				R	esponse			
heme	Heading	Group	Issue/Concern	Reassure N	Aitigate O	hange	Evidence / Explanation The proposed changes have been planned over a number of years,	Mitigation
he need for change	Potential future impacts	General	Concerns that the proposed changes are due to poor management in the NHS locally and represent 'crisis management' rather than proper planning for the future	×			considering many potential alternative options to address the challenges faced by the local NHS	
he need for change	Travel and access	General	Covid-19 had made it more difficult to access specialist care. The hospital is very complicated and 'old fashioned' due to equipment not working	x			The proposed model of care will improve access to more timely care	
he need for change	Financial Investment	Estate / Infrastructure	The nospital is very complicated and load fashioned laue to equipment not working and lack of sienaees at SGH Appears you don't have enough doctors or enough nurses to do everything; if you	x			N/A There are many reasons for making the proposed changes of which	
he need for change he need for change	Staffing issues Travel and access	Workforce Impact Paediatrics	did, none of this would be happening NHS services were significantly poorer quality, longer waiting times and a poor experience in A&E feeline neelected by staff	x x			workforce constraints is just one. The proposed model of care will improve access to more timely care	
todel of Care	Staffing issues	Workforce Impact	Recruitment and retention of staff is already a challenge and the proposed changes	Ĵ	÷		The proposed model of care will improve utilisation of skilled worked	ongoing communications and staff engagement to support staff who
ober of care	starting issues	workorce impact	may increase the risk of staff leaving the NHS				workforce by reducing duplication and offering more attractive rotas for staff (particularly medical staff) 24/7 Emergency Department with co-located Urgent Treatment Service at	be impacted by having to work in a different way
lodel of Care	Quality of care	General	Concerns about the possibility for confusion or lack of knowledge around what hospital patients should attend for what service	×	×		both Scunthorpe and Grimsby so patients do not need to change behaviour	 communications campaign written into implementation plan to ensu patients know how to access the right service first time
lodel of Care	Quality of care	Ambulance impacts	Concerns around having different specialist services at different hospitals was thought to have the potential to place pressure on paramedics to decide who to take	×	×		Paramedics already take patients to different locations/services for treatment depending on their needs - this is done using agreed protocols	working with both ambulance providers to agree and implement any required changes to protocols is included within the implementation
			where Staff worried that they would not be afforded opportunities to improve their skills				The proposed model of care has been designed to improve staff training	Cross-site rotas (for medical staff and some specialist nursing staff) ar
lodel of Care	Staffing issues	Workforce Impact	staff worried that they would not be afforded opportunities to improve their skills within a revised model of care, and that they would just be doing 'more of the same'	x	x		and development by bringing specialist teams together into one location. Rotational posts and cross-group working will provide more opportunities for staff to grow and develop in their careers	already in place and will continue. Cross-site working is a key element
lodel of Care	Staffing issues	Workforce Impact	Concerns about how the proposed model of care would facilitate improvements to recruitment and retention	x			The proposed model of care will improve utilisation of skilled worked workforce by reducing duplication and offering more attractive rotas for	Cross-site rotas (for medical staff and some specialist nursing staff) ar already in place and will continue. Cross-site working is a key elemen
			recruitment and retention Concerns about the potential impact of the changes on the provision of mental				staff (particularly medical staff) Revised proposal recommends retaining inpatient paediatric services on	ensuring staff maintain competencies and skills.
lodel of Care	Specific Services	Paediatrics	health services for Paediatric inpatients; for example facilities and specialists for detaining within Paediatric Assessment Units.			×	both sites. Current pathways and collaboration with mental health providers would continue.	
lodel of Care	Staffing issues	Workforce Impact	Concern that consolidating services on one site might affect the attractiveness of the area for trainees, given the potential need to move between different sites some	x	x		Ongoing engagement with training providers and the deanery has been undertaken throughout the programme to ensure trainees get sufficient	Rotational posts will be considered for trainees as required and suital support will be developed to ensure they are able to fully participate
			distance apart				experience in their placements	wider training opportunities.
lodel of Care	Travel and access	General	The proposed consolidation of four urgent and emergency services in one area was a concern, mainly due to travel and access	×	x		Revised activity modelling suggests up to 7 patients per day will be impacted by the proposed changes, the vast majority of patients (around 97%) will continue to be seen and treated at Scunthorce.	
			It was questioned if some services within the 'centre of excellence' would actually				Services will be provided locally were possible, only those patients	
todel of Care	Travel and access	General	It was questioned it some services within the centre of excellence would actually require specialist input, or if they could be provided more locally without.	×			requiring a higher level of specialist input will be transferred - general medical patients would stay at SGH in the proposed model.	
			Concerns around the potential impact on ambulance services, of having one 24/7				Independent analysis concluded that there would be no significant impact on ambulance service performance due to the proposed changes to	
lodel of Care	Quality of care	Ambulance impacts	trauma unit - specifically around their waiting times which impacts treatment delays.	×			Trauma Unit designation. The number of trauma conveyances diverted from Scunthorpe each year is expected to be approximately 261 (fewer	
			It was felt that the model of care is a cost-cutting exercise with the potential to put				than 1 ner dav) The proposed model of care has been designed by clinical teams to	
odel of Care	Financial Investment	General	people's lives at risk. They were of the view that patient care is likely to be adversely affected by the proposals, despite assurances to the contrary	x			improve safety and quality and was not driven by financial considerations	
lodel of Care	Financial Investment	General	Short-term sticking plaster solutions, not long-term answers to problems	x			The proposed model of care provides the building block for further changes and improvements, e.g., to productivity in planned services.	
							The proposed model of care is part of the response as it will improve utilisation of skilled worked workforce by reducing duplication and	
lodel of Care	Staffing issues	Workforce Impact	Staff shortages has been publicly known for years yet what's been done to address these 'risks' to services by our local trust	×			offering more attractive rotas for staff (particularly medical staff). The Trust has also invested heavily over recent years in recruitment and	
							retention to meet the workforce challenges it faces today and in the future.	
odel of Care	Financial Investment	General	The proposed model is financially motivated and patient care is not the primary priority. Specifically, the proposals were the result of lack of investment at SGH to the network that and reliant engineering in the network field and lack of the set of	x			The proposed model of care has been designed by clinical teams to improve safety and quality and was not driven by financial considerations	
			the extent that reducing services is the only affordable option.				Where services treat small numbers of patients and provide a higher level	
lodel of Care	Travel and access	General	All hospitals should provide equal available and reliable services to all patients, young	×			of specialist care, these can be better provided in fewer locations because it allows the staff who are delivering the care to see more patients,	
-			and old and not just to some especially in areas that are within easy reach already				improve their skills and delvier more specialised care. National guidelines support this approach for the provision of more specialist care.	
odel of Care	Quality of care	Neighbouring provider	A key concern was the impact of the proposed changes on acute activity within	×	×		The total impact on neighbouring providers is of the proposed changes are very low - c.40 patients per year additional into Doncaster and c.20 to Lincoln and Hull	10-minute threshold used with EMAS to reduce the impact on Donc
			neignbouring i rusts, who themselves are under existing pressure				The proposed model of care has been designed by clinical teams to bring	of the proposed changes to Trauma pathways
odel of Care	Quality of care	Workforce Impact	It was suggested that the proposed model of care might in fact exacerbate the current problems across both the Scunthorpe and Grimsby hospital sites	x			a number of benefits included better utilisation of skilled worked workforce, faster access to specialist care, improved efficiency and	
odel of Care	Specific Services	Paediatrics	the risks and impacts of displacing paediatric inpatients, especially those at level 1 or 2, from SGH			×	productivity and better outcomes for patients. Revised proposal recommends retaining inpatient paediatric services on both sites.	
odel of Care	Specific Services	Paediatrics	2, rom SoH the risks of transferring increasing numbers of sick children (including those on long- term ventilation) between sites, and further away from specialist tertiary provision in			×	both sites. Revised proposal recommends retaining inpatient paediatric services on	
isunderstandings /			Sheffield That most hospital services (including A&E) were relocating to DPoW, and that			-	both sites. Emergency Departments would continue to operate 24/7 at both Grimsby	
isunderstandings / isconceptions	Travel and access	General	patients from elsewhere would be expected to travel there for follow-up	×			and Scunthorpe Hospitals. The vast majority of patients (around 97%) will continue to be seen and treated at their local boroital	
isunderstandings / isconceptions	Quality of care	General	Some belief that all clinicians are the same, and that in an emergency, the crucial factor is reaching any doctor rather than the right doctor	×			Ambulance services often take patients past their nearest hospital to get them to the right place to provide the level or type of care they need - this delivers better clinical outcomes and is a well-established principle	
lisunderstandings /			Some confusion around service availability at Goole hospital, with several				within the NHS. The Urgent Treatment Centre (UTC) in Goole would not be impacted by	
isconceptions	Specific Services	A&E	participants stating that the Urgent Treatment Centre (UTC) there used to be, or still is, an A&E	×			the proposed changes - it does not provide Emergency Department (ED) services and is not open 24/7.	
lisunderstandings / lisconceptions	Travel and access	A&E	It was thought that A&E services were being consolidated at DPoW, as opposed to remaining at both sites	×			Emergency Departments would continue to operate 24/7 at both Grimsby and Scunthorne Hospitals.	
lisunderstandings /	Quality of Care	Pregnancy	- There is severe risk to pregnant ladies. A delay in delivery could cause lifelong harm				The proposal would not have any impact on obstetric/maternity services	
lisconceptions	4		to the bables.				these would continue to be provided as they are now.	Existing transport provision that supports discharge from hospital will considered as part of the re-provision of inter-hospital transfer provision of a stransfer provision of the st
ocation of Services	Travel and access	General	Some people think that it will be their responsibility to arrange transport home from Grimsby following an emergency overnight stay at DPoW	×	×		Exisiting provision will continue for those who require additional support at discharge.	considered as part of the re-provision of inter-hospital transfer provid to ensure the service can deliver for those who need additional suppl on leaving hospital
ocation of Services	Travel and access	General	Scunthorpe is more centrally located and better suited to centralised services				This option was evaluated and ruled out because of the impact on health inequalities, the impact on patient travel and the level of investment	
reaction of services		och chi	scannard to contrainly obliced and better stated to contrained services	î			required to enable the services to be brought together at SGH.	
ocation of Services	Travel and access	General	Scunthorpe is a more deprived area than Grimsby with lower life expectancy, and so at risk of higher detrimental impacts through the removal of some services from the	×			Public health data shows poverty and health inequalities exist in both localities, however, the impact on people in more deprived communities of bringing services together at DPoW is lower than the impact of bringing	
			local hospital				them together at SGH.	
ocation of Services	Travel and access	Financial	Longer journeys to hospitals will result in financial burdens due to increased fuel and parking costs		x		Reviewing the process and policy for reclaiming expenses for those eligible for support.	Transport action plan developed to mitigate impact on patients, cares and loved ones
							Reviewing the process and policy for reclaiming expenses for those	Transport action plan developed to mitigate impact on patients, care
ocation of Services	Travel and access	General	The distance of DPoW from bus stops and train stations was said to necessitate expensive taxi rides for those travelling by public transport		×		eligible for support.	iransport action plan developed to mitigate impact on patients, care and loved ones
cation of Services	Travel and access	General	Poor public transport connections make reaching any hospital difficult					Transport action plan developed to mitigate impact on patients, care
		-			-			and loved ones
cation of Services	Travel and access	General	Travel constraints could hinder the ability of loved ones to provide this essential					Transport action plan developed to mitigate impact on patients, care
		,	support (e.g. visiting)		-			and loved ones
cation of Services	Travel and access	General	Concerns about parking provision at DPoW	x			The vast majority of patients (around 97%) will continue to be seen and treated at their local hospital - the impact on parking availability will be	
		,	· · · · · · · · · · · · · · · · · · ·	^			limited and off-set by enabling changes that will reduce overall footfall to hospital sites (e.g. Community Diagnostics Centres and frailty pathways).	
cation of Services	Travel and access	Environmental	Services should remain as local as possible to reduce vehicle emissions	×	×		The vast majority of patients (around 97%) will continue to be seen and treated at their local hospital - around 7 patients per day may need to	The procurement process for the provider for inter-hospital transfers identify targets for the provider in relation to carbon reduction
			Current challences within the ambulance service might be exacerbated by the				transfer. Independent analysis concluded that there would be no significant impact on ambulance service performance due to the proposed changes to	
cation of Services	Travel and access	Ambulance impacts	Current challenges within the ambulance service might be exacerbated by the proposed consolidation	x			Trauma Unit designation. The number of trauma conveyances diverted from Scienthorne each year is expected to be approximately 261 (fewer	working with both ambulance providers to agree and implement any required changes to protocols is included within the implementation
cation of Services	Travel and access	Transfers	Additional transfers between hospitals, increasing the time taken for patients to see				The proposed model of care - and consultant of the week staffing model - will ensure patients see a specialist more quickly (i.e. the same day they	Protocols will be developed to ensure patients are transferred direct the relevant ward and not via ED, ensuring they get access to special
			specialists, and potentially impacting on their recovery and outcomes.	^	-		are transferred rather than waiting 2-3 days as currently happens in some cases)	opinion much more quickly.
ocation of Services	Travel and access	Transfers	Concern about how patients who have been transferred (to DPoW) will get back home after discharge	x	×		Exisiting provision will continue for those who require additional support at discharge.	Existing transport provision that supports discharge from hospital wi considered as part of the re-provision of inter-hospital transfer provi to ensure the service can deliver for those who need additional supp
			-				-	on leaving hospital Existing transport provision that supports discharge from nospital wi
cation of Services	Travel and access	Transfers	Concern about how family members travelling with patients who have been transferred (to DPoW) will get back home if they have travelled to the other site	x	x		Exisiting provision will continue for those who require additional support at discharge.	considered as part of the re-provision of inter-hospital transfer provi to ensure the service can deliver for those who need additional supp
ation of Services	Travel and access	Transfers	Goole residents expressed a preference for transfer to hospitals in Hull or Doncaster (over Grimsby) given their proximity and accessibility	×			Ambulance-conveyed trauma will go to the nearest trauma unit, which would be Doncaster or Hull (ref-ORH report) for patients who require	As part of the implementation plan, and wider changes within the Gi pathways for Goole patients will be reviewed to support more Goole
			(over Grimsby) given their proximity and accessibility The proposed relocation of some services to DPoW is the first step towards				trauma-unit care being picked up by ambulance in or around Goole The vast majority of patients (around 97%) will continue to be seen and	patients to access their care at Castle Hill as appropriate.
cation of Services	Potential future impacts	General	The proposed relocation of some services to DPoW is the first step towards 'downgrading' Scunthorpe General Hospital with a view to more 'closures' and reduced operating hours.	×			treated at their local hospital. The proposed changes have been designed to ensure Scunthorpe Hospital is more sustainable in the long-term and	
							has a viable future	
		General	Concern about the hospital eventually becoming a 'cottage hospital', due to the potential loss of skilled staff, an inability to attract skilled doctors in the future, and	x			The vast majority of patients (around 97%) will continue to be seen and treated at their local hospital. The proposed changes have been designed to prove the second sec	
cation of Services	Potential future impacts		the impact on students	-			to ensure Scunthorpe Hospital is more sustainable in the long-term and has a viable future.	
cation of Services	Potential future impacts							
cation of Services	Potential future impacts						The proposed changes have no direct impact on Goole Hospital, which	
	Potential future impacts Potential future impacts	General	Concern about the long-term impact on Goole Hospital	×			was not in scope for this programme.	
		General	Concern about the long-term impact on Goole Hospital	x			was not in scope for this programme.	
cation of Services		General Workforce Impact	Concern about the long-term impact on Goole Hospital Attracting speciality staff to work at a hospital in Grimsby may be challenging given its relatively isolated geographical position	x	x		was not in scope for this programme. The proposed model of care will improve utilisation of skilled worked worldorce by reducing duplication and offering more attractive rotas for	already in place and will continue. Cross-site working is a key element
scation of Services scation of Services scation of Services	Potential future impacts		Attracting specialist staff to work at a hospital in Grimsby may be challenging given its	x	×		was not in scope for this programme. The proposed model of care will improve utilisation of skilled worked workforce by reducing duplication and offering more attractive rotas for staff (particularly medical staff)	already in place and will continue. Cross-site working is a key elemen ensuring staff maintain competencies and skills.
ocation of Services	Potential future impacts		Attracting specialist staff to work at a hospital in Grimsby may be challenging given its	x x x	x x		was not in scope for this programme. The proposed model of care will improve utilisation of skilled worked worldorce by reducing duplication and offering more attractive rotas for	Cross-site rotas (for medical staff and some specialist nursing staff) ar

Location of Services	Staffing issues	Workforce Impact	An 'unfair' impact on Scunthorpe staff if they had to commute to Grimsby instead of	_			The vast majority of services will continue to be provided at Scunthorpe	The People team will work with any staff impacted well before the launch of formal staff consultation, particularly where a team may move from
Location of Services	Capacity and	Estate / Infrastructure	Scunthorpe Worry about patients from elsewhere occupying hospital beds in DPoW, potentially	×			Hospital with the current workforce. Detailed capacity and demand modelling has been undertaken to ensure the right number of beds is planned for each site, based on the changes	one site to the other. This may mean recruiting to vacancies at opposite siter ours a longer pariod to minimize the impact prior to consultation. All
Location of Services	infrastructure at DPoW Capacity and		affecting local residents' ability to be admitted The cost of providing additional infrastructure	×			The proposal for change minimises the investment required for additional infrastructure compared to the other options considered. The total	
Location of Services	infrastructure at DPoW Capacity and	Trauma	Concerned about whether DPoW would be able to accommodate more trauma cases	x			capital required is £9.2 million, which can be delivered within exisiting Detailed capacity and demand modelling has been undertaken to ensure the right number of beds is planned for each site, based on the changes	
Location of Services	infrastructure at DPoW Specific Services	Paediatrics	than it already receives Centralising inpatient paediatric services at DPoW would mean considerable disruption for children, young people, and families			×	proposed. The number of trauma convevances diverted from Scunthoroe Revised proposal recommends retaining inpatient paediatric services on both sites.	
Location of Services	Specific Services	Paediatrics	longer journey times would result in children having to be taken out of school for longer periods, and difficulties for parents in getting time off work to accompany them.			×	Revised proposal recommends retaining inpatient paediatric services on both sites.	the proposed change would only impact inpatient care not routine appointments, which would continue as they are now
Location of Services	Specific Services	Paediatrics	umm. particularly difficult for longer-stay paediatric patients and their families, especially single parent families and those with multiple children to consider and care for			×	Revised proposal recommends retaining inpatient paediatric services on both sites.	
Location of Services	Specific Services	Paediatrics	concerns about children being transferred from Scunthorpe to Grimsby, and then additional travel back west to Sheffield if they require specialist care			×	Revised proposal recommends retaining inpatient paediatric services on both sites.	
Location of Services	Specific Services	Cardiology	Objected to removal of Cardiology services from Scunthorpe Hospital due to the need for co-location with the stroke services there	x			These services can be safely provided in separate locations - the proposed model of care has been reviewed against the South East Clinical Senate guide to Clinical Co-dependencies and meets all relevant criteria for	
Location of Services	Travel and access	General	Consolidating Services at DPoW would require more time for patients in attending	x			clinical adjacencies The vast majority of patients (around 97%) will continue to be seen and treated at their local hospital. Outpatient appointments would not be	
Location of Services	Travel and access	Paediatrics	appointments due to an increase in travel times A longer journey to DPoW would increase distress for young patients and their families especially those with SEND.			x	impacted. Revised proposal recommends retaining inpatient paediatric services on both sites.	
Location of Services	Travel and access	General	Concerns raised around the potential impact of the increased distance on visitors from Scunthorpe and surrounding areas		x			Transport action plan developed to mitigate impact on patients, carers and loved ones
Location of Services	Travel and access	General	Concern that visits would be more difficult for many people in future, especially those who cannot drive		×			Transport action plan developed to mitigate impact on patients, carers and loved ones
Location of Services	Travel and access	Financial	Those claiming Universal Credit and other benefits would be unable to afford transport home		×			Existing transport provision that supports discharge from hospital will be considered as part of the re-provision of inter-hospital transfer provider to ensure the service can deliver for those who need additional support
Location of Services	Travel and access	General	The roads are in poor condition, and that it is a difficult drive to and from Grimsby in bad weather. Are the NHS consulting with the Highways Agency to ensure there are				Engagement with Highways Agency was undertaken and demonstrated very impact of road closures on services and accessibility. Alternative	on leaving hospital Transport action plan developed to mitigate impact on patients, carers
			road improvements?	-			routes are available and used by ambulance services regularly, as required. The vast majority of patients (around 97%) will continue to be seen and	and loved ones Transport action plan developed to mitigate impact on patients, carers
Location of Services	Travel and access	Financial	these with mobility issues (respectively to and from rural communities) Frustration around the frequent changes in eligibility for patient transport services.	x	×		treated at their local hospital. Patients who do need to be trasnferred would be taken by inter-bospital transport	and loved ones Transport action plan developed to mitigate impact on patients, carers
Location of Services	Travel and access	General	Community transport takes days to arrange, which is not useful in emergency		-			and loved ones Transport action plan developed to mitigate impact on patients, carers and loved ones - including working with community transport providers
Editation of Services	traverand access	General	situations or last minute appointments.					to put in place a more flexible and responsive service
Location of Services	Travel and access	General	Patient outcomes could be worse if they received fewer or no visits from loved ones due to travel and access challenges.		x			Transport action plan developed to mitigate impact on patients, carers and loved ones
Location of Services	Travel and access	Environmental	Additional journeys could have a negative environmental impact.	×	×		The vast majority of patients (around 97%) will continue to be seen and treated at their local hospital - around 7 patients per day may need to	The procurement process for the provider for inter-hospital transfers will identify targets for the provider in relation to carbon reduction
			I'm not sure frontline staff would rather work in Grimsby over Scunthorpe. And that				transfer The vast majority of services will continue to be provided at Scunthorpe	The People team will work with any staff impacted well before the launch of formal staff consultation, particularly where a team may move from
Location of Services	Staffing issues	Workforce Impact	also applies to living there				Hospital with the current workforce.	one site to the other. This may mean recruiting to vacancies at opposite sites over a longer period to minimise the impact prior to consultation. All staff will be consulted with and oresented with reasonable alternative
Location of Services	Potential future impacts	General	Potential long-term impacts of consolidating services at Grimsby on SGH, with a worry that other services may move to DPoW in the future.	x			The vast majority of patients (around 97%) will continue to be seen and treated at their local hospital. The proposed changes have been designed to ensure Scunthorpe Hospital is more sustainable in the long-term and	
Location of Services	Staffing issues	Workforce Impact	Concerns regarding SGH staff competencies and skills if services consolidated at	_			has a viable future. The proposed model of care has been designed to improve staff training	Cross-site rotas (for medical staff and some specialist nursing staff) are
Location of Services	Potential future impacts		DPOW - would they still set the experiences or would skills diminish after time Concern around the loss of outpatient clinics at SGH	x			and development by bringing specialist teams together into one location. Outpatients services not in scope - these would continue to be provided locally as now Detailed capacity and demand modelling has been undertaken to ensure	alreadv in place and will continue. Cross-site working is a key element to
Location of Services	Capacity and infrastructure at DPoW	Estate / Infrastructure	There was a concern that some services could be overrun due to SGH and DPoW covering a wide area and cause additional pressure on services and bed capacity at non-uv	x			the right number of beds is planned for each site, based on the changes	
Location of Services	Specific Services	Critical Care	Concerns around the ability to easily identify level 1 patient bed requirements, and the workforce staffing for the proposed increase in beds	x			Detailed capacity and demand modelling has been undertaken to ensure the right number of beds is planned for each site, based on the changes proposed. Ward configuration changes will be made in advance of	
Location of Services	Specific Services	Paediatrics	key issue was how parents from Scunthorpe and surrounding areas would cope with having a child in hospital in Grimsby, especially with other children at home.			x	implementing the change to pathways. Revised proposal recommends retaining inpatient paediatric services on both sites.	
Location of Services	Specific Services	Paediatrics	Concerns raised about children feeling uncomfortable due to the unfamiliarity of having to move Paediatrics inpatients to DPoW			x	Revised proposal recommends retaining inpatient paediatric services on both sites.	
			There was concern that consolidating overnight emergency surgery on one site could					Effective inter-hospital transport solutions will be in place to ensure
Location of Services	Specific Services	Emergency Surgery	There was concern that consolidating overnight emergency surgery on one site could have a detrimental impact of patient outcomes due to transfer times. Some staff members worried that there would be an uneven workload split across		×			Effective inter-hospital transport solutions will be in place to ensure transfers happen in a timely manner
Location of Services	Specific Services Specific Services	Emergency Surgery Emergency Surgery	have a detrimental impact of patient outcomes due to transfer times.	x	x		The proposed model of care will improve utilisation of workforce and reduce duplication	
		Emergency Surgery	have a detrimental impact of patient outcomes due to transfer times. Some staff members worried that there would be an uneven workload split across theatres in terms of who would be providing elective surgery and who would be	x x	x			
Location of Services	Specific Services Potential future impacts	Emergency Surgery Emergency Surgery	have a detrimental impact of patient outcomes due to transfer times. Some stiff members worked by the would be a uneven workload split across thaters in itermed who would be providing elective surgery and who would be providing cards surgery with a would happent IS SDI full autual surgery is centralised to DPuW, and whether Goole theore would remain active	x	x		reduce ouplication The vast majority of patients (around 97%) will continue to be seen and treated at their local hospital. The proposed changes have been designed to ensure Sounthorpe Hospital is more sustainable in the long-term and has a valder future. Emergency Departments (EDs) will continue to operate at SGH and DPOW and respond to major incidents in line with existing protocols – new ED	
Location of Services	Specific Services	Emergency Surgery	have a detimiental impact of publicity outcomes due to transfer times. Some staff members worried that there would be an uneven workload split across thatmes in terms of two would be providing deciders aurger you who would be providing acute surgery what would happen to Split all acute surgery is centralised to DPoW, and whether	x x x	x		reduce duplication The vast majority of patients (around 97%) will continue to be seen and treated at their local hospital. The proposed changes have been designed to ensure Sounthorpe Hospital is more sustainable in the long-term and has a viable future. Emergency Operatments (Eb.) will continue to operate at SGH and DPOW	
Location of Services	Specific Services Potential future impacts	Emergency Surgery Emergency Surgery	have a determined impact of patient outcomes due to transfer times. Some suff members avoided the three weaks the surgency value (gild aroug theaters) is terms of who variable be providing elective surgery and who would be providing acute surgery which would happen to \$30 if all acute surgery is centralised to DPoW, and whether Gould theater would remain acute What about industrial accidents at places like the steelworks? What happens if there is no transma wit is Sconthorger? The distance between the hoppidas would have a negative impact on patient outcomes, Specifically, there were concern statul beneast there there is no transma.	x x x x	x		reduce doplication The ward majority of patients (around 57%) will continue to be seen and treated at their local hospital. The groposed changes have been designed tensure Scantborger bespital in more sustainable in the long term and has a vable future. Emergency Departments (ED) will continue to operate at SGA and DFaW and respond to major incidents in line with existing protocols – new ED buildings provide better capacity to respond to major incidents (e.g., decontamission facilities). The proposals have been reviewed by the Local Mesiliner Group (M) and EPM terms. Ambulance conveyed traum will go to the nearest traum und, which and be Doncater or hild For gatient the require trauma und, and have the require traum and up to the nearest traum und, which	transfers happen in a timely manner
Location of Services Location of Services Location of Services	Specific Services Potential future impacts Specific Services	Emergency Surgery Emergency Surgery	have a detiniminatil impact of patient outcomes due to transfer times. Some staff members worried that there would be an unlevel workload jult across that the instanties in terms (would be providing excites usagers and would be providing cases usagers) what would happen 500 Hill all cases usagers is centralised to DPoW, and whether Goole theatre would remain active What about industrial accidents at places like the steelworks? What happens if there is no trauma unit in SouthOrpe? The distance between the hospitals would have a negative impact on patient	x x x	x		reduce doplication The wart majority of patients (around 57%) will continue to be seen and treated at their local hospital. The groposed changes have been designed tensure Scathorope Hospital in one exatinable in the long term and har a valide future. Emergency Departments ((Db) will continue to operate at SGA and DPAW and respond to major incidents in line with existing protocols – new DD buildings provide better capacity to respond to major incidents (e.g., decordamission facilities). The proposals have been reviewed by the call relations for the respect to respond to major incidents (e.g., decordamission facilities). The proposals have been reviewed by the call relations for control (FV) and DFM control to require trauma unit, which and be Docorater or Hulf or patients where would be no significant impact being priode up by ambolance in or around Gode	transfers happen in a timely manner
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Location of Services	Travel and access	Staff	Moving large numbers of secure NHS jobs out of Scunthorpe would have a significant negative economic impact on the community	×		The vast majority of services would continue to be provided in Scunthorpe and there would continue to be a need for a significant NHS workforce in the local area.	
Equalities	Travel and access	All groups	Challenges faced by people with additional or complex needs were frequently highlighted: they can strugge to adapt to new and unfamiliar environments and may thus divenges with services unless thir needs are taken into consideration. Moreover, longer ambulance journeys were thought to have the potential to be manufacilitation of uncertainty or waiting relation advices a backets rearried to take the advices of the second		x		Slick processes will be put in place to ensure quick transfer (no delays). Clear communication for patients and their families to ensure people are well informed and understand what is happening. Where possible communications will be co-produced with patient representatives and encounter
Equalities	Travel and access	All groups	Patients and vicitors without access to a car who rely on public transport were repeatedly highlighted as being at higher risk of negative impacts because of the proposals. This included older propelo, people with disabilities, those on lower incomes, and those living in rural areas.		×		Transport action plan developed to mitigate impact on patients, carers and loved ones
Equalities	Travel and access	All groups	A great many people in the area have no access to their own transport and rely on public transport to access amenities. It is widely known that public transport is poor and unreliable and many people simply cannot afford this. A such, it would reduce their shifts to access concloses and necessary medical attention and netwane endoance what are your solutions for people who wouldn't normally neet the threshold for	×	×	The vast majority of patients (around 97%) will continue to be seen and treated at their local hospital. Outpatient appointments continue to be provided locally wherever nossible front in scone for nonoused chance)	Transport action plan developed to mitigate impact on patients, carers and loved ones.
Equalities	Travel and access	All groups	transport, but equally can't afford to pay for public transport or lack support from family and friends		x		and loved ones. Transport action plan developed to mitigate impact on patients, carers
Equalities	Travel and access	All groups	People from specific geographical areas such as Scunthorpe, Goole, North Lincolnshire, and rural areas in general may be less likely to seek medical attention. The impact would be magnified for individuals and families on low incomes, particularly in deprived areas, who face different challenges	×	x	The vast majority of patients (around 97%) will continue to be seen and treated at their local hospital.	and loved ones. The implementation of the proposed change will be supported by a communications campaign to provide reasurance to the local population, reaffirming that the Emergency Department in Scunthorpe remains to mitigate the risk of people avoiding seeking help.
Equalities	Travel and access	All groups	Everyone who needs access to these services in the Scunthorpe area will be impacted and I feel that it will lead to less people seeking the help they need in an appropriate manner either putting further strain on GP services or ambulance	×		The vast majority of patients (around 97%) will continue to be seen and treated at their local hospital.	
Equalities	Quality of Care	All groups	services or both Moving all proposed services will impact badly and cause more trauma not only to the patients but also to their families. Cancer patients and stroke patients it will have a devastating impact on, as being farmed out like cattle will negatively impair any	×		The vast majority of patients would continue to seen and treated in their local hospital. No changes are proposed to cancer/stroke services.	
Equalities	Quality of care	All groups	Safeguarding concerns. It felt particularly worried about whether the changes would impact on the ability to safeguard vulnerable adults if they are taken to hospital within a different local authority.		x		Collaborative working with Local Authorities, primary care, community services, mental health, VCSE, residential and domiciliary care providers embeded within the model and ways of working.
Equalities	Travel and access	All groups	winin a uniferent ocal automay. I personally do not drive on motorways or long distances and public transport is not sufficient in our area, family or friends are not available so that option is also not reliable, and we need to keep our independence at all times	x	x	The vast majority of patients (around 97%) will continue to be seen and treated at their local hospital.	Transport action plan developed to mitigate impact on patients, carers and loved ones.
Equalities	Travel and access	All groups	My partner had to drive to Scunthorpe at nearly midnight with me to get a prescription at Boots. It was agonising I thought I would never get there. I could not drive, what if someone else could not?	x	×	The vast majority of patients (around 97%) will continue to be seen and treated at their local hospital.	Transport action plan developed to mitigate impact on patients, carers and loved ones.
Equalities	Travel and access	Socio-economic	Longer journeys to hospitals will result in financial burdens due to increased fuel and parking costs including residents of Barton-on-Humber, Gainsborough, the tale of Axeholing, were said to be especially affected by the potential for longer, more complex, and costly journeys to Gimber / required.	×	×	The vast majority of patients (around 97%) will continue to be seen and treated at their local hospital.	Transport action plan developed to mitigate impact on patients, carers and loved ones.
Equalities	Travel and access	Socio-economic	Vulnerable families on low incomes or living in deprivation in the Scunthorpe area would experience greater difficulties visiting inpatients at DPoW due to a lack of vehicle access and the cost of public transport.		x	The vast majority of patients (around 97%) will continue to be seen and treated at their local hospital.	Transport action plan developed to mitigate impact on patients, carers and loved ones.
Equalities	Travel and access	Disabled	People with physical, sensory or learning disabilities and individuals who are neurodivergent may have difficulty traveling (including logistics and cost) and adapting to change, as well as requiring someone to accompany them		×	The vast majority of patients (around 97%) will continue to be seen and treated at their local hospital.	Mitigations and protocols will be co-designed with potentially impacted groups to mitigate impact of transfer experience as far as possible.
Equalities	Travel and access	Disabled	Adults with autism, ADHD and/or poor mental health were also said to be potentially negatively affected by having to attend DPoW for appointments and treatment, as new and unfamiliar environments and processes can be challenging for them to navigate.	x	×	The vast majority of patients (around 97%) will continue to be seen and treated at their local hospital.	Mitigations and protocols will be co-designed with potentially impacted groups to mitigate impact of transfer experience as far as possible.
Equalities	Travel and access	Disabled	people with dementia travelling to Grimsby, whether driving or using other means of transport, potentially are disadvantaged as they are less likely to be familiar with areas that are far from home. These groups also often need to rely on others for transport.	x	x	The vast majority of patients (around 97%) will continue to be seen and treated at their local hospital.	Transport action plan developed to mitigate impact on patients, carers and loved ones.
Equalities	Travel and access	Disabled	People with disabilities will be at a disadvantage as disability transport passes do not work before 9:30am, making the journey expensive for patients and visitors. In addition, there is apparently poor parking with limited spaces for people with disabilities at DPAV jincreasing the reliance on public transport.	×	x	The vast majority of patients (around 97%) will continue to be seen and treated at their local hospital.	Transport action plan developed to mitigate impact on patients, carers and loved ones.
Equalities	Quality of Care	Disabled	Long-term inpatients with specific medical needs, specifically eating disorders, and how care for these patients should be provided. Navigo confirmed that it does not have the same services as RDaSH for eating disorders, which are covered by the crisis		×	Revised proposal recommends retaining inpatient paediatric services on both sites.	
Equalities	Travel and access	Disabled	team leading to concerns that RDaSN would not increach into DPoW the proposal may disadvantage disabled people, due to difficulties in mobility, transit, understanding, but if it reduced waiting times and provided a more effective	x	×	The vast majority of patients (around 97%) will continue to be seen and treated at their local hospital.	Transport action plan developed to mitigate impact on patients, carers and loved ones.
Equalities	Travel and access	Disabled	service then it would balance out the pros and cons." "Disabled people will be massively impacted; it is difficult for many to access public transport and they are already adversely impacted in the current cost of living			The vast majority of patients (around 97%) will continue to be seen and	Transport action plan developed to mitigate impact on patients, carers
			crisis" wneeknair accessible transport, (especially taxis) is an additional darrier to access for patients with physical disabilities.			treated at their local hospital. The vast majority of patients (around 97%) will continue to be seen and	and loved ones. Transport action plan developed to mitigate impact on patients, carers
Equalities	Travel and access	Disabled	"last time I tried to get a wheelchain-enabled taxi the cost was over £75 it will be	x	x	treated at their local hospital. The vast majority of patients (around 97%) will continue to be seen and	and loved ones. Mitigations and protocols will be co-designed with potentially impacted
Equalities	Travel and access	Disabled	potentially overstimulating and unsettling during an already stressful time D/deaf people could experience difficulties accessing services under the proposed	x	x	treated at their local hospital.	groups to mitigate impact of transfer experience as far as possible.
Equalities	Travel and access	Disabled	model of care. Concerns that key information would be missed during an emergency transfer leading to miscommunication and confusion for the family.	x	x	The vast majority of patients (around 97%) will continue to be seen and treated at their local hospital.	Mitigations and protocols will be co-designed with potentially impacted groups to mitigate impact of transfer experience as far as possible.
Equalities	Travel and access	Disabled	Hardship caused by travel to Grimby for an individual with disabilities: highlighting that the proposals would disproportionally affect disabled people, who statistically earn less and would thus face significant financial implications	x	x	The vast majority of patients (around 97%) will continue to be seen and treated at their local hospital.	Transport action plan developed to mitigate impact on patients, carers and loved ones.
			Difficulty of travel for visually disabled individuals, especially when using public				
Equalities	Travel and access	Disabled	transport Visually disable persons like my son would find it almost impossible to either attend or travel to Gimitshy from within the area that Siloi covers. How does he tell which train to get? The tell cell fictures are to be unimmed under proposal pot Howard. The bus companies do not anonucre the 'bus arriing at a bus tops is for' do they? Travelling is tring and duarting for the value) impaired and more so when a different rate has to be negotiated often causing pane tatacks and other issues prior to having to travel. Ledgetism any the worry file.	x	x	The vast majority of patients (around 97%) will continue to be seen and treated at their local hospital.	Transport action plan developed to mitigate impact on patients, carers and loved ones.
Equalities	Travel and access	Age	An elderly person at the Moorlands Community Centre Luncheon Club said they would not be visited by their partner if admitted to hospital at DPOW as they cannot drive and public transport journeys would be too lengthy.	x	×	The vast majority of patients (around 97%) will continue to be seen and treated at their local hospital.	Transport action plan developed to mitigate impact on patients, carers and loved ones.
Equalities	Travel and access	Age	Older Person travelling to Grimsby, whether driving or using other means of transport, potentially disadvantaged as they are less likely to be familiar with areas that are far from home. These groups also often need to rely on others for transport.	x	×	The vast majority of patients (around 97%) will continue to be seen and treated at their local hospital.	Transport action plan developed to mitigate impact on patients, carers and loved ones.
Equalities	Travel and access	Age	People over 70 years of age worry about transport problems and find it very difficult to cope with the treatment of the type I have received or being able to foot the expense of taxis when you do not arrange transport	×	×	The vast majority of patients (around 97%) will continue to be seen and treated at their local hospital.	Transport action plan developed to mitigate impact on patients, carers and loved ones.
Equalities	Travel and access	Age	Older and frail people may experience adverse effects on their recovery and mental health due to their difficulty travelling, lack of visitors and struggle with changes	x	×	The vast majority of patients (around 97%) will continue to be seen and treated at their local hospital.	Transport action plan developed to mitigate impact on patients, carers and loved ones.
Equalities	Travel and access	Age	already happening, such as the shift to online services. Potential to isolate the older generations who are already isolated enough when at home. If their friends and families don't drive you could be talking weeks on end with no familier faces."	x	×	The vast majority of patients (around 97%) will continue to be seen and treated at their local hospital.	Transport action plan developed to mitigate impact on patients, carers and loved ones.
Equalities	Travel and access	Age	The elderly and those not able to drive would not be easily able to be with the patient. If suitable transport were to be provided it makes sense to have a centralised service where all staffing and equipment were readily available quickly	x	x	The vast majority of patients (around 97%) will continue to be seen and treated at their local hospital.	Transport action plan developed to mitigate impact on patients, carers and loved ones.
Equalities	Travel and access	Age	Elderly & people with chronic illnesses who struggle traveling will be most impacted. They already struggle with appointment letters going digital so can see more stress & more missed appointments."	×		The vast majority of patients (around 97%) will continue to be seen and treated at their local hospital. Outpatient appointments would not be impacted.	
Equalities	Travel and access	Age /rural	wy exeeny parents oo not nave a ous rrom tneir viilage. A transport collection service' would mean hours travelling due to 'pickups'. That would have an absolutely devastating toll on their health and mental wellbeing. There are tollet and meal	×		The vast majority of patients (around 97%) will continue to be seen and treated at their local hospital. Outpatient appointments would not be	Transport action plan developed to mitigate impact on patients, carers and loved ones.
Equalities	Travel and access	Rural	People in the rural countryside areas who already have to travel a long distance to	x		Impacted. The vast majority of patients (around 97%) will continue to be seen and treated at their local hospital. Outpatient appointments would not be	Transport action plan developed to mitigate impact on patients, carers
Equalities	Travel and access	Rural	get to a hospital Residents of Goole expressed concern for deprived communities in their area as public transport is both inaccessible and unaffordable.		×	impacted.	and loved ones. Transport action plan developed to mitigate impact on patients, carers and loved ones.
Equalities	Quality of Care	LGBTQ+	puese is another to both matchesize and unanotable. concerns raised in the LGBTQ-focus group concerned continuity of care for LGBTQ+ patients as unknown staff would be less aware of a patient's needs: using correct pronouns, 'dead names', and the specific needs of transgender patients for example.	x		NLaG is committed to promoting a pro-active and inclusive approach to equality which supports and encourages an inclusive culture which values diversity.	
Equalities	Quality of Care	LGBTQ+	LGBTQ+ community faces a number of barriers when accessing NHS hospital service, including that they often do not feel acknowledged for "who they are." The respondent suggested "randatory training for all NHS staff on LGBT+ and how people should be treated	×		NLaG is committed to promoting a pro-active and inclusive approach to equality which supports and encourages an inclusive culture which values diversity.	
Equalities	Travel and access	Ethnicity	Individuals from minority ethnic communities, especially those with limited or no English proficiency, and those with specific need/preferences (e.g. for religious or cultural reasoning my face challenges with services being moved, such as due to pre- existing health disparities, financial difficulties, language barriers and the stress being caused being an inpatient in FDPW where they will not be able to virit/ travel to the stress for the stress		x		Clear communication for patients and their families to ensure people are well informed and understand what is happening. Use of Language Line and other tools to support.
Equalities	Travel and access	Ethnicity	Ethnic minority communities who may face more difficulties to traveling further distance, adapting to changes in health services due to potential language barriers;		x		Clear communication for patients and their families to ensure people are well informed and understand what is happening. Use of Language Line and other tools to support.

Equalities	Quality of Care	Ethnicity	We have a considerable Asian community in Scunthorpe and is a multi-cultural town. Grimby is not same as Scunthorpe so I would worry that my community may suffer racial discrimination.	x	x		NLaG is committed to promoting a pro-active and inclusive approach to equality which supports and encourages an inclusive culture which value diversity. The Trust has a zero tolerance approach to discrimination.	Engagement and co-production with BAME / Muslim communities to s develop appropriate processes and training is in place across all hospital sites to deliver high quality, cuturally-sensitive care.
Equalities	Quality of care	Ethnicity	Muslim women were said to be potentially affected by the changes as they often do not drive and would need a chaperone. The Muslim community in general would	x			NLaG is committed to promoting a pro-active and inclusive approach to equality which supports and encourages an inclusive culture which value	
Equalities	Quality of care	Ethnicity	also be impacted by the lack of a dedicated prayer room at DPoW. Lack of translation services at DPoW could, be a barrier to access and understanding for those for whom English is not their first language.	×			diversity with a dedicated prayer room at all sites NLaG is committed to promoting a pro-active and inclusive approach to equality which supports and encourages an inclusive culture which values diversity	Translation service are both the same at both sites
Equalities	Travel and access	Other groups	Armed forces veterans said that travelling further for follow up appointments would be very difficult for them and other individuals who are unable to drive for medical	×			The vast majority of patients (around 97%) will continue to be seen and treated at their local hospital. Outpatient appointments would not be	
f availatas	Travel and access		reasons. how would homeless people be returned to Scunthorpe if they were taken to DPoW				impacted.	Transport action plan developed to mitigate impact on patients, carers
Equalities	Travel and access	Homelessness	in an ambulance or by the police.	x				and loved ones. Existing transport provision that supports discharge from hospital will be
Equalities	Travel and access	Homelessness	Adults with experience of homelessness/substance misuses - report that loss of some of the NHS services in the Scunthorpe area would impact on the local economy, and subsequently the support available to the homeless population.		×		Exisiting provision will continue for those who require additional support at discharge.	
Equalities	Travel and access	Mental health	moving services to Grimsby could increase stress for those with poor mental health, as being in a different town during a mental health crisis would likely heighten their anxiety. The increased distance from their support network and friendship circle could also, it was said, be a trigger for trauma		x			Transport action plan developed to mitigate impact on patients, carers and loved ones.
Equalities	Travel and access	Mental health	Those in the Scunthorpe area suffering from mental health conditions are said to be at risk of care avoidance due to the potentially long, expensive, and distressing journey to Grimsby, and a reluctance among some to call an ambulance.		×			communications campaign written into implementation plan to ensure patients know how to access the right service first time
Equalities	Travel and access	Paediatrics	Consolidating services could, it was felt, put parents/guardians further from loved ones if they are not local to DPoW, with lengthy journeys to and from the hospital meanine they have less time to soend with their children.			×	Revised proposal recommends retaining inpatient paediatric services on both sites.	
Equalities	Travel and access	Paediatrics	Impact for single parents with more than one child admitted to hospital will find it very difficult to look after others if transferred to Grimby hospital			×	Revised proposal recommends retaining inpatient paediatric services on both sites.	
Equalities	Travel and access	Paediatrics	Children find hospitals scary, and when asked what would make them feel safer, young people aged 8-14 said that a familiar hospital environment is somewhat comforting. Consoliding Reductint public there is the same would mean some patients having to travel to and tay in an unfamiliar environment, potentially leading to anxiety and discuss. While they were on to pakeling directly about the hospital to question, a parent said they had found their experience starying in a hospital Children with SND and girls and girls and any same starying and adversaly impact adversaly and adversal to an adversal water adversaly impact adversal to adversal water adversaly impact adversal water adversal water adversal water adversal adversal water adversal water adversal water adversal water adversal water adversal adversal water adversal water adversal adversal water adversal adversal water adversal adversal water adversal adversal water adversal adversal adversal water adversal ad			×	Revised proposal recommends retaining inpatient paediatric services on both sites.	
Equalities	Travel and access	Paediatrics	by the HASR proposals as they are more likely to need a longer stay in hospital and transferred to DPoW. The Environment inside an ambulance is not suitable for people with autism or ADHD and highlighted the possible sensory impact of the route between Scunthorpe and Grimsby, which includes bumps in the road, bright lishts. and loud noises.			×	Revised proposal recommends retaining inpatient paediatric services on both sites.	
Equalities	Travel and access	Paediatrics	A parent of a young person aged 8-14 who is SEND, BAME and/or part of the LGBTQ+ community concerned as unable to provide their child (who suffers from an eating loarnedr with food from outside the hospital as they currently do not able within in the paediatric unit in DPOW, whereas they do as SGN. This, would risk their child facing major setbacks on their recover journey			×	Revised proposal recommends retaining inpatient paediatric services on both sites.	
Equalities	Travel and access	Paediatrics	Some people would teel reluctant to use services as a result of the proposed changes, for example families with social services involvement who would not want to travel further to a hospital out of the area where their needs are not known; and refugees, migrants, and people for whom finglish is not their first language, who are changed and the service of the service services of the service			×	Revised proposal recommends retaining inpatient paediatric services on both sites.	
Equalities	Travel and access	Paediatrics	Already considered stressful and difficult to transport a child with SEND any great distance. However, there is a particular concern around the transfer of children with aution or who are neurodiverse in ambulances, as long journeys in a confined space with strangers is traumatic for them.			x	Revised proposal recommends retaining inpatient paediatric services on both sites.	
Equalities	Travel and access	Paediatrics	Having the ability for a parent stay in hospital with a child with SEND is vital. Highlighted that the distance to DPOW would make it increasingly difficult for parents in the Scunthorpe area to 'away' duries as regularly that, its crotate who targe in hospital with the child]. Additionally, parents worried about how a sibling with SEND would cope with visiting the inpatient child at DPOW.			×	Revised proposal recommends retaining inpatient paediatric services on both sites.	
Equalities	Travel and access	Paediatrics	Parents who cannot afford to travel to Grimsby to be with their child or do not have access to a vehicle; is a logistical difficulties for single parents staying in hospital if they have more than one child, especially if one of the other children has SEND. Some parents worried that social services would see this as abandonment.			×	Revised proposal recommends retaining inpatient paediatric services on both sites.	
Equalities	Travel and access	Paediatrics	young children, especially those with SEND, concerns over how they would cope with being so far away from their family and friends, who might have visited more regularly were they admitted to SGH.			×	Revised proposal recommends retaining inpatient paediatric services on both sites.	
Equalities	Travel and access	Paediatrics	The emotional strain for parents whose children are admitted to hospital as there was is a sense that this potentially be worsened by the additional 30-mile distance between home and hospital. "Sandwich carest" who care for both their elderly relatives and their children ware also considered at risk of heightened stress because of the proposed changes, as they would be pulled in several directions.			×	Revised proposal recommends retaining inpatient paediatric services on both sites.	
Equalities	Quality of Care	Paediatrics	The need for safeguarding considerations when dealing with a Paediatric inpatient who is under child protection. These considerations would include the safe transportation of the child form SGH to DPOW; supervised visits from relatives requiring the presence of a local authority social worker: the operational process of			×	Revised proposal recommends retaining inpatient paediatric services on both sites.	
Equalities	Quality of Care	Paediatrics	raised safeguarding concerns about whether the changes would impact on the ability to safeguard vulnerable children (and adults) if they are taken to hospital within a different local authority.			x	Revised proposal recommends retaining inpatient paediatric services on both sites.	
Equalities	Travel and access	Paediatrics	Impact of consolidating paediatric services at Grimsby for families with multiple children was discussed at one of the North Lincolnshire Council group meetings. It was said that the increased distance for those in the Scunthorpe area would affect visiting, family dynamics, and the ability to 'garent' children other than the one in			x	Revised proposal recommends retaining inpatient paediatric services on both sites.	
Equalities	Travel and access	Paediatrics	hosnital. The Integrated Children's Trust felt that single-parent households with multiple children may struggle more to support both a child in hospital and a child or children at home.			x	Revised proposal recommends retaining inpatient paediatric services on both sites.	
Equalities	Quality of care	Paediatrics	a nome. Pregnant failes or ladies who have recently given birth may struggle with travel. If a baby is re-admitted for a few days after birth to a paediatric ward, parents may struggle to travel and this could prevent breast feeding.			x	Revised proposal recommends retaining inpatient paediatric services on both sites.	
Equalities	Travel and access	Paediatrics	Children with learning difficulties may be familiar with their local hospital and if they are a regular patient this can be traumatic regarding change this would be the same for adults too. Would relative be able to with if further away for some this may not			×	Revised proposal recommends retaining inpatient paediatric services on both sites.	
Equalities	Quality of care	Paediatrics	he financially norrible leaving national fields a sound They have a rapport with their local departments and trust the care they receive thereThere is the potential for disjointed care due to being out of area and staff being unfamiliar with GP services etc. I strongly feel that families or children could			x	Revised proposal recommends retaining inpatient paediatric services on both sites.	
Equalities	Travel and access	Paediatrics	fail through the net Children and lone parents will be disproportionately affected. A worst-case scenario could see siblings of sick children placed in foster care while their (usually) mum travels to Grimzby for a hospital stay. Or people putting off seeking care for a child because they know they will be send out of town and don't have the support to			×	Revised proposal recommends retaining inpatient paediatric services on both sites.	
			because they know they will be sent out of town and don't have the support to manage this Staff from Scunthorpe will have to travel further impacting quality of life and work					ongoing communications and staff engagement to support staff who may
Equalities	Travel and access	Workforce Impact	life balance Staff from Scunthorpe area would be affected if needing to travel to DPOW to work	x	×			be impacted by having to work in a different way
Equalities	Travel and access	Workforce Impact	in the areas you have specified to move. Staff safety may be compromised by having to drive a long distance after night shifts or in very poor winter weather. An extra financial burden would be placed on them eating into their salaries The staff at SGH will be negatively affected as many will not be able to afford to	x	×			ongoing communications and staff engagement to support staff who may be impacted by having to work in a different way
Equalities	Travel and access	Workforce Impact	travel to DPoW therefore restricting their job opportunities, people's posts will become obsolete with DPoW having the advantage over jobs purely down to geography. Low-income families will be negatively impacted as they have to spend money	x	x			ongoing communications and staff engagement to support staff who may be impacted by having to work in a different way Transport action plan developed to mitigate impact on patients, carers
Equalities	Travel and access	All groups	traveling to a hospital further away. Image for single parents with more than one child admitted to hospital will find it	x	x		Reviewing the process and policy for issuing expenses	and loved ones.
Equalities	Travel and access	Homelessness	Impact for single parents with more than one child admitted to hospital will find it very difficult to look after others if transferred to Grimsby hospital			×	Don't progress proposal for inpatient paeds at this time	
Equalities	Staffing issues	Workforce Impact	Staff would need a full day off to attend an appointment	x			The proposed changes would not impact upon where outpatient appointments are provided and so there would be no impact on staff or patients having to travel for medical appointments as a result of the change.	

itemative Suggestion	Was this option considered at the options evaluation stage?	Comments/Notes	Next Step	Desktop Review required	Next Step	Step 1 Clinica Review	al Comments/Notes	Next Step	Step 2 Feasibility Review	Next Step	
ontinuing to deliver all services at both hospital	Yes (exactly the same)	Status qua	No further action (discount)								
esting more money (including in staff recruitment and ining) to protect current services	Yes (exactly the same)	Status qua	No further action (discount)								
solidation of services at Scunthorpe instead of miby	Yes (exactly the same)	option evaluated in PCBC	No further action (discount)								
Iding a brand new hospital between Scunthorpe and msby (e.g. at 'Barnetby Top') in which to consolidate virus	Yes (exactly the same)	option evaluated in PCBC	No further action (discount)								
wering more services locally, including 'reinstating' ar eigency Department at Goole and District Hospital I use to their full optential		Status qua PLUS	Desktop Review (to see if different from a previously discounted option)	Yes	Take forward for evaluation	No	Does not meet case for change (woold require significant additional increase in workforce and goes beyond scope of original case for change)	No further action (discount)			_
ing some consolidated services at Scunthorpe Genera pital and others at Diana, Princess of Wales Hospital.	I No (completely novel)		Take forward for evaluation	No	Take forward for evaluation	Yes	Suggestion was considered by clinical teams when reviewing the proposal and response to feedback	Step 2		Review against proposed changes and BAU	Elements of this approach have been included within the way forward and adopted as part of the revised proposa change
lective operations during the night to keep the surgeon wy since they are not doing enough emergency perations?	i No (completely novel)		Take forward for evaluation	No	Take forward for evaluation	No	National guidance does not support increasing out of hours surgery due to increased mortality risk when operations are performed out of hours due to ficigue comparely, validiatify of upport tarricon at: 23 hour day case surgery units may be considered as part of wider transformation, however, they would need to be skilled by supartice team from those covering on-call Largert and sensingery care and therefore do not look the history of box valumes of UCC cases	No further action (discount)			
ep trauma and paediatrics at both sites (ok to nsolidate other services)	Yes (exactly the same)	Variation of status aua	No further action (discount)						•		
ke admin staff out of the hospital site (work off- e/home) and convert space into additional inds/clinical space to maintain trauma and paeds on this sites	No (but a similar model was)	Variation of status quo	Desktop Review (to see if different from a previously discounted option)	Yes	No further action (discount)		Does not meet case for change (only addresses building issues, not staffing or other factors)				
ove planned care services but keep urgent care as it is sople are more willing/able to travel for planned care an urgent care)	No (but a similar model was)	Variation of status qua	Desktop Review (to see if different from a previously discounted option)	Yes	Take forward for evaluation	No	Suggestion was considered by clinical teams when reviewing the proposal and response to feedback - for smaller services (e.g. ENT, urology) this is not possible as there is insufficient medical staff to care for inpatients on both sites (plumed on one site, urgent on the other).	No further action (discount)			
aith corridors – using health professionals to provide ore outreach in communities to drive health provements	No (completely novel)		Take forward for evaluation	No	Take forward for evaluation	No	May form part of future service development but does not fully address Case for Change	No further action (discount)			
otating or alternating on-call emergency surgery etween the two hospitals	No (completely novel)		Take forward for evaluation	No	Take forward for evaluation	No	It is not also for plan and operate services this way as there would not be different cover on easist or an attaching beam. Antibulines areas and the implementation of cover to that clear dimensionary pathways and be implementation. If there had to change on a day to day basis to inflect transmitting staff, this would cause undust clinical rink by adding an additional layer of covershifty is service. It additional they are display additional layer of covershifty is service. It additional they are displayed and the implementation of the service of the service of the additional layer of covershifty is service. It additional they are displayed to the service of the service of the service of the service of the model of cars under bigger impact on suff having to notate regularly between links.	No further action (discount)			
engthen partnerships with tertiary care centres in the rounding areas	No (completely novel)		Take forward for evaluation	No	Take forward for evaluation	No	Enabling change but does not address case for change by itself	No further action (discount)			
e consolidation than what is currently being posed	Yes (exactly the same)	Hot/cold option evaluated in PCBC	No further action (discount)						•		
ntaining the paediatric inpatient service at SGH and ritising children's services as an option of 'least uniting'	No (but a similar model was)		Take forward for evaluation	Yes	Take forward for evaluation	Yes	Suggestion was considered by clinical teams when reviewing the proposal and response to feedback	Step 2		Review against proposed changes and BAU	Change incorporated into recommended way forward
nd down the Hospital@Home service to fund and tect [inpatient] paediatric services at SGH	No (completely novel)		Take forward for evaluation		Take forward for evaluation		does not fully address Case for Change	No further action (discount)			•
ning more virtual wards at home with consultant car	e No (completely novel)		Take forward for evaluation		Take forward for evaluation		Enabling change but does not address case for change by itself	No further action (discount)			
iding RDASH with access to a bay in SGH for a day	No (completely novel)		Take forward for evaluation		Take forward for evaluation		Enabling change but does not address case for change by itself	No further action (discount)			
ding (paediatric) patients with eating disorders to caster, Rotherham, or Hull instead of DPoW	No (completely novel)		Take forward for evaluation		Take forward for evaluation	No	not applicable in revised model	No further action (discount)			
fove clinicians around instead of patients	No (but a similar model was)	Variation of status que	Desktop Review (to see if different from a previously discounted option)	Yes	Take forward for evaluation	No	Contained within the model for some circumstances (e.g. life or limb surgical emergencies in urology(NT etc.) but does not fully address Case for Change. Where possible, we will seek to more the circuit on the patient, for prescribed pathways with clear 509 etc. If retaining all impatients across too site its would not be possible to advec, more the circuics as they would sport more time traveling between a small number of patients than they would starting them.	No further action (discount)			