

Theme	Heading	Group	Issue/Concern	Response			Evidence / Explanation	Mitigation
				Reassure	Mitigate	Change		
The 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	x			The proposed changes have been planned over a number of years, considering many potential alternative options to address the challenges faced by the local NHS.	
The need for change	Travel and access	General	Covid-19 had made it more difficult to access specialist care.	x			The proposed model of care will improve access to more timely care.	
The need for change	Financial Investment	Estate / Infrastructure	The hospital is very complicated and 'old fashioned' due to equipment not working and lack of spaces at SGH	x			N/A	
The need for change	Staffing issues	Workforce Impact	Appears you don't have enough doctors or enough nurses to do everything; if you did, none of this would be happening	x			There are many reasons for making the proposed changes of which workforce constraints is just one.	
The need for change	Travel and access	Paediatrics	NHS services were significantly poorer quality, longer waiting times and a poor experience in A&E feeling neglected by staff	x			The proposed model of care will improve access to more timely care.	
Model of Care	Staffing issues	Workforce Impact	Recruitment and retention of staff is already a challenge and the proposed changes may increase the risk of staff leaving the NHS	x	x		The proposed model of care will improve utilization of skilled worked workforce by reducing duplication and offering more attractive rotas for staff (particularly medical staff)	ongoing communications and staff engagement to support staff who may be impacted by having to work in a different way
Model 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	x	x		24/7 Emergency Department with co-located Urgent Treatment Service at both Scunthorpe and Grimsby so patients do not need to change behaviour	communications campaign written into implementation plan to ensure patients know how to access the right service first time
Model 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 where	x	x		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 plan
Model 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		The proposed model of care has been designed to improve staff training 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.	Cross-site rotas (for medical staff and some specialist nursing staff) are already in place and will continue. Cross-site working is a key element to ensuring staff maintain competencies and skills.
Model 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 utilization of skilled worked workforce by reducing duplication and offering more attractive rotas for staff (particularly medical staff)	Cross-site rotas (for medical staff and some specialist nursing staff) are already in place and will continue. Cross-site working is a key element to ensuring staff maintain competencies and skills.
Model of Care	Specific Services	Paediatrics	Concerns about the potential impact of the changes on the provision of mental health services for paediatric inpatients; for example facilities and specialists for detaining within Paediatric Assessment Units.			x	Revised proposal recommends retaining inpatient paediatric services on both sites. Current pathways and collaboration with mental health providers would continue.	
Model 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 distance apart	x	x		Ongoing engagement with training providers and the deanery has been undertaken throughout the programme to ensure trainees get sufficient experience in their placements	Rotational posts will be considered for trainees as required and suitable support will be developed to ensure they are able to fully participate in wider training opportunities.
Model 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	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 Scunthorpe.	
Model of Care	Travel and access	General	It was questioned if some services within the 'centre of excellence' would actually require specialist input, or if they could be provided more locally without.	x			Services will be provided locally where possible, only those patients requiring a higher level of specialist input will be transferred - general medical patients would stay at SGH in the proposed model.	
Model of Care	Quality of care	Ambulance Impacts	Concerns around the potential impact on ambulance services, of having one 24/7 trauma unit - specifically around their waiting times which impacts treatment delays.	x			Independent analysis concluded that there would be no significant impact on ambulance service performance due to the proposed changes to Trauma Unit designation. The number of trauma conveyances diverted from Scunthorpe each year is expected to be approximately 261 (fewer than 1 per A&E)	
Model of Care	Financial Investment	General	It was felt that the model of care is a cost-cutting exercise with the potential to put 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			The proposed model of care has been designed by clinical teams to improve safety and quality and was not driven by financial considerations.	
Model 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.	
Model 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	x			The proposed model of care is part of the response as it will improve utilisation of skilled worked workforce by reducing duplication and 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.	
Model 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 extent that reducing services is the only affordable option.	x			The proposed model of care has been designed by clinical teams to improve safety and quality and was not driven by financial considerations.	
Model of Care	Travel and access	General	All hospitals should provide equal available and reliable services to all patients, young and old and not just to some especially in areas that are within easy reach already	x			Where services treat small numbers of patients and provide a higher level 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. Improve their skills and deliver more specialised care. National guidelines support this approach for the provision of more specialist care.	
Model of Care	Quality of care	Neighbouring providers	A key concern was the impact of the proposed changes on acute activity within neighbouring Trusts, who themselves are under existing pressure	x	x		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 Doncaster of the proposed changes to Trauma pathways
Model 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			The proposed model of care has been designed by clinical teams to bring a number of benefits including better utilisation of skilled worked workforce, faster access to specialist care, improved efficiency and productivity and better outcomes for patients.	
Model of Care	Specific Services	Paediatrics	the risks and impacts of displacing paediatric inpatients, especially those at level 1 or 2, from SGH			x	Revised proposal recommends retaining inpatient paediatric services on both sites.	
Model of Care	Specific Services	Paediatrics	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 Sheffield			x	Revised proposal recommends retaining inpatient paediatric services on both sites.	
Misunderstandings / Misconceptions	Travel and access	General	That most hospital services (including A&E) were relocating to DPoW, and that patients from elsewhere would be expected to travel there for follow-up appointments to be treated at their local hospital	x			Emergency Departments would continue to operate 24/7 at both Grimsby and Scunthorpe Hospitals. The vast majority of patients (around 97%) will continue to be seen and treated at their local hospital.	
Misunderstandings / Misconceptions	Quality of care	General	Some believe that all clinicians are the same, and that in an emergency, the crucial factor is reaching any doctor rather than the right doctor	x			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 within the NHS.	
Misunderstandings / Misconceptions	Specific Services	A&E	Some confusion around service availability at Goole hospital, with several participants stating that the Urgent Treatment Centre (UTC) there used to be, or still is, an A&E	x			The Urgent Treatment Centre (UTC) in Goole would not be impacted by the proposed changes - it does not provide Emergency Department (ED) services and is not open 24/7.	
Misunderstandings / Misconceptions	Travel and access	A&E	It was thought that A&E services were being consolidated at DPoW, as opposed to remaining at both sites	x			Emergency Departments would continue to operate 24/7 at both Grimsby and Scunthorpe Hospitals.	
Misunderstandings / Misconceptions	Quality of Care	Pregnancy	There is severe risk to pregnant ladies. A delay in delivery could cause lifelong harm to the babies.	x			The proposal would not have any impact on obstetric/maternity services - these would continue to be provided as they are now.	
Location 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	x	x		Existing provision will continue for those who require additional support at discharge.	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 on leaving hospital
Location of Services	Travel and access	General	Scunthorpe is more centrally located and better suited to centralised services	x			This option was evaluated and ruled out because of the impact on health inequalities, the impact on patient travel and the level of investment required to enable the services to be brought together at SGH.	
Location 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 local hospital	x			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 them together at SGH.	
Location 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, carers and loved ones
Location of Services	Travel and access	General	The distance of DPoW from bus stops and train stations was said to necessitate expensive taxi fares for those travelling by public transport	x			Reviewing the process and policy for reclaiming expenses for those eligible for support.	Transport action plan developed to mitigate impact on patients, carers and loved ones
Location of Services	Travel and access	General	Poor public transport connections make reaching any hospital difficult	x				Transport action plan developed to mitigate impact on patients, carers and loved ones
Location of Services	Travel and access	General	Travel constraints could hinder the ability of loved ones to provide this essential support (e.g. visiting)	x				Transport action plan developed to mitigate impact on patients, carers and loved ones
Location 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 hospital to hospital sites (e.g. Community Diagnostics Centres and Frailty pathways).	
Location of Services	Travel and access	Environmental	Services should remain as local as possible to reduce vehicle emissions	x	x		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 transfer.	The procurement process for the provider for inter-hospital transfers will identify targets for the provider in relation to carbon reduction
Location of Services	Travel and access	Ambulance Impacts	Current challenges within the ambulance service might be exacerbated by the proposed consolidation	x			Independent analysis concluded that there would be no significant impact on ambulance service performance due to the proposed changes to Trauma Unit designation. The number of trauma conveyances diverted from Scunthorpe each year is expected to be approximately 261 (fewer than 1 per A&E)	working with both ambulance providers to agree and implement any required changes to protocols is included within the implementation plan
Location of Services	Travel and access	Transfers	Additional transfers between hospitals, increasing the time taken for patients to see specialists, and potentially impacting on their recovery and outcomes.	x	x		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 are transferred rather than waiting 2-3 days as currently happens in some cases)	Protocols will be developed to ensure patients are transferred directly to the relevant ward and not via ED, ensuring they get access to specialist opinion much more quickly.
Location of Services	Travel and access	Transfers	Concern about how patients who have been transferred (to DPoW) will get back home after discharge	x	x		Existing provision will continue for those who require additional support at discharge.	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 on leaving hospital
Location 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		Existing provision will continue for those who require additional support at discharge.	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 on leaving hospital
Location 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.	x			Ambulance-conveyed trauma will go to the nearest trauma unit, which would be Doncaster or Hull (ref-OBH report) for patients who require trauma-unit care being picked up by ambulance in or around Goole	As part of the implementation plan, and wider changes within the Group, pathways for Goole patients will be reviewed to support more Goole patients to access their care at Castle Hill as appropriate.
Location 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 'downsized' and reduced operating hours.				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 has a viable future.	
Location of Services	Potential future impacts	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 the impact on students	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 has a viable future.	
Location of Services	Potential future impacts	General	Concern about the long-term impact on Goole Hospital	x			The proposed changes have no direct impact on Goole Hospital, which was not in scope for this programme.	
Location of Services	Staffing issues	Workforce Impact	Attracting specialist staff to work at a hospital in Grimsby may be challenging given its relatively isolated geographical position	x	x		The proposed model of care will improve utilization of skilled worked workforce by reducing duplication and offering more attractive rotas for staff (particularly medical staff)	Cross-site rotas (for medical staff and some specialist nursing staff) are already in place and will continue. Cross-site working is a key element to ensuring staff maintain competencies and skills.
Location of Services	Staffing issues	Workforce Impact	Staff at Scunthorpe Hospital would be 'de-skilled'	x	x		The proposed model of care has been designed to improve staff training 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.	Cross-site rotas (for medical staff and some specialist nursing staff) are already in place and will continue. Cross-site working is a key element to ensuring staff maintain competencies and skills.

Location of Services	Staffing issues	Workforce Impact	An 'unfair' impact on Scunthorpe staff if they had to commute to Grimsby instead of Scunthorpe	X	X	The vast majority of services will continue to be provided at Scunthorpe Hospital with the current workforce.	The People team will work with any staff impacted well before the launch of formal staff consultation, particularly where a team may move from 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
Location of Services	Capacity and infrastructure at DPOW	Estate / Infrastructure	Worry about patients from elsewhere occupying hospital beds in DPOW, potentially affecting local residents' ability to be admitted	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 the proposal for change to minimise the investment required for additional infrastructure compared to the other options considered. The total capital required is £9.2 million, which can be delivered within existing	
Location of Services	Capacity and infrastructure at DPOW	Estate / Infrastructure	The cost of providing additional infrastructure	X		The proposal for change minimises the investment required for additional infrastructure compared to the other options considered. The total capital required is £9.2 million, which can be delivered within existing	
Location of Services	Capacity and infrastructure at DPOW	Trauma	Concerned about whether DPOW would be able to accommodate more trauma cases than it already receives	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. The number of trauma conveyances diverted from Scunthorpe Revised proposal recommends retaining inpatient paediatric services on both sites.	
Location of Services	Specific Services	Paediatrics	Centralising inpatient paediatric services at DPOW would mean considerable disruption for children, young people, and families	X	X	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	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.	X		Revised proposal recommends retaining inpatient paediatric services on both sites.	
Location of Services	Specific Services	Paediatrics	particularly difficult for longer-stay paediatric patients and their families, especially single-parent families and those with multiple children to consider and care for	X		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	X		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 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 clinical adiacencies	
Location of Services	Travel and access	General	Consolidating Services at DPOW would require more time for patients in attending appointments due to an increase in travel times	X		The vast majority of patients (around 97%) will continue to be seen and treated at their local hospital. Outpatient appointments would not be impacted.	
Location of Services	Travel and access	Paediatrics	A longer journey to DPOW would increase distress for young patients and their families especially those with SEND	X	X	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	X			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	X			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 on leaving hospital
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 road improvements?	X		Engagement with Highways Agency was undertaken and demonstrated very impact of road closures on services and accessibility. Alternative routes are available and used by ambulance services regularly, as required.	Transport action plan developed to mitigate impact on patients, carers and loved ones
Location of Services	Travel and access	Financial	There was a concern about the cost and limited availability of public transport for those with mobility issues (especially to and from rural communities)	X	X	The vast majority of patients (around 97%) will continue to be seen and treated at their local hospital. Patients who do need to be transferred will be taken to inter-hospital transport	Transport action plan developed to mitigate impact on patients, carers and loved ones
Location of Services	Travel and access	Financial	Frustration around the frequent changes in eligibility for patient transport services.	X			Transport action plan developed to mitigate impact on patients, carers and loved ones
Location of Services	Travel and access	General	Community transport takes days to arrange, which is not useful in emergency situations or last minute appointments.	X			Transport action plan developed to mitigate impact on patients, carers and loved ones - including working with community transport providers 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.	X	X	The vast majority of patients (around 97%) will continue to be seen and treated at their local hospital - around 3 patients per day may need to transfer	The procurement process for the provider for inter-hospital transfers will identify targets for the provider in relation to carbon reduction
Location of Services	Staffing issues	Workforce Impact	I'm not sure frontline staff would rather work in Grimsby over Scunthorpe. And that also applies to living there	X		The vast majority of services will continue to be provided at Scunthorpe Hospital with the current workforce.	The People team will work with any staff impacted well before the launch of formal staff consultation, particularly where a team may move from 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 orientated 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 has a viable future.	
Location of Services	Staffing issues	Workforce Impact	Concerns regarding SGH staff competencies and skills if services consolidated at DPOW - would they still get the experiences or would skills diminish after time	X		The proposed model of care has been designed to improve staff training and development by binning specialist teams together into one location. Outpatients services not in scope - these would continue to be provided locally as now	Cross-site rota (for medical staff and some specialist nursing staff) are already in place and will continue. Cross-site working is a key element to
Location of Services	Potential future impacts	Outpatients	Concern around the loss of outpatient clinics at SGH	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 implementing the change to pathways.	
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 DPOW	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 implementing the change to pathways.	
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		Revised proposal recommends retaining inpatient paediatric services on both sites.	
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		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.	
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.	X			Effective inter-hospital transport solutions will be in place to ensure transfer happens in a timely manner
Location of Services	Specific Services	Emergency Surgery	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 providing acute surgery	X		The proposed model of care will improve utilisation of workforce and reduce duplication	
Location of Services	Potential future impacts	Emergency Surgery	what would happen to SGH if all acute surgery is centralised to DPOW, and whether Goole theatre would remain active	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 has a viable future.	
Location of Services	Specific Services	Trauma	What about industrial accidents at places like the steelworks? What happens if there is no trauma unit in Scunthorpe?	X		Emergency Departments (EDs) will continue to operate at SGH and DPOW and respond to major incidents in line with existing protocols - new ED buildings provide better capacity to respond to major incidents (e.g. decontamination facilities). The proposals have been reviewed by the Local Resilience Forum (LRF) and EPRR teams.	
Location of Services	Quality of care	Ambulance Impacts	The distance between the hospitals would have a negative impact on patient outcomes. Specifically, there were concerns about increased travel times in emergency situations	X	X	Ambulance-conveyed trauma will go to the nearest trauma unit, which would be Doncaster or Hull for patients who require trauma-unit care being picked up by ambulance in or around Goole	working with both ambulance providers to agree and implement any required changes to protocols is included within the implementation plan
Location of Services	Travel and access	Ambulance Impacts	Ambulances would be taken off the run to transport to Grimsby	X		Independent analysis concluded that there would be no significant impact on ambulance service performance due to the proposed changes to Trauma Unit designation. The number of trauma conveyances diverted from Scunthorpe each year is expected to be approximately 261 (fewer than 1 per day).	working with both ambulance providers to agree and implement any required changes to protocols is included within the implementation plan
Location of Services	Travel and access	Paediatrics	How are you going to transport sick children from Scunthorpe to Grimsby? There isn't enough ambulances/paramedics as it is	X		Revised proposal recommends retaining inpatient paediatric services on both sites.	
Location of Services	Quality of care	Transfers	would it even be appropriate to transfer patients in specific kinds of life-threatening situation (e.g. category 1 emergencies such as a major haemorrhage or ruptured spleen), suggesting that these patients could be treated more safely closer to home	X	X	Provision for life or limb-saving surgery will be retained at Scunthorpe Hospital for clearly identified pathways as is currently the case for ENT and Urology services.	
Location of Services	Capacity and infrastructure at DPOW	Emergency Surgery	concerns about what would happen to these emergency surgery patients if there was no ambulance available to take them from Scunthorpe to Grimsby, or if there was insufficient bed or theatre capacity at Dana Princess of Wales Hospital.	X		Right-sized inter-hospital transport solution will be in place to support the proposed change	
Location of Services	Travel and access	General	a sense that Scunthorpe should retain certain services: due to factors such as its size, number of industrial sites, proximity to the motorway, and recent investment in the A&E department at Scunthorpe General Hospital	X		The vast majority of patients (around 97%) will continue to be seen and treated at their local hospital.	
Location of Services	Travel and access	Ambulance Impacts	Ambulances are going to be stretched beyond belief trying to get patients to DPOW along with all the patients that don't actually need an ambulance	X		Independent analysis concluded that there would be no significant impact on ambulance service performance due to the proposed changes to Trauma Unit designation. The number of trauma conveyances diverted from Scunthorpe each year is expected to be approximately 261 (fewer than 1 per day)	
Location of Services	Travel and access	Rural	Lincolnshire is a vast rural area therefore not possible to rely on valid and reliable public transport which makes it virtually impossible to travel for treatments to outpatient departments or visiting sick patients	X		The vast majority of patients (around 97%) will continue to be seen and treated at their local hospital - outpatient appointments would not be affected by the proposed change.	
Location of Services	Travel and access	General	The M180 is always a terrible road for road works and if there is an incident on this road the main artery road for delivering patients will now have been compromised, this will also be magnified by more people heading that way for their procedures	X		Engagement with Highways Agency was undertaken and demonstrated very impact of road closures on services and accessibility. Alternative routes are available and used by ambulance services regularly, as required.	
Location of Services	Travel and access	Estate / Infrastructure	Has Goole hospital even been taken into consideration? If Goole was connected with Hull Royal it might have more services operating and a good use of the hospital.	X		Goole Hospital was not in scope for this programme of change.	
Location of Services	Staffing issues	Workforce Impact	How will the proposed ensure in recruiting/keeping staff an arbitrary response are current staff that work at SGH expected to fill that stop gap by travelling to and from	X	X	The proposed model of care has been designed to improve staff training and development by bringing specialist teams together into one location.	Cross-site rota (for medical staff and some specialist nursing staff) are already in place and will continue. Cross-site working is a key element to
Location of Services	Specific Services	Emergency Surgery	Questions on the reliance on data showing that very few emergency operations take place at night (an average of one patient per night across both hospitals) and the impact on the Embrace transport service of longer journeys to Grimsby from its base in Barnsley	X		Activity modelling has been refreshed to provide assurance that the most up-to-date impacts are fully understood.	
Location of Services	Specific Services	Paediatrics		X		Revised proposal recommends retaining inpatient paediatric services on both sites.	
Location of Services	Specific Services	Trauma	the potential impact of around 90 trauma patients per annum being taken to Lincoln County Hospital.	X		Updated activity modelling demonstrates that the total impact on neighbouring providers is very low - c.20 to Lincoln	
Location of Services	Specific Services	Trauma	there is some concern that the proposed consolidation of trauma services will mean an increase in trauma attendances within Doncaster and Baselow Teaching Hospitals NHS Foundation Trust (DTH), and that implementation of the wider proposal will result in a small number of other pathway changes for South Yorkshire residents	X		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 Doncaster of the proposed changes to Trauma pathways
Location of Services	Travel and access	General	It unclear whether public/patient behaviour has been accounted for in the modelling. That is, the Trust anticipates that some patients would choose to self-present at DR rather than risk being transferred to DPOW, due to the distance from home	X		The modelling was undertaken based on nearest postcode, not taking account of patient choice or behaviour.	The implementation of the proposed change will be supported by a communications campaign to provide reassurance to the local population, reaffirming that the Emergency Department in Scunthorpe remains to mitigate the risk of people queuing outside their home or neighbouring
Location of Services	Specific Services	Paediatrics	the loss of paediatric inpatient beds at SGH may impact on the Embrace Specialist Transport service when being asked to move displaced PCC level 1/2 patients from SGH to Sheffield Children's Hospital or other level 2 providers	X		Revised proposal recommends retaining inpatient paediatric services on both sites.	
Location of Services	Specific Services	Paediatrics	it is said that if paediatric inpatients are moved to DPOW, then require tertiary PCC. Embrace would be required to undertake a longer journey to Grimsby from its base in Barnsley to support stabilisation and transfer. This will increase the time taken to reach the patient and time away from base	X		Revised proposal recommends retaining inpatient paediatric services on both sites.	
Location of Services	Travel and access	Staff	A number of staff commute from north of the River Humber to the Scunthorpe and Grimsby hospitals, and also across the south bank region. This may lead to some staff whose roles move/change leaving to secure a job closer to home, exacerbating the staffing situation	X			engaging communications and staff engagement to support staff who may be impacted by having to work in a different way

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	x		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 struggle to adapt to new and unfamiliar environments and may thus disengage with services unless their needs are taken into consideration. Moreover, longer ambulance journeys were thought to have the potential to be detrimental to the health of vulnerable patients, especially those with mental health issues.	x			Slack 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 carers.
Equalities	Travel and access	All groups	Patients and visitors 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 people, people with disabilities, those on lower incomes, and those living in rural areas.	x			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. As such, it would reduce their ability to access services and necessary medical attention and therefore endanger what are your solutions for people who wouldn't normally meet the threshold for transport, but equally can't afford to pay for public transport or lack support from family and friends	x	x	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 possible (not in crisis for emergency/acute)	Transport action plan developed to mitigate impact on patients, carers and loved ones.
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	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. The implementation of the proposed change will be supported by a communications campaign to provide reassurance 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 services or both	x		The vast majority of patients (around 97%) will continue to be seen and treated at their local hospital.	
Equalities	Quality of Care	All groups	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 will have a devastating impact on, as being forced out like cattle will negatively impact any chance of recovery	x		The vast majority of patients would continue to be 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 embedded within the model and ways of working.
Equalities	Travel and access	All groups	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	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 Isle of Axholme, were said to be especially affected by the potential for longer, more complex, and costly journeys to Grimsby if required.	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	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 travelling (including logistics and cost) and adapting to change, as well as requiring someone to accompany them	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	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	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 DPOW, increasing the reliance on public 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	Quality of Care	Disabled	Long term inpatients with specific medical needs, specifically eating disorders, and how care for these patients should be provided. Navajo confirmed that it does not have the same services as K2024 for eating disorders, which are covered by the crisis team. Navajo to recommend that K2024 would not be in-crisis into DPOW	x		Revised proposal recommends retaining inpatient paediatric services on both sites.	
Equalities	Travel and access	Disabled	the proposal may disadvantage disabled people, due to difficulties in mobility, transport understanding, but if it reduced waiting times and provided a more effective service then it would balance out the pros and cons."	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	"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 crisis."	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	vineencar access transport, (especially taxis) is an additional barrier to access for patients with physical disabilities.	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	"...last time I tried to get a wheelchair taxi the cost was over £75 it will be £100..."	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 living with Dementia, Autism (especially children) longer ambulance journey potentially overstimulating and unsettling during an already stressful time	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	Diverse people could experience difficulties accessing services under the proposed 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 Grimsby for an individual with disabilities; highlighting that the proposals would disproportionately 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.
Equalities	Travel and access	Disabled	Difficulty of travel for visually disabled individuals, especially when using public transport	x			
Equalities	Travel and access	Disabled	Visually disabled persons like my son would find it almost impossible to either attend or travel to Grimsby from within the area that SOI covers. How does he tell which train to get? The ticket offices are to be unmanned under proposals out forward. The bus companies do not announce the 'bus arriving at a bus stop is for' do they? Travelling is tiring and daunting for the visually impaired and more so when a different area has to be negotiated often causing panic attacks and other issues prior to having to travel i.e. sleepless nights worrying..."	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	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	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	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	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 already happening, such as the shift to online services.	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	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 familiar faces."	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	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 travelling will be most impacted. They already struggle with appointment letters going digital so can see more stress & more missed appointments."	x		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	My elderly parents do not have a bus from their village. A transport connection service would mean hours travelling due to 'jitters'. That would have an absolutely devastating toll on their health and mental wellbeing. There are toilet and meal stops in the rural countryside areas who already have to travel a long distance to get to a hospital	x		The vast majority of patients (around 97%) will continue to be seen and treated at their local hospital. Outpatient appointments would not be impacted.	Transport action plan developed to mitigate impact on patients, carers and loved ones.
Equalities	Travel and access	Rural	Residents of Goole expressed concern for deprived communities in their area as public transport is both inaccessible and unaffordable.	x			Transport action plan developed to mitigate impact on patients, carers and loved ones.
Equalities	Quality of Care	LGBTQ+	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		NLA&G 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 services, including that they often do not feel acknowledged for 'who they are.' The respondent suggested "mandatory training for all NHS staff on LGBT+ and how people should be treated"	x		NLA&G 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 needs/preferences (e.g. for religious or cultural reasons) may 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 DPOW where they will not be able to visit/ travel to	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 travelling 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. Grimsby 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 values diversity. The Trust has a zero tolerance approach to discrimination.	Engagement and co-production with BAME / Muslim communities to develop appropriate processes and training is in place across all hospital sites to deliver high quality, culturally 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 also be impacted by the lack of a dedicated prayer room at DPOW.	x		NLAG is committed to promoting a pro-active and inclusive approach to equality which supports and encourages an inclusive culture which values diversity with a dedicated prayer room at all sites.	
Equalities	Quality of care	Ethnicity	Lack of translation services at DPOW could, be a barrier to access and understanding for those for whom English is not their first language.	x		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 reasons.	x		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	Homelessness	how would homeless people be returned to Scunthorpe if they were taken to DPOW in an ambulance or by the police.	x			Transport action plan developed to mitigate impact on patients, carers and loved ones.
Equalities	Travel and access	Homelessness	Adults with experience of homelessness/substance misuse - 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.	x		Existing provision will continue for those who require additional support at discharge.	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 on leaving hospital
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 heighten their anxiety. The increased distance from their support network and friendship circle could also, 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.	x			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 means they have less time to spend with their children.	x		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 Grimsby hospital	x		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. Consolidating Paediatric inpatient services at DPOW would mean some patients having to travel to and stay in an unfamiliar environment, potentially leading to anxiety and distress. While they were not speaking directly about the hospitals in question, a parent said they had found their experience staying in a hospital elsewhere with their nonverbal child "traumatic".	x		Revised proposal recommends retaining inpatient paediatric services on both sites.	
Equalities	Travel and access	Paediatrics	Children with SEND and other additional needs would be most adversely impacted by the HSBH 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 lights, and loud noises.	x		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 disorder) with food from outside the hospital as they currently do not allow this in the paediatric unit in DPOW, whereas they do at SGH. This, would risk their child facing major setbacks on their recovery journey	x		Revised proposal recommends retaining inpatient paediatric services on both sites.	
Equalities	Travel and access	Paediatrics	Some people would feel 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 English is not their first language, who are unable to communicate with staff.	x		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 autism 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 'swap' duties as regularly (that is, to rotate who stays in hospital with the child). Additionally, parents worried about how a sibling with SEND would cope with visiting the inpatient child at DPOW.	x		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.	x		Revised proposal recommends retaining inpatient paediatric services on both sites.	
Equalities	Travel and access	Paediatrics	Some carers worried that social services would see this as abandonment, 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.	x		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 a sense that this potentially be worsened by the additional 30-mile distance between home and hospital. 'Sandwich carers' who care for both their elderly relatives and their children were also considered at risk of heightened stress because of the proposed changes, as they would be pulled in several directions.	x		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 from SGH to DPOW; supervised visits from relatives remain the preserve of a local authority social worker. The operational interests of	x		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 'parent' children other than the one in hospital.	x		Revised proposal recommends retaining inpatient paediatric services on both sites.	
Equalities	Travel and access	Paediatrics	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	Pregnant ladies 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 relatives be able to visit if further away for some this may not be possible.	x		Revised proposal recommends retaining inpatient paediatric services on both sites.	
Equalities	Quality of care	Paediatrics	They have a rapport with their local departments and trust the care they receive there... There is the potential for disrupted care due to being out of area and staff being unfamiliar with GP services etc...I strongly feel that families or children could fall through the net	x		Revised proposal recommends retaining inpatient paediatric services on both sites.	
Equalities	Travel and access	Paediatrics	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 Grimsby for a hospital stay. Or people putting off seeking care for a child because they know they will be sent out of town and don't have the support to manage this	x		Revised proposal recommends retaining inpatient paediatric services on both sites.	
Equalities	Travel and access	Workforce Impact	Staff from Scunthorpe will have to travel further impacting quality of life and work life balance	x	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	Staff from Scunthorpe area would be affected if needing to travel to DPOW to work 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	x	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	The staff at SGH will be negatively affected as many will not be able to afford to 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.	x	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	All groups	Low-income families will be negatively impacted as they have to spend money travelling to a hospital further away	x	x	Reviewing the process and policy for issuing expenses	Transport action plan developed to mitigate impact on patients, carers 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	x		Don't progress proposal for inpatient paediatric 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.	

Alternative Suggestion	Was this option considered at the options evaluation stage?	Comments/Notes	Next Step	Desktop Review Required	Comments/Notes	Next Step	Step 1 Clinical Review	Comments/Notes	Next Step	Step 2 Feasibility Review	Next Step
Continuing to deliver all services at both hospital	Yes (exactly the same)	Status quo	No further action (discount)								
Investing more money (including in staff recruitment and training) to protect current services	Yes (exactly the same)	Status quo	No further action (discount)								
Consolidation of services at Souththorpe instead of Gilesey	Yes (exactly the same)	option evaluated in PCIC	No further action (discount)								
Building a brand new hospital between Souththorpe and Gilesey (e.g. at 'Barnetby Top') in which to consolidate services	Yes (exactly the same)	option evaluated in PCIC	No further action (discount)								
Delivering more services locally, including 'reinstating' an Emergency Department at Gosby and District Hospital and use to their full potential	No (but a similar model was)	Status quo PLUS	Desktop Review (in use if different from a previously discounted option)	Yes		Take forward for evaluation	No	Does not meet case for change (would require significant additional increase in workforce and space beyond scope of original case for change)	No further action (discount)		
Having some consolidated services at Souththorpe General Hospital and others at Drove, Princess of Wales Hospital.	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
Effective operations during the night to keep the surgeons busy since they are not doing enough emergency operations?	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 fatigue/complexity, availability of support services etc... 23 hour day care surgery units may be considered as part of wider transformations. However, they would need to be staffed by separate teams from those covering on-call / urgent and emergency care and therefore do not solve the issue of low volumes of LEC cases	No further action (discount)		
Keep trauma and paediatrics at both sites (ok to consolidate other services)	Yes (exactly the same)	Variation of status quo	No further action (discount)								
Take admin staff out of the hospital site (back off-site/home) and convert space into additional wards/clinical space to maintain trauma and paed on both sites	No (but a similar model was)	Variation of status quo	Desktop Review (in use 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)			
Move planned care services but keep urgent care as it is (people are more willing/able to travel for planned care than urgent care)	No (but a similar model was)	Variation of status quo	Desktop Review (in use 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 operations on both sites (planned on one site, urgent on the other)	No further action (discount)		
Health centres - using health professionals to provide more outreach in communities to drive health improvements	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)		
Rotating or alternating on-call emergency surgery between the two hospitals	No (completely novel)		Take forward for evaluation	No		Take forward for evaluation	No	It is not safe to plan and operate services this way as there would not be sufficient cover on one site or a rotating basis - ambulance services etc. require certainty about levels of cover so that clear diversionary pathways can be implemented. If these had to change on a day to day basis to reflect rotating staff, this would cause undue clinical risk by adding an additional layer of uncertainty to services. In addition, the supporting workforce would also be required on both sites, leading to an inefficient model of care and/or bigger impact on staff having to rotate regularly between sites.	No further action (discount)		
Strengthen partnerships with tertiary care centres in the surrounding 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)		
More consideration than what is currently being assessed	Yes (exactly the same)	HAG/old option evaluated in PCIC	No further action (discount)								
Maintaining the paediatric inpatient service at SDH and prioritising children's services as an option of 'last resort'	No (but a similar model was)	Considered within HAG	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
Stand down the Hospital@Home service to fund and protect (inpatient) paediatric services at SDH	No (completely novel)		Take forward for evaluation			Take forward for evaluation		does not fully address Case for Change	No further action (discount)		
Running more virtual wards at home with consultant care	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)		
Providing RDMH with access to a bay in SDH for a day unit	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)		
Standing (paediatric) patients with waiting clinicians to Consultant, Nurse/therapist, or Huff instead of DTP/CP	No (completely novel)		Take forward for evaluation			Take forward for evaluation	No	not applicable in revised model	No further action (discount)		
Move clinicians around instead of patients	No (but a similar model was)	Variation of status quo	Desktop Review (in use 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/ENT etc) but does not fully address Case for Change. Where possible, we will seek to move the clinician not the patient, for prescribed pathways with clear SOPs etc. If retaining all inpatients across two sites it would not be possible to always move the clinician as they would spend more time travelling between a small number of patients than they would treating them.	No further action (discount)		