Lincolnshire COUNTY COUNCIL Working for a better future		**THE HEALTH SCRUTINY COMMITTEE FOR LINCOLNSHIRE**	
Boston Borough Council	East Lindsey District Council	City of Lincoln Council	Lincolnshire County Council
North Kesteven District Council	South Holland District Council	South Kesteven District Council	West Lindsey District Council

Open Report on behalf of Jan Sobieraj, Chief Executive,
United Lincolnshire Hospitals NHS Trust

Report to	**Health Scrutiny Committee for Lincolnshire**
Date:	**23 November 2016**
Subject:	**Emergency Care Services at Grantham and District Hospital**

Summary:

Reducing the Accident and Emergency (A&E) Department opening hours at Grantham and District Hospital to 09.00 – 18.30 has enabled the A&E Department at Lincoln County Hospital to be supported up to an additional 85 hours per week by the middle grade and consultant staff from the A&E Department at Grantham and District Hospital.

There is the potential to recruit to 21 middle grade doctors to United Lincolnshire Hospitals NHS Trust. However, it is highly unlikely that these doctors would be in employment before January or February 2017 and would need a further period to be inducted and made fully operational. Overall there have been no serious issues reported of which we are aware, but we continue to remain vigilant. On the whole the impact on United Lincolnshire Hospitals NHS Trust (ULHT) has been minimal and as expected.

The Trust Board of United Lincolnshire Hospitals has made a decision on 2 November 2016 for the overnight closure of the A&E department to continue for at least a further three months.

Actions Required:

The Health Scrutiny Committee for Lincolnshire is asked to note the contents of this report, including the views of the Clinical Management Board, staff, public and stakeholders including regulators and commissioners.

1. Background

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 Accient & Emergency (A&E) Department between the hours of 18:30 and 09:00. This decision was taken in response to a series of circumstances that have led to a staffing crisis situation within our A&E departments, primarily at Lincoln County Hospital (LCH).

2. Conclusion

All options have been considered with an aim to deliver a safe service for all three Emergency Departments at ULHT. The provision of emergency services, particularly at LCH, remains fragile and requires the continued support of A&E medical staff from Grantham and District Hospital on the grounds of patient safety.

When the decision was taken in August to reduce the opening hours of the Grantham A&E Department, a threshold of a minimum of 21 wte [whole time equivalent] middle grade doctors would be required to safely staff the three A&E Departments (Lincoln, Pilgrim and Grantham).

This report has demonstrated that the recruitment drive has identified the potential to reach this threshold, but not until February 2017. It is not clear that the anticipated new medical staff will be sufficiently well versed with the NHS to be working autonomously from the outset of their employment.

The Trust Board considered four options, set out below, for the A&E Department at Grantham and District General Hospital:

1) To re-instate a 24 hour Accident & Emergency Department at Grantham and District Hospital (a) If yes, when should this commence?
2) To keep the current opening hours of 09.00 – 18.30 (a) If yes, then for how long?
3) To extend the opening hours beyond its current position (a) If yes, to what?
4) To reduce the opening hours from its current position (a) If yes, to what?

Based on the evidence provided in the report, the Trust Board concluded option 2, for a minimum of three months, was the most appropriate to implement, after 17 November 2016.

3. Consultation - This is not a direct consultation item.

4. Appendices - These are listed below and attached at the back of the report

Appendix A	United Lincolnshire Hospitals NHS Trust – Emergency Care Service October 2016

5. Background Papers - No background papers within Section 100D of the Local Government Act 1972 were used in the preparation of this report.

This report was written by Dr SA Kapadia, Medical Director, who can be contacted on 01522 573850 or Suneil.kapadia@ulh.nhs.uk

EMERGENCY CARE SERVICE
CURRENT POSITION

October 2016

Executive Summary

In August 2016, a decision was made by United Lincolnshire Hospitals (ULHT), supported by NHS England, NHS Improvement and the local Clinical Commissioning Group to temporarily close the Grantham Accient & Emergency (A&E) Department between the hours of 18:30 and 09:00. This decision was taken in response to a series of circumstances that have led to a staffing crisis situation within our A&E departments, primarily at Lincoln County Hospital. This is not a situation that any health economy wants to find itself in. However, patient safety is and must always be our foremost concern and that is why a decision was made to implement this unprecedented action as approved by the Trust Board in August.

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

The report puts forward four options to be considered for the Accident & Emergency Department after the 17th November 2016. It takes into account the overall situation across all the 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 Departments between the hours of 18:30 and 09:00 from August 17th 2016.

- To evaluate the impact of this closure 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 2.5 months following the decision to temporarily close the Grantham A&E Department between the hours of 18:30 and 09:00.

1. Introduction

1.1 Context and Background

Lincoln and Pilgrim Hospitals provide a wide range of in-patient clinical services, with the following principal exclusions:

- Neurosurgery
- Cardiothoracic surgery
- Spinal surgery

Most of the emergency and specialised in-patient services provided at ULHT are either at Pilgrim Hospital Boston (PHB) or at Lincoln County Hospital (LCH), and some specialties are available at both hospital sites. A reduced range of emergency in-patient clinical services are provided at Grantham & District Hospital (GDH). These are restricted to patients with certain medical conditions and single limb orthopaedic injuries.

Elective in-patient surgical and out -patient activity is also provided at the above sites.

The Trust also provides a wide variety of outpatient, day case and inpatient services from a range of other community hospitals operated by Lincolnshire Community Health and Care Services or local GP clusters. These include:

- Louth County Hospital
- John Coupland Hospital, Gainsborough
- Johnson Community Hospital, Spalding
- Skegness and District General Hospital

Our hospitals have approximately, the following number of beds:

- Grantham: 100 beds
- Lincoln: 540 beds
- Pilgrim 350 beds

An overview of the Emergency Department services at ULHT

ULHT currently provide three Emergency Service Departments running 24 hours per day, 7 days per week (9am to 6.30pm at Grantham since 17.8.16). The regional major trauma centre is located at Nottingham University Hospitals NHS Trust, Queens Medical Centre campus. This is where patients needing the services of a major trauma service are directed.

Lincoln 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

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 & District Hospital

The ED at GDH provides unrestricted access to A&E services 24/7 (9am to 6.30pm since 17.8.16). However, because of the limited in-patient infrastructure, the ED is restricted in its ability to support a full range of emergencies that normally would be expected to be treated in an ED. It cannot receive patients by air ambulance.

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

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

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.

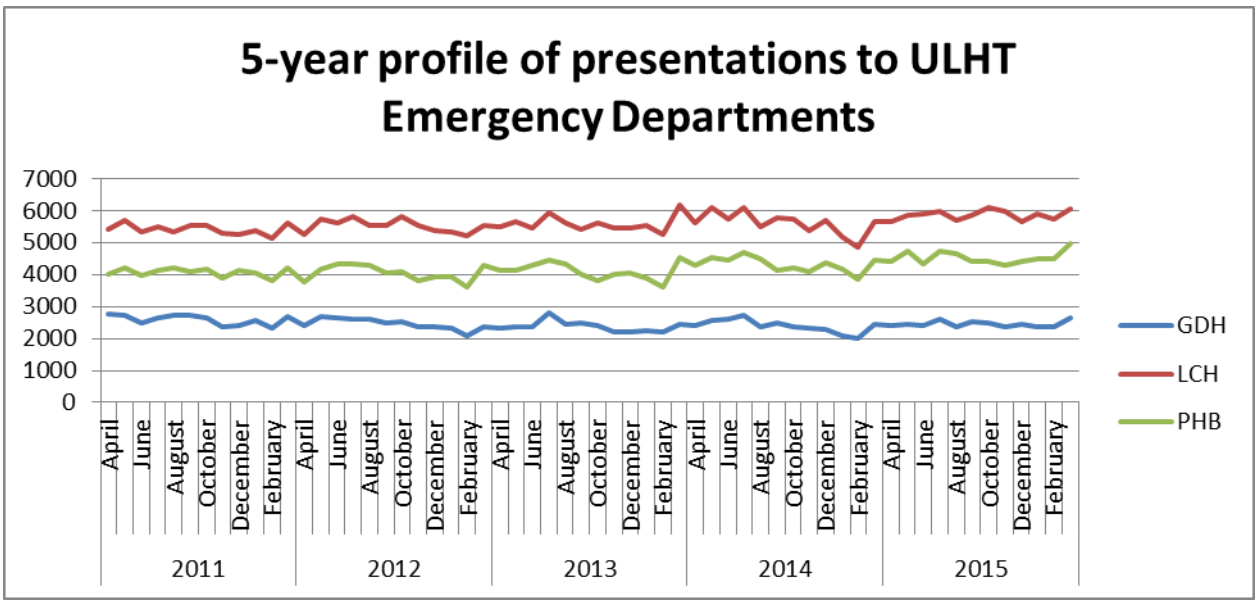
Table 1: Emergency Department attendance data for the period 2015/16 (full year)

Average numbers per day	Site	Number	%
Attendances	LCH	190	
	PHB	147	
	GDH	80	
Admissions from ED	LCH	50	26.3%
	PHB	47	32.0%
	GDH	14	17.5%

Overall ED Attendance Profile over the Last 5 Years (2011 - 2016)

Chart 1 overleaf 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.

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

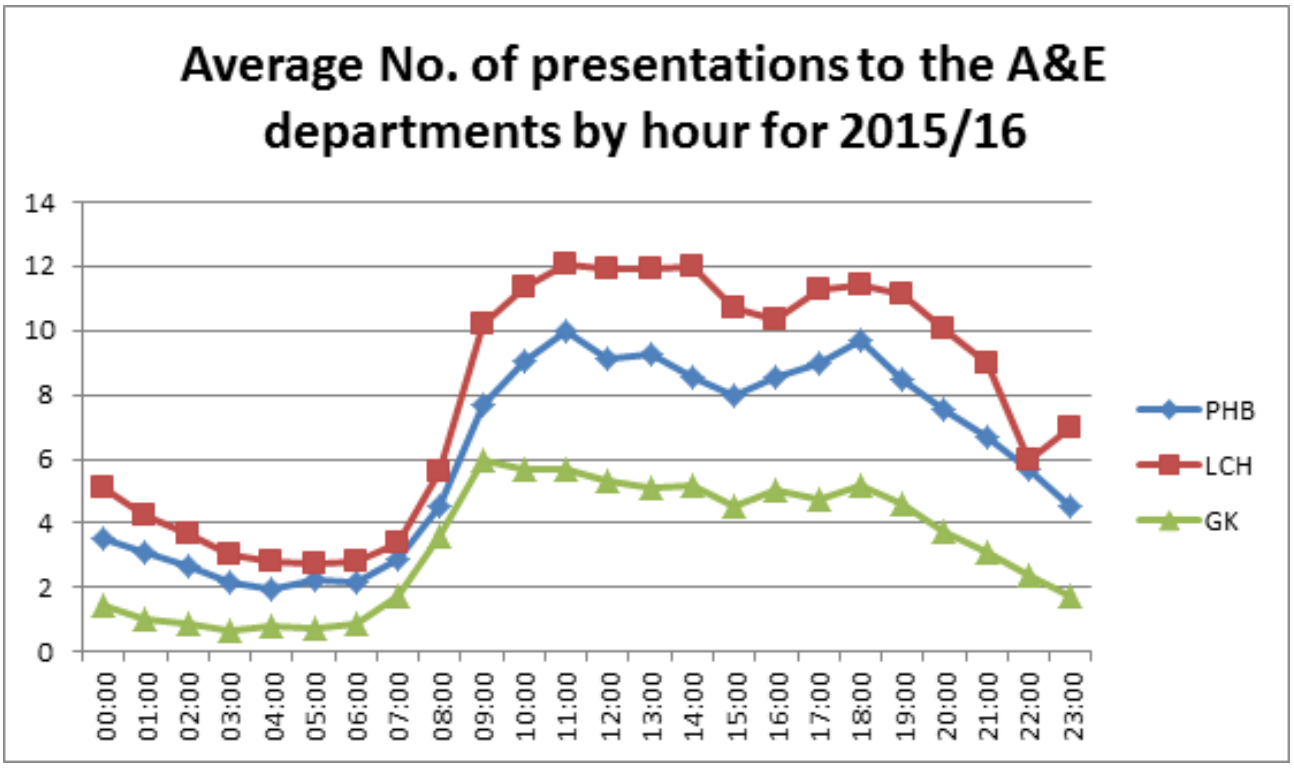


Table 2 below shows the average number of patients who present to each of the hospital emergency departments between the hours of 23:00 and 07:00

Table 2: Average number of patients presenting to A&E between 23:00 and 07:00

Site	Number of patients
LCH	34
PHB	25
GDH	11

1.2 Our current performance against national standards

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

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

Chart 3: ULHT performance against the A&E 4 hour standard for 2014/15, 2015/16 and Q1 and Q2 for 2016/17

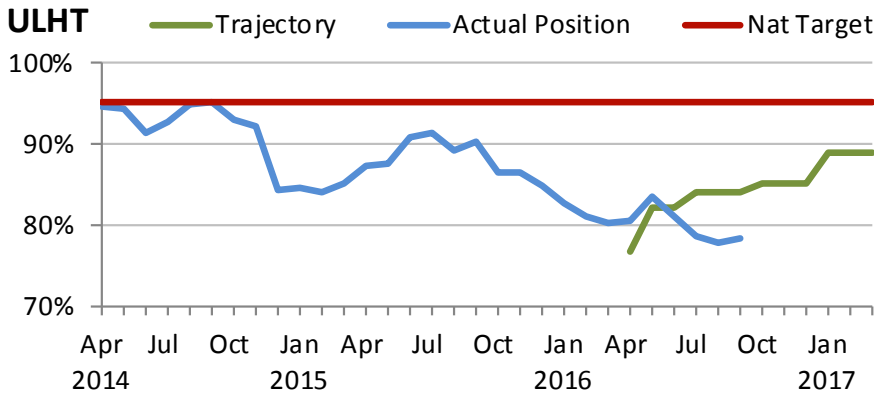
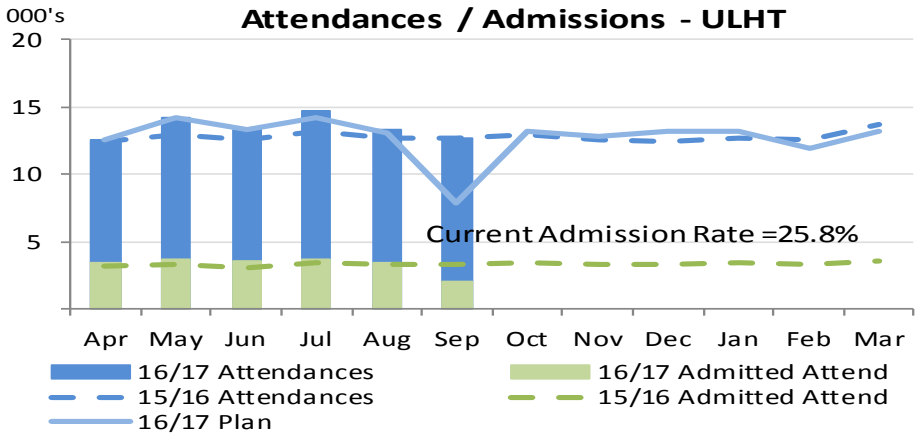


Chart 4 below shows the number of attendances to ULHT A&E departments in total, and also demonstrates that the current admission rate following presentation to A&E is running at 25%. The chart shows this detail for a full year; 2015/16 and Q1 and Q2 for the current year 2016/17. This demonstrates the number of attendances that have been planned for 2016/17.

Chart 4: Attendance and Admission details for ULHT A&E departments 2015/16 and 2016/17



1.3 What levels of staff do we need to run our A&E Departments?

The emergency departments need to be staffed to certain levels irrespective of the number of patients presenting to the department. Hospital emergency departments are staffed by a combination of consultants, middle grade doctors, doctors in training, ED nurses and emergency care practitioners

The Royal College of Emergency Medicine guidelines indicate that a 24/7 ED should provide consultant presence in the ED for 16 hours per day with appropriate support nursing and middle grade doctor support. The guidelines suggest that to run three EDs 24 hours per day, 7 days per week; we would a total of 24 - 30 consultants and a minimum of 28 middle grade doctors. Our ED medical staffing is funded for 15 consultants and 28 middle grade doctors as shown in table 3 below.

Table 3: Current funded medical posts for ULHT A&E departments

Grade	Whole time equivalents
Consultants	15.0
Middle grades	28.0

Our EDs at LCH, PHB and GDH hospitals provide a 24 hour, 7 days per week emergency department service, with weekday consultant on site presence for 14, 12 and 7 hours respectively (on call thereafter). At weekends there is a reduced site presence to 12 and 7 hours at LCH and PHB respectively. There is no consultant on site presence routinely at GDH on Saturdays and Sundays. 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 Gaps in medical staffing provision

Table 5 below shows the number of substantive middle grade doctors and long term locums in post at each of the hospital sites at the beginning of August 2016. The two busiest EDs with the biggest gaps in middle grade doctors were at LCH with 8.4wte and at PHB with 7.0wte. This was placing additional stress upon the existing consultants and middle grades to provide cover and to stretch shifts within the LCH and PHB EDs. Furthermore, the supervision of trainees delivering care was becoming increasingly more difficult to provide.

Prospective rotas could not be staffed with confidence and as an example for the week commencing 1st August 2016; 15-30% of the ED medical rotas at PHB and LCH were not covered.

Table 5 Gaps in provision of funded medical staff as at August 2016

	Grantham	Lincoln	Pilgrim	TOTAL	% ULHT
Consultant	0/2 ULHT 2 locums	3/7 ULHT 4 locums	1/6 ULHT 4 locums 1 gap	**4/15 ULHT** 10/15 locums 1/15 gap	**26.6%**
Middle Grade	5/6 ULHT 0 locums 1 gap	2.6/11 ULHT 0 locums 8.4 gaps	4/11 ULHT 0 locums 7 gaps	**11.6/28 ULHT** 0/28 locums **16.4/28 gaps**	**41.4%**
Junior	5/7 ULHT 2 gaps	9/9 ULHT 0 gaps	6/8 ULHT 2 gaps	**20/24 ULHT** 4 gaps	**83.3%**

Table 6 below shows the number of funded medical posts at ULHT in August 2016 against the numbers recommended by the Royal College of Emergency Medicine.

Table 6: Royal College of Emergency Medicine recommended whole time equivalent Staffing numbers, compared to funded posts at ULHT

Grade	RCEM recommended Whole time equivalents	ULHT current establishment Whole time equivalents	ULHT substantive staff in post (wte)	ULHT and long term locums in post (wte)
Consultants	**24**	15.0	**4.0**	14.0
Middle grades	**27-36**	28.0	**11.6**	11.6

The following were felt to be at increased risk of occurring:

Longer waits for initial assessment, treatment and disposition leading to:

- Increased mortality, particularly at 10 days
- Increased Length of stay (LoS) of admitted patients.
- Delayed time critical intervention
- Less frequent and less adequate pain relief
- Delayed antibiotic administration with adverse effect for treatment of sepsis
- Associated with increased risk of adverse events which doubles LoS

In addition:

- Decreased departmental function – 'under triage', inferior care in terms of standard performance measures, increased Left without Treatment rates, delays to ambulance handovers.
- Poor patient satisfaction and experience
- Staff stress and burnout and increased sickness
- Inadequate supervision for doctors in training leading to errors and patient safety issues
- Poor experience for doctors and other clinicians in training
- Risk of trainees being removed from the department, thereby exacerbating the risks
- Difficulty retaining and recruiting ED staff
- Lost opportunities for system efficiency (care isn't delivered right-first-time)
- Cost arising from high staff turnover, locums, mistakes, and performance failure
- Failure to innovate, develop practice, or invest time in basic departmental management and quality improvement
- Significant risk of not being able to respond to declared major emergencies

The Trust Board (TB) was appraised of the situation on the 2nd August, together with the potential options. There was agreement that the level of additional risk to was too great to continue without action. Approval was given to work through the possibility of a temporary service closure at Grantham for twelve weeks in order to support staffing at LCH and PHB Emergency Departments. Support to proceed with the temporary change to the opening hours at Grantham was provided by NHS Improvement on the morning of the 9th August with the change taking effect on 17th August 2016 for 12 weeks until 17th November 2016.

1.5 Threshold to re-open the ED at GDH

It was agreed with commissioners, NHS Improvement and NHS England that the ED 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.

Model of service for the provision of emergency care at GDH with effect from 17th August 2016

- Reduced ED opening to 09.00 – 18.30 from 24/7
- Will accept ambulance conveyances in line with the current inclusions and exclusions between the hours of 09:00 and 18:30
- Medical presence was planned initially for 09.00 – 21.00 but had to be extended to 22.00 to ensure all patients could be seen in a timely manner.
- Admission to GDH for medical and orthopaedic emergencies remain unchanged
- Out of hours (OOH) service and a new minor injuries service located in the Kingfisher unit at GDH andrun 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 ED for 999 and 111 only when the ED is closed.
- 2 ring fenced in-patient beds for patients needing transfer from ED to another hospital after ED closed and staff not present

1.6 Actions taken to mitigate staff shortages

In order to ensure the delivery of safe care for patients, a number of actions were taken. These included:

Utilising our current workforce

- ED consultants agreed to undertake additional shifts and acted down into middle grade slots with enhanced pay on an “as required” basis
- Stretched shifts of existing staff to cover vacant shifts
- Supported the middle grade rotas with non-middle grade staff such as junior doctors, nurse consultant and Advanced Nurse Practitioners.
- Specialities of respiratory, stroke, acute medicine, gastro, elderly and orthopaedics were asked to support the emergency department with middle grade / consultants at all sites
- Approached our system colleagues across primary and community care to help out in the ED.

Use of Agency staff

ULHT has breached the national price caps to ensure service continuation. The total number of shifts breached the price cap between 1st April 2016 and 18th July 2016 was 1,582 shifts.

Table 7 below shows the total expenditure on agency cover and additional duties from existing staff to support the A&E departments for 2015/16:

Table 7: Expenditure in 2015/16 for agency doctor cover & additional duties

	Agency spend 2015/16	Extra duty 2015/16	Total spend 2015/16
A&E Lincoln	1,888,772	140,489	2,029,261
A&E Pilgrim	1,826,510	610,000	2,436,510
A&E Grantham	287,514	215,799	503,313

Actions to recruit to establishment

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

- All adverts being reviewed and refreshed.
- A new agency has approached ULHT who suggest they can help to recruit consultants and middle grades to posts that have proved challenging to recruit to. This is being pursued.
- CESR (Certificate of Eligibility for Specialist Registration) posts have been re- advertised
- A&E speciality doctor posts advertised with up to 2 sessions a week, together with funding, to support the completion of an appropriate part time MSc or PhD. This ULHT funded initiative has been developed in partnership with the Community and Health Research Unit, based in the University of Lincoln and is seen as nationally innovative.
- ULHT had a recruitment stand at the Royal College of Emergency Medicine (RCEM) conference 20th-22nd of September and the BMJ Fair on 21-22nd October
- RCEM agreed to tweet all of their members with details of our vacancies to support our ED recruitment drive.
- Launch of a Master's programme for middle grades planned
- Exhibited at national recruitment conference
- Released promotional DVD to attract doctors to the trust
- Advertised through networks such as Doctors.net
- Proactive international recruitment actions including ;
    - Skype interviews undertaken to support international recruitment
    - Developed a Trust wide vacancy management strategy
    - Role substitution through nurse clinicians, physicians associates and emergency nurse practitioners

1.7 Outcome of recruitment actions since August 2016

Lincoln County Hospital

Eight applications have been received for middle grade posts in the ED. To date three have been interviewed, one still to be interviewed via Skype, one failed to attend their interview, one declined to be interviewed and for two we are still trying to contact to arrange interviews.

Offers of employment have been made to three but one has since declined, one wishes to work at PHB and one is willing to come to LCH.

It is likely that the two accepting offers will not be able to take up their post until January/February 2017.

Two general practitioners expressed an interest to work in the ED short term. One is due to start soon and the other can no longer be contacted.

Royal College of Physicians approval has been obtained for the remaining vacant consultant posts. Adverts are due to be placed shortly.

To date none of the doctors offered employment are in post.

Pilgrim Hospital
Eight applications have been received for middle grade posts. Six have been offered employment. One may be able to start in November; three are either awaiting the outcome of their International English Language Test (IELTS), visa application or GMC registration. It is likely to be January/February 2017 before they can commence employment.

Two others have accepted employment conditional on being to be able to undertake their Certificate of Eligibility for Specialist Registration (CESR) training to eventually be accredited as a consultant in ED.

Two are awaiting interviews.

Two of the current incumbent middle grade doctors will be leaving ULHT in November and December.

To date none of the doctors offered employment are in post.

Grantham and District Hospital
One application was received. The individual was interviewed via Skype, offered the post but subsequently has not responded to the offer.

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

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

	Lincoln funded for 11.0 wte		PHB funded for 11.0 wte		GH funded for 6 .0wte		ULHT funded for 28 wte
	Substantive	**Long term locum**	**Substantive**	**Long term locum**	**Substantive**	**Long term locum**	**Total**
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
Current	**2.6**	**2.0**	**6.0**	**2.0**	**5.0**	**0**	**17.6**
01.11.16	2.6	2.0	5.0	2.0	5.0	*0*	16.6
01.12.16	2.6	2.0	*6.0*	2.0	5.0	*0*	*17.6*
01.01.17	*3.6*	*3.0*	*6.0*	*2.0*	5.0	*0*	*19.6*
01.02.17	*5.6*	*3.0*	*6.0*	*2.0*	5.0	*0*	*21.6*

Numbers in *italics* represent appointments subject to a number of actions beyond the control of ULHT

1.8 Impact of reduced A&E opening hours at ULHT

Medical staff (Table 8 above)
It was initially anticipated that the reduced opening hours would release up to four middle grade doctors and one or two junior doctors at FY level. Following conversations with medical staff it became clear that a maximum of three out of five available middle grades (2wte) would be able to support the ED at LCH. The initial planned support by junior medical staff had to be curtailed due to the need to ensure medical staff were present in the department until 22.00.

The GDH middle grade doctors from ED have provided up to 75 additional hours per week at LCH that were not previously available. They have helped reduced the dependency on short term locums from 65% to 50% and the number of unfilled hours from 17 to 10 hours per week.
Additionally the GDH ED consultants are now supporting LCH with 8 additional hours per week.

This is summarised in table 9 below

Table 9: Contribution by middle grade (MG) and Grantham ED consultant medical staff to the ED at LCH

	July	August	September	October	November	December
% of hours by LCH substantive MG (wte)	36 (4.0)	24 (2.6)	24 (2.6)	*24 (2.6)*	*24 (2.6)*	*24 (2.6)*
Actual hours by GH substantive MG % of hours (wte)	-	≤75hr/w (2.0)	≤75 hr/w (2.0)	≤75 hr/w (2.0)	≤75 hr/w (2.0)	75 hr/w 18 (2.0)
% of hours by long term locum MG (wte)	0	0	0	18 (2.0)	18 (2.0)	27 (3.0)
% of hours done additionally by LCH staff		6	23	?	?	
% of hours by short term locum MG (wte)	64 (7)	65 (7.1)	50 (5.5)			31 (3.4)
Unfilled hours		17 hrs/w	10 hrs/w	?	?	0 hrs/w
Actual hours by GH consultants (wte)	-	-	-	8 hrs/w (0.2)	8 hrs/w (0.2)	8 hrs/w (0.2)

The data demonstrates and confirms that the current middle grade position at Lincoln remains challenging. There is a gradually decreasing reliance on short term locums with an anticipated projection for December 2016 if support from Grantham continues

Attendances to EDs at ULHT

The attendance details to the ULHT Emergency Departments is contained in Appendix 2, but in summary:

- The average attendance over 24 hours to the ED at LCH 1st April 2016 to 16th August was 196 and since then to 23rd October was 198.
- The average attendance over 24 hours to the ED at PHB 1st April 2016 to 16th August was 161and since then to 23rd October was 157.
- The average attendance over 24 hours to the ED at GH 1st April to 16th August was 86 per day and since then to 23rd October was 58 – a reduction of 28.

For 2015/16 there has been a 4.3% growth in attendances to ULHT emergency departments [National growth 2.3% and Midlands and East 6.5%] compared with 2014/15.

Summary

There has been no significant change to the overall attendance to the EDs at LCH and PHB since the reduced opening hours at GDH.
The reduction in attendances to GDH (28) is less than predicted (30 patients) prior to the changes being implemented.

Attendance to ED 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 the ED at LCH from these post codes 1st April 2016 to 16th August was 13 and since then to 9th October was 19.
- The average 24/7 attendance to the ED at PHB from these post codes 1st April 2016 to 16th August was 5 and since then to 9th October was 7.

Summary

Following the change, 6 more patients are attending Lincoln ED and 2 more at Pilgrim each day from the Grantham and Sleaford area with the above post codes

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 the ED at LCH 1st April 2016 to 16th August was 69 and since then to 9th October was 71.
- The average 24/7 attendance to the ED at PHB 1st April 2016 to 16th August was 64 and since then to 9th October was 62.

Summary

Overall there has been no significant change to 999 conveyances to the EDs at LCH and PHB since the changes to the opening hours of the Grantham A&E Department were implemented.

Attendance to ED 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 the ED at LCH from these post codes 1st April 2016 to 16th August was 8 and since then to 9th October was 10.
- The average 24/7 attendance to the ED at PHB from these post codes 1st April 2016 to 16th August was 3 and since then to 9th October was 3.

Summary

Following the changes in the opening hours of the Grantham A&E department, 2 additional people are attending Lincoln ED each day by 999 from NG31, 32, 33 and 34 post codes.
There is no change to Pilgrim ED

Total admissions to ULHT

Appendix 6 shows details of the total admissions to ULHT hospitals following patients presenting to the A&E departments.

- The average number of patient admissions to LCH 1st April 2016 to 16th August was 208 and since then to 9th October was 204.
- The average number of patient admissions to PHB 1st April 2016 to 16th August was 151 and since then to 9th October was 145.
- The average number of patient admissions to GH 1st April 2016 to 16th August was 40 and since then to 9th October was 38.

Summary

Overall there has been a slight reduction in total admissions to ULHT since the changes to the opening hours of the Grantham A&E Department were implemented.

Emergency admissions to ULHT

Appendix 7 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 was 85.
- The average number of emergency admissions to PHB prior to 16th August 2016 was 61 and since then to 9th October was 60.
- The average number of emergency admissions to GDH prior to 16th August 2016 was 15 and since then to 9th October was 12.

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 8 shows the number of emergency admissions to the Lincoln and Pilgrim Hospitals for the period 2 weeks prior to the change in opening hours of the Grantham A&E Department, and the average since the changes were implemented, 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 was 10 and since then to 9th October was 12.
- The average number of emergency admissions to PHB from these post codes 1st April 2016 to 16th August was 3.6 and since then to 9th October was 3.2.

Summary

There has been a slight increase in emergency admissions to LCH and PGB from the Grantham and Sleaford post codes since the 17th August.

Discharges from ED at LCH to Grantham post codes

Appendix 9 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.
There has been an increase from 3.8 to 7.6 in the number of patients discharged to Grantham and Sleaford post codes out of hours since August 17th.

Quality Impact

Length of stay and hospital standardised mortality (through Dr Foster intelligence) from GP practices in the NG31 area are being monitored but at present it is too early to be able to provide any information. From our incident monitoring process through Datix, there have been no serious incidents reported to date although we are aware of issues relating to some poor patient experience.

In addition, there have been daily and weekly telephone conference calls with the clinical commissioning groups, LCHS and EMAS to discuss any issues along with the impact the changes have had on patients, their services and staff.

Summary effects on attendances, admissions and discharges since the hours of opening at the ED at GDH were reduced from August 17th 2016

Attendances

- Overall there has been no significant effect on attendances to the EDs at LCH and PHB.
- There has been a decrease of 28 (86 to 58) in patient attendances to the ED at GDH.
- From NG post codes 31, 32, 33 and 34 there has been an increase in attendances (8), by patients, to the EDs at LCH and PHB.
- EMAS 999 conveyances to the EDs at LCH and PHB have increased and decreased by 2 each respectively.

Admissions

- Overall there has been a marginal reduction in admissions to LCH (4), PHB (6) and GDH (2).
- From NG post codes 31, 32, 33 and 34 there has been an increase in overall admissions to LCH (1) and a decrease at PHB (0.5)

Discharges

- Approximately 4 more patients are discharged out of hours to NG post codes 31, 32, 33 and 34 since the changes were made.

Quality

- Overall there have been no serious issues reported that we are aware of but we continue to remain vigilant.

Patients in ED at GDH at time of doors closing at 18.30

Appendix 10 shows that there is a marginal reduction (14. to 12.6) in the number of patients in the department at the time of closing its doors, than before the changes were implemented.

4 hour A&E performance standards

Appendix 11 provides details of ULHT's performance against the A&E 4 hour standards. Since the changes were implemented there has been a slight deterioration in 4 hour standards for LCH and PHB but an improvement at GDH. The overall Trust performance has decreased by 1.61% but this needs to be set against previous performance.

2.0 Impact on EMAS

EMAS conveyances to ULHT from May to September 2016

Appendix 12 shows EMAS conveyances to ULHT. There has been no significant change to conveyances to LCH and PHB. There is a downward trend for GDH which was present for three months prior to August and has been accentuated since then.

Weekly EMAS conveyance from GH to LCH, PHB and other sites between 18.00 and 10.00 hrs for 59 days before and after 17th August

Appendix 13 shows data provided by EMAS that there has been a reduction from 15.1 to 7.2 in weekly transfers from GDH to other sites.
The greatest reduction is from ED at GDH to LCH and PHB (10.3 to 3.2) with no corresponding change to transfers to other sites as a consequence

EMAS job cycle time for 59 days before and after 17th August 2016

Appendix 14 shows details provided by EMAS of the job cycle time for crews.
For double crewed ambulances there has been no alteration to the length of time to get spent on scene or time taken to arrive. The overall job cycle time has increased by 5 minutes and there is a reduction in the number of call outs by 64 from 1389.

For rapid response vehicles the time spent on scene has decreased by 3 minutes and the time spent travelling increased by 1 minute. The overall job cycle time remains unchanged and the number of call outs increased by 27 from 704.

EMAS R1 performance data in SW Lincolnshire for 59 days before and after 17th August 2016

Appendix 15 shows performance data as provided by EMAS
There has been no deterioration for the 8 and 19 minute targets.

EMAS waits and handover for July 2016 and since 17th August 2016

Appendix 16 shows that there has been an increase in the average ambulance handover times and the number of ambulances waiting more than 30 minutes at LCH and PHB.

Calls to EMAS from Grantham and Sleaford post codes NG31, 32, 33 and 34 for May – September 2016

Appendix 17
There has been no significant change in the calls made to EMAS from these post codes.

Summary of impact on EMAS

- Overall there has been no significant change to conveyances to ULHT but there is a reduction, specifically to GDH.
- There has been no deterioration in EMAS R1 performance data or overall job cycle times.
- There has been deterioration in ambulance waits over 30 minutes and handover times.
- There has been no significant change to calls to EMAS from the Grantham and Sleaford post codes.

EMAS have provided the following statement:

"Given the short period of time since the restricted hours at GDH, it is difficult to assess the impact and draw a firm conclusion from the data; however, there is a definite trend in the reduced admissions via ambulance into GDH and the handover delays at the other acutes has seen an increase. There has been an increase in the significant late finishes for crews and an implication that patients are declining transport due to not having access to GDH".

2.1 Impact on out of hours service

Appendices 18 and 19 highlight the use of out of hours service provided by LCHS

There has been a decreasing trend in patients using the out of hours service before changes to GDH were made. This has continued since the 17th August. There is negligible use of the newly developed LCHS run walk in minor injuries unit.

Summary and comments from LCHS

- There has been a reduction in patients being diverted away from A+E due to:
    - the service being relocated to the Kingfisher unit and therefore away from the front door(ED)
    - the reduced opening hours for the A+E department.
- There has been a reduction in patients walking in to the service. This might be to a change in behaviour such as accessing alternative healthcare – GPs, pharmacy etc.
- There have been no increase in home visits locally since the reduction in ED hours.
- There has been no increase in footfall through the Enhanced Out of Hours Minor Injury service.
- There has been increased ED attendance at Peterborough. SW CCG have identified this as averaging 1 additional ambulance per day.

2.2 Anticipated impact on the Lincolnshire Police

The notes of all patients brought to the ED at GDH, by the police, from 1st April to 14th August 2016 were reviewed. On average up to 3 patients per week were brought to the department after 18.30 and before 09.00. It was felt that approximately 2 patients per week would warrant treatment in an urgent care centre or minor injuries unit.

3.0 Engagement with staff, stakeholders and the public

Engagement by ULHT
Appendix 20 contains the letter we have sent to organisations listed below for their comments on the impact of changes made to the Emergency Department at GDH. The comments in italics below are from their responses. A regular update bulletin has also been widely circulated along with regular media updates including local Gravity FM

Staff

- There have been weekly updates to and from the staff at GDH. As a consequence of feedback this has led to the development of enhanced standing operating procedures for children, extended ED staff presence after closing and better signage for patients.

LCHS

- See section 2.1

EMAS

- see section 2.0

LPFT

- *From 18th August to 10th October there were only 4 presentations at Lincoln A&E out of hours, from people with a Grantham area GP to LCH*
-

Commissioning CCG

- *To date we haven't been able to detect any direct impact from the Grantham changes on LECCG specifically and no issues have been escalated to us from our GP Practices*.

Healthwatch Lincolnshire

- *Please find below a small number of comments raised directly with us relating to Grantham A & E closures. We have already shared these with the Trust so you may have already had sight of them.*
- *Grantham Hospital - Closure of this main hospital is outrageous. Expanding footprint of newcomers is vital as is the services.*
- *Patient commented they were taken to LCH A&E after passing out, they felt the treatment (drip) was not completed properly, really hurt. Patient did not feel listened to and stated 'if Grantham hospital hadn't closed we would have not had to travel so far'*
- *Patient called 111 service where an ambulance was called, given the option to be taken to LCH but would have to make their own way home to Grantham which patient felt was unacceptable as would need to go by bus, so patient declined to go to hospital at all. Patient commented 'we need the hospital A&E in Grantham'*

Lincolnshire Police

- *In the 8 weeks that Grantham A and E have been operating their current hours, Lincolnshire Police have used other hospitals on 8 occasions totalling 78 police hours in circumstances where they would normally use Grantham. The impact of this 'time' abstraction will be many and varied however, for the purpose of this report at this stage, please refer to the total hours*.
- Also see section 2.2

Army Training Regiment

- See Appendix 21

NUH

- There has been no formal correspondence from them but informally and from direct conversation with NUH, there has been no noticeable consequence

Peterborough

- There has been no formal correspondence from them but informally and from direct conversation with NUH, there has been no noticeable consequence

Newark

- There has been no formal correspondence from them but informally and from direct conversation with NUH, there has been no noticeable consequence.

Engagement with community organisations by ULHT

Appendix 22 documents in detail all the work ULHT has done in engaging and communicating with community organisations.

We have met with a number of groups including those relating to age, race, disability, carers, maternity, low income and others. Sixteen of these were from the Grantham area with 6 more planned. A further 16 groups have had information sent to them at their request (rather than wanting to meet with us).

A wide geographical area has been covered including: Grantham central, Sleaford, Ruskington, South Lincolnshire, Allington, Corby Glen.

Overall, we listened to 124 people at meetings and over 200 at St Wulfram's Church meeting, plus 65 who commented on Facebook. We reached far more people on social media. The Facebook posts had a combined reach of 3,117 with 42 shares and 65 comments. Twitter posts had 549 impressions.

Grantham staff

Accident & Emergency

A specific meeting to canvass views, was held last week between the nursing and medical ED staff and the Deputy Chief Executive, Chief Nurse, Medical Director and the Director for Human Resource.

The following areas were discussed or raised as concerns:

1. Need to change the SOP with reference to sick patients queueing in the morning before the department has opened.
2. Whether the OOH/MIU could deal with minor illnesses?
3. Nurse staffing levels were already down by 6wte and may be depleted further for when we plan to reopen.
4. Reassurance was needed to be satisfied that the new arrangements will be satisfactory for winter
5. Pay protection will continue for all staff on the basis that this remains a temporary arrangement.
6. A more detailed discussion with the medical ED staff was required to discuss whether their attendance to LCH can be extended beyond 3 months
7. Concerns about Lincoln shift patterns changing for GDH medical staff at short notice (5 days).
8. Concerns about GDH medical staff doing night shifts at LCH
9. Continued concern by all staff about continued uncertainty about an extended temporary closure
10. Interaction with EMAS
11. Need to review nursing shift patterns
12. Need guide lines for nursing indemnity
13. There was a desire for the ED to reopen 24/7

Grantham Medical Advisory Meeting

An extraordinary meeting was held between the consultant medical staff and the Deputy Chief Executive, Medical Director and the Director for Human Resource.
The following were discussed or raised as concerns:

1. To review communications from ULHT about ED at GDH
2. Unhappy how GDH is portrayed in the media
3. Physicians were unhappy about patients remaining under their care on EAU whilst waiting for transfer to elsewhere
4. Concerns over the difficulty with recruitment in the ED at LCH
5. Concern that the potential new medical staff would not be sufficiently well versed with medical practice in the UK and therefore may take more time to get up to speed
6. Impact on GDH brought about by continued uncertainty
7. A need to separate issues affecting GDH from those affecting LCH and PHB
8. Concern over the impact on trainees
9. Concern over the re-opening criteria

4.0 Timeline to review the decision

- 20th October
    - Discussion with ULHT's Clinical Management Board (Clinical directors and Executive team) for a recommendation
- 21st October
    - Discussion with and feedback from Grantham ED nursing and medical staff 09.00
    - Discussion with and feedback from an extra ordinary Grantham Medical Advisory Committee (MAC) 12.30
    - Discussion with and feedback from Grantham ED nursing and medical staff 14.00
    - Preliminary discussion with NHS Improvement and NHS England
- 21/25th October discussion with SWCCG
- 26th October discussion with Lincolnshire System Executive Team (all four Lincolnshire CCGs, LPFT, LCHS and public health and social care)
- 1st November discussion and decision by ULHT's Trust Board
- 2ndth November review decision with Lincolnshire System Executive Team
- 8th November review by A&E Delivery Board
- 11th November discussion with NHS Improvement and NHS England and agree outcomes

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

Clinical management board (CMB)

The CMB considered four options for the ED at GDH. These were:

1. To reopen to 24/7
2. To continue with the reduced opening hours
3. To increase the opening hours to 12 hours
4. To reduce the opening hours even further

Following a detailed discussion based on the available information, the Clinical directors concluded:

1. that recruitment of ED doctors had improved
2. that the aim of recruiting 21 substantive or long term locum middle grade doctors was possible but unlikely to be achieved before January/February 2017
3. on grounds of patient safety, continued support by the A&E medical staff at GDH, for the A&E department at LCH was still required
4. it was not possible to extend the opening hours at GDH
5. a further reduction in opening hours at GDH was undesirable and not necessary
6. the reduced opening hours in Accident & Emergency at GDH should be extended by at least 3 months.
7. A monthly staffing update be brought for review and assessment by the CMB

NHS Improvement

This took place between the CEO for ULHT and NHS Improvement. Particular concern was expressed by NHSI about trying to make changes in the middle of winter, such as February. It was suggested that the reduced opening hours should be extended beyond 3 months, possibly up to 6 months for sufficient staff to be recruited and the potentially busier winter period avoided.

South West Lincolnshire CCG

This took place by telephone between the Medical Director and the GP Chair and Executive Committee Chair. Based on the continuing fragility of A&E medical staffing recruitment, there was a recommendation for the continuation of reduced opening hours for a minimum of 3 months.

Lincolnshire System Executive Team

The available information and analysis was reviewed. There was recognition of the need for the temporary arrangements and support for continuing with the temporary closure of the A&E department at GDH until 31st March 2016. However, it was felt that this should be kept under review in the light of the pressure of winter. Re-assurance was also required with reference to the winter resilience for EMAS.

6.0 Summary

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

There is the potential to recruit to 21 middle grades for ULHT however, this is subject to a number of actions beyond the influence of ULHT. It is highly unlikely that these doctors would be in employment before January or February 2017 and would need a further period to be inducted and made fully operational. The recruitment of middle grade doctors to LCH remains challenging but appears to be a very slowly improving picture.

Since the overnight closure of the A&E department at GDH, the overall impact on ULHT has been minimal and as expected.

Within this activity, there has been an increase (8) in attendances by patients from the Grantham and Sleaford area with post codes; NG 31, 32, 33 and 34 to the A&Es at LCH and PHB. In addition, EMAS 999 conveyances to LCH and PHB have increased by 2. Approximately 4 more patients are discharged out of hours to NG post codes 31, 32, 33 and 34 since the changes were made.

The significance of the impact on EMAS is unclear. Key performance indicators remain unchanged but there appears to be deterioration in ambulance handover times and an effect on finishing times of the crews.

The impact on surrounding stakeholders appears to be minimal. There remains serious concerns about the closure of the A&E department by the public and some staff.

7.0 Recommendation

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

All options have been considered with an aim to deliver a safe service for all three Emergency Departments at ULHT. The provision of emergency services, particularly at LCH, remains fragile and requires the continued support of A&E medical staff from GDH on grounds of patient safety.

When the decision was taken in August to reduce the opening hours of the Grantham A&E Department, 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 the recruitment drive has identified the potential to reach this threshold, but not until February 2017. It is not clear that the anticipated new medical staff will be sufficiently well versed with the NHS to be working autonomously from the outset of their employment.

Based on the evidence provided in the report, the Trust Board is asked to consider which of the four options is the most appropriate to implement, after 17th November 2016.

5) To re-instate a 24 hour Accident & Emergency Department at Grantham District Hospital
   a) If yes, when should this commence?
6) To keep the current opening hours of 09.00 – 18.30
   a) If yes, then for how long?
7) To extend the opening hours beyond its current position
   a) If yes, to what?
8) To reduce the opening hours from its current position
   a) If yes, to what

   In addition, Trust Board is asked to acknowledge the contribution made by the A&E medical staff at GDH to ensuring the provision safe care of patients in the A&E department at LCH

Appendix 1

EXCLUSION PROTOCOL
Ambulances / GPs SHOULD NOT bring / send these patients to Grantham and District Hospital A&E department and Emergency Assessment Unit

The following Specific Patient Groups

- Acute surgical admission
- Acute stroke
- Gastro-intestinal haemorrhage (fresh blood or melena).
- Severe abdominal pain and acute abdomen (refer patient directly to LCH.)
- A female of childbearing age with lower abdominal pain.
- A male under 30 years of age with testicular pain.
- A patient with a suspected abdominal aortic aneurysm.
- Patients with an ischaemic limb needs admission to the on-call vascular team at PHB
- All Obstetric and Gynaecological patients
- Head injury – Glasgow Coma Score < 15
- Neutropenic sepsis
- Patients requiring dialysis
- Patients with renal transplants
- Ophthalmological emergencies (e.g. acute glaucoma)
- Severe ENT emergencies (e.g. bleeding)

Patients with Major Injuries

- All major trauma involving head, cervical spine, chest, abdominal or pelvic injuries.
- All suspected and actual spinal trauma and patients with abnormal spinal neurological examination
- Multiple peripheral injuries involving more than one long bone fracture above the knee or elbow.
- Head injuries with a Glasgow Coma Score < 15
- All gunshot wounds.
- All penetrating injuries above the knee or elbow.
- Scalds and burns covering >15% body surface area.
- Burns to face, neck, eyes, ears or genitalia.
- Electrical burns, significant inhalation injuries or significant chemical burns.

Patients with Significant Mechanism of Injury who need Admission or Assessment

- Ejection from vehicle.
- Death in same passenger compartment.
- Roll over RTA.
- High speed /impact RTA (speed > 30mph, major vehicle deformity, passenger. compartment intrusion, extraction time > 20 mins).
- Motorcyclist RTA > 20mph or run over.
- Pedestrian thrown, run over or > 5 mph impact.
- Falls > 3m.

ADMISSION PROTOCOL

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

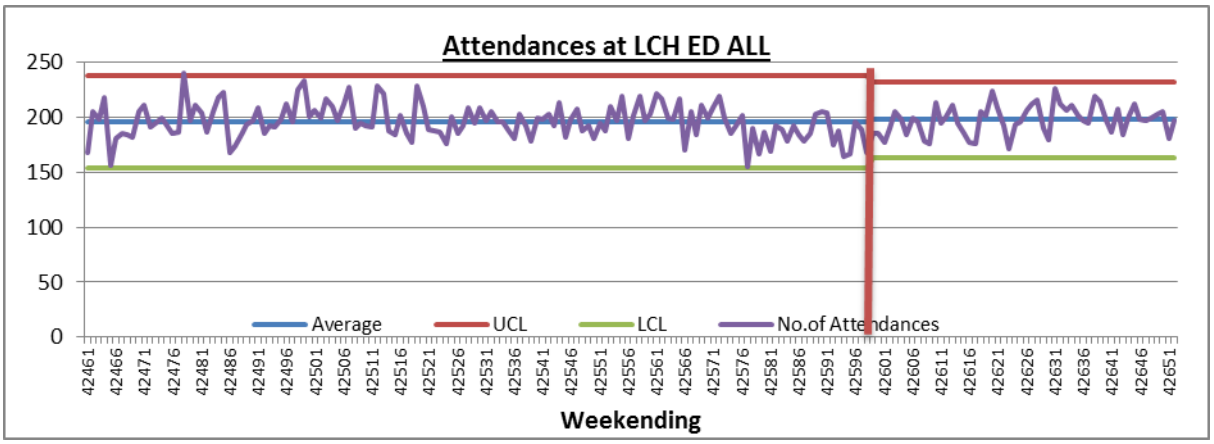
Trauma involving just the peripheral skeleton MAY still be brought to Grantham A&E.

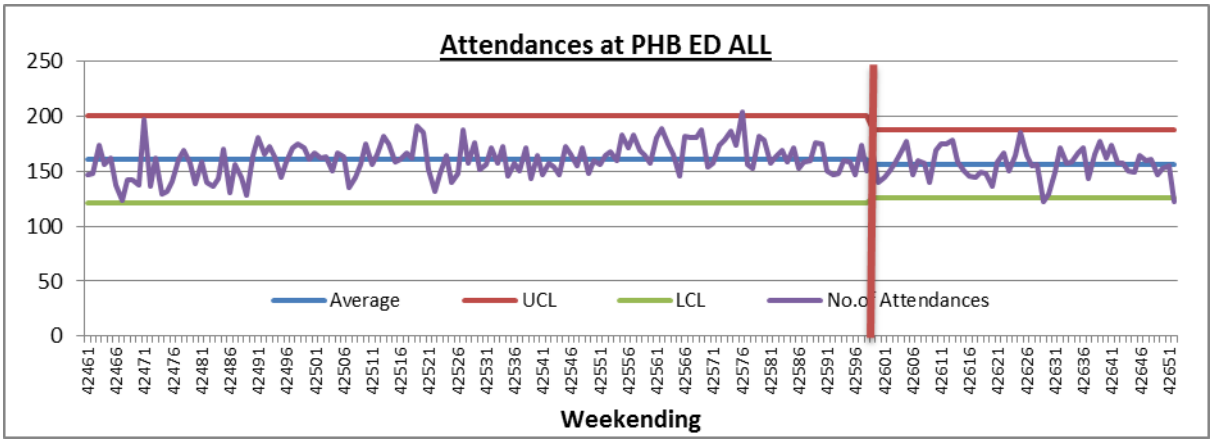
For example:

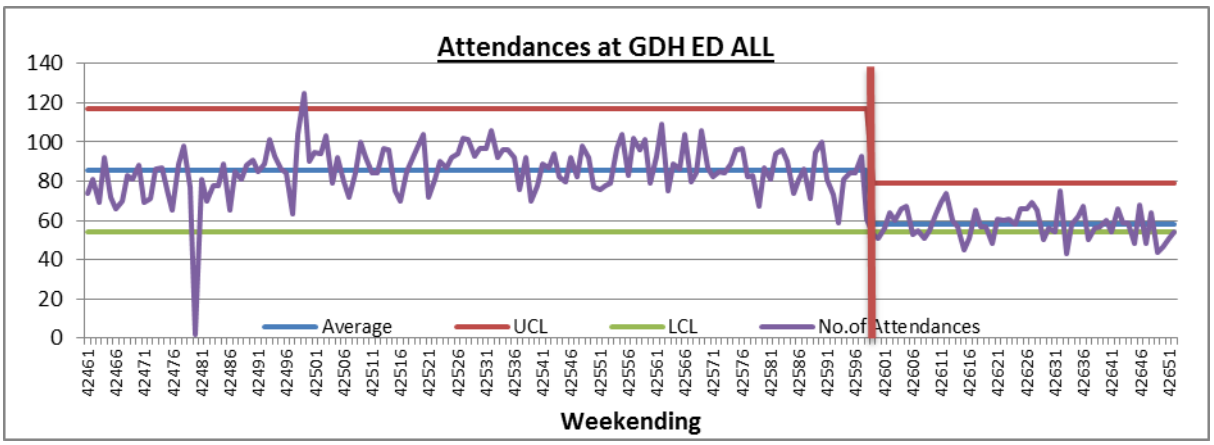
- All suspected shoulder, arm, wrist and hand fractures (including compound [open]).
- All suspected hip fractures.
- All suspected femoral, tibia, ankle and foot fractures (including compound [open]).
- All suspected joint dislocations, shoulder, elbow, wrist, hip, knee, and ankle.
- All suspected peripheral soft tissue injuries, sprains, strains, lacerations, haematomata.
- All hand injuries (may require subsequent transfer after assessment).
- Children's suspected fractures. If confined to one area and are haemodynamically stable may be brought to Grantham. (May require subsequent transfer after assessment).

Appendix 2

Attendances to the EDs at LCH, PHB and GDH before and after reduced ED opening times at GDH

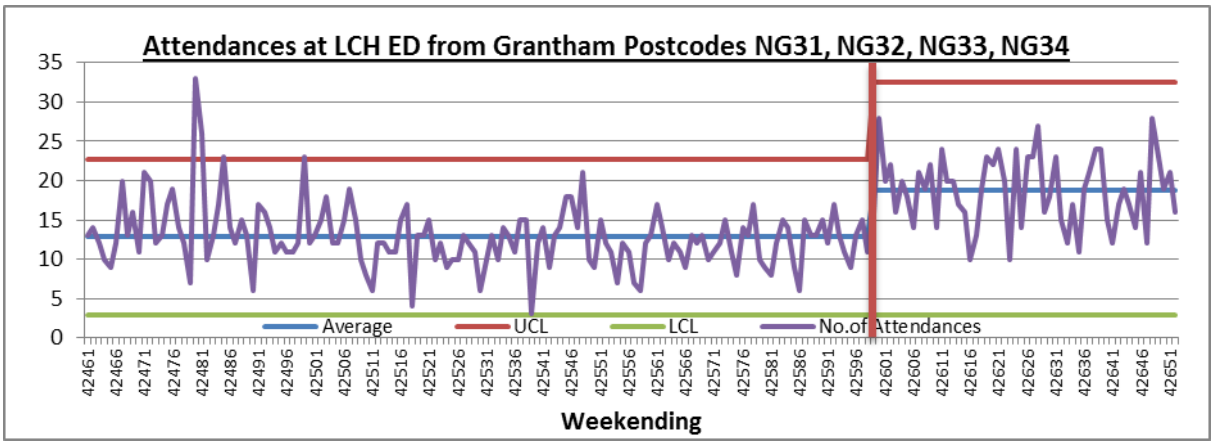


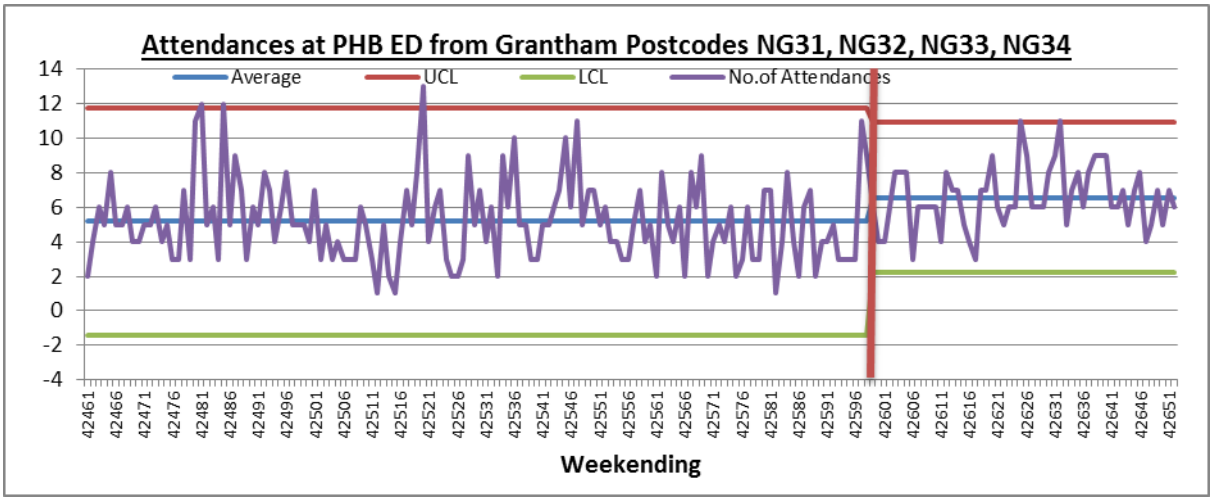




Appendix 3

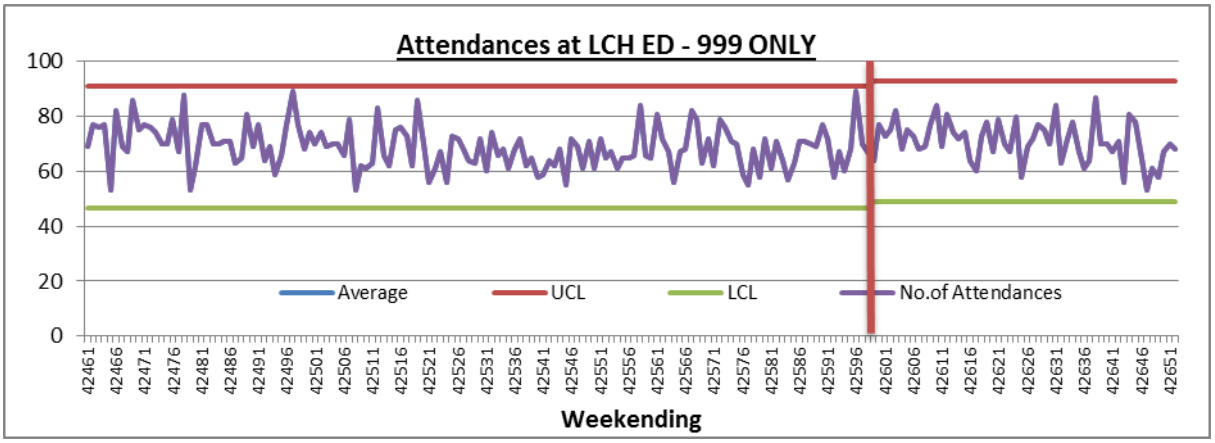
Attendances to EDs at LCH and PHB from Grantham and Sleaford post codes NG 31, 32, 33 and 34

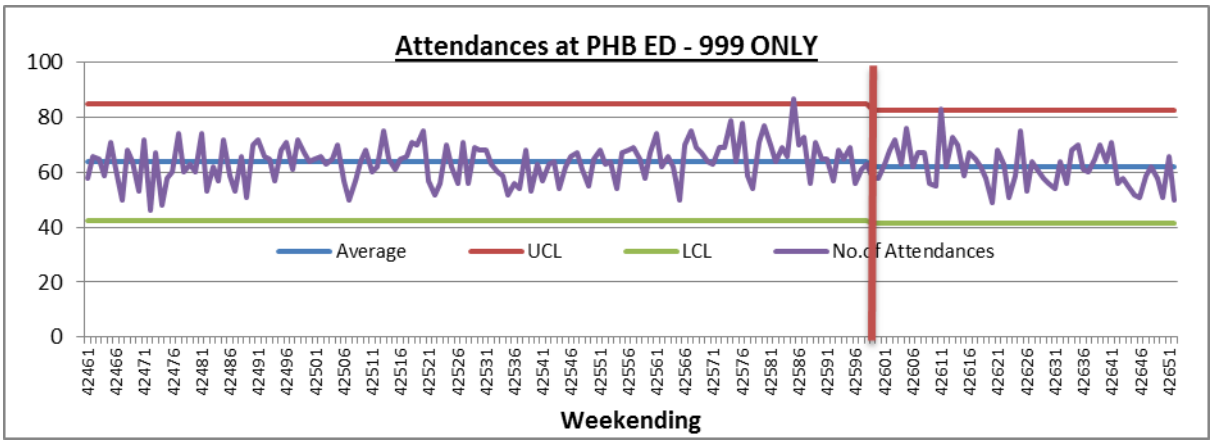




Appendix 4

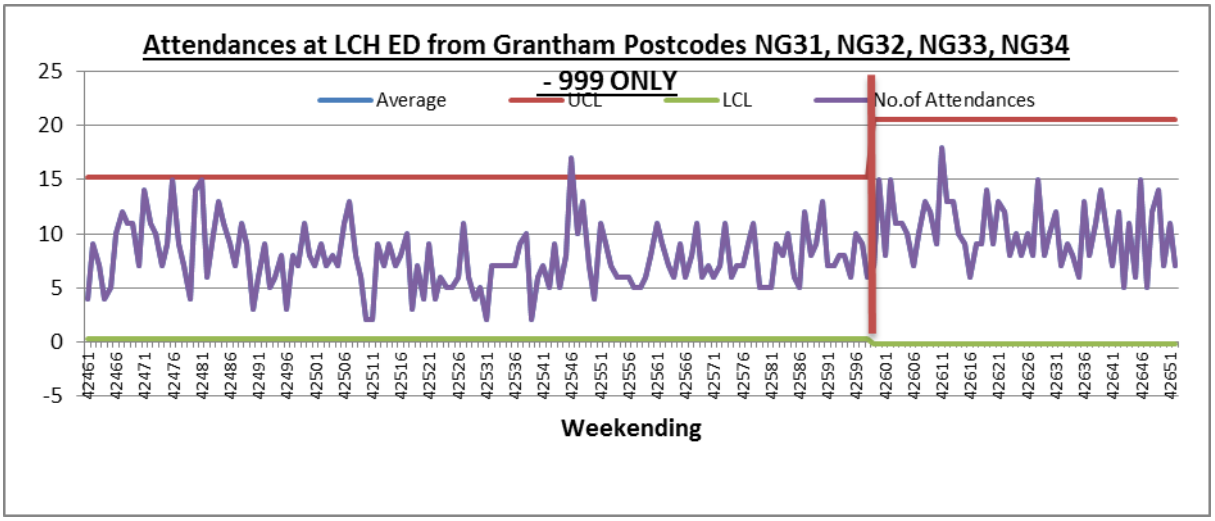
Attendances to EDs at LCH and PHB by 999

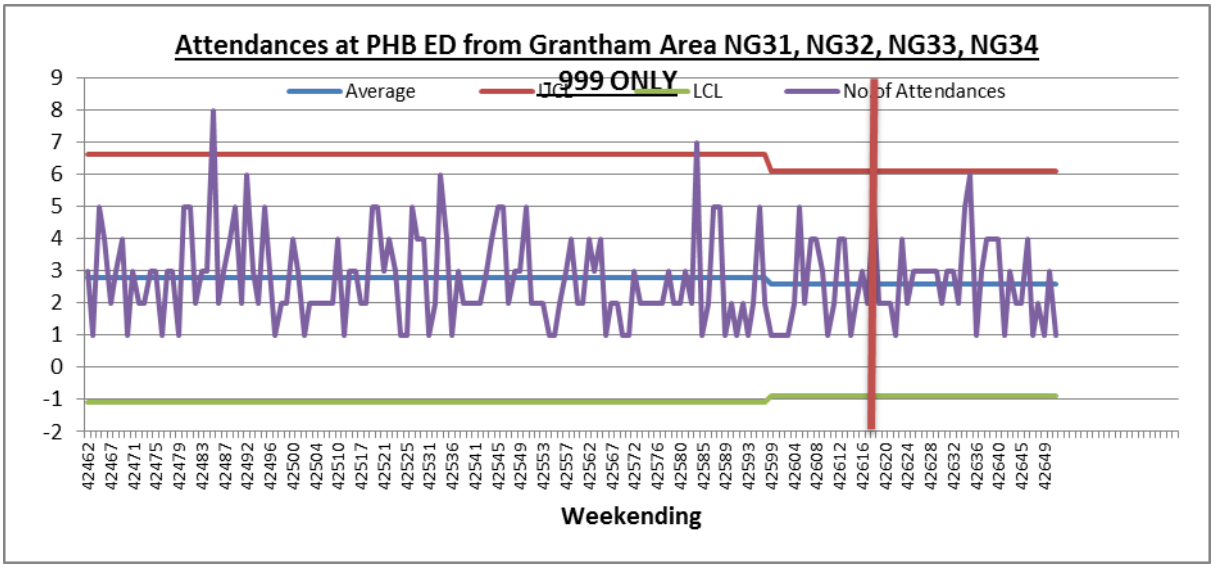




Appendix 5

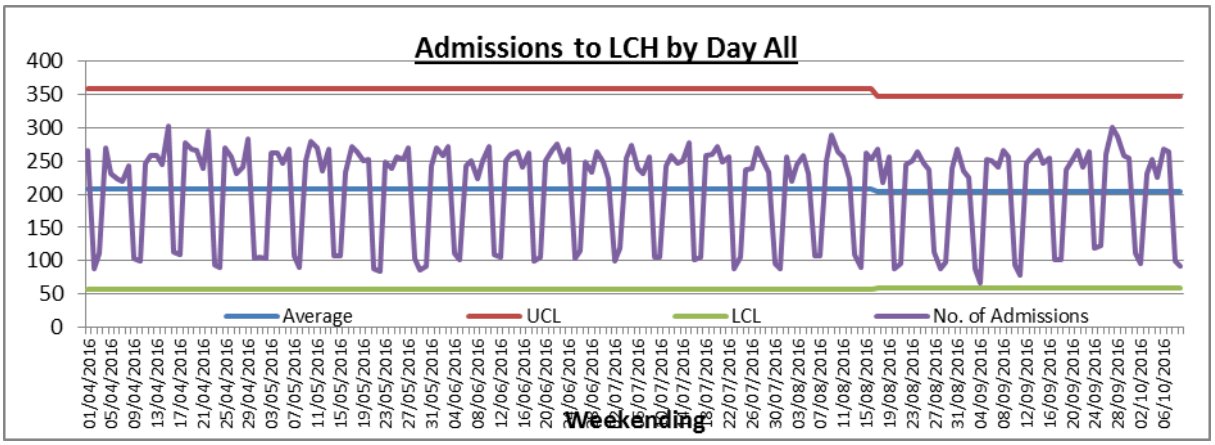
Attendances by 999 to the EDs at LCH and PHB from Grantham and Sleaford post codes NG 31, 32, 33 and 34.

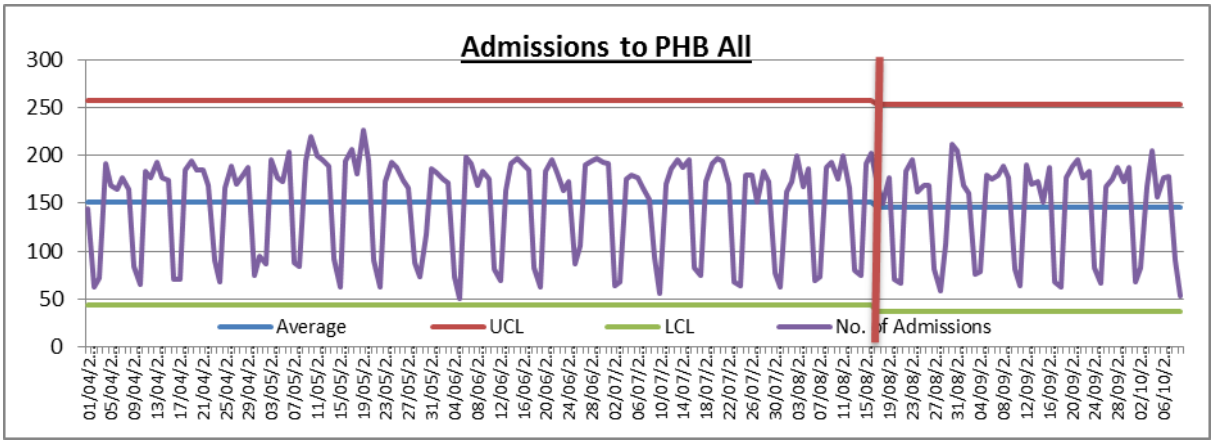


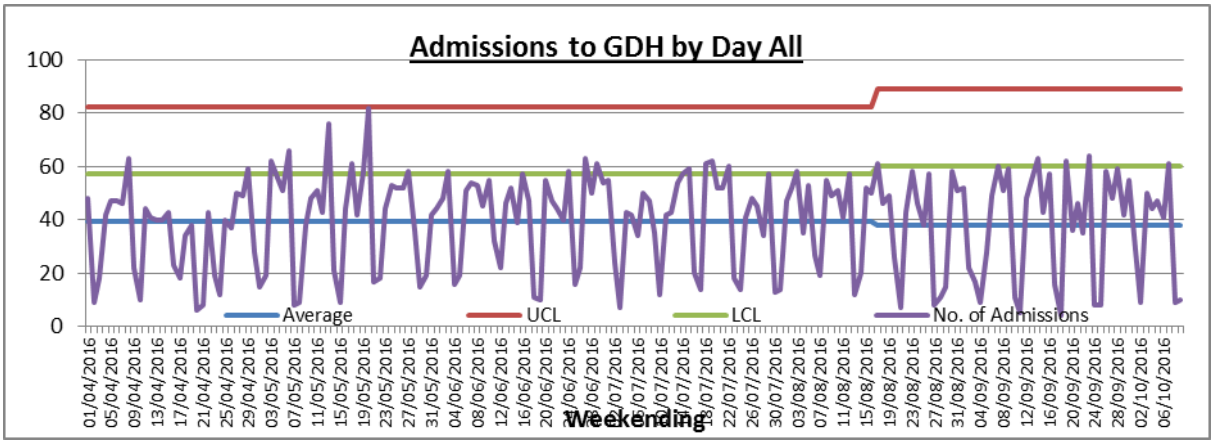


Appendix 6

Total admissions to LCH, PHB and GDH

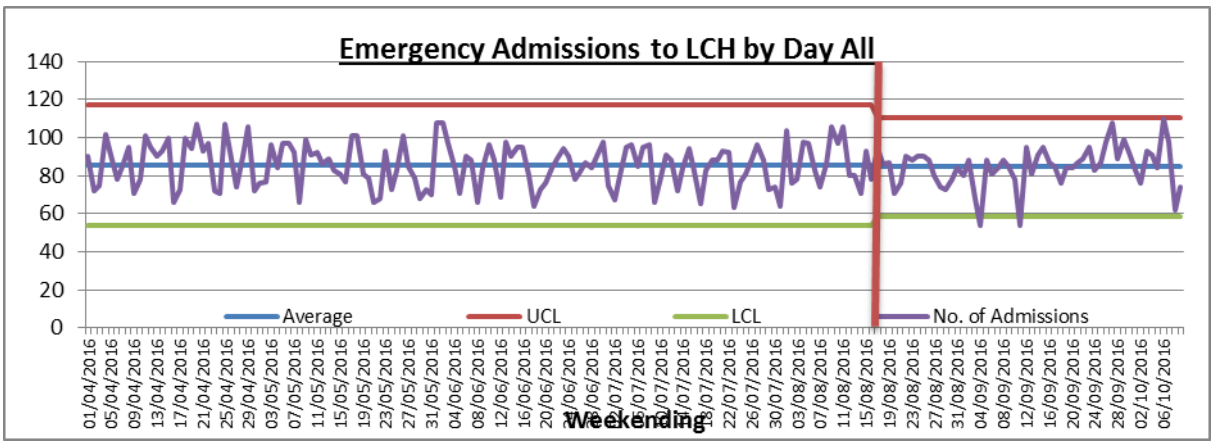


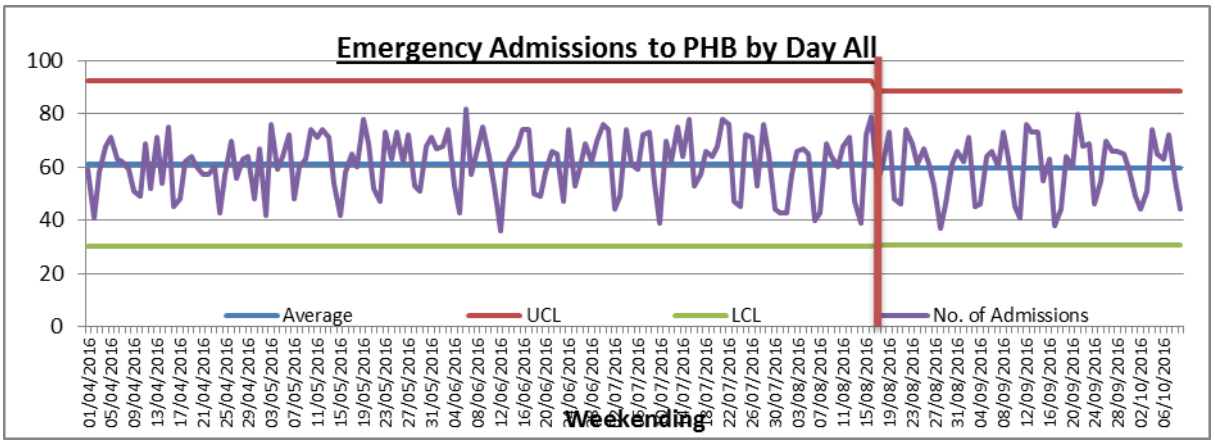


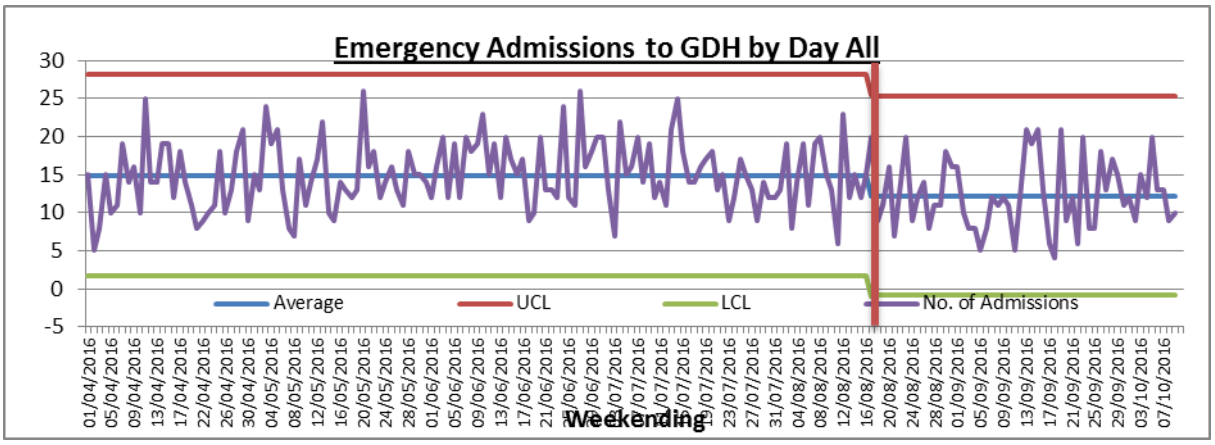


Appendix 7

Emergency admissions to LCH, PHB and GDH

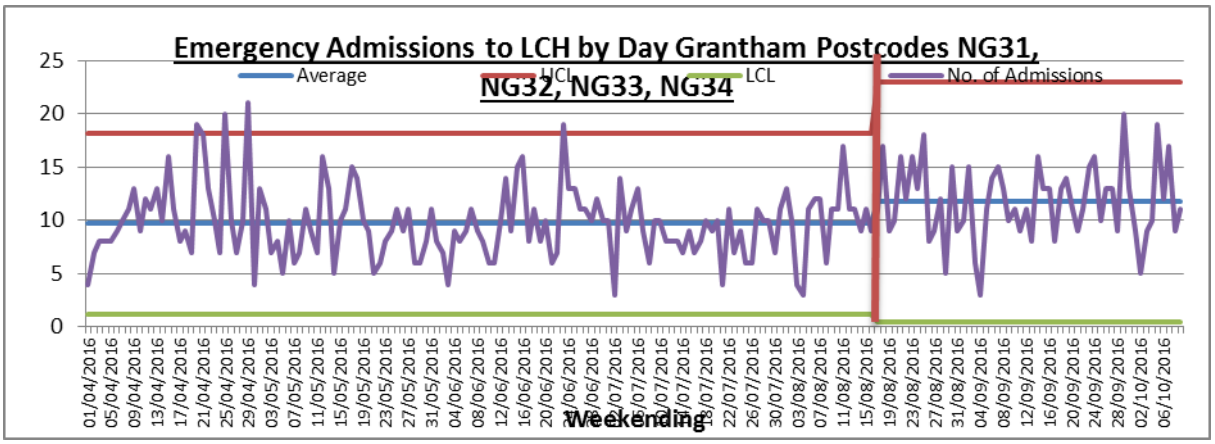


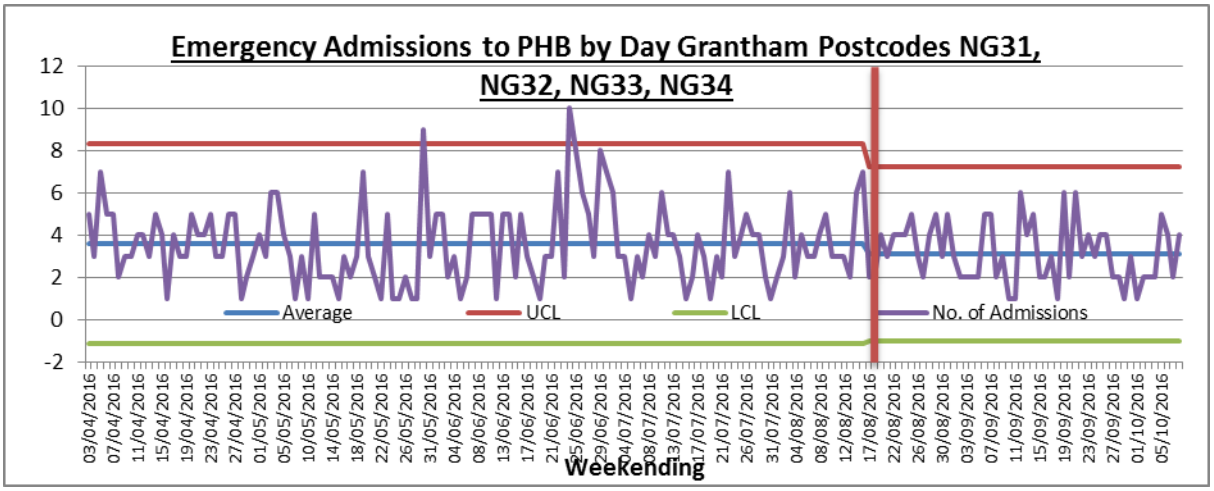




Appendix 8

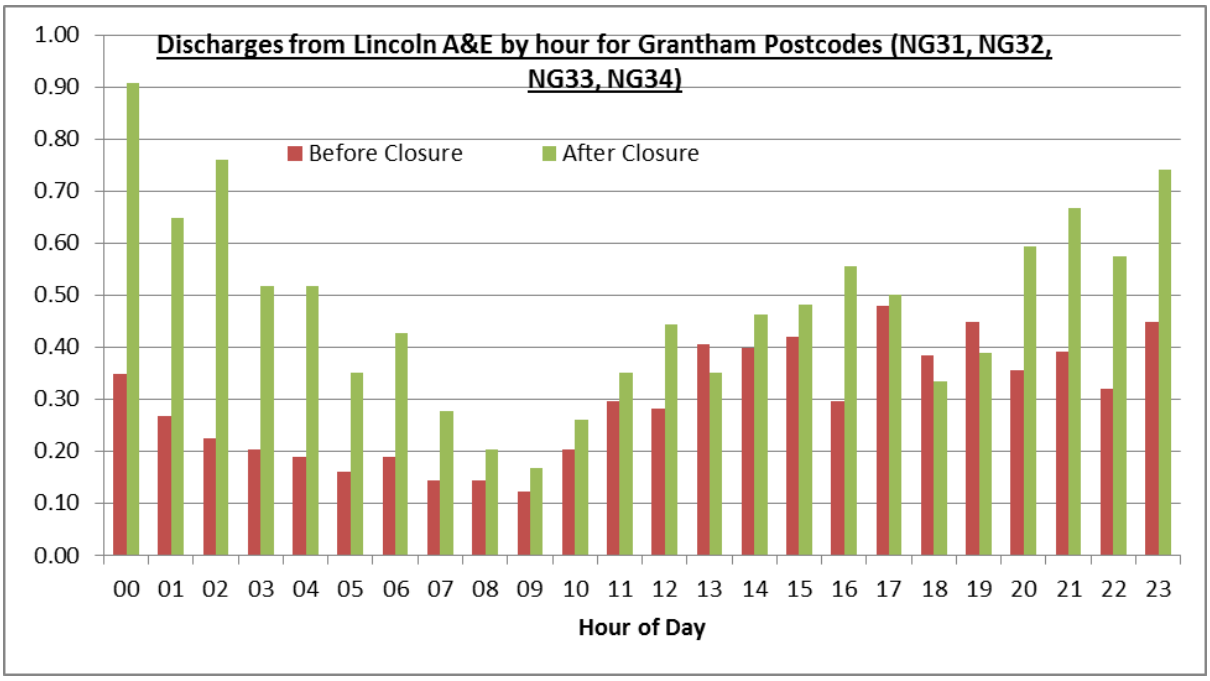
Emergency admissions to LCH and PHB from Grantham and Sleaford Postcodes NG31,NG32, NG33 & NG34





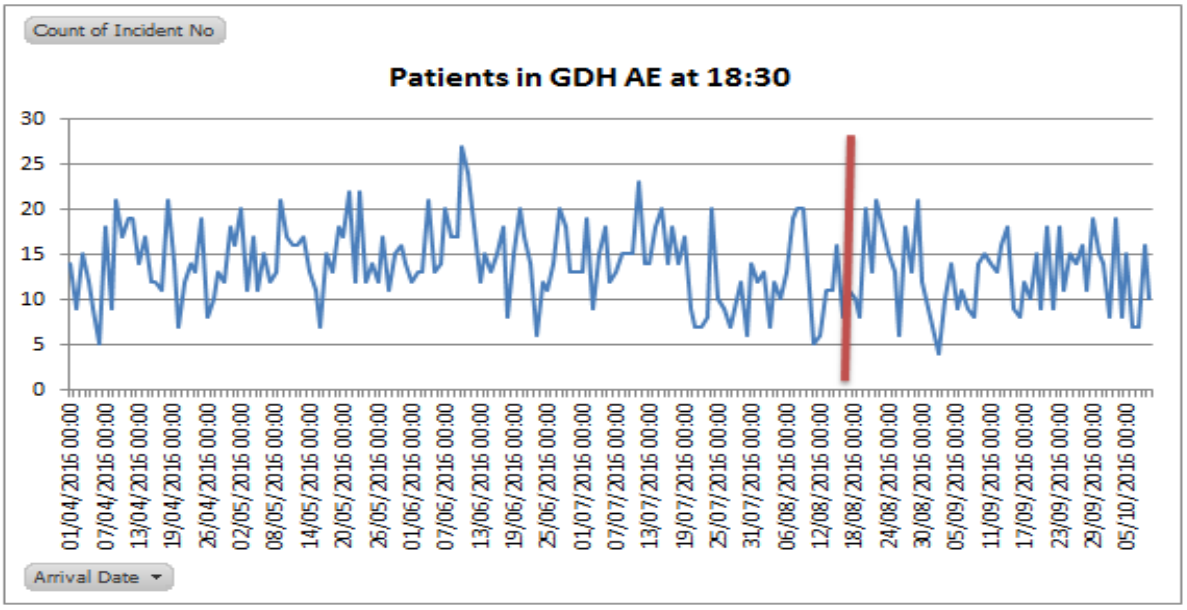
Appendix 9

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



Appendix 10

Number of patients in the ED department at GDH when the department is closed at 18.30 hrs



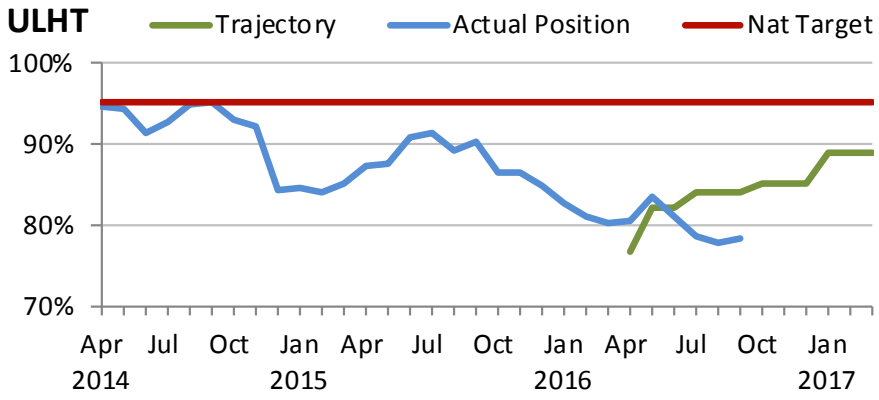
Appendix 11

4 hour performance report 7 weeks before and after the 17th August with historical performance and trajectory.

AE 4hour performance

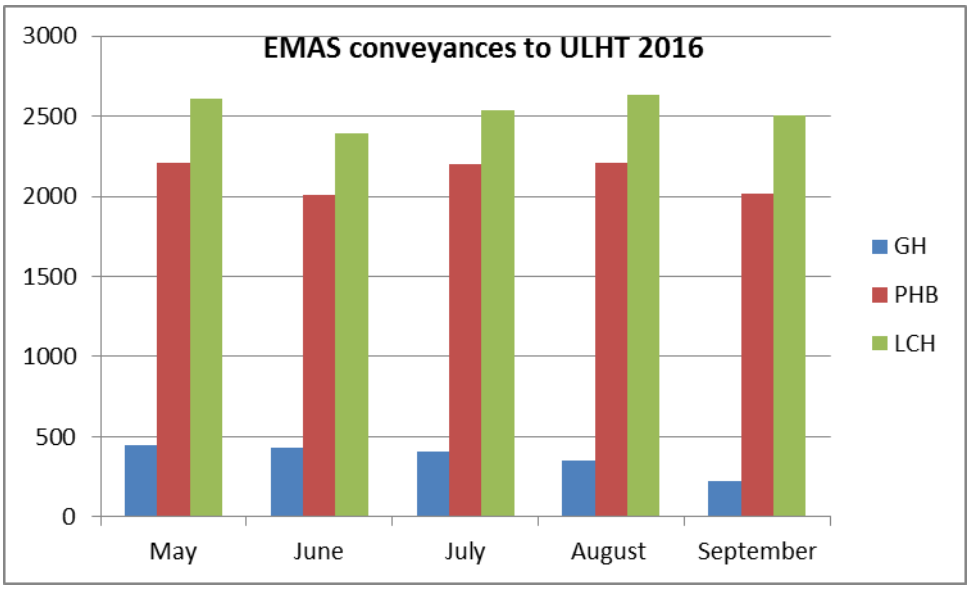
Data taken from Weekly Sitrep reported files

	Grantham	Lincoln	Boston	Trust
7 weeks post closure	95.19%	74.47%	74.56%	77.46%
7 weeks pre closure	90.26%	76.32%	76.07%	79.07%
Variance	4.93%	-1.85%	-1.51%	-1.61%



Appendix 12

Weekly EMAS conveyances to ULHT from May to September 2016



Appendix 13

Weekly EMAS conveyance from GH to LCH, PHB and other sites between 18.00 and 10.00 hrs

	ULHT	LCH	PHB	Other
From GH before	13.8	11	2.7	1.3
From GH after	5.5	4.3	1.2	1.7
From ED before	10.3	8.4	1.9	1.1
From ED after	3.2	2.3	0.99	1.1
Data 59 days before and after closure				
EMAS data				

Appendix 14

EMAS job cycle time

	On scene	Travel	Job cycle	n
DCA before mins	**35**	**13**	**92**	**1389**
DCA after mins	**35**	**13**	**97**	**1325**
FRV before mins	**54**	**8**	**64**	**704**
FRV after mins	**51**	**9**	**64**	**731**
Data 59 days before and after closure EMAS data				

DCA – double crewed ambulance
FRV – fast response vehicle

Appendix 15

EMAS R1 performance in SW Lincolnshire

	75% target 8 mins	95% target 19 mins
Before 17th August	**64.52**	**93.55**
After 17th August	**64.84**	**100**
Data 59 days before and after closure **EMAS data**		

Appendix 16

EMAS handover times and ambulances waiting more than 30 minutes.

Average Ambulance Handover Times

Data taken from EMAS monthly handover data

	Grantham	Lincoln	Boston
Since Closure	00:20:33	00:30:25	00:23:15
July	00:22:24	00:28:30	00:22:16
Variance	00:01:51	00:01:55	00:00:59

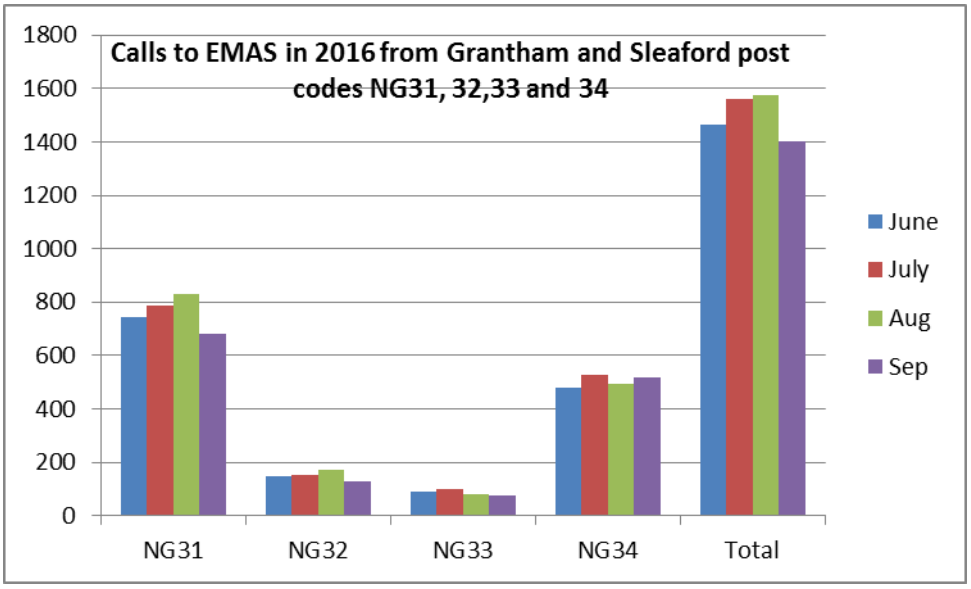
Ambulances waiting more than 30mins (Daily Average)

Data taken from EMAS monthly handover data

	Grantham	Lincoln	Boston
Since Closure	2	28	16
July	3	23	15
Variance	1	-5	-1

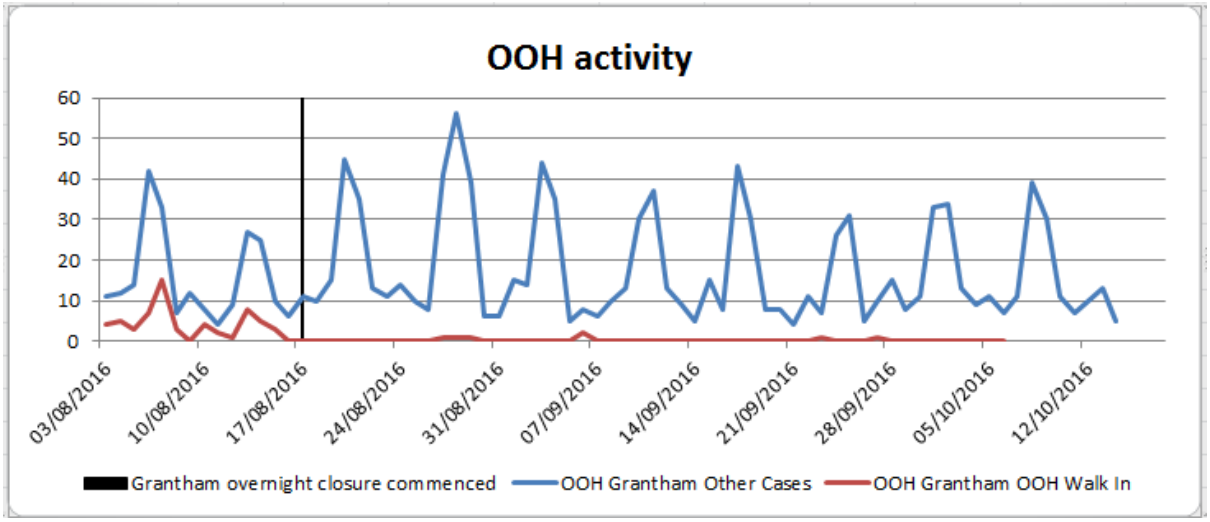
Appendix 17

Calls to EMAS from post codes NG31, 32, 33 and 34

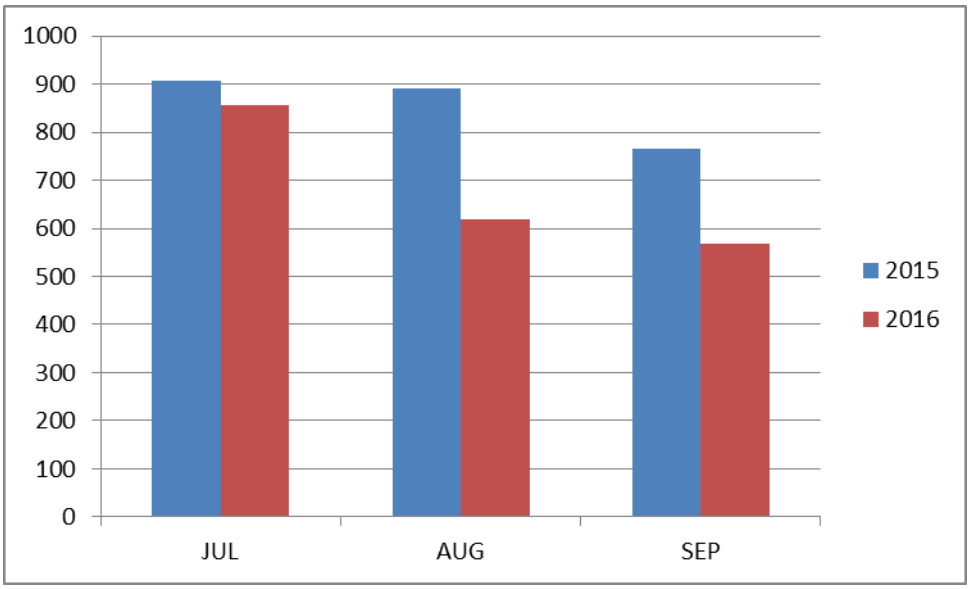


Appendix 18

Out of hours activity and the walk in minor injuries unit



Appendix 19
Number of out of hours cases handled at Grantham Base



September 2016 data is an extrapolated view based on the first 3 weeks of data
LCHS data

Appendix 20

Letter to stakeholder organisations on 19th October

Dear

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

As you will be aware, since Wednesday 17 August, Grantham A&E's opening hours have been reduced to cover 9am to 6.30 pm, seven days a week. This is a temporary decision and was made due to a severe shortage of middle grade doctors in Lincoln and Pilgrim A&Es. Closing A&E overnight helped us to boost the number of doctors at Lincoln and Pilgrim A&Es which are our busiest units.

This wasn't an easy decision to make but it was made to protect patients and maintain safe services.

ULHT has been working hard to recruit permanent and agency doctors to make our rotas more sustainable, this work will continue over the coming weeks and months.

We have always been open that although this is a temporary decision we will only reopen Grantham A&E when our overall staffing levels make it is safe to do so.

In November, our Trust Board will review the closure, impact and progress made in making our rotas more sustainable. Thereafter, it will be making a 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. Before we do this, I want to take into account a range of views to help inform our decision.

I want to know how the closure is affecting others. With this in mind, would you please send me any information that illustrates how the reduction in opening hours is affecting your services? It would be extremely useful to receive any supporting data in relation to the pre change and post change periods that would support any suggested impacts. If there has been an impact, what steps have you taken to mitigate against these impacts.

Please also share any other thoughts or views you would like ULHT to consider in reviewing our decision.

I'd be grateful if you could send me the information by the close of play on Friday 14 October 2016. It would also be helpful to receive a response even if there has been no impact to report.

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

Regards,

Appendix 21

Letter from Army Training Regiment

1. I was copied your email (below) by our regimental Adjutant wrt the impact the night time closure of Grantham A+E facilities have had on our staff. I am 2ic of A Sqn, which delivers Army Reserve recruit training within Army Training Regiment (Grantham) to appx 1100 recruits/year. The closure of local A+E facilities has already had, and will have, a definite impact on the medical support we, as an Army training organisation, are required to provide to our soldiers training here on our courses. Consequently, I am taking this opportunity, as you have requested, to comment on the impact of reduced A+E, particularly 'silent hours' facilities at Grantham Hospital.

2. From a practical pre-course planning point of view, we have had to revise our medical support plan to our training comprehensively. During the week M-F 0800-1700 are recruits/trainees are able to make use of our military regional medical facility at RAF Cranwell and they regularly refer our soldiers for further medical review, ie X-ray, at Grantham A+E; this service remains almost unaffected as RAF Cranwell is closed after 1700hrs and opens at 0800hrs; Grantham A+E closes after Cranwell although it doesn't open again until an hour later in the morning. However, during silent hours weekdays and weekends (when RAF Cranwell is closed) after 1830hrs, we now have to travel further to use the 'lower treatment level classified' Minor Injuries Unit (MIU) at Newark Hospital which is open 24 hours. Other than when we are conducting our 72 hour outdoor field training on Beckingham Training Area, when Newark is much closer than Grantham Hospital, this contingency entails additional night time travel from our barracks which can eat considerably into our recruits' and administration personnel's already very intensive trg programme. We currently have a recruits' course w/ 67 persons that started Sat 03 to 18 Sep and have so far had to take 2 x recruits to Newark when Grantham was closed; of these, one had to be referred for further important medical intervention to Kings Mill Hospital in Mansfield. To-date, our service/treatment experience at Newark MIU has been good.

3. Returning to our medical support plan, the contingency for Grantham A+E's night time closure is now for us to utilise Newark MIU which should be able to cater for the majority of our 1st line recruit injuries. I have contacted and spoken with the Deputy Manager of Newark MIU so he was forewarned of our revised silent hours medical plan and our intention to make primary use of his facility, particularly when we train at Beckingham and definitely will require hospital medical cover after 1830hrs that Grantham is not now able to provide us with. Any fully fledged A+E support required when Grantham is closed will now have to be via Lincoln County Hospital which is a considerable imposition on our training delivery time and administration; we have a route card for our drivers to get there but propose to use Newark MIU on the assumption/basis they are closer/quicker to reach, and seem, so far, to process us relatively quickly and would be able to refer us on, after initial professional stabilisation/intervention, for more serious medical issues.

4. Overall, we have had to adjust our medical support plan to suit the facilities available and it has been tested, albeit minimally so far, and proven to work. This said, we will have a better initial assessment after our Beckingham 72 hour field training period this weekend (09-12 Sep) and after this training course is completed on 18 Sep 16; our judgement is out at present but I will admit I am very relieved the planned junior doctors' strike for next week was cancelled!!

1. I hope this gives you an overview of our medical support issues, wrt Grantham's reduced A+E service, to-date. Should you wish to discuss any points or issues I have raised further, pse do not hesitate to contact me.

Appendix 21

Grantham A&E engagement findings report

1. Introduction

We began engagement around Grantham A&E as soon as the decision was made to alter the opening hours of the department for safety reasons. The engagement was informed by the quality impact assessment which identified groups who may be adversely affected by the reduction on opening hours.

This included immediately briefing local MPs, Lincolnshire Health Overview and Scrutiny Committee, local council leads, other NHS bodies, Healthwatch Lincolnshire and stakeholder organisations.

Engagement has taken a number of different forms. We have contacted in excess of 50 groups in the greater Grantham area. Some invited us to attend their meetings to talk about the change, others asked us to send information to them about the change rather than meeting with them.

Resources were created to assist in the engagement. This included a patient information leaflet produced in English, Polish, Russian, Latvian and Lithuanian. [Link to leaflet?}

Posters were created and displayed around Grantham hospital, and extensive awareness-raising carried out using local media, social media and the Trust website.

The engagement meetings were led using the below questions as a structure, apart from where questioning was led by the attendees themselves.

1) What do you understand/know about the change that has taken place?
2) What impact has the change had on you?
3) When was the last time you used Grantham A&E at night?
4) Which groups do you think will feel this change most acutely?
5) What worries you most about the AE being closed at night?
6) What could we put in place to lessen the impact to the community of Grantham?
7) What do you think the solution is long term?
8) Other notes

These questions were also shared on the ULHT Facebook and Twitter profiles, asking followers to email the responses to the communications team or to comment on the posts.

2. Engagement response rates and groups

Since 17 August, we have visited and spoken to 16 groups in the Grantham and district area and sent information to a further 16 groups (they told us they just wanted information).

Overall, we listened to 124 people at meetings and over 200 at St Wulfram's Church meeting, plus 65 who commented on Facebook. We reached far more people on social media. The Facebook posts had a combined reach of 3,117 with 42 shares and 65 comments. Twitter posts had 549 impressions and an engagement of 12.

Geographical areas covered: Grantham central, Sleaford, Ruskington, South Lincolnshire, Allington, Corby Glen.

3. Engagement already carried out:

Group	Protected characteristic	Action	Numbers at event
Disability groups			
Sleaford dementia cafe	Dementia	Meeting 24.08.16	30
Transforming care learning disabilities	Learning disability	Meeting 21.09.16	
Grantham Stroke Club	Stroke	Meeting 29.09.16	19
Grantham dementia alliance	Dementia	Meeting 30.09.16	
Grantham social club for the blind	Blind / communications impairment	Meeting 10.10.16	12
Grantham Hard of Hearing Club	Deaf	Info sent	
Grantham & District Talking Newspaper for the Blind	Blind / communications impairment	Info sent	
South Lincolnshire Blind Society/ Lincolnshire Sensory Service	Blind / communications impairment	Info sent	
Grantham & District Mencap Ltd (Cree Centre)	Learning disability	Info sent	
CANadda	Mental health	Info sent	
Grantham Mencap mothers group	Learning disability	Info sent	
Grantham Breathe Easy group	Serious conditions	Info sent	
United Together	Serious conditions	Info sent	
Age			
Sleaford White heather club	Older people	Meeting 30.09.16	17
Grantham Senior Citizens Club	Older people	Meeting 27.09.16	19
Race			
Grantham migrants forum	Migrants	Meeting 20.09.16	
Migrant community network	Migrants	Info sent	
Pregnancy and maternity			
NCT – Grantham and Sleaford	Pregnancy women and young families	Info sent	
Allington toddler group	Pregnancy women and young families	Info sent	
SSnap Lincoln	Young families and carers	Info sent	

Group	Protected characteristic	Action	Numbers at event
Carers			
Carers First group	Carers, mental health	Meeting 07.10.16	12
Glasshouse Project	Carers	Info sent	
Lincolnshire Carers and Young Carers Partnership	Carers	Info sent	
Low income groups			
Bala House	Homelessness	Info sent	
Other			
St Peter's Hill PGG	All	Meeting 16.08.16	6
Sleaford dementia care	Age	Meeting 16.08.16	
Corby glen PPG	All	Meeting 13.09.16	
LPFT listening event	Mental health	Meeting 14.09.16	
Ruskington PPG	All	Meeting 20.09.16	9
Health Overview and Scrutiny Committee	All	Meeting 21.09.16	
South Kesteven District Full Council	All	Meeting 22.09.16	
Fighting for Grantham hospital group	All	Meeting 29.09.16	c 200
South Lincolnshire Healthwatch provider meeting	All	Meeting 29.09.16	
LSWCCG Patient Council	All	Meeting 30.09.16	
Fighting 4 Grantham Hospital group	All	Meeting 06.10.16	
Addaction	Substance misuse and migrants	Info sent	

4. Themes

1) What do you understand/know about the change that has taken place?
Every person spoken to said that they understood the change had taken place because of a shortage of doctors, most said the change had been well publicised in the local media and generally understood why the decision had to be made.

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

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

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

A small number of people said they felt the change was made because it's part of a slow downgrade of Grantham hospital overall and felt there was a conspiracy. A small number also said they felt the reason for the change was because of hospital managers not planning staffing adequately or seeing the problem coming.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Comments included: “Someone is going to die if they can’t get access to immediate medical attention.”

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

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

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

6) What could we put in place to lessen the impact to the community of Grantham?

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

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

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

7) What do you think the solution is long term?

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

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

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

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

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

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

8) Other notes

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

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

5. Impact on protected characteristic groups

The majority of people we spoke to said the change had not had an impact on them, but when prompted said it would impact on groups in the following ways:

Age

- Impact on older people who don't drive, who have to rely on public transport or ambulances.
- Families with young children struggle with transport.

Disability

- Concerned about how they would get to A&E if they don't drive. Would rely on ambulances or public transport.
- No provision for people with mental health problems at night.
- Those with suicidal thoughts and mental health issues can be regular users of A&E. Can't wait long for an ambulance after a suicide attempt.
- Blind/partially sighted- lack of transport.
- Need a mental health specific A&E service.
- Very few disabled taxis if you needed to get a taxi.

Pregnancy and maternity

- Impact on pregnant women who may have problems with their pregnancy and need to access A&E.

Social deprivation

- People may rely on taxis to get to hospital, not affordable for those on low incomes
- Low social-economic backgrounds will rely on ambulances alone, so will be disadvantaged compared to those with transport.

6. Next steps

Further engagement meetings planned, as below.

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

Group	Protected characteristic	Action
Carers First Sleaford	Carers, mental health	Meeting on 19.10.16
Grantham U3A	Older people	Meeting on 25.10.16
Alzheimer's group	Older people, carers, disability	Meeting on 26.10.16
Grantham Locality Forum – ULHT meeting	All	Meeting on 02.11.16
Grantham and area PPG representatives	All	Meeting on 21.11.16
Social media engagement	All	Regular posts asking for comment