



Briefing for Black Country Health Scrutiny Committees

Temporary Night Closure of Accident and Emergency at Stafford Hospital

Contact Officers on behalf of the Black Country Cluster

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1.0 Background

- 1.1 Members will be aware of the serious problems which occurred at Mid Staffordshire NHS Foundation Trust between 2005 and 2009 which led to an independent inquiry into the care provided by the Trust, and the ongoing public inquiry chaired by Robert Francis QC. Further information about the scope and progress of the current public inquiry is available at <http://www.midstaffspublicinquiry.com/>
- 1.2 Reports have appeared in local media in recent weeks about a decision by the Mid Staffordshire NHS Foundation Trust Board to temporarily close the Accident and Emergency Department at Stafford Hospital at night - between 10pm and 8am - for a minimum period of three months, starting from 1st December 2011. This decision was made by the Trust Board at its meeting on 10th November 2011.
- 1.3 This briefing seeks to explain the reasons leading up to this decision; how the situation is being managed and the implications for urgent healthcare in the Black Country during this three month period and beyond. In doing so the briefing also seeks to anticipate and answer some of the concerns which members of the public are likely to express.

2.0 The decision to close Stafford Hospital A&E at night

- 2.1 A public leaflet has been prepared by the Staffordshire health economy to explain the reasons for the closure and the arrangements for dealing with emergencies during the three months period. A copy of the leaflet is at Appendix 1. In addition a Frequently Asked Questions sheet has been produced (Appendix 2) and these are also listed on a dedicated web page on the Trust's site at: [http://www.midstaffs.nhs.uk/About-Us/News-\(1\)/2011/November-2011/A-E-Overnight-Closure-FAQs.aspx](http://www.midstaffs.nhs.uk/About-Us/News-(1)/2011/November-2011/A-E-Overnight-Closure-FAQs.aspx)

The key causal factors are:

- An inability to recruit consultant staff. There are currently three posts which have been vacant since August. This situation is not expected to be resolved speedily.
- As a result, the hospital is relying on locums and on Consultant staff external to the Accident and Emergency department to cover vacancies.
- There are issues with clinical safety
- There are problems securing effective nursing cover.
- Three middle grade staff covering 11 Whole Time Equivalent posts. There are also varying levels of competence which the Trust has been unable to develop because of the lack of Consultants available to provide leadership, supervision and training.

2.2 Permanent recruitment to these posts has also been hindered due to the Trust's poor reputation. Because of this, the hospital is not currently able to meet the required criteria for patient safety and care round the clock at A&E until medical recruitment and staffing issues are resolved. There will be no changes to daytime A&E – the Department will be open from 8am to 10pm seven days a week. If someone arrives just before 10pm they will still be seen and staff will remain in the department until treatment has been concluded.

3.0 How the situation is being managed

- 3.1 An Emergency Task Group has been formed in the Staffordshire Cluster including representatives from Staffordshire Cluster, the West Midlands Ambulance Service and Mid Staffs Emergency Department consultants and managers. This meets daily to manage and review the changes required at the hospital and the interdependencies with other NHS partners.
- 3.2 The Task Group is in close liaison with the rest of the health economies, including the Black Country, through the regular briefings to and meetings of the Chief Executives for NHS organisations.
- 3.3 From 1st December the Accident and Emergency Department at Stafford Hospital will close from 10pm to 8am for a minimum of three months. During this period ambulances, which would normally have taken patients to Stafford Hospital, will be diverted to the nearest, most appropriate hospital site based on the assessment of the patient's needs by the ambulance staff. In the main these will be the University Hospital of North Staffordshire in Stoke-on-Trent (anticipated to take around 50% or more of patients presenting by ambulance); New Cross Hospital in Wolverhampton (20%); and Manor Hospital Walsall (20%). Some patients will also be transported to Queen's Hospital, Burton.
- 3.4 The average patient activity into Stafford Hospital by ambulance is fifteen transports per night (please see Figure 1 below). Based on the % figures in 3.3 it is anticipated that there will on average be an additional three ambulance transports each night to New Cross in Wolverhampton and three each night to Manor Hospital in Walsall. These figures do not take into account peak winter pressures for which contingencies are being developed.
- 3.5 West Midlands Ambulance Service staff are able to manage a range of medical and traumatic emergencies so patients being taken to these alternative hospitals will be safe. It is worth noting that there are already a number of cases where patients suffering from conditions such as a stroke or a heart attack are taken directly to the other hospitals such as New Cross in Wolverhampton and University Hospital North Staffordshire in Stoke for specialist care.

Figure 1 – Mid Staffordshire NHS Foundation Trust Emergency Department attendance for the period 1st October 2010 to 30th September 2011

Month of year	10pm to 8am		11pm to 8am		12pm to 8am	
	Daily Number of Patients Mean (Standard Deviation)		Daily Number of Patients Mean (Standard Deviation)		Daily Number of Patients Mean (Standard Deviation)	
	Ambulance	Self Refer	Ambulance	Self Refer	Ambulance	Self Refer
January	14.9	11.5	13.0	8.8	10.7	7.1
February	13.1	10.8	11.0	8.8	9.3	7.2
March	13.9	11.5	11.5	8.6	9.7	7.0
April	14.6	12.6	12.1	10.1	9.9	8.3
May	16.5	12.1	13.5	9.7	11.2	7.9
June	15.8	12.1	12.9	9.4	10.4	7.3
July	15.7	13.4	13.6	10.5	10.9	8.1
August	17.2	11.6	14.2	9.0	12.0	7.3
September	15.7	11.3	12.8	8.8	10.7	7.0
October	14.5	11.3	11.5	8.9	9.4	7.4
November	13.7	11.2	12.1	9.0	9.9	7.1
December	16.8	12.3	14.2	9.5	11.6	7.8
Average	15.2 (4.4)	11.8 (3.6)	12.7(4.1)	9.3 (3.1)	10.5 (3.9)	7.4 (2.9)

- 3.6 Emergencies occurring on site at Stafford Hospital will continue to be dealt with by the hospital. Children may still be brought by ambulance to the hospital (if they are not major trauma or road traffic patients) as assessed by the ambulance staff. The Paediatric Assessment Unit on the children’s ward – Shugborough - has full resuscitation equipment for children and is not reliant on A&E. Patients who already have arrangements in place to attend the hospital in case of specific problems related to their condition (for example chemotherapy patients and non emergency post-operative patients) will continue to be seen as usual. Direct referrals from GPs for most categories of medical, general surgery and gynaecology will be admitted. GP-referred patients will be taken to the Surgical Assessment Unit, the GP Assessment Unit or Gynae Assessment Unit (Ward 8).
- 3.7 Information leaflets (Appendix 1) have been produced for distribution to the public, to GPs, and to Pharmacists across Mid Staffordshire to help inform patients about alternative places to go in situations where they might need urgent care and use their own transport. A local communications strategy has been established by the hospital in partnership with the Staffordshire Cluster to ensure that self-presenting patients are made aware of the need to attend alternative A&E departments or access other facilities. The publicity materials have been circulated to the Staffordshire County Council Health Scrutiny Committee; Local Involvement Networks (LINKs) and Staffordshire MPs. Other communication has included:
- Briefing for all GPs
 - Information on the Trust web-site
 - Leaflets for the public

- Leaflets, posters and signage in the Emergency Department
- Leaflets and posters issued to key community centres and to community groups
- Coverage in local newspapers – including press releases and advertisements.

3.8 Alternative facilities for self-presenting patients include:

- Minor Injuries Units at Cannock Chase Hospital; Sir Robert Peel Community Hospital in Tamworth; and the Samuel Johnson Community Hospital in Lichfield.
- GP Out of Hours service based in Cannock.
- Other A&E departments
- NHS Direct 24 hour health advice on 0845 46 47

3.9 Patients dialling 999 will be assessed using an established NHS Pathways triage process which is already in use by the West Midlands Ambulance Service. Callers who do not require an ambulance response will be directed to the most appropriate service for them. It is not possible at this stage to estimate the likely number of self-presenters but it is expected to be small. However the situation will be monitored to ensure that alternative services have the capacity they need to respond appropriately to increased demand.

3.10 The Emergency Task Group will monitor and review the arrangements at Stafford Hospital on a daily basis. The Mid Staffordshire NHS Foundation Trust Board has established a set of targets to be achieved before re-opening can occur. Progress towards these target areas will be frequently monitored. Representatives from the Trust, Staffordshire Cluster and West Midlands Ambulance Service have visited Pontefract Hospital (which introduced overnight closure of A&E at the start of November) to learn about what has worked and what they would have done differently. This learning will inform the management of the arrangements in Stafford Hospital.

4.0 Implications for the Black Country

4.1 The immediate impact for Black Country hospitals will be an additional 3 ambulance transports per night to New Cross and to Manor Hospital. These figures are based on average figures, and so it is recognised that on any given night the actual transports could exceed these figures – potentially doubling. Contingencies are being worked on to ensure that there is adequate capacity to manage winter pressures. It is unclear what the potential ‘knock-on’ impact might be for Dudley and Sandwell services, but the Black Country Cluster will liaise closely with hospital managers to ensure that any potential stresses on capacity can be managed well before they become detrimental to patient care.

4.2 Based on the current pattern of admissions to Stafford Hospital, the average length of stay anticipated for a Staffordshire patient in a Black Country hospital is 5.1 days. Patients will be transported back to Stafford hospital once it is appropriate for them to return and based on an assessment of their medical needs.

- 4.3 Additional ambulance resource has been funded in Staffordshire to offset the increased journey and task times that will result from ambulances travelling to hospitals outside of the normal catchment area for Mid-Staffordshire. This resource is based on activity modelling and will vary according to forecast demand. Inevitably, there is uncertainty about how public and patient behaviours will change in response to the overnight closure. However the situation will be monitored daily to assess the impact of the closure on ambulance services in both Staffordshire and the Black Country. A formal review with WMAS will take place in mid-January.
- 4.4 A Black Country Cluster-wide major incident plan is currently being consulted on and will be published in February 2012. A cluster-wide senior management rota will also be implemented by February 2012. Primary Care Trust emergency planners are working together to more closely integrate their work including around winter planning. PCT emergency planners are also considering the impact of this closure on emergency arrangements and amending plans accordingly.

5.0 Summary

- 5.1 Stafford Hospital has, under direction from the Mid Staffordshire NHS Foundation Trust Board, changed the opening hours of the A&E department in order to continue to provide a safe service to people needing urgent medical attention. This change has occurred because of difficulties in ensuring appropriate medical cover.
- 5.2 The closure is temporary – for three months – and the Trust Board has set clear targets which must be achieved before the A&E department can re-open. These targets are to ensure that patient safety and clinical effectiveness achieve national standards.
- 5.3 Ambulances will automatically take anyone requiring medical attention to the most appropriate A&E department.
- 5.4 Callers to 999 will be assessed using an established triage process and either immediately sent an ambulance, or directed to the most appropriate service.
- 5.5 The Health economies of Staffordshire and the Black Country will continue to work closely together on these matters to ensure that necessary contingencies are in place, can be adapted quickly as the situation on the ground changes, and with a view to helping colleagues in Staffordshire to re-open a fully functional A&E department at Stafford Hospital as speedily as possible. This will include, for example, Urgent Care Lead Officers across the Cluster area being linked in to the daily Staffordshire pressure-management calls.

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Stafford A&E Temporary Overnight Closure

Frequently Asked Questions

Q: Does this mean that A&E at Stafford is closing permanently?

A: No, as soon as the Trust is sure that it is safe to reopen A&E 24 hours a day, 7 days a week, it will do so.

Q: Is this about saving money?

A: No, this is about keeping patients safe - which is our number one priority. This will in fact cost us more money as we will be losing income.

Q: How can patients be safer if they have to travel further?

A: It is safer to go to a fully staffed Emergency Department than to attend one which may not have the correct complement of staff with the right skills.

Q: Will I be safe if an ambulance has to travel much further to another hospital?

A: Yes. West Midlands Ambulance Service staff are able to manage a range of medical and traumatic emergencies so you will be safe. It is worth noting that there are already a number of cases where patients suffering from conditions such as a stroke or a heart attack are taken directly to the other hospitals like New Cross in Wolverhampton and University Hospital North Staffordshire in Stoke for specialist care.

Q: Will I have to wait longer if I go to one of the other A&E Departments because they will be busier?

A: At the moment we have on average 27 patients each night at Stafford A&E. Of those 27 about 15 patients each night need A&E care and these patients will be taken to the nearest appropriate A&E for their care. We are working closely with the West Midlands Ambulance Service and with our neighbouring A&E departments to make sure that all patients are cared for appropriately and safely. We are also working with the PCT and GPs to make sure that other facilities are available for the 'non-emergency' patients.

Q: What happens to patients who are taken to A&Es at other hospitals?

A: Once patients are stable and are able to travel, they will be brought back to Stafford Hospital.

Q: What will you do if you can't recruit the right staff by March?

A: We will reopen once we have achieved all of the targets which we have identified which include having the right medical staff in place. It is possible that this will take

longer than three months however we are doing our best to make sure these targets are all met as quickly as possible.

Q: Will you turn people away if they turn up just after 10pm?

A: The doors of our A&E department will close at 10pm and will not reopen until 8am next morning.

Q: How will people know what they should do instead?

A: There is information on our website www.midstaffs.nhs.uk and we have produced an information leaflet which is being distributed to all households in the area

<http://www.midstaffs.nhs.uk/images/content/PCT-114-Stafford-Hospital-A-E-V3-Leaflet.aspx>