

	<b>The ULHT Trust Board</b>		
<b>From:</b>	Dr. Neill Hepburn, Medical Director		
<b>Date:</b>	6 <sup>th</sup> December, 2017		
<b>Title:</b>	Emergency Care Services at ULHT		
<b>Responsible Director:</b> Dr. Neill Hepburn, Medical Director			
Author: Julie Pipes, Assistant Director of Strategy			
<b>Purpose of the Report:</b>			
<p>The purpose of this paper is to provide the Trust Board with a summary of the findings of the Independent review of staffing across ULHT's three A&amp;E Departments, which was commissioned by NHS Improvement. The Independent review was requested in response to the ULHT Trust Board considering extending the opening hours, or re-opening 24/7, of the Grantham A&amp;E Department. NHSI requested a review of A&amp;E staffing across the three ULHT sites to inform their recommendation relating to the proposal to extend the opening times for the department.</p>			
<b>The Report is provided to the Executive Team for:</b>			
Decision	<input checked="" type="checkbox"/>	Discussion	<input checked="" type="checkbox"/>
Assurance	<input type="checkbox"/>	Information	<input checked="" type="checkbox"/>
<b>Summary/Key Points</b>			
<ul style="list-style-type: none"> <li>The Independent review panel (East of England Clinical Senate) agreed that there was no evidence that any extended opening, over and above the current level of provision, of the A&amp;E department at Grantham Hospital would improve the outcome for patients.</li> <li>The panel noted the significant medical staffing vacancy gaps across the three ULHT A&amp;E departments, and the heavy reliance on locum doctors who represent a less stable workforce, and concluded that extending the opening hours of Grantham A&amp;E department would create additional pressure on staffing across the Trust and could potentially put patients at risk, particularly at the Lincoln and Pilgrim sites.</li> <li>The panel's report produced was detailed and outlined 4 clear recommendations, most notably that the A&amp;E Department at Grantham should remain closed overnight, and not to extend the current opening hours. One of the key reasons for the recommendation was based on the grounds of patient safety.</li> <li>The report will be published on Wednesday 13<sup>th</sup> December</li> <li>NHSI has strongly advised the ULHT Trust Board to follow the recommendations of the Independent review panel.</li> </ul>			

## 1. Purpose of this paper

The purpose of this paper is to provide the Trust Board with a summary of the conclusions, and recommendations made by the East of England Clinical Senate following their review of staffing across ULHT's A&E Departments, which was commissioned by NHS England and NHS Improvement.

## 2. Background

A paper was presented to the ULHT Trust Board (Public Board) at their meeting on 7<sup>th</sup> November 2017 that described the background leading up to the overnight closure of the Grantham A&E department with effect from 17<sup>th</sup> August 2016. The paper went on to highlight that, at the time the decision was made to close the department overnight, it had been agreed that the A&E department at GDH should return to 24/7 opening hours when sufficient middle grade doctors to provide a minimally safe staffing level 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. Since August 2016 the establishment for middle grade doctors has subsequently increased to 38, and will increase again to 42 with effect from 1/ January 2018, and again to 44 with effect from 1 April 2018. This would enable three 24/7 rotas to be staffed consistently and prospectively. It is likely that agency doctors will be required to fulfil all duties within these rotas.

The paper presented to the Trust Board (Public Board) in November 2017 also included:

- Details of the current staffing situation for emergency care at Lincoln hospital, Pilgrim hospital and Grantham hospital, which demonstrated that the threshold (21) for middle grade doctors to support the A&E departments had now been reached, albeit with a heavy reliance on locum/agency staff.
- The paper highlighted that these posts could be vacated at any time and at short notice, which would take the number of middle grade doctors available to support the three A&E departments below the agreed threshold of 21.
- Based on the evidence provided in the report to the Trust Board in November, the Trust Board was asked to support the re-opening of the Grantham A&E department 24/7 provided it was assured that the three departmental A&E rotas could be staffed 24/7 for a reasonable prospective period. The paper went onto to propose that this would be subject to a safety review of the A&E services staffing model, for which the Trust would be supported by NHSE and NHSI to complete.
- A request was received from NHSI that the Trust Board delay their final decision to reopen the department for a period of one month to allow time for the safety review to be completed.

### **3. The model of service for provision of emergency care at ULHT since 17<sup>th</sup> August 2016**

#### **Grantham & District Hospitals**

The model of service for the provision of emergency care at GDH since 17<sup>th</sup> August 2016:

- Emergency admission and exclusion criteria to GDH 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
- Since 3<sup>rd</sup> April 2017 direct admission to EAU by EMAS against agreed protocols
- Since 27<sup>th</sup> March 2017 increased opening times to A&E; 08.00 – 18.30.

#### **Pilgrim and Lincoln Hospitals**

The current model of service for the provision of emergency care at Pilgrim and Lincoln is 24/7; it has not changed.

### **4. Current position of the A&E services at ULHT Hospital sites**

The A&E services at both Lincoln and Pilgrim Hospitals are under continuous pressure with high volumes of patients coming through the departments.

#### **Performance against the national 4-hour A&E 95% standard**

The Trust is failing to meet the A&E 4 hour waiting time standard (95% of patients should be assessed within 4 hours). The daily site report shown below for the month of November shows that Grantham is achieving performance against the standard (95%) , but it clearly highlights the pressure on both Lincoln and Pilgrim A&E departments where both the volume and the acuity of patients are significantly higher than the patients presenting to the Grantham A&E department. Neither Lincoln nor Pilgrim A&E departments are achieving a performance of 95%.

# AED006 - Daily Situation Report

Report Period : 01/11/2017 to 30/11/2017

Data Up To : 07/12/2017

HOSPITAL	TOTAL DEPARTURES	TOTAL 4+	4 HOUR %
<b>Grantham Hospital</b>	1861	72	96.13%
<b>Lincoln County Hospital</b>	6117	1345	78.01%
<b>Pilgrim Hospital Boston</b>	4752	1212	74.49%
<b>Total</b>	<b>12730</b>	<b>2629</b>	<b>79.35%</b>

**TOTAL DEPARTURES** (Attendances with a departure time) + (Arrivals in period with no departure time)

**TOTAL 4+** are only those with a departure time

## 5. Independent Review of Accident and Emergency Services at Grantham & District Hospital

NHS Improvement commissioned the review to allow for an independent examination of the current arrangements for Accident and Emergency Services in the three United Lincolnshire Hospitals, (Lincoln Hospital, Pilgrim Hospital and Grantham Hospital).

The purpose was to provide the ULHT Trust Board with an independent, expert, evaluation on the staffing levels across the three departments and recommendations about extending the opening hours of the Grantham A&E department. The Panel's report would inform the Trust Board's discussion regarding the advisability of re-opening the A&E Department at Grantham overnight.

The East of England Clinical Senate carried out the independent review on 22nd November 2017.

The ULHT was invited to send representatives to attend the panel to make a short presentation and respond to questions from the review panel. The invitation was extended to the lead local Clinical Commissioning Group (LSWCCG), but unfortunately the date of the

review panel clashed with a prior meeting for the CCG members, so they participated via teleconference. The commissioner's also submitted a letter to the panel outlining the proposed longer-term solution for A&E provision at Grantham Hospital, together with a paper (undated) agreed between the CCG and ULHT that included the proposal for the longer-term model for Grantham Hospital A&E.

The review panel also took into consideration the letter sent to the Secretary of State from the Independent Reconfiguration Panel (IRP) dated 22<sup>nd</sup> March 2017, in which the IRP upheld the ULHT Trust Board's decision to reduce Grantham Hospital's opening hours on the grounds of patient safety, following a referral being made to the Secretary of State from Councillor Christine Talbot appealing against the overnight closure of the Grantham A&E department in August 2016.

East of England Clinical Senate Council will publish the review report on its website on 13<sup>th</sup> December 2017 which is the time that had been agreed with the sponsoring organisation (NHSE). The Clinical Senate report is at appendix A.

## **6. Conclusions from the Independent Clinical Senate Panel**

The panel agreed that there was no evidence that any extended opening, over and above the current level of provision of the A&E department at Grantham Hospital would improve the outcome for patients.

The panel noted the significant medical staffing vacancy gaps across the three ULHT A&E departments, and the heavy reliance on locum doctors who represent a less stable workforce, and concluded that extending the opening hours of Grantham A&E department would create additional pressure on staffing across the Trust and could potentially put patients at risk, particularly at the Lincoln and Pilgrim sites.

Due to lack of detail available, the panel was unable to confirm whether the current medical staffing provided the required level of senior medical cover to supervise more junior staff.

The panel concluded that the best use of existing clinical staff, particularly during the coming winter period, would be to retain the current opening hours and exclusions for Grantham Hospital, and maintain the current arrangements for staff to support workloads across the three ULHT A&E departments.

The panel agreed that the terminology 'A&E Centre' could imply a full A&E facility and be confusing for patients. Common terminology although not formally defined by NHS England, are Type 1 A&E department (major A&E) providing a consultant led 24 hour service with full resuscitation facilities, a Type 2 (single speciality A&E such as ophthalmology, dentistry), and Type 3 (other A&E/minor injury/walk in centre/urgent care centre treating minor injuries and illnesses)

## **7. Recommendations following the review of the Independent Clinical Senate Review Panel**

The report produced by the East of England Clinical Senate includes a foreword from the Chair of the Senate Panel, Dr Bernard Brett. Within this forward, Dr Brett states that the unanimous view of the panel was that it was not in the interests of short term or longer term patient safety to re-open the Emergency Department on Grantham Hospital on a 24/7 basis at this time. It was also the unanimous view that any changes to service provision on the Grantham site, should, if possible, be linked to the longer-term plans for urgent care across the Trust and that these plans should be developed with appropriate stakeholders and public consultation as soon as possible.

In addition to the above and in summary the key recommendations coming out of the review from the Clinical Senate panel include:

#### Recommendation 1:

- The panel does not support the reopening of the 24/7 A&E department at Grantham Hospital on the grounds of potential adverse impact on patient safety at A&E Departments at all three United Lincolnshire NHS Trust Hospitals
- The panel strongly recommends, on the grounds of patient safety, United Lincolnshire Hospitals NHS Trust Board reconsider its proposal to extend the current A&E service opening hours at Grantham and District Hospital
- The Panel recommends that the Trust should continue to provide an A&E service at Grantham and District Hospital on the current opening hours of 08.00-18.30, seven days a week until a more definitive long term urgent and emergency care plan was developed and agreed

#### Recommendation 2:

- The panel recommends that in order to make it clear for patients and the public the type of service available at GDH A&E, the Trust look to re-labelling or re-naming the department, and ensure that it communicates that widely. The panel further recommended that the terminology 'A&E Centre' is not applied to GDH in any further model

#### Recommendation 3

The panel recommended that the Trust should move to a single A&E team with a focus on standardised clinical pathways and processes across the three sites, removing any unnecessary variation and providing enhanced training opportunities.

#### Recommendation 4:

The panel recommended that the Trust and CCG have clear alignment with the Lincolnshire STP, developing a system approach to urgent and emergency care, and planned care for patient and the public. The Trust and STP should move to public consultation on an agreed future model as quickly as possible

#### Recommendation 5:

- The panel recommended that the United Lincolnshire Hospitals NHS Trust works with the local the CCG and STP to develop an enhanced communication and engagement strategy to ensure that all stakeholders, the public, patients and local

elected representatives have an opportunity to input on the development and decision regarding the final model for urgent and emergency care across the Trust's three sites, and not only for the Grantham site

- The panel recommends that the communication and engagement strategy develop plans to ensure that any changes to the designation, opening times and pathways related to emergency care provision are clearly communicated with the public, patients, stakeholders and staff both within the STP footprint and with surrounding STP footprints.

## 8. Subsequent advice from NHS Improvement

A letter from Jeffrey Worrall, Delivery and Improvement Director – Central & South Midlands, NHS Improvement was received by the Chief Executive, Jan Sobieraj on December 5<sup>th</sup> following Mr Worrall's receipt of the report from the East of England Senate.

In his letter to Mr Sobieraj, Mr Worrall states:

*“The Report produced following the review was detailed and outlined 4 clear recommendations, most notably that the A&E Department at Grantham should remain closed overnight and to not extend the current opening hours. One of the key reasons for the recommendation is on the grounds of patient safety.*

*Due to the ongoing concerns around the delivery of A&E services at Lincoln County and Pilgrim Hospital and specifically the sustainability of your staffing model, NHS Improvement strongly advises that the Trust Board follow the recommendations in the report”.*

## 9. Obligations for the Trust Board

The Single Oversight Framework/ NHS Provider Licence for the Trust states that “ NHS Trusts are exempt from the requirement to hold the NHS provider licence, but directions from the secretary of State require NHSI to ensure that NHS Trusts comply with conditions equivalent to the licence as it deems appropriate this includes giving direction to an NHS Trust where necessary to ensure compliance”.

The general licence conditions require Trusts to have regard to guidance from the regulators.

ULH Standing Orders state that the Trust “has powers to make arrangements for the exercise of functions on behalf of the Trust in each case subject to the restrictions and conditions as the Trust thinks fit or as the secretary of state may direct”.

## 10. Summary

This report summarises the findings from the Independent review of staffing in the three ULHT A&E departments.

The Independent review recommended that the current opening times for Grantham A&E are not extended. This recommendation is based on the significant medical staffing vacancy gaps across the three ULHT A&E departments, and the heavy reliance on locum doctors who represent a less stable workforce.

The panel concluded that extending the opening hours of Grantham A&E department would create additional pressure on staffing across the Trust and could potentially put patients at risk, particularly at the Lincoln and Pilgrim sites, which are under significant pressure.

The panel recommended that the Trust and CCG develop a whole system approach to urgent, planned and emergency care in clear alignment with the Lincolnshire STP.

The recommendations from the Clinical Senate panel have been strongly supported by NHS Improvement who sponsored this latest safety review of A&E staffing across all ULHT hospital sites.

## **11. Recommendations**

The Trust Board is recommended to accept the conclusions reached by the East of England Clinical Senate panel, and to follow their recommendations, which have been supported by NHS Improvement.

Appendix A : East of England Clinical Senate Report.

Appendix B: Letter from Jeffery Worrall, NHSI.