

# United Lincolnshire Hospitals

NHS Trust

<b>To:</b>	<b>The Trust Board</b>
<b>From:</b>	Dr. Neill Hepburn, Medical Director
<b>Date:</b>	July 2017

<b>Title:</b>	Emergency Care Service – Current Position										
<b>Responsible Director: Dr. Neill Hepburn, Medical Director</b>											
Author: Dr. Neill Hepburn											
<b>Purpose of the Report:</b> The purpose of this report is to provide the Trust Board with details: <ul style="list-style-type: none"> <li><input type="checkbox"/> of the current staffing situation</li> <li><input type="checkbox"/> highlighting the impact of the temporary closure of Grantham A&amp;E since August 17<sup>th</sup> 2016</li> <li><input type="checkbox"/> to make a decision in relation to the on-going overnight closure of the department</li> </ul>											
<b>The Report is provided to the Board for:</b> <table border="1" style="width: 100%;"> <tr> <td style="width: 50%; text-align: center;">Decision</td> <td style="width: 5%;"></td> <td style="width: 50%; text-align: center;">Discussion</td> <td style="width: 5%;"></td> </tr> <tr> <td style="text-align: center;">Assurance</td> <td></td> <td style="text-align: center;">Information</td> <td></td> </tr> </table>				Decision		Discussion		Assurance		Information	
Decision		Discussion									
Assurance		Information									
<b>Summary/Key Points:</b> To provide the Trust Board with: <ul style="list-style-type: none"> <li><input type="checkbox"/> Details relating to the current staffing situation with regards to emergency care at Lincoln hospital, Pilgrim hospital and Grantham hospital</li> <li><input type="checkbox"/> Analysis of the impact from August 2016 to July 2017 following the continued temporary closure between the hours of 18:30 and 09:00 at Grantham A&amp;E</li> <li><input type="checkbox"/> Recommendations for the Board to consider for the Accident &amp; Emergency department at GDH after 1<sup>st</sup> August 2017</li> </ul>											
<b>Recommendations:</b> 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 27 <sup>th</sup> March 2017. To work with the CCGs to explore an interim service model for a 24 hour emergency/ out of hours service. 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									
<b>Resource Implications (e.g. Financial, HR)</b> Continued recruitment for medical and nursing staff for the three Accident & Emergency departments in ULHT											

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

## Contents

Section	Page
Executive summary	1
Context and background	2-4
Medical staffing	4
Threshold to reopen A&E	5
Outcome of recruitment	6
Impact of IR35 taxation by HMRC	7
Impact of reduced A&E opening hours at ULHT	7-11
Quality impact	11
Summary of effects	11
Engagement with staff, stakeholders and the public	13-14
Timeline to review the decision	14
Summary of discussions with ULHT's stakeholders on reviewing the decision	15
Summary	15
Recommendations	16
Appendices	17-29

## 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 17<sup>th</sup> 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 27<sup>th</sup> 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 7<sup>th</sup> March 2017. No changes were made to the planned alteration to the overnight closure due to commence 27<sup>th</sup> 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 17<sup>th</sup> August 2016 until 26<sup>th</sup> March 2017.

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

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 17<sup>th</sup> 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 17<sup>th</sup> 2016.
- ☐ To evaluate the impact of this closure up to 30<sup>th</sup> June 2017 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 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.

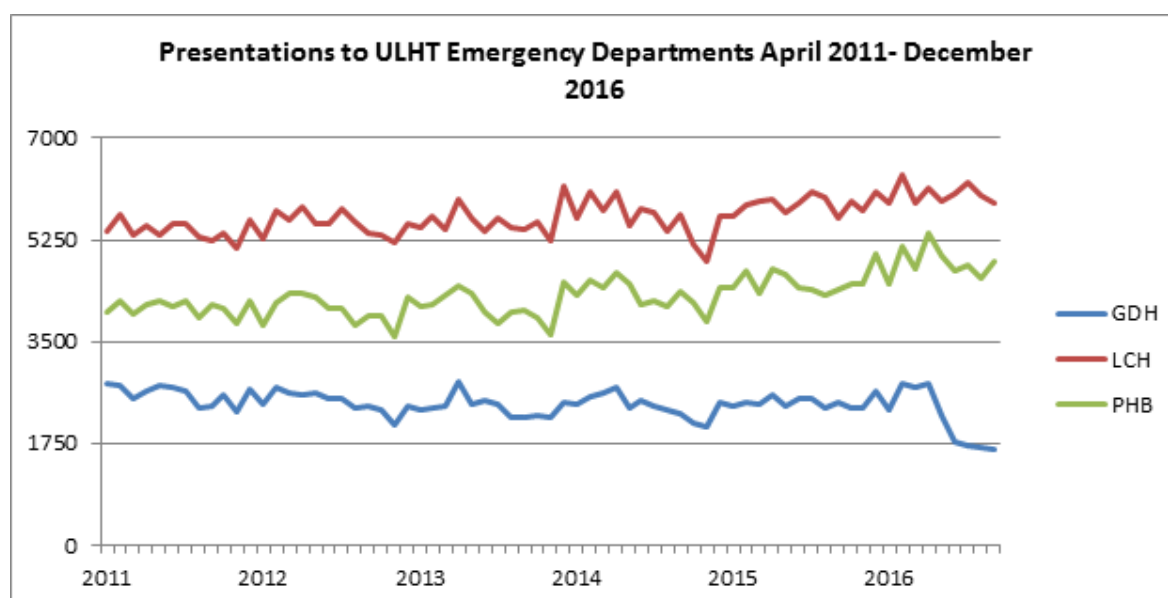
**Table 1:** Emergency department attendance data for the period 2015/16 (full year)

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

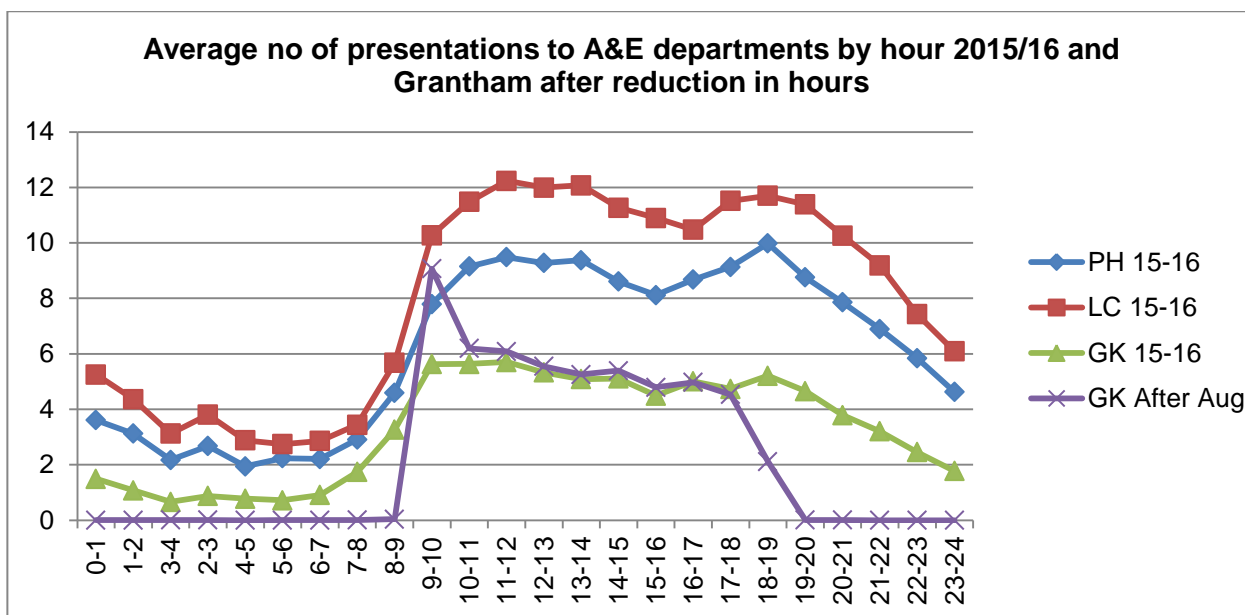


## Summary of presentations to A&E by hour

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 (75<sup>th</sup> 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
<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**

- ☐ 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 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 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, but will increase to 5 in August with a new appointment. Ill health reduced the expected consultant staffing numbers for ULHT from 15wte to 14 wte during May – June but the consultant is now on a phased return to work.

### 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 to July at LCH. The 10 posts are made up of 8 deanery and 2 trust posts. One deanery post has been converted to a trust post and it is expected all 10 posts will be filled in August.

### Registered nursing staff

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

Table 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
01.06.17	3.6	3.0	6.0	1.0	5.0	0	18.6
01.07.17	3.6	3.0	6.0	1.0	5.0	0	18.6

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 5<sup>th</sup> April 2017 until 19<sup>th</sup> 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.

Whilst the pressures eased for a time, three long term locums have been replaced by 3 new long term locums. However from August there do not appear to be locums available for Lincoln which will create a shortfall of 3. 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

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

### 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 2016 was 196 and since then to 30<sup>th</sup> June 2017 was 192.
- The average attendance over 24 hours to A&E at PHB 1<sup>st</sup> April 2016 to 16<sup>th</sup> August 2016 was 161 and since then to 30<sup>th</sup> June 2017 was 156.
- The average attendance over 24 hours to A&E at GH 1<sup>st</sup> April 2016 to 16<sup>th</sup> August 2016 was 86 per day and since then to 30<sup>th</sup> June 2017 was 59.

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

### **Summary**

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

### **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, to 26<sup>th</sup> March 2017 was 70 and since then to 30<sup>th</sup> June 2017 was 69.
- The average 24/7 attendance to A&E at PHB 1st April 2016 to 16th August 2016 was 64, to 26<sup>th</sup> March 2017 was 62 and since then to 30<sup>th</sup> June 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 , to 26<sup>th</sup> March 2017 was 10 and since then to 30<sup>th</sup> June 2017 was 9..
- The average 24/7 attendance to A&E at PHB from these post codes 1st April 2016 to 16th August 2016 was 3 , to 26<sup>th</sup> March 2017 was 3 and since then to 30<sup>th</sup> June 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 8<sup>th</sup> December 2016 – 211, to 26<sup>th</sup> March 2017 - 209 and to 30 June 2017 – 208.
- The average number of patient admissions to PHB 1st April 2016 to 16th August was 151 and since then to 9th October 2016 – 145, to 8<sup>th</sup> December 2016 – 147, to 26<sup>th</sup> March 2017 – 144, and to 30 June 2017 – 144.
- The average number of patient admissions to GH 1st April 2016 to 16th August 2016 was 40 and since then to 9th October 2016 – 38, to 8<sup>th</sup> December 2016 - 39 to 26<sup>th</sup> March 2017 - 39 and to 30 June 2017 – 39.

## Summary

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

## Admissions to ULHT from Grantham and Sleaford areas

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

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

## Summary

Overall there has been no change in admissions to LCH or PHB from the Grantham and Sleaford post codes since 17<sup>th</sup> August 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 16th August 2016 was 85 and since then to 9th October 2016 and to 8<sup>th</sup> December 2017 was unchanged. To 26<sup>th</sup> 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 8<sup>th</sup> December 2016 was 60.5 and to 26<sup>th</sup> March 2017 was 59.
- The average number of emergency admissions to GDH prior to 16th August 2016 was 15 and since then to 8<sup>th</sup> December 2016 was 12 and to 26<sup>th</sup> March 2017 was 12.6.

## Summary

There has been negligible change in emergency admissions since the 17<sup>th</sup> 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 8<sup>th</sup> December 2016 it was 11, to 26<sup>th</sup> March 2017 it was 10.5 and to 30 June 2017 it was 10.3.
- The average number of emergency admissions to PHB from these post codes 1st April 2016 to 16th August 2016 was 3.6. Since then to 9th October 2016 it was 3.2, to 8<sup>th</sup> December 2016 it was 3.5, to 26<sup>th</sup> March 2017 it was 3.5 and to 30<sup>th</sup> June 2017 it was 3.5.

### **Summary**

There has been very little change in emergency admissions to LCH and PHB from the Grantham and Sleaford post codes since the 17<sup>th</sup> 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 17<sup>th</sup> has decreased a little. The most recent data to 10<sup>th</sup> July 2017 shows 7.04 patients were discharged. Data presented to the November 2016, February 2017 and May 2017 Trust Board meetings were 7.6, 7.42 and 7.0 respectively. This compares with 3.8 patients prior to 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. From December 5<sup>th</sup> 2016 to 30<sup>th</sup> March 2017 there were 23 patients admitted to the ring fenced beds awaiting transfer to other sites. The average time awaiting transfer was 3 hours. The longest wait was 8.5 hours, the shortest wait was 45 minutes. These numbers have not been recorded since March 2017 but the bed managers and matron report the activity is low.

### **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 11.7 following the closure.

### **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.
- From 1<sup>st</sup> January 2017 to 24<sup>th</sup> April 2017 there were 54 calls made including 5 to 999. A total of 35 calls were made over the weekend (Saturday & Sunday). There were 24

calls made whilst the department was open and 20 of these were made at the weekend.

- From 11 June to 2 July 2017 there were 102 call made including 1 to 999. Of those 30 were made over the weekend (Saturday and Sunday) and 71 were made whilst the department was open.

### 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 17<sup>th</sup> 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 no 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 17<sup>th</sup> August 2016.

#### Patients in A&E

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

#### Calls to 111 and 999 from Grantham

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

#### Quality

- Overall there have been no serious issues reported that we are aware of but we continue to monitor the situation.

- Some patients will have had a poor experience as a consequence of the changes to Grantham A&E and the need to travel further to seek medical advice. This is difficult to assess.

## 4.0 Engagement with staff, stakeholders and the public

### Engagement by ULHT

Appendix 12 contains the letter we have sent to organisations

#### **LCHS**

*No response*

#### **EMAS**

*No response*

#### **LPFT**

The following response was received:

From a Mental Health Liaison Service (MHLS) perspective and in comparison to 16/17 data there has been a slight increase of attendances to Lincoln A&E where the coding 04Q (South West CCG) has been recorded.

The Lincoln Crisis Team saw a total of 49 A&E referrals out of hours 2200-0800 during 16/17. So far YTD 17/18, Quarter1 they have seen 22 referrals. (projections or estimates therefore could be a 90% increase in activity for this 04Q cohort)

The MHLS during 16/17 saw 50 A&E referrals during working hours. So far YTD 17/18, Quarter1 they have seen 18 referrals.

Overall there is a slight increase in referral activity since the early closure of A&E was introduced but it is difficult to say this is the prime cause and likely to be multifactorial as always. Activity at Grantham MHLS responding to A&E during working hours has increased but not significantly.

#### **Lincolnshire SW Commissioning CCG**

No formal response, but ongoing discussion around service model at Grantham and District Hospital

#### **Lincolnshire West Clinical commissioning Group:**

*No response to date*

#### **Healthwatch Lincolnshire**

*No specific issues related to the overnight closure of the A&E department.*

#### **Lincolnshire Police**

*No response to date*

## **Army Training Regiment**

There have been no adverse events occurring specifically to the over-night closure. The key part of their response is:

Our opinion is that whilst ATR(G) would very much prefer to have an A&E open 24/7 on our doorstep, we accept that this is unlikely to change in the near future. The reality is that over the past 12mths we have had relatively few A&E admissions (<40) of which the majority have been during the Grantham A&E opening hours. This is because the majority of our higher risk training activity occurs during the working day and hence dovetails into the opening hours.

## **NUH**

No response to date

## **Peterborough**

No specific concerns were raised nor any significant changes in activity.

## **Newark**

No response to date

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

Our communication team have stated:

Although engagement activity was limited due to us being in the purdah period prior to the General Election, since the last update we have had some valuable contact with students from Grantham College, in order to gain the views of some of the young people in the local population.

Since it was proving difficult to organise an engagement session where the majority of students could attend, we sent a questionnaire with supporting information to be shared amongst all students.

Some of the feedback received revealed that students feel A&E services should be provided locally where possible, but that there should be more out-of-hours centres in rural locations.

They also feel that more transport should be made available for families to be able to attend out-of-hours or A&E, to help reduce pressure on the ambulance service.

## **Accident & Emergency**

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

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

- There remained issues with the medical rota at LCH

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

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

## 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

- 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 27<sup>th</sup> 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 31 July 2017 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. 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 27<sup>th</sup> March 2017.
2. To work with the CCGs to explore an interim service model for a 24 hour emergency/ out of hours service.
3. To review the overnight closure 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.

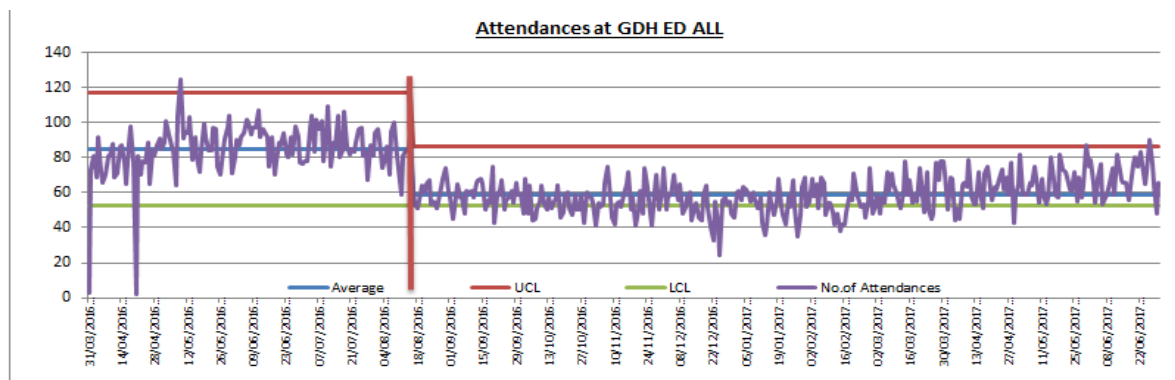
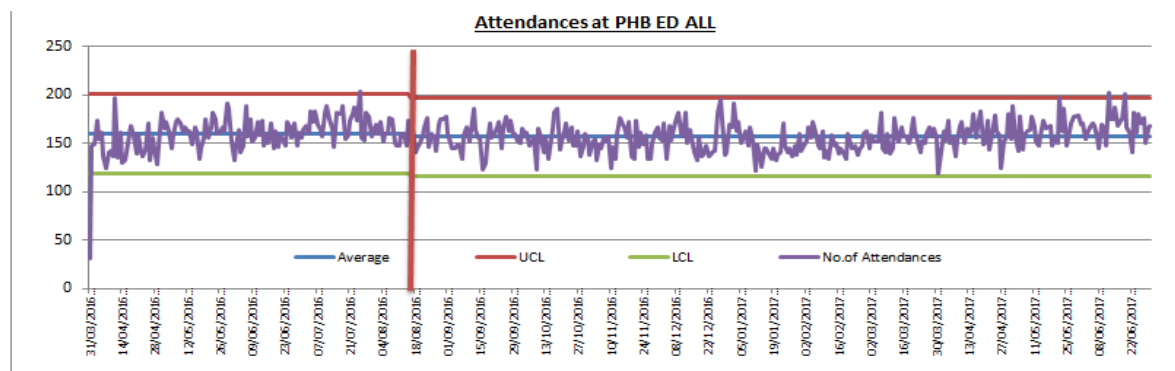
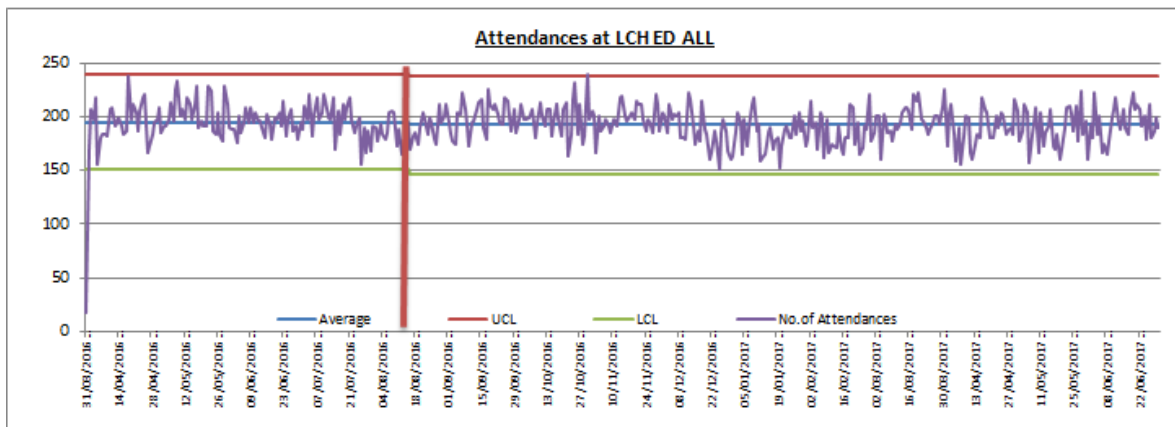
Trauma involving just the peripheral skeleton MAY still be brought to Grantham A&E.

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).

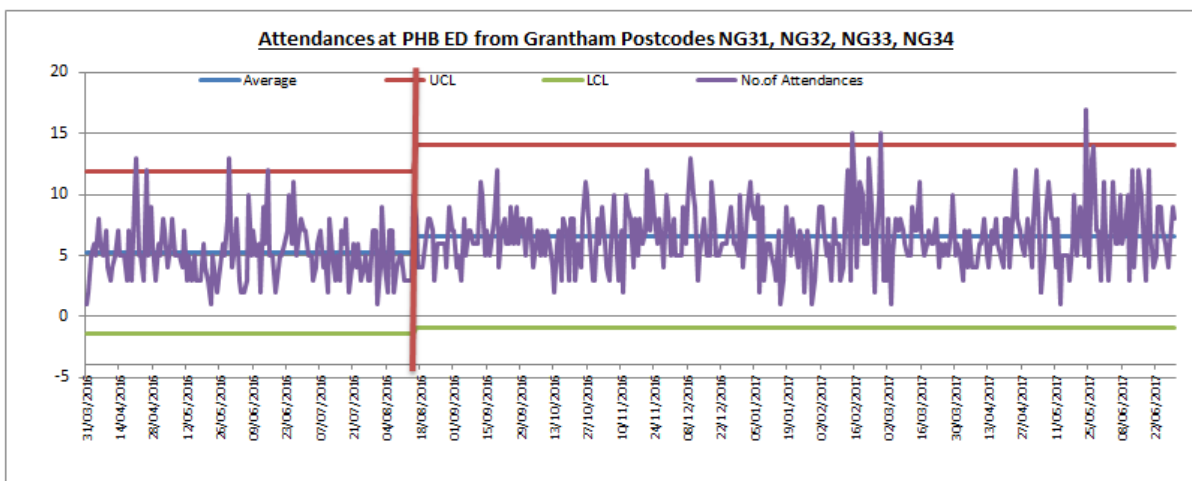
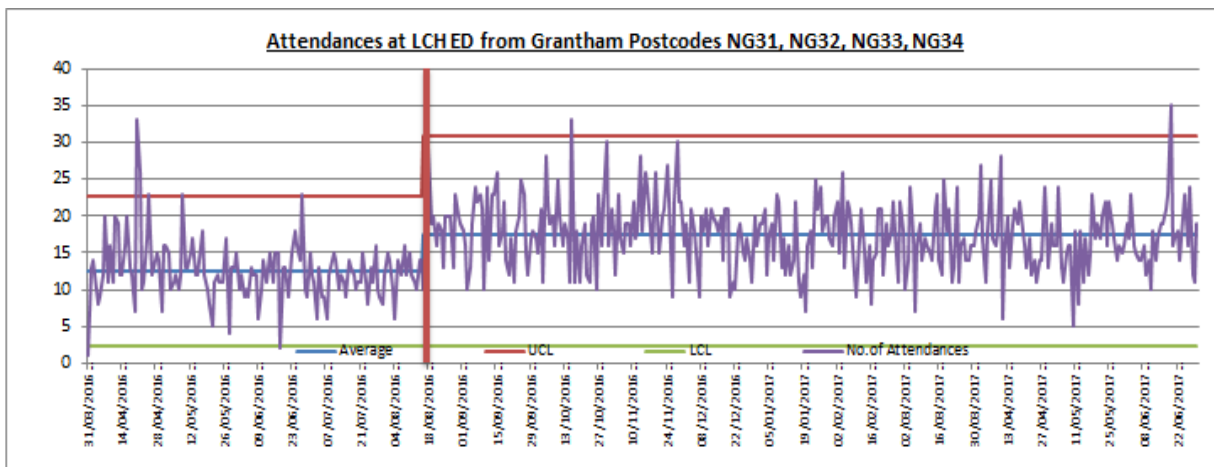
## Appendix 2

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



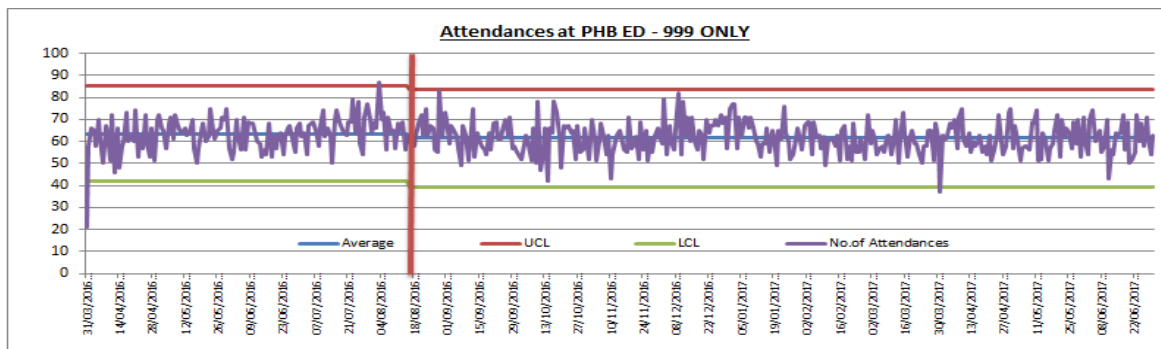
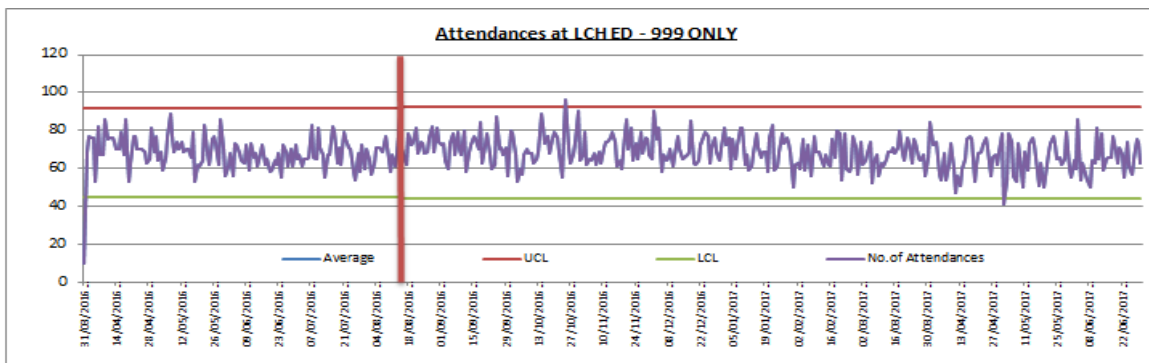
### Appendix 3

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



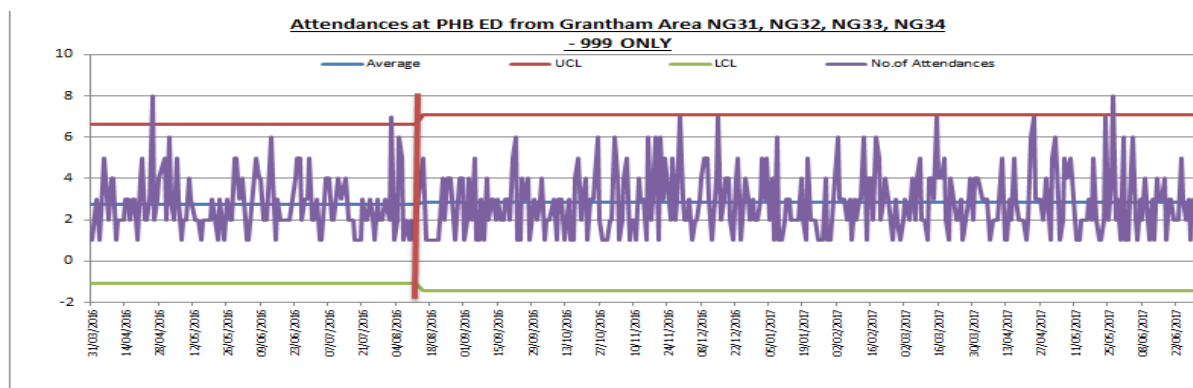
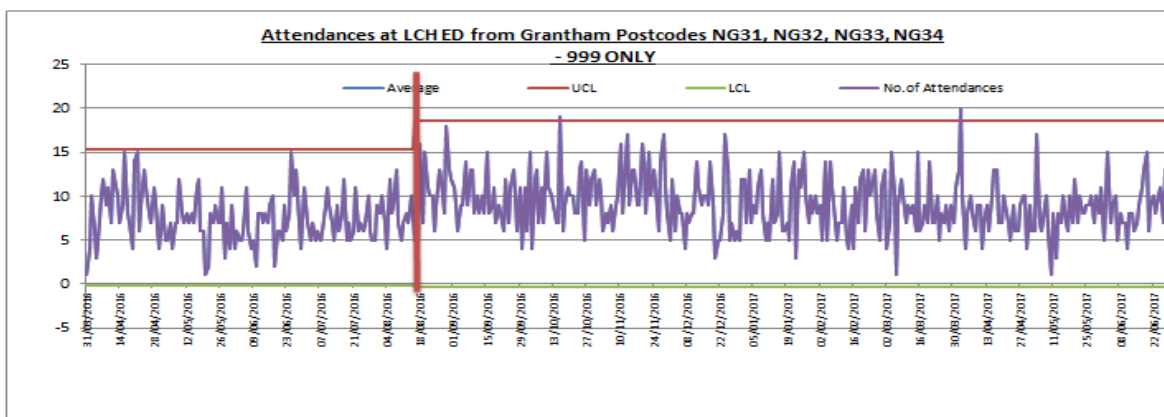
## Appendix 4

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



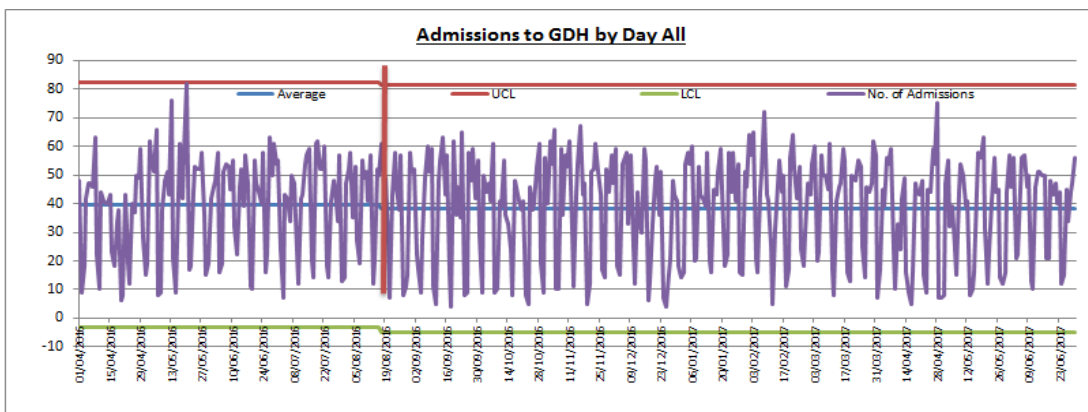
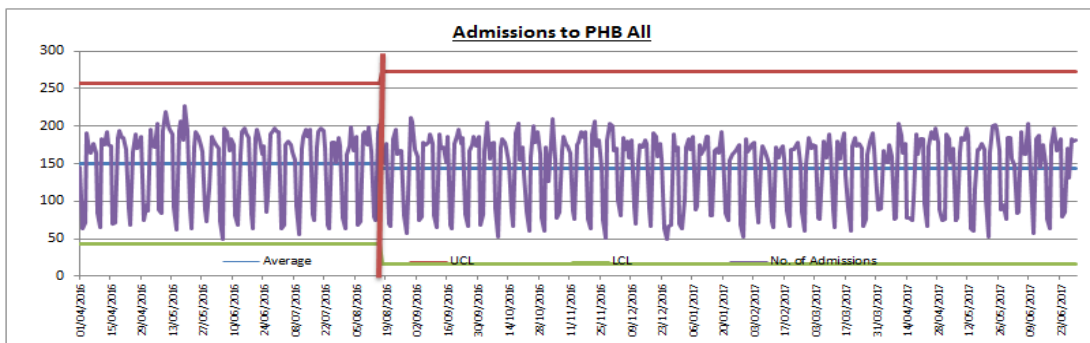
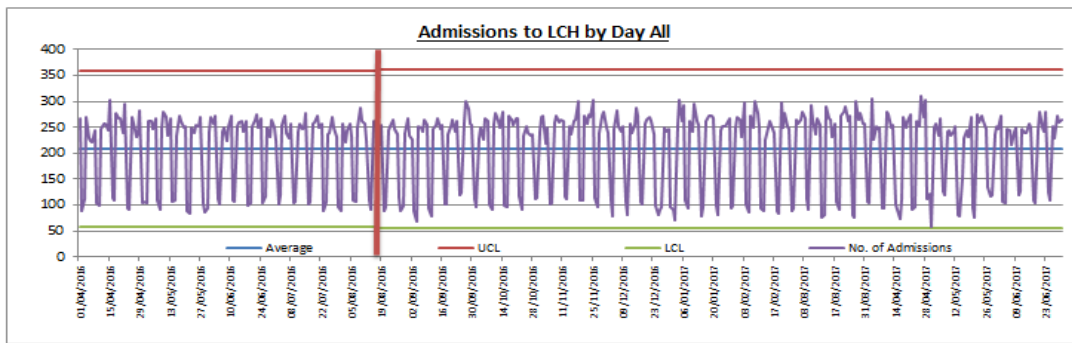
## Appendix 5

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



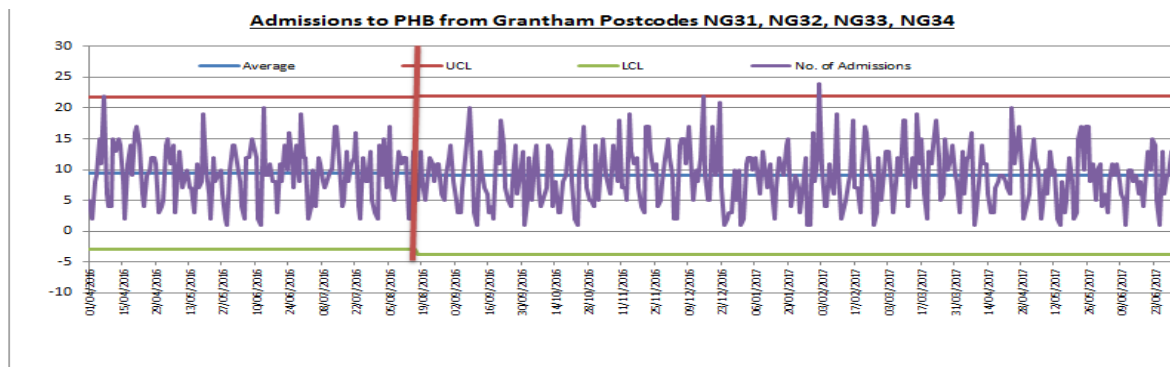
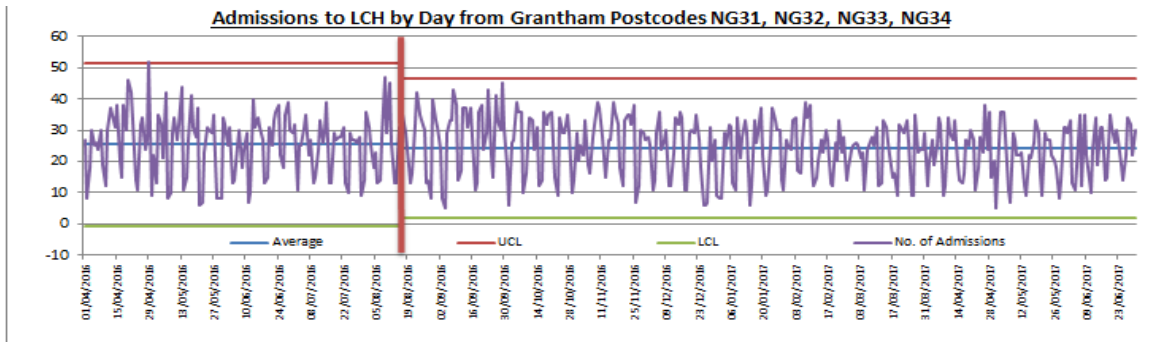
## Appendix 6

### Total admissions to LCH, PHB and GDH



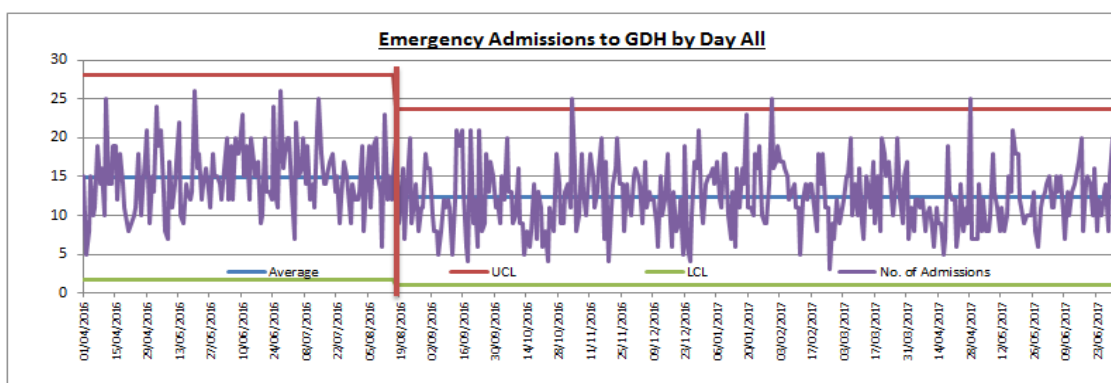
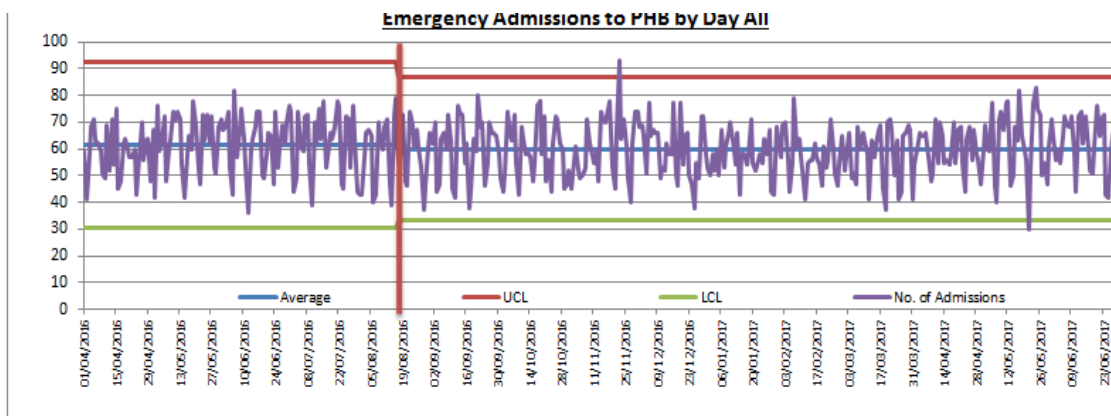
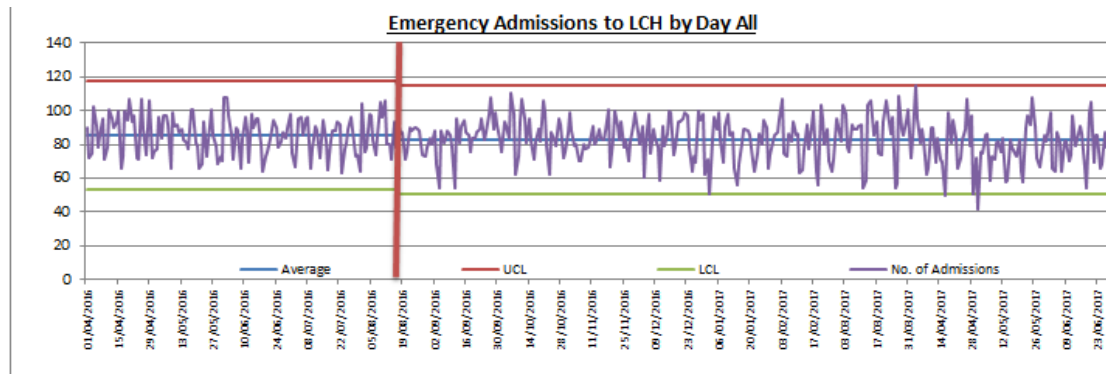
## Appendix 7

### Admissions to ULHT from Grantham and Sleaford areas



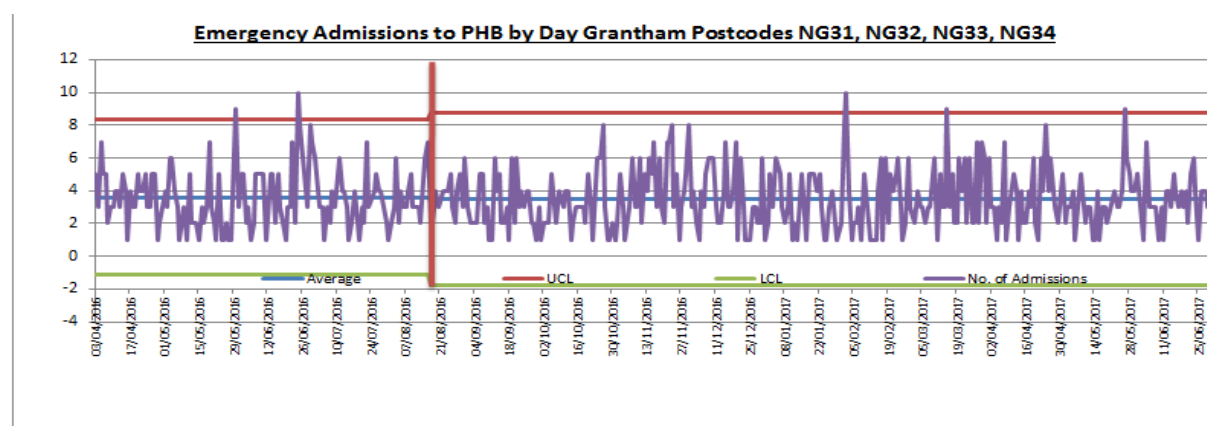
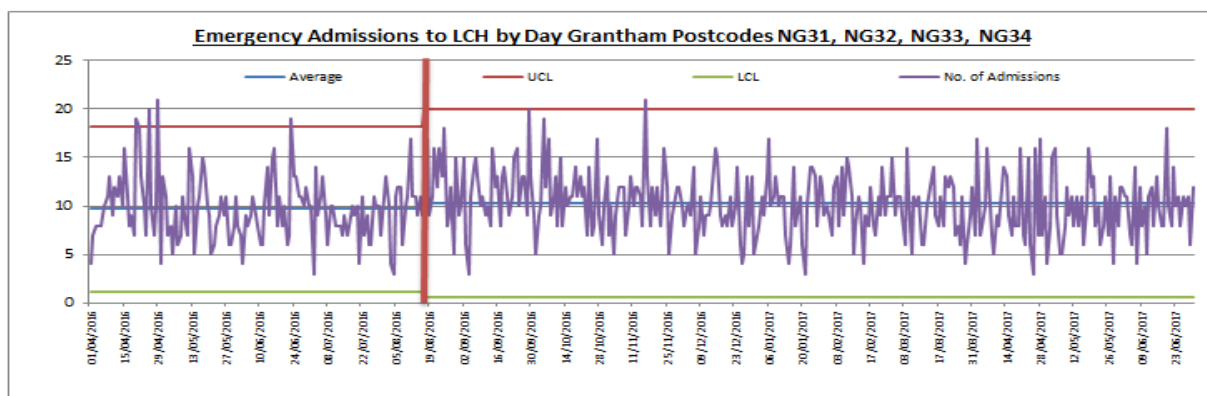
## Appendix 8

### Emergency admissions to LCH, PHB and GDH



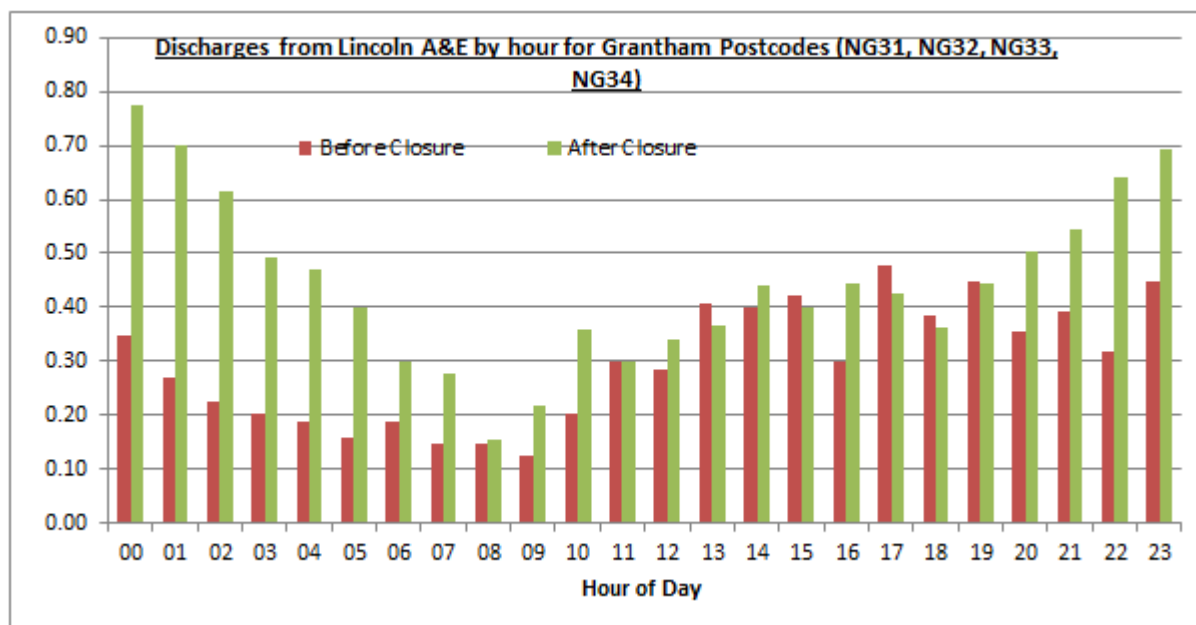
## Appendix 9

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



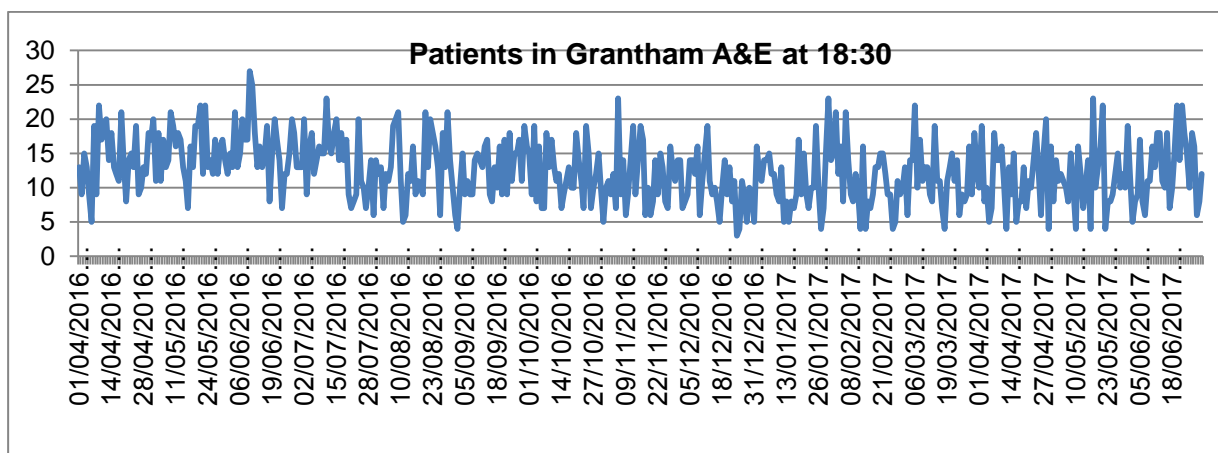
## Appendix 10

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 on 11 July 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 August 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 23 July 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.

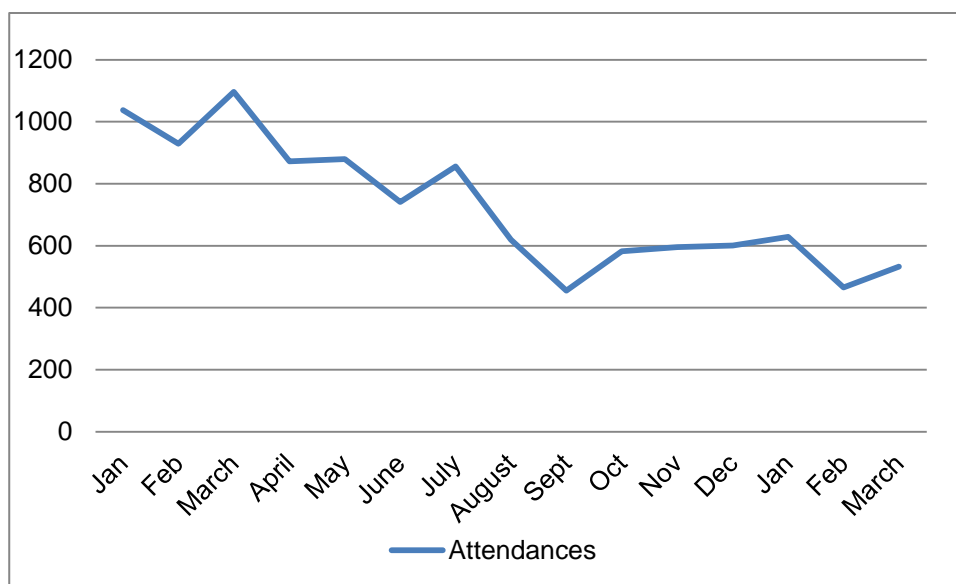
I would like to thank you for your continued support and understanding during what has been a difficult time for our patients and the wider system across Lincolnshire.

Yours sincerely

**Dr Neill Hepburn**  
**Medical Director** (GMC No 2855408)

## Appendix 13`

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



## Appendix 14:

Response from Army training regiment

Dear Dr Neil,

Thank you for the opportunity to comment on the impact of Grantham A&E reduced opening hours for ATR(G). I apologise for the tardiness of my response, but alas your request arrived whilst I was out of the country. Nonetheless I hope my response arrives in time to be of use.

Our opinion is that whilst ATR(G) would very much prefer to have an A&E open 24/7 on our doorstep, we accept that this is unlikely to change in the near future. The reality is that over the past 12mths we have had relatively few A&E admissions (<40) of which the majority have been during the Grantham A&E opening hours. This is because the majority of our higher risk training activity occurs during the working day and hence dovetails into the opening hours.

We do continue to conduct high risk training activity such as cross country driving, helicopter landing and field catering outside of these hours. These activities arguably carry a greater risk of a mass casualty event, which if forced to transport casualties to Newark vice Grantham could result in a greater reliance upon the air and road ambulances. Risk assessments are conducted for each of these activities, of which the nearest available medical facilities forms part of the criteria when deciding the level of risk to accept. Despite this, the level of these activities has remained unchanged since the decision to limit the Grantham A&E hours.

The one area of concern is the 1830hrs closure. Given the anticipated backlog within A&E associated with the end of the day, coupled with rush hour traffic, it means that from approximately 1700hrs onwards, a decision has to be taken whether to transport a patient to Grantham or go direct Newark. This delay would likely impact upon patient care and again may lead to an increased reliance upon the ambulance service; however I fully accept that this is no different for any other patient needing to use the A&E. If the opening hours extended slightly beyond 1830hrs (perhaps 2000hrs) it would alleviate this concern.

I trust these comments are useful. Please do not hesitate if you require any further information.

Damion

Maj CD Moxon RLC | 2IC/CoS | Army Training Regiment (ATR) (Grantham) | Prince William of Gloucester Barracks, Grantham, Lincolnshire, NG31 7TJ.  
Military: 94452 3139 | Civilian: 0115 9573139