

# Agenda Item 5

		<b>THE HEALTH SCRUTINY COMMITTEE FOR LINCOLNSHIRE</b>	
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 Richard Wills, the Director Responsible for Democratic Services

Report to	<b>Health Scrutiny Committee for Lincolnshire</b>
Date:	<b>13 September 2017</b>
Subject:	<b>Grantham Hospital Accident and Emergency Department: Outcome of Referral to the Secretary of State for Health</b>

## **Summary:**

On 2 August, the Secretary of State for Health issued his decision on the referral of the overnight closure of Grantham Accident and Emergency Department, which had been submitted by this Committee in December 2016. The Secretary of State has accepted the advice of the Independent Reconfiguration Panel (IRP) that the referral does not merit a full review and should be resolved locally. The advice of the IRP is set out in Appendix A and the Secretary of State's determination letter is set out at Appendix B to this report.

Jan Sobieraj, the Chief Executive of United Lincolnshire Hospitals NHS Trust, and Dr Neill Hepburn, the Trust's Medical Director, are due to attend to provide an update on the staffing position for emergency care.

## **Actions Required:**

The Health Scrutiny Committee is recommended to:

- (1) note the determination of the Secretary of State for Health on the referral of the overnight closure of Accident and Emergency Department at Grantham A&E, and the content of the advice from Independent Reconfiguration Panel;
- (2) consider the next steps, in terms of the advice from the Independent Reconfiguration Panel that 'further local action by the NHS with the Council can address the issues raised'; and
- (3) consider the latest information from United Lincolnshire Hospitals NHS Trust, regarding their staffing levels for emergency care.

## **1. Background to Referral to the Secretary of State for Health**

### Decision on Overnight Closure of Grantham Hospital Accident and Emergency Department

On 2 August 2016, United Lincolnshire Hospitals NHS Trust Board decided that with effect from 17 August 2016 the Accident and Emergency Department at Grantham and District Hospital would be closed between 6.30 pm and 9.00 am for a period of three months, on the grounds of patient safety. The difficulties recruiting and retaining Accident and Emergency consultant and middle grade doctors were cited by United Lincolnshire Hospitals NHS Trust as reasons for the closure and the effects these difficulties would have on patient safety. The decision by the Trust was supported by NHS Improvement and local commissioners.

On 1 November 2016, United Lincolnshire Hospitals NHS Trust Board decided to extend the period of the closure to 17 February 2017 and stated that the position remained under review. Further extensions of the period of the closure were not ruled out at this time.

### Health Scrutiny Committee Consideration and Referral

On 23 November 2016, the Health Scrutiny Committee considered the continuation of the period of closure and decided to refer the matter to the Secretary of State for Health, in accordance with Regulation 23(9)(c) of the Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013. This followed earlier consideration of the temporary closure by the Committee on 21 September 2016.

The Committee's referral statement and supporting documentation were submitted to the Secretary of State for Health on 15 December 2016.

## **2. Consideration and Determination by the Secretary of State for Health**

### Initial Response by the Secretary of State for Health

On 23 February 2017, the Secretary of State for Health advised the Chairman of the Health Scrutiny Committee that he would be seeking initial advice on the referral from the Independent Reconfiguration Panel (IRP). The IRP is an advisory non-departmental public body, sponsored by the Department of Health and aims to provide independent expert advice on NHS service change. The IRP is made up of clinical, managerial and lay members. The IRP states that these members offer wide-ranging experience in clinical healthcare, NHS management and public and patient involvement.

Seeking initial advice from the IRP on health overview and scrutiny committee referrals is the usual practice for the Secretary of State, although

it is not understood to be automatic. Also in accordance with usual practice, the Secretary of State requested that he receive initial advice from the IRP within one month, in this case by 23 March 2017.

There were expectations that the Secretary of State for Health would consider and make a decision on the referral shortly after his receipt of the IRP's initial advice on 23 March 2017, but the evidence from the IRP's website suggests that the Secretary of State may take a longer period to consider the IRP's initial advice and make a determination.

#### IRP Advice and Decision by the Secretary of State for Health

The advice of the IRP was submitted to the Secretary of State in a letter dated 22 March 2017. This is set out in Appendix A to this report. The IRP concluded that this referral was not suitable for full review because further local action by the NHS with the Council could address the issues raised.

On 2 August 2017, the Secretary of State for Health issued his decision – Appendix B to this report. He accepted the advice of the IRP in full.

#### Analysis of the IRP Letter

The IRP letter refers to several issues: -

- Status of Grantham A&E – The IRP states that "considering the limitations that have long been in place, it occurs to the Panel that the level of emergency service provided from Grantham and District Hospital prior to August 2016 was already more akin to that of an urgent care centre. Yet description of the service as an A&E or ED by both NHS and the HSC continues today. The point here is not merely one of the appropriate use of terminology or signage but that unrealistic expectations and misunderstanding may have been allowed to develop about the level of service that can and should be provided at Grantham and District Hospital. level of emergency service provided Early Engagement between ULHT and the Committee.
- Exchange of Information Between the Committee and ULHT – The IRP finds that the crisis that arose did not happen overnight yet it appeared the HSC was only advised of circumstances once decisions had been made and action taken. The Panel would have expected that, as part of the exchange of information that should be taking place regularly, the HSC would have been advised of the situation earlier.
- Closure no Longer Temporary – The IRP agreed with the Committee that after six months the closure can no longer be regarded as temporary.
- Future Consultation - The Panel stated that "the time has come for an open and honest appraisal, both of the options for future emergency care delivery at Grantham and more widely across Lincolnshire. An alternative to the current approach is needed that reflects the

prospective staffing position for emergency care provided by the Trust." Commissioners must as a matter of urgency work with the local providers (including mental health care and community providers as well as ULHT) and the HSC to engage and consult the public across Lincolnshire on current services and what might be achievable and sustainable in the future. "Drawing on the work already done for the sustainability and transformation plan for the area, a plan of action for the whole health economy is required that will implement safe and sustainable urgent and emergency services and bring about an early end to the current uncertainty."

### The IRP Process

The IRP can make one of two recommendations to the Secretary of State at the initial review stage: **either** the referral is suitable for a full review **or** the referral is not suitable for a full review.

Since the implementation of the new health scrutiny regulations in 2013, all thirteen initial assessments undertaken by the IRP have concluded with a recommendation that the referral is not suitable for a full review and in each case the Secretary of State has accepted the IRP's advice. It is only following a full review, which includes wider evidence gathering and hearings that detailed recommendations can be made by the IRP to the Secretary of State.

### **3. Action by United Lincolnshire Hospitals NHS Trust and Latest Position**

#### Further Consideration by United Lincolnshire Hospitals NHS Trust

Since the Committee made the referral on 23 November 2016, United Lincolnshire Hospitals NHS Trust (ULHT) Board has continued to review the closure decision at its Board meetings, in particular focusing on the recruitment and retention position of A&E consultant and middle grade doctors and the impact of the overnight closure on other public services. The main elements are as follows:

- 7 February 2017 – The ULHT Board made a decision to reduce the period of overnight closure from 6.30 pm to 8 am, and extended the temporary closure for a further three months.
- 7 March 2017 – The ULHT Board confirmed the decision to reduce the period of overnight closure, with the new closure hours of 6.30 pm to 8 am becoming effective from 27 March. The report to the Board included the statement that 'the provision of emergency services, particularly at Lincoln County Hospital, remains fragile.'
- 9 May 2017 – The ULHT Board extended the temporary closure for a further three months.
- 1 August 2017 – The ULHT Board supported the continued overnight closure of the Grantham A&E department and decided to continue with the new current opening hours of 08.00 - 18.30 hours implemented 27 March 2017. The Board agreed to review the

overnight closure in 3 months. The Board also agreed to work with the Clinical Commissioning Groups to explore an interim service model for a 24 hour emergency/ out of hours service.

#### Latest Position on Recruitment and Retention of Accident and Emergency Staff

The most recent report to the ULHT Board on 1 August 2017 is available at the following link:

<https://www.ulh.nhs.uk/content/uploads/2017/07/EMERGENCY-CARE-SERVICE-July-17-v5.pdf>

The relevant extracts of the report are set out in Appendix C to this report.

#### **4. Conclusion**

The Health Scrutiny Committee is requested to note the determination of the Secretary of State for Health on the referral of the overnight closure of Accident and Emergency Department at Grantham A&E, and the content of the advice from Independent Reconfiguration Panel. The Committee is also asked to consider the next steps, in terms of the advice from the Independent Reconfiguration Panel that 'further local action by the NHS with the Council can address the issues raised'.

The Committee is also requested to consider the latest information from United Lincolnshire Hospitals NHS Trust, regarding their staffing levels for emergency care.

#### **5. Appendices**

These are listed below and attached at the back of the report	
Appendix A	Initial Advice from the Independent Reconfiguration Panel, dated 22 March 2017
Appendix B	Letter from the Secretary of State for Health to the Chairman of the Health Scrutiny Committee for Lincolnshire, 2 August 2017

#### **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 Simon Evans, Health Scrutiny Officer, who can be contacted on 01522 553607 or by e-mail at [Simon.Evans@lincolnshire.gov.uk](mailto:Simon.Evans@lincolnshire.gov.uk)

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The Rt Hon Jeremy Hunt MP  
Secretary of State for Health  
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22 March 2017

Dear Secretary of State

**REFERRAL TO SECRETARY OF STATE FOR HEALTH**  
**Report by Health Scrutiny Committee for Lincolnshire**  
**Grantham and District Hospital**

Thank you for forwarding copies of the referral letter and supporting documentation from Cllr Christine Talbot, Chairman of the Health Scrutiny Committee for Lincolnshire (HSC). NHS England and United Lincolnshire Hospitals NHS Trust (ULHT) provided initial assessment information. A list of all the documents received is at Appendix One.

The IRP has undertaken an initial assessment, in accordance with our agreed protocol for handling contested proposals for the reconfiguration of NHS services. In considering any proposal for a substantial development or variation to health services, the Local Authority (Public Health and Wellbeing Boards and Health Scrutiny) Regulations 2013 require NHS bodies and local authorities to fulfil certain requirements before a report to the Secretary of State for Health may be made. The IRP provides the advice below on the basis that the Department of Health is satisfied the referral meets the requirements of the regulations.

The Panel considers each referral on its merits and concludes that **this referral is not suitable for full review because further local action by the NHS with the Council can address the issues raised.**

**Background**

Grantham and District Hospital is part of United Lincolnshire Hospitals NHS Trust (UHLT) and, along with Lincoln County Hospital and Pilgrim Hospital Boston, has an Accident and Emergency department (A&E)<sup>1</sup> staffed by consultants, doctors, doctors in training, nurse practitioners and nursing staff. Grantham A&E sees approximately 29,000 patients per year compared to 71,000 at Lincoln A&E and 55,000 at Pilgrim A&E. Grantham is around 36 miles from Lincoln and 32 miles from Boston. The major trauma centre in Nottingham is around 28 miles away. Only patients with a limited range of medical conditions and single limb orthopaedic injuries are admitted to Grantham and District Hospital via the A&E department or GP referral. Patients

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<sup>1</sup> Also known as Emergency Department (ED)

requiring a specialist review beyond that available at Grantham are transferred to Lincoln, Pilgrim or Nottingham hospitals.

During July 2016, concern was expressed by the emergency departments at Lincoln County Hospital and Pilgrim Hospital about their ability to fill middle grade medical rotas. A report to the ULHT Board on 2 August 2016 described a number of reasons for this – a national shortage of emergency medicine doctors, insufficient doctors in training choosing to work at ULHT, an increasing reliance on locums and difficulty in securing the number of locums required to fill rota gaps consistently. The report stated that across the Trust (at the time of the report's writing) there were four substantive consultants in post out of 15 funded whole time equivalent (wte) posts, vacancies being filled by locums. Further, there were 11.6 wte middle grade doctors against the 28 funded posts. The reduced emergency staffing levels, combined with a reduction in skill mix of substantive staff, compromised the on-going provision of safe, 24 hours, seven days per week A&E care across three sites. Although efforts were continuing to recruit additional staff, and various steps had been taken to mitigate staff shortages, it was felt that further action was required *“to ameliorate the unacceptable risks to patient care created by a significant middle grade doctor shortage”*.

The Trust Board considered potential options:

- Option One      Sustain three sites with ED departments 24/7 by securing additional ED specific resource (status quo)
- Option Two      Change the service provision at Lincoln County hospital by reducing the opening hours of the emergency department as follows:
  - 2a. Emergency Department is open 24/7
  - 2b. Emergency Department is open 8am – Midnight
  - 2c. Emergency Department is open 8am – 8pm
  - 2d. Emergency Department is open 9am – 4pmRetain a 24/7 Emergency Department at Pilgrim and a 24/7 Emergency Department at Grantham Hospital with a restricted clinical take
- Option Three    Change the service provision at Pilgrim Hospital by reducing the opening hours of the emergency department as follows:
  - 3a. Emergency Department is open 24/7
  - 3b. Emergency Department is open 8am – Midnight
  - 3c. Emergency Department is open 8am – 8pm
  - 3d. Emergency Department is open 9am – 4pmRetain a 24/7 Emergency Department at Lincoln hospital and a 24/7 emergency department at Grantham Hospital with a restricted clinical take

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- Option Four     Change the service provision at Grantham and District Hospital by closing the emergency department and by opening an urgent care centre as follows:
- 4a. Urgent Care Centre is open 24/7
  - 4b. Urgent Care Centre is open 8am – Midnight
  - 4c. Urgent Care Centre is open 8am – 8pm
  - 4d. Urgent Care Centre is open 9am – 4pm
- Retain a 24/7 emergency department at Lincoln Hospital and at Pilgrim Hospital

The recommended option was Option 4c.

The Trust Board accepted that the additional risk to patients was too great to continue without further action. The Board agreed to implement a temporary service closure at Grantham and District Hospital to support staffing at the Lincoln and Pilgrim A&E departments, as releasing middle grade doctors to work at the two main A&E sites would provide safer services for the Lincolnshire population (around 750,000) as a whole.

The accountable officer of South West Lincolnshire Clinical Commissioning Group (CCG) (in which Grantham is located) was briefed on the closure on 3 August 2016. An initial three month closure of the A&E department at Grantham Hospital between 18.30 and 09.00 was introduced on 17 August 2016, to be reviewed monthly with an agreed threshold and plan to meet that threshold for recommencing services. The Lincolnshire A&E Delivery Board would assume responsibility for undertaking the monthly reviews with effect from September 2016 against a threshold of:

- No deterioration in the current consultant position
- Fill rate of at least 75 per cent (21) of the middle grade establishment (28) on an eight week prospective basis

Stakeholders including the local Healthwatch, the County Council and local councillors, Care Quality Commission, neighbouring hospital trusts and East Midlands Ambulance Service were briefed during August 2016 and a county-wide communications plan advising the public and staff was implemented. On 19 August 2016, representatives of Lincolnshire East CCG (the lead commissioner of services from UHLT) and NHS Improvement undertook a quality visit of Grantham and District Hospital A&E and reported no concerns. Quality impact and equality impact assessments were undertaken. The Trust's decision was supported by NHS Improvement and NHS England in a letter of 30 August 2016.

The UHLT chief executive and medical director attended a meeting of the HSC on 21 September 2016. The HSC considered a report and information presented showing that daily average attendances at Grantham and District Hospital A&E had reduced from 80 between 1 and 16 August 2016 to around 60 subsequently. Releasing staff from

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Grantham had initially enabled an additional 120 hours per week of middle grade cover to be provided at Lincoln County Hospital. It was noted that significant recruitment activity had been undertaken. The Committee recorded its support for the permanent reinstatement of overnight A&E services at Grantham and District Hospital. The Committee also concluded that it was not reassured that overnight A&E services would be reinstated by 17 November 2016 owing to the difficulty of recruiting suitably qualified A&E staff. A further report was requested for the HSC meeting on 23 November 2016 covering A&E staff recruitment across the Trust and the impact of the temporary overnight closure at Grantham and District Hospital on other NHS services.

The UHLT Board met on 1 November 2016 and considered an updated report from the medical director on the latest position regarding emergency care services. A number of expressions of interest in vacancies had been received but no appointments made while a further two middle grade doctors were leaving the Trust. The Board considered options on how to proceed and decided to extend the period of closure of A&E services between 18.30 and 09.00 at Grantham and District Hospital to the end of February 2017.

The UHLT chief executive and medical director attended the HSC meeting on 23 November 2016. It was reported that reducing the A&E department opening hours at Grantham and District Hospital had enabled the A&E department at Lincoln County Hospital to be supported by up to an additional 85 hours per week by middle grade and consultant staff from Grantham. No serious issues had been reported. A recruitment drive had indicated the potential to reach the necessary threshold but it was unlikely that sufficient new doctors would be in employment before January or February 2017. The Committee concluded that the closure of A&E services between 18.30 and 09.00 at Grantham and District Hospital represented a substantial variation in the provision of health services for the area. It recorded that it was not reassured that the required threshold of consultant and middle grade doctors would be recruited by February 2017 and hence that A&E services would not be reinstated by this date. It concluded that, as a result, the closure of A&E services between 18.30 and 09.00 at Grantham and District Hospital would effectively be permanent. The HSC decided that the matter should be referred to the Secretary of State for Health and a letter of referral was sent on 15 December 2016.

Since the referral, UHLT has continued its efforts to recruit staff and the closure of A&E services between 18.30 and 09.00 at Grantham and District Hospital has been reviewed. A review in February 2017 concluded that the threshold to re-open the service full time had not been met but acknowledged that there had been an improvement in staffing levels. It was agreed to increase opening hours by one hour (08.00 – 18.30) with effect from 27 March 2017 and to introduce a direct to admission unit pathway for selected medical patients conveyed by the ambulance service from 3

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April 2017. These changes aside, the closure would remain in place for a further three months. NHS Improvement confirmed, in a letter of 20 February 2017, that it had received assurance regarding the decision.

## **Basis for referral**

The HSC's letter of 15 December 2016 states:

*“In accordance with Regulation 23(9) (c) of the Local Authority (Public Health, Health and Wellbeing Board's and Health Scrutiny) Regulations 2013, the Health Scrutiny Committee for Lincolnshire is making a report to the Secretary of State for Health in relation to the closure of Accident and Emergency Services at Grantham and District Hospital between 6.30pm and 9.00am. This referral is made on the basis that the closure is not in the interests of [the] health service in the Grantham and surrounding area.”*

## **IRP view**

With regard to the referral by the Health Scrutiny Committee for Lincolnshire, the Panel notes that:

- The HSC in its referral letter, asserts that, since the temporary closure of A&E services between 18.30 and 09.00 (to be 08.00) at Grantham and District Hospital has now been in place for several months, the change amounts to a substantial variation
- The HSC does not contest the conclusion reached on 2 August 2016 by the UHLT Board that, without action, A&E services across the three sites were unsafe
- Nor does the HSC contest the decision to transfer temporarily staff from Grantham and District Hospital A&E to other sites to ensure the safe continuation of services from those sites – by implication, the ULHT threshold for re-opening the A&E at Grantham and District Hospital 24/7 is also accepted
- The HSC accepts that consultation is not required when a decision is made because of a risk to safety or welfare of patients and staff in services but asserts that, in view of the length of time that the change has been in place, it cannot any longer be considered to be temporary and should be subject to consultation with the HSC
- Further, the HSC asserts that the overnight closure is adversely affecting patient care for Grantham and district residents with other A&E departments around 30 miles away and may also impact on the sustainability of other NHS and wider services
- UHLT has stated that no proposals for any permanent changes have been put forward
- The HSC is seeking a commitment that A&E services at Grantham and District Hospital will re-open between 18.30 and 09.00 and the level of service provided will be same as those in place prior to 17 August 2016

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## Advice

The IRP offers its advice on a case-by-case basis taking account of the specific circumstances and issues of each referral. **The Panel does not consider that a full review would add any value. Further local action by the NHS with the Council can address the issues raised.**

The Health Scrutiny Committee for Lincolnshire has concluded that the closure of A&E services at Grantham and District Hospital between 18.30 and 09.00 represents a substantial variation in health care provision, in accordance with regulation 23(1) of the 2013 Regulations. This does not appear to be disputed by the NHS and the IRP, in responding to the request for advice on this matter, does so on the assumption that the Department of Health is also content that the closure amounts to a substantial variation.

The changes agreed by the UHLT Board on 2 August 2016 and implemented on 17 August 2016 – including to introduce a temporary service closure at Grantham and District Hospital A&E – were done so on grounds of safety. The necessity to take action, that is, to release middle grade doctors from Grantham to support services at the Lincoln County and Pilgrim hospitals and thus provide a safer service overall for the population of Lincolnshire, is not contested. The HSC has also accepted that prior consultation with the Committee was not needed in view of the imminent risk to the safety and welfare of patients. Nevertheless, a number of questions arise in relation to the true nature of emergency care provision at Grantham and District Hospital past and present, the level of engagement with the HSC and other stakeholders prior to decisions being taken in August 2016 and understanding what is envisaged for the longer term development of emergency and urgent care services across the county.

The accident and emergency service at Grantham and District Hospital has for some time only dealt with a limited range of presenting emergency conditions. Patients with suspected heart attack, acute cardiology, surgical issues, multiple trauma, suspected stroke and a number of other conditions have since 2007/08 been taken by the ambulance service straight to neighbouring hospitals (Lincoln County, Pilgrim or Nottingham) where more specialised services are located. Other patients receive stabilisation before being transferred. The report presented to the Trust Board on 2 August 2016 lists at Option Four “*Change the service provision at Grantham & District Hospital by closing the emergency department and by opening an urgent care centre as follows...*”. Considering the limitations that have long been in place, it occurs to the Panel that the level of emergency service provided from Grantham and District Hospital prior to August 2016 was already more akin to that of an urgent care centre. Yet description of the service as an A&E or ED by both NHS and the HSC continues today. The point here is not merely one of the appropriate use of terminology or signage but that unrealistic expectations and misunderstanding may

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have been allowed to develop about the level of service that can and should be provided at Grantham and District Hospital.

Patients, the public and stakeholders need to know what to expect from their local health services. Their elected representatives have a right to be kept advised of developments, including potential pressures that may affect the provision of services. The report presented to the Trust Board on 2 August 2016 emphasized that *“this report is a culmination of a series of circumstances that have led to a crisis situation within our Emergency Departments”*. The report explains that over previous months, emergency departments were safely staffed by asking consultants to work extra shifts to cover gaps in the middle grade doctor rota and by securing as many agency doctors as possible. New ways of working were also piloted to improve performance. Clearly the crisis that arose did not happen overnight yet it appears the HSC was only advised of circumstances once decisions had been made and action taken. The Panel would have expected that, as part of the exchange of information that should be taking place regularly, the HSC would have been advised of the situation earlier. The absence of ongoing communication might have helped to fuel the view that the temporary closure was to be continued indefinitely until made permanent.

UHLT has stated that no proposals for any permanent changes have been put forward. In the meantime, genuine efforts to recruit and retain staff to work in the Trust’s emergency departments continue but with, thus far, limited success. As the HSC has itself highlighted, the prospects of recruiting and retaining sufficient staff to meet the agreed threshold of 21 middle grade doctors across the Trust do not appear strong. Despite the original intent to close temporarily, the Panel agrees with the view of the HSC that, after six months (to date), the closure of the A&E service at Grantham and District Hospital between 18.30 and now 08.00 can no longer be regarded as a temporary measure and considers that it is not in the interests of patients that future discussions be conducted on this basis.

The Panel, in this advice, has already noted the limited nature of the A&E service provided at Grantham and District Hospital and is concerned that unrealistic expectations have built up about what the service actually provides – both before and after the night-time closure. The service is demonstrably the smallest of the three A&E services provided across Lincolnshire by UHLT and deals with a limited range of presenting conditions. Consequently, taking account of the low level of activity through the night, the actual numbers of patients affected in terms of accessing A&E elsewhere is relatively small. That said, the Panel accepts that the issues that gave rise to the current situation did not originate in Grantham and that there is considerable disquiet about the uncertainty among the residents of Grantham and the surrounding area.

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The HSC is seeking a commitment that A&E services at Grantham and District Hospital will re-open between 18.30 and 09.00 (to be 08.00) and the level of service provided will be same as those in place prior to 17 August 2016. However, the Committee also accepts that this cannot happen without sufficient staff to operate the service. **The Panel agrees that in the interests of safety the A&E service at Grantham and District Hospital should not re-open 24/7 unless sufficient staff defined by the threshold can be recruited and retained.**

The future for A&E services at Grantham and District Hospital is currently, therefore, fundamentally unclear. Patients, the public and stakeholders at Grantham require a consistent picture of what is *on offer* at Grantham. The changes being made to the opening hours and the introduction of a direct to admission unit pathway for selected medical patients provide little reassurance that the A&E will be able to return to a 24/7 service. Even if that were possible, it has to be recognised that the service provided can never be (nor was it prior to the overnight closure) at the same level as that provided at Lincoln or Boston.

The Panel considers that the time has come for an open and honest appraisal, both of the options for future emergency care delivery at Grantham and more widely across Lincolnshire. An alternative to the current approach is needed that reflects the prospective staffing position for emergency care provided by the Trust. Recognising that the staffing threshold currently required to restore the service at Grantham is unlikely to be achieved in a sustainable way CCGs, as commissioners of these services, must as a matter of urgency work with the local providers (including mental health care and community providers as well as ULHT) and the HSC to engage and consult the public across Lincolnshire on current services and what might be achievable and sustainable in the future. Drawing on the work already done for the sustainability and transformation plan for the area, a plan of action for the whole health economy is required that will implement safe and sustainable urgent and emergency services and bring about an early end to the current uncertainty.

Yours sincerely



Lord Ribeiro CBE  
Chairman, IRP

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## APPENDIX ONE

### LIST OF DOCUMENTS RECEIVED

#### Health Scrutiny Committee for Lincolnshire

- 1 Letter from Cllr Christine Talbot, HSC Chairman, 15 December 2016  
Attachments:
- 2 Statement in support of report to Secretary of State for Health by the Health Scrutiny Committee for Lincolnshire – Grantham and District Hospital Accident and Emergency Services
- 3 Enclosure 1 – Report to the Health Scrutiny Committee for Lincolnshire, 21 September 2016: United Lincolnshire Hospitals NHS Trust: Emergency Care
- 4 Enclosure 2 – Extracts from the minutes of the Health Scrutiny Committee for Lincolnshire, 21 September 2016
- 5 Enclosure 3 – Report to the Health Scrutiny Committee for Lincolnshire, 23 November 2016, United Lincolnshire Hospitals NHS Trust: Emergency Care Services at Grantham and District Hospital
- 6 Enclosure 4 – Extracts from the (unconfirmed) minutes of the Health Scrutiny Committee for Lincolnshire, 23 November 2016

#### NHS

- 1 IRP template for providing initial assessment information  
Attachments:
- 2 Maps
- 3 ULHT private board minutes, 2 August 2016
- 4 ULHT private board meeting paper, 2 August 2016
- 5 ULHT public board minutes, 1 November 2016
- 6 ULHT Fast track emergency service change checklist, August 2016
- 7 NHS Improvement and NHS England letter to ULHT, 30 August 2016
- 8 NHS Improvement and NHS England letter to ULHT, 15 November 2016
- 9 ULHT equality impact assessment
- 10 ULHT emergency care service position, 6 September 2016
- 11 ULHT emergency care service position, 4 October 2016
- 12 ULHT public board meeting (current position), 1 November 2016
- 13 ULHT Grantham A&E changes communications plan
- 14 Letter, Mills and Reeve LLP to Leigh Day & Co, 1 September 2016
- 15 ULHT report to HSC, 21 September 2016
- 16 UHLT report to HSC, 23 November 2016
- 17 Health Scrutiny Committee for Lincolnshire referral letter 15 December 2016
- 18 Grantham A&E equality analysis communications and engagement plan
- 19 Grantham A&E engagement
- 20 ULHT equality impact assessment

Other evidence considered

Independent Reconfiguration Panel

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- 1 Lincolnshire A&E Delivery Board terms of reference
- 2 Emergency care service – current position, UHLT, February 2017
- 3 Minutes of Public Trust Board meeting, UHLT, 7 February 2017
- 4 Exert from Clinical Management Board, UHLT, 2 February 2017
- 5 Presentation by UHLT medical director, A&E services at Grantham and District Hospital
- 6 System Executive Team paper, 8 February 2017
- 7 Letter from NHS Improvement to UHLT chief executive, 20 February 2017

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Department  
of Health

From the Rt Hon Jeremy Hunt MP  
Secretary of State for Health

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Councillor Mrs Christine Talbot,  
Chairman of the Health Scrutiny Committee for Lincolnshire  
County Offices,  
Newland,  
Lincoln,  
LN1 1YL

- 2 AUG 2017

*Dear Mrs Talbot,*

**Review of closure of Accident and Emergency Services at Grantham and District Hospital between 6.30pm and 9.00am: Formal referral under Regulation 23(9) of the Local Authority (Public Health and Wellbeing Boards and Health Scrutiny) Regulations 2013**

I am responding to your letter of 15 December 2016 referring the decision taken to closure accident and emergency services at Grantham and District Hospital between 6.30pm and 9.00am.

You referred this case on the basis that the closure is not in the interests of health services in Grantham and the surrounding area. As you know, I asked the Independent Reconfiguration Panel (IRP) for its initial advice on receipt of your referral.

The IRP has now completed its initial assessment and shared its advice with me. After careful consideration, the IRP is of the view that your referral does not warrant a full review and I accept the IRP's advice in full.

**IRP advice**

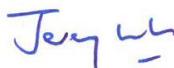
The IRP has considered the issues you raise in your letter. The IRP have concluded that a full review is not necessary in this case. The IRP state that, in the interests of safety, the A&E service at Grantham and District Hospital should not re-open 24/7 unless there is sufficient staff as defined by the threshold can be recruited and retained.

However, the IRP agreed that the closure amounts to a substantial variation. They recommend that as the staffing threshold currently required to restore the service at Grantham is unlikely to be achieved in a sustainable way CCGs and local commissioners must work with local providers and the HSC to engage and consult the public on future services.

A copy of the full advice is appended to this letter and will be published today on the IRP's website at [www.irpanel.org.uk](http://www.irpanel.org.uk).

I am copying this letter to The Lord Ribeiro, Chair of the IRP.

*Yours sincerely*

Handwritten signature of Jeremy Hunt in blue ink.

**JEREMY HUNT**

**EXTRACTS OF REPORT TO UNITED LINCOLNSHIRE HOSPITALS TRUST  
BOARD ON 1 AUGUST 2017**

**EMERGENCY CARE SERVICE CURRENT POSITION**

**Executive Summary**

In August 2016, a decision was made by United Lincolnshire Hospitals NHS Trust (ULHT), supported by NHS England, NHS Improvement and the local Clinical Commissioning Group, to temporarily close the Grantham Accident & Emergency (A&E) Department between the hours of 18:30 and 09:00. This decision was taken in response to a staffing crisis within our A&E departments, primarily at Lincoln County Hospital.

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

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

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

The increase in the opening hours to the current opening times of 08.00 – 18.30 hours since 27th 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 17th May 2017. It takes into account the overall situation across all A&E departments and whether ULHT is now in a position to safely staff all three of them.

The objectives of the report are:

- To provide the current situation with regards to medical staffing in emergency care at Lincoln hospital, Pilgrim hospital and Grantham hospital following the decision taken to close the Grantham A&E department overnight from August 17th 2016.
- To evaluate the impact of this closure up to 30th June 2017 on each of the ULHT A&E departments since August 17th 2016.

- To enable a decision to be made for the operational hours at Grantham hospital following review of the staffing situation following the decision to temporarily close the Grantham A&E overnight.

## **1. Introduction**

### **1.1. Context and background**

#### **An overview of the emergency department services at ULHT**

ULHT currently provides three emergency service departments running 24 hours per day, 7 days per week (9am to 6.30pm at Grantham since 17.8.16 and increased to 8am since 27.03.17). The regional major trauma centre is located at Nottingham University Hospitals NHS Trust, Queens Medical Centre campus. This is where patients needing the services of a major trauma service are directed.

#### **Lincoln County Hospital**

The Emergency Department (ED) at Lincoln provides unrestricted access to A&E services 24/7 with an in-patient infrastructure to support most clinical emergencies. It can receive patients by air ambulance. Seven consultants provide on-site presence from 08:00 to 22:00 during the week and 08:00 to 20:00 at weekends. At other times they provide on call cover off site but are available to attend the hospital emergency department for emergencies. The department is funded for 11 middle grades specialising in emergency care.

#### **Pilgrim Hospital, Boston**

The ED at Pilgrim provides unrestricted access to A&E services 24/7 with an in-patient infrastructure to support a range of clinical emergencies. It can receive patients by air ambulance. Six consultants provide on-site presence in the ED from 08:00 to 21:00 during the week and 09:00 to 16:00 at weekends. At other times they provide on call cover off site but are available to attend the hospital for emergencies. The department is funded for 11 middle grades specialising in emergency care.

#### **Grantham and District Hospital**

The ED at GDH provides unrestricted access to A&E services 24/7 (9am to 6.30pm since 17.8.16 and from 8am to 6.30pm since 27.03.17). However, because of the limited in-patient infrastructure, the ED is restricted in its ability to support a full range of emergencies that normally would be expected to be treated in an ED. It cannot receive patients by air ambulance.

The health community (East Midlands Ambulance Service and local general practitioners) are aware that patients with certain medical conditions should not be taken or sent GDH. The Exclusion Protocol and the Admission Protocol are set out below:

## EXCLUSION PROTOCOL

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

*The following Specific Patient Groups*

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

*Patients with Major Injuries*

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

*Patients with Significant Mechanism of Injury who need Admission or Assessment*

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

## ADMISSION PROTOCOL

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

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

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

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.

### 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

<b>Grade</b>	<b>Funded Whole Time Equivalents</b>	<b>August 2016</b>
<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 UHT Emergency Departments**

Site	Grade	Site Presence	Days per week
Lincoln	Consultant	14 hours per day 08:00-22.00 On call off site after 22.00	Mon-Fri
	Consultant	12 hours per day 08:00-20:00 On call off site after 20:00	Sat/Sun
	Middle Grade	24 hour per day	Mon – Sun
Pilgrim	Consultant	13 hours per day 08:00-21.00 on call cover off site after 21.00	Mon-Fri
	Consultant	7 hours per day 09:00-16.00 On call cover after 16.00	Sat/Sun
	Middle Grade	24 hour per day	Mon – Sun
Grantham	Consultant	8 hours per day 09:00 – 17.00 On call off site after 17.00	Mon-Fri
	Consultant	On call off site only	Sat – Sun
	Middle Grade	24 hour per day	Mon - Sun

#### **1.4 Threshold to re-open the A&E department at GDH**

It was agreed with commissioners, NHS Improvement and NHS England that the A&E department at GDH should return to 24/7 opening hours when the required middle grade establishment had been reached and that there had been no deterioration number of consultants. The middle grade threshold was set at 21 substantives and/ or long term locums, against an establishment of 28. This would enable three 24/7 rotas to be staffed consistently and prospectively but still requiring agency support to fulfil all duties within the rotas.

#### **The model of service for the provision of emergency care at GDH since 17th August 2016**

- Emergency admission and exclusion criteria to GDH remains unchanged (See above)
- Out of hours (OOH) service and a new minor injuries service located in the Kingfisher unit at GDH and run by LCHS
- Single point of contact 17.00 – 09.00 for police, EMAS, LCHS and ULHT to access the crisis response team

- Direct line of access for police to the Grantham OOH services
- Dedicated telephone access outside A&E for 999 and 111 only when A&E is closed.
- 2 ring fenced in-patient beds for patients needing transfer from A&E to another hospital after A&E closed and staff not present
- Since 3rd April 2017 direct admission to EAU by EMAS against agreed protocols
- Since 27th March 2017 increased opening times to A&E; 08.00 – 18.30 hours.

## **1.5 Outcomes of recruitment actions since August 2016**

### **Actions and outcomes to recruit to establishment**

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

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

### **Consultant Medical Staff**

The total number of substantive consultants in A&E remain at 4, 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 5th April 2017 until 19th April 2017. This resulted in having to take extraordinary measures to keep the A&E departments staffed appropriately and safe for patients. Actions taken included:

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

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 29th 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 in summary:

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

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 30th 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 30th 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**

The 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 26th March 2017 was 70 and since then to 30th June 2017 was 69.
- The average 24/7 attendance to A&E at PHB 1st April 2016 to 16th August 2016 was 64, to 26th March 2017 was 62 and since then to 30th 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**

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 26th March 2017 was 10 and since then to 30th 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 26th March 2017 was 3 and since then to 30th 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**

The total admissions to ULHT:

- The average number of patient admissions to LCH 1st April 2016 to 16th August was 208 and since then to 9th October 2016 - 204, to 8th December 2016 – 211, to 26th 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 8th December 2016 – 147, to 26th 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 8th December 2016 - 39 to 26th 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**

The average number of admissions for patients living in post code areas; NG31, NG32, NG33 & NG34:

- The average number of admissions to LCH prior to 16th August 2016 was 26 and since then to 8th December 2016 was 27, to 26th March 2017 was 25 and to 30th June 2017 was 24.
- The average number of admissions to PHB prior to 16th August 2016 was 9 and since then to 8th December 2016 was 9, to 26th March 2017 was 9 and to 30th 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 17th August 2016.

## **Emergency admissions to ULHT**

The average number of emergency admissions to each of the ULHT hospitals: -

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

- The average number of emergency admissions to GDH prior to 16th August 2016 was 15 and since then to 8th December 2016 was 12 and to 26th March 2017 was 12.6.

## **Summary**

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

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

The number of emergency admissions to the Lincoln and Pilgrim Hospitals from 1st April 2016 to 8th December 2016 for patients living only in the following post code areas: NG31, NG32, NG33 and NG34:

- The average number of emergency admissions to LCH from these post codes 1st April 2016 to 16th August 2016 was 10. Since then to 9th October it was 12, to 8th December 2016 it was 11, to 26th 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 8th December 2016 it was 3.5, to 26th March 2017 it was 3.5 and to 30th 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 17th August. The previously reported slight increase in emergency admissions has not been sustained.

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

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

The previously documented increase in the number of patients discharged to Grantham and Sleaford post codes out of hours since August 17th has decreased a little. The most recent data to 10th 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 17th August 2016.

## **Activity of Grantham Ring Fenced Department**

To facilitate transfer of patients from A&E requiring more specialised care after the department has closed there have been two beds on the Emergency Admissions Unit ring fenced specifically for this purpose. Between 18th August and 21st December there have been 13 patients placed here pending transfer. From December 5th 2016 to 30th March 2017 there were 23 patients admitted to the ring fenced beds awaiting

transfer to other sites. The average time awaiting transfer was 3 hours. The longest wait was 8.5 hours, the shortest wait was 45 minutes. 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**

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

## **7.0 Summary**

Since the overnight closure of A&E at GDH, the overall impact on ULHT remains more or less unchanged since last reviewed by the Trust Board in February 2017. To date it has not been possible to assess the impact of the new opening times from 27th March 2017.

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

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

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

The public, particularly from the Grantham area continue to have concerns about the on-going closure of the A&E department. This concern is shared by some staff from Grantham hospital.

Reducing the A&E opening hours at GDH to 09.00 – 18.30, has enabled A&E at LCH to be supported up to an additional 85 hours per week by the middle grade and consultant staff from A&E at GDH. It is anticipated that this will decrease to 53 hours following the commencement of the new opening times.

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

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

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

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

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

## **8.0 Recommendation**

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

When the decision was taken in August to reduce the opening hours of the Grantham A&E, a threshold of a minimum of 21 wte middle grade doctors would be required to safely staff the three A&E departments (Lincoln, Pilgrim and Grantham). This report has demonstrated that although the recruitment drive has led to a gradually improving picture in medical staffing, it will not reach the minimum threshold to open 24/7 by 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 27th 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

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