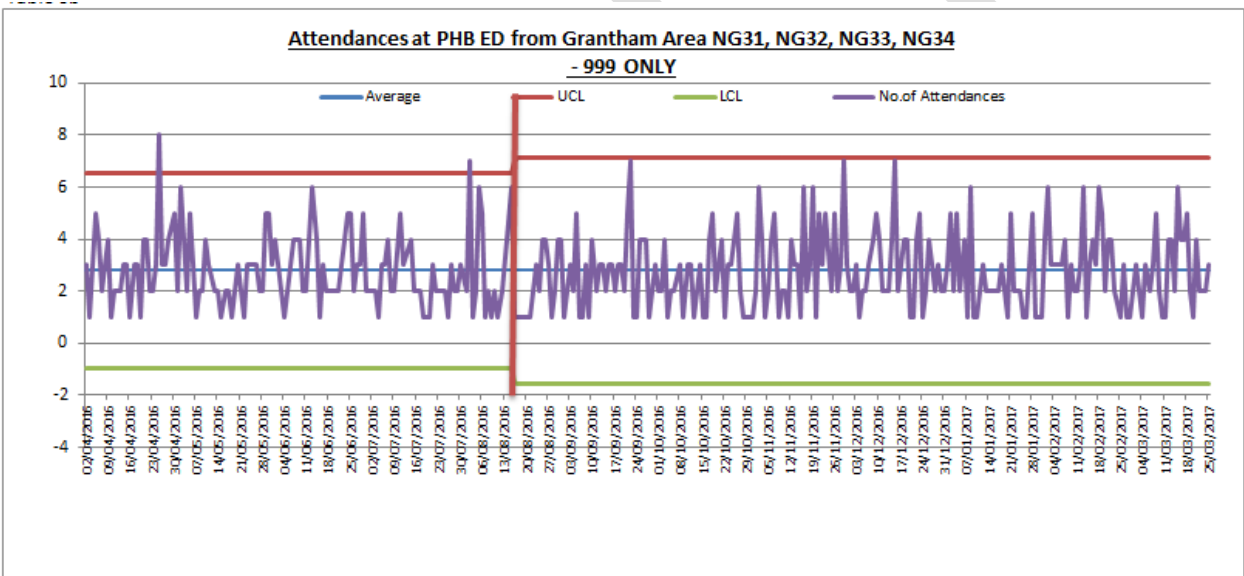
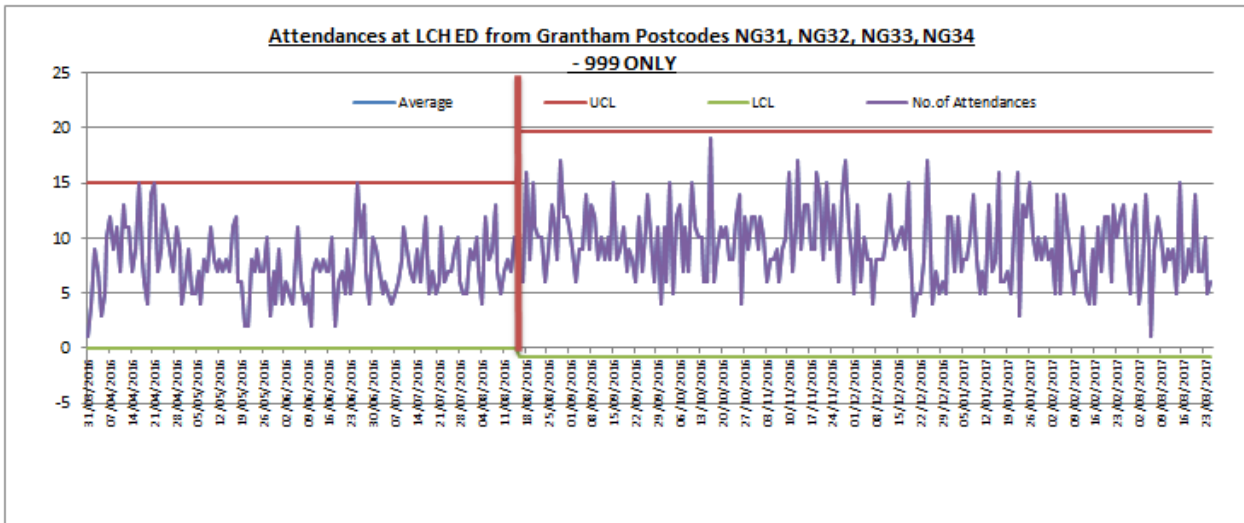
Appendix 4

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



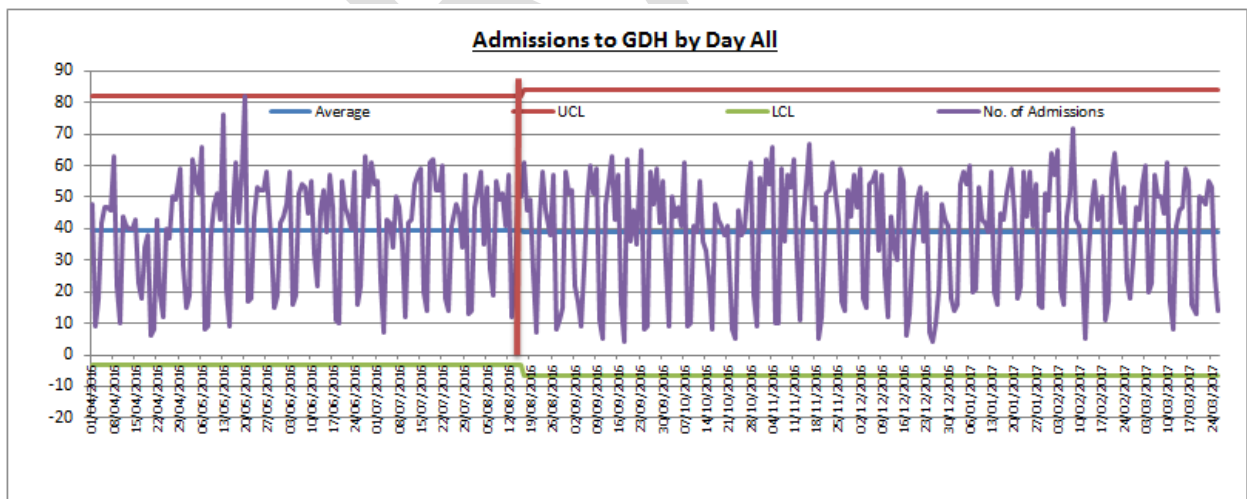
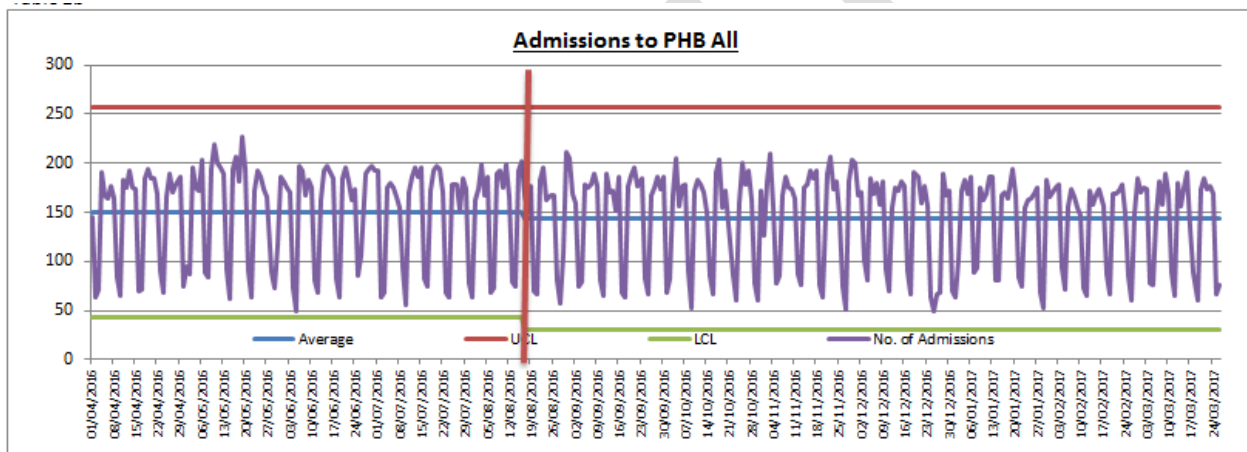
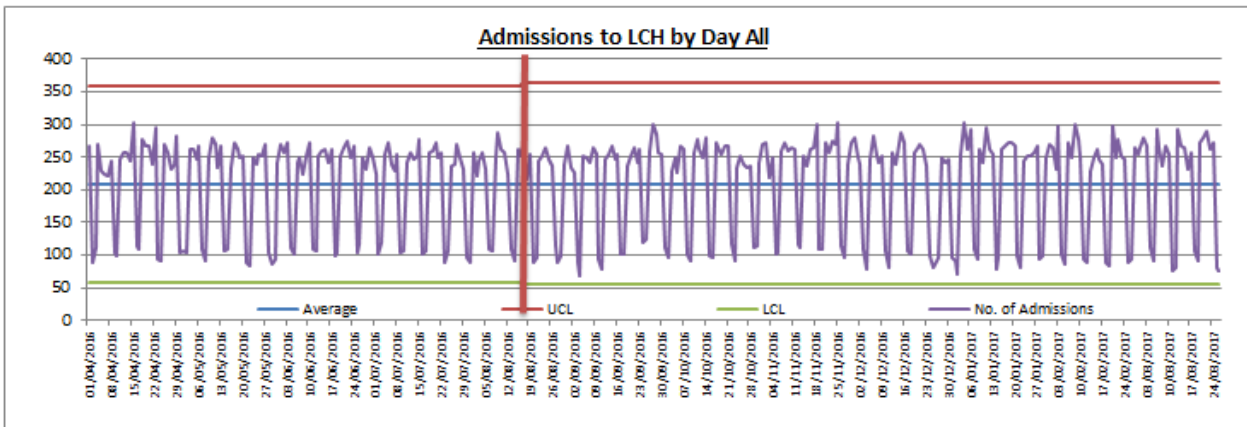
Appendix 5

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

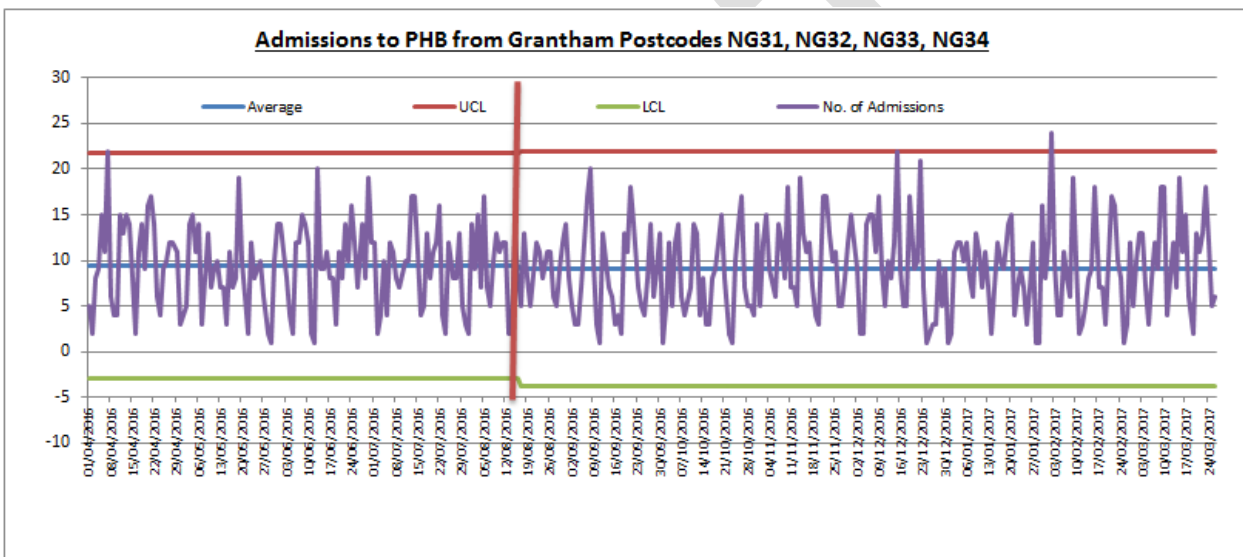
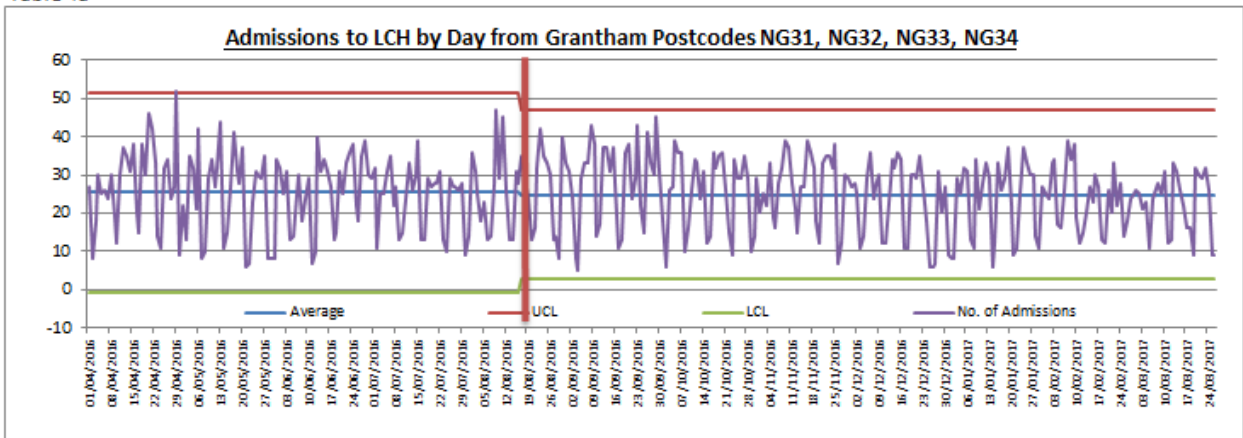


Appendix 6

Total admissions to LCH, PHB and GDH

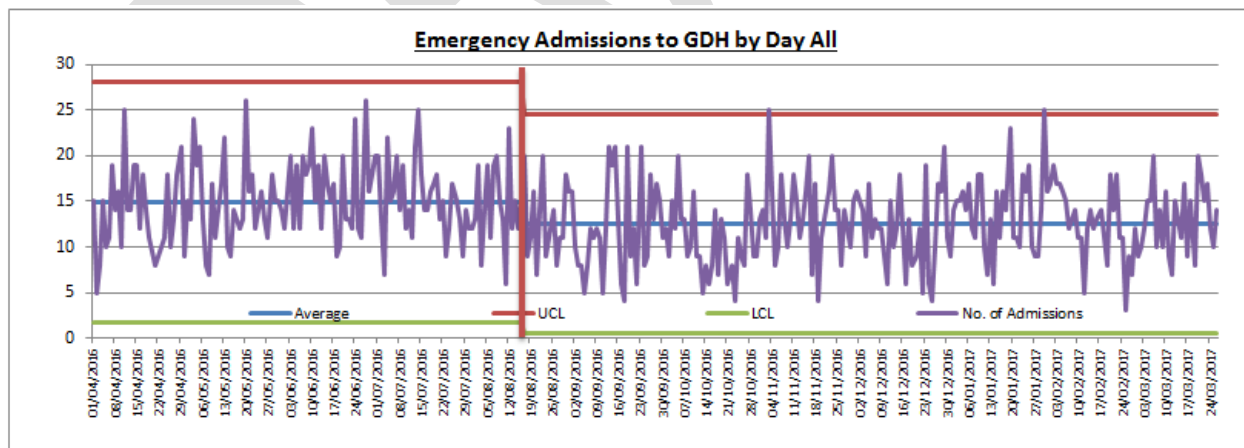
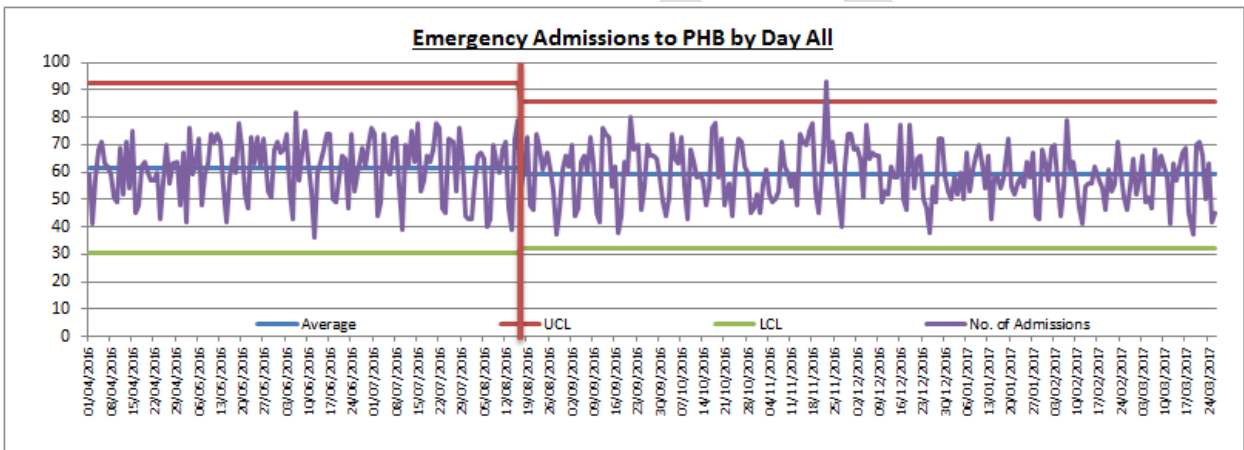
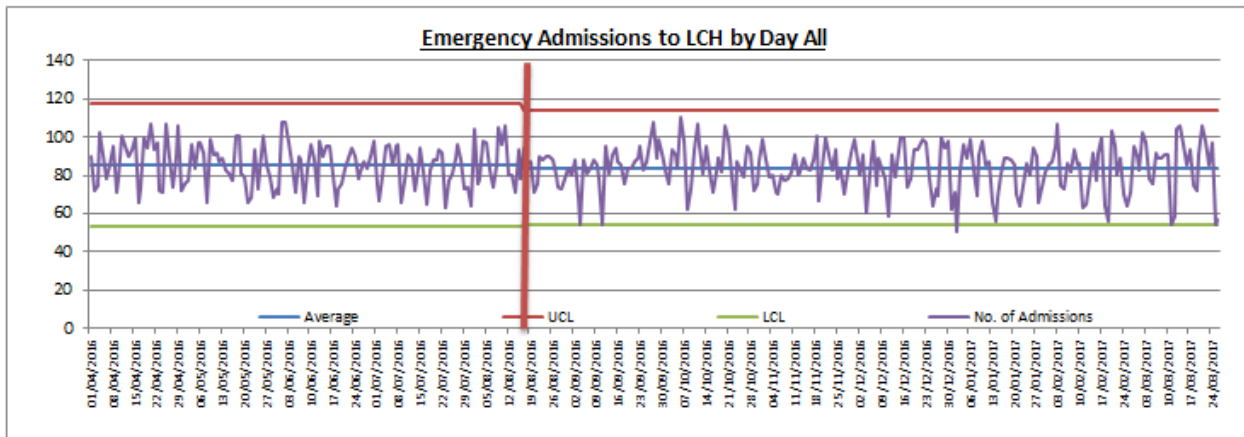


Appendix 7
Admissions to ULHT from Grantham and Sleaford areas



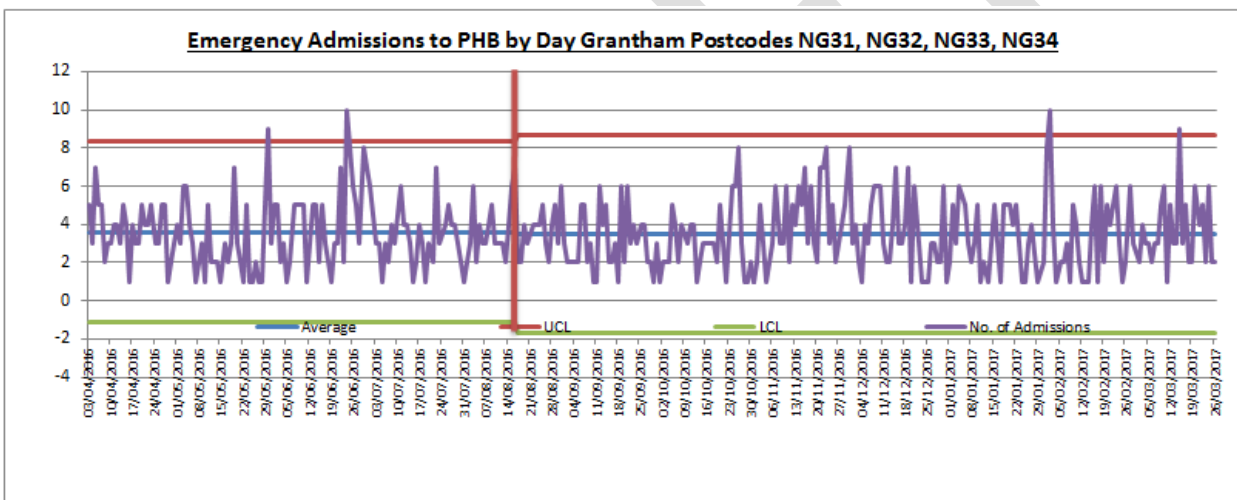
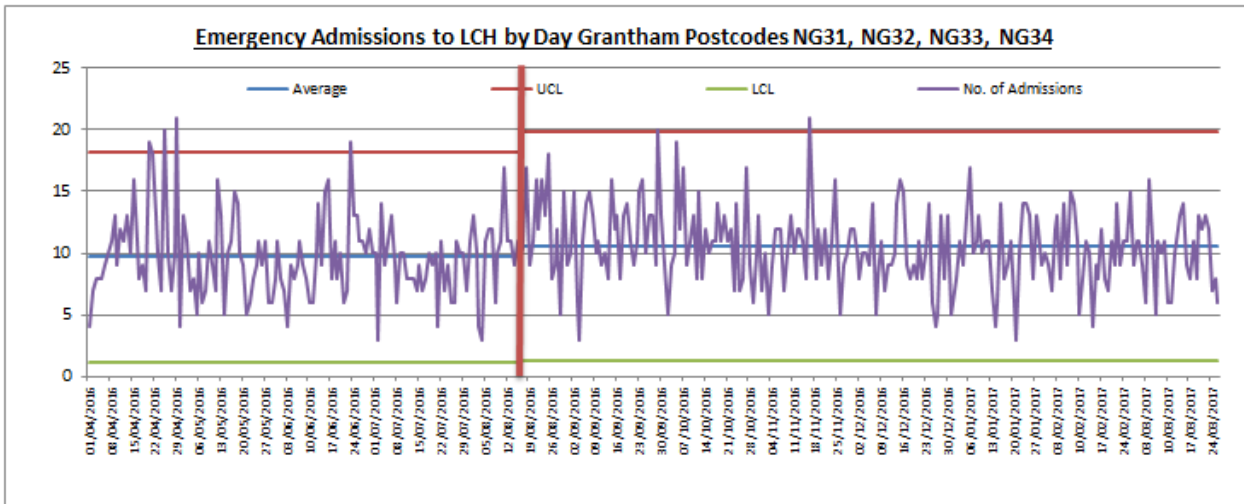
Appendix 8

Emergency admissions to LCH, PHB and GDH



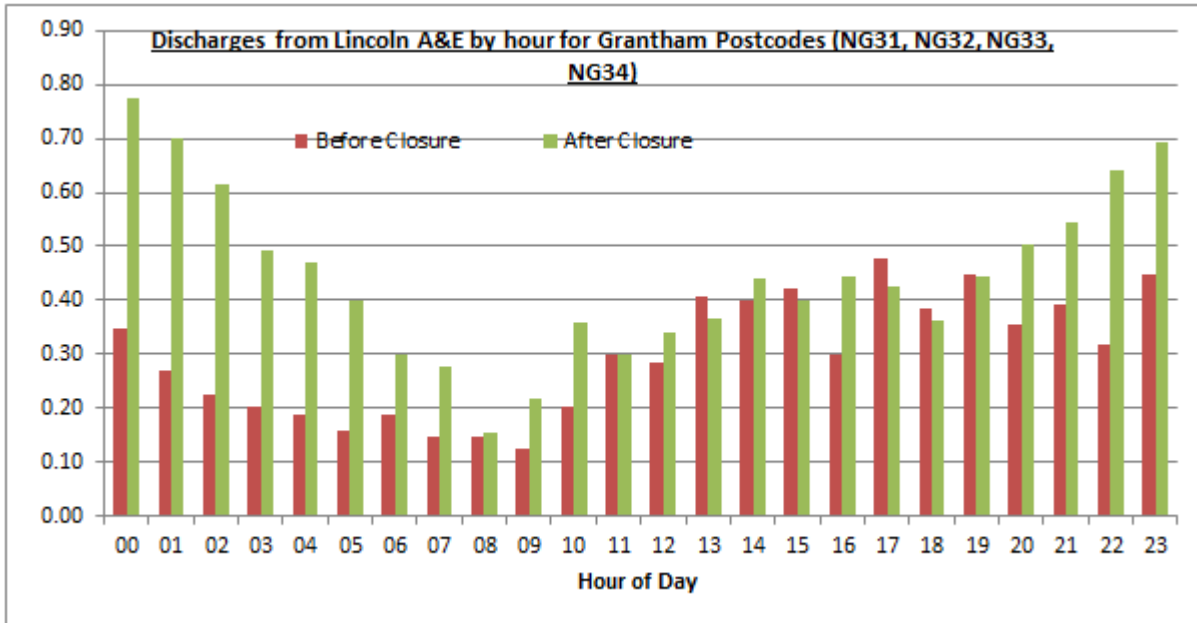
Appendix 9

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



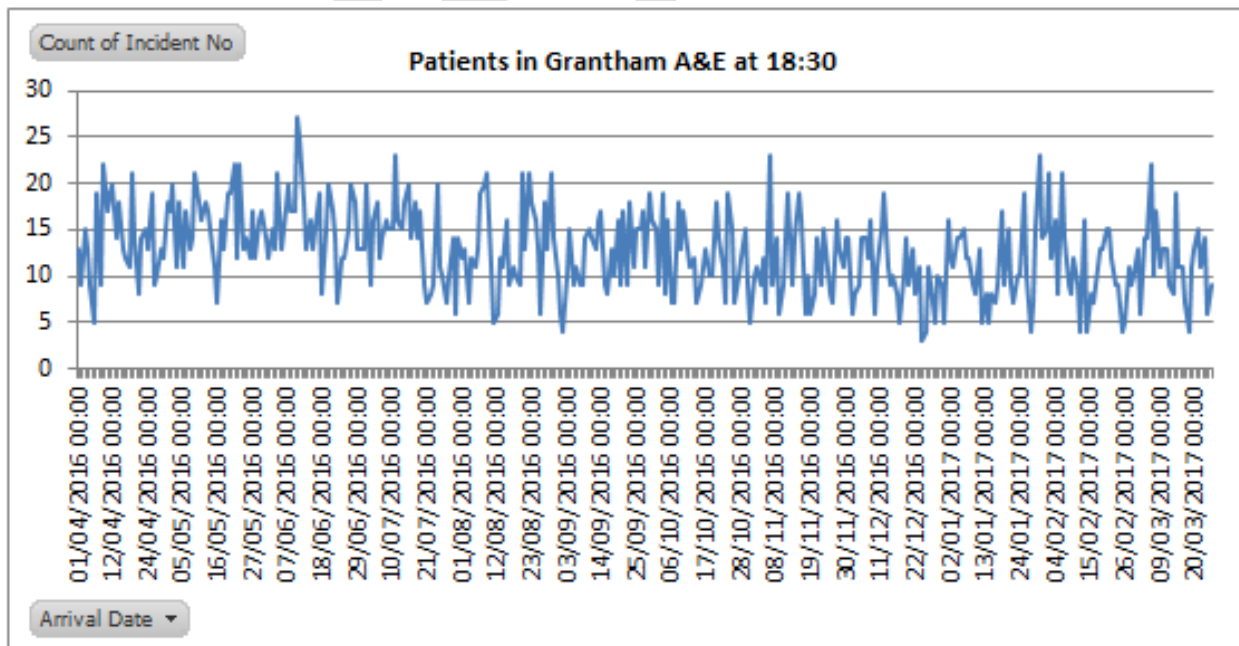
Appendix 10

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



Appendix 11

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



Appendix 12

Letter sent to stakeholders in April 2017

Dear Lisa

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 May 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 April 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.

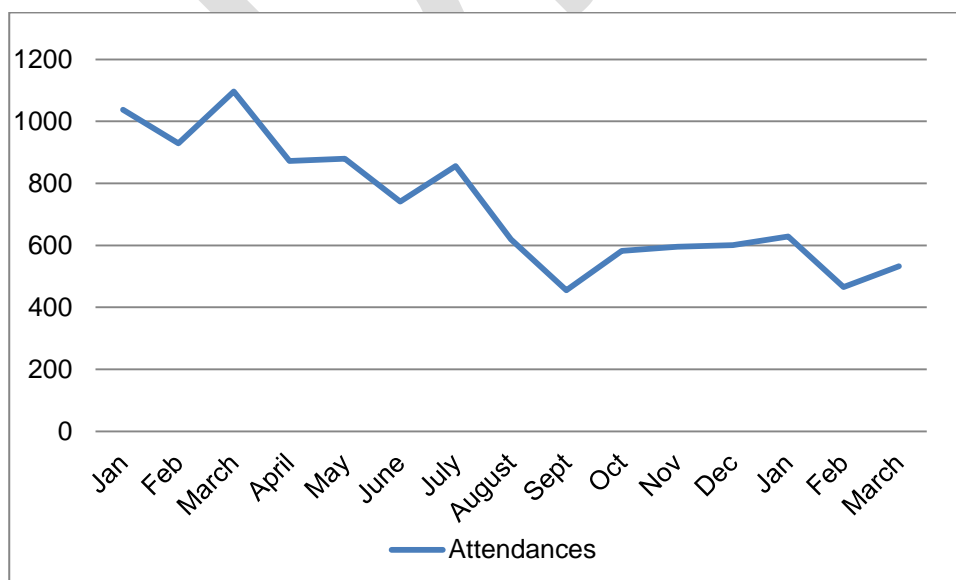
I would like to thank you for your continued support and understanding during what has been a difficult time for our patients and the wider system across Lincolnshire.

Yours sincerely

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

Appendix 13`

Attendances to OOH at Grantham January 2016 – March 2017 (Data provided by LCHS)



Appendix 14



Regimental Headquarters
Army Training Regiment Grantham
Prince William of Gloucester Barracks
GRANTHAM Lincolnshire NG31 7TJ

Telephone 0115 957 3151 Military 94452 3151
Fax 0115 957 3243 Military 94452 3243



Catherine Anderson
P A to Mark Brassington, Chief Operating Officer
United Lincolnshire Hospitals NHS Trust
Trust HQ , Lincoln County Hospital
Main Entrance, Greetwell Road
Lincoln LN2 5QY

Ref: 2ic_Grantham_A&E_01

Dated: 11 April 2017

IMPACT OF CONTINUED ACCIDENT AND EMERGENCY DEPT CLOSURES – GRANTHAM

Dear Catherine

In response to Dr Suneil A Kapadia MSc MD FRCP Medical Director, (GMC No 2837444)
Email I have the following comments.

Grantham Station houses 10 Major military Units and Head Quarters with a daily total of up to 950 workers on site at any one time. Our Gymnasium is being constantly used for sports competitions which require a high level of medical cover. In addition to this we are one of the few basing sites which assist the civilian population in time of crisis (Operation Moonwalker this year saw us helping in the possible event of flood surge on the Norfolk Coast when we housed an extra 200 soldiers on immediate notice).

In addition to this, the Army Training Regiment Grantham is responsible for the Initial training of the Army Reserve (ATR) in the East Midlands with a huge catchment area. Last year we trained over 1000 recruits over weekends and on several consolidated courses lasting up to 2 weeks.

With the closure of Grantham A&E we have had to switch to the Medical facility at RAF Cranwell and on weekends travel to Lincoln A&E which is not good given the busy road system. Our most recent injuries have been a broken wrist and rope burns which needed immediate evacuation and the extra time of travel caused more suffering than it would have normally. The way we train is safe but we do get lots of lower limb impact injuries and blisters. On every course we have had to take at least one person to the medical facility and in general we have had to casualty evacuate at least one person to A&E.

In September 2016 we had an OFSTED inspection which praised our staff for duty of care but did pick up on the lack of medical cover, both immediate and midterm which raised several points with the Initial Training Group who we are responsible to. We had a "Requires Improvement" pass which was mainly due to matters beyond our control.

Plans in the area to build more housing just across the road from our Barracks will increase the needs also. This initially being for contractors and then families who will move in.

In conclusion the impact of the weekend closures has caused suffering and distress to our casualties and also impacted on our travel and transport budgets.



NL Clarke TD
Major
Second in Command
Grantham Station