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

Report to	**Health Scrutiny Committee for Lincolnshire**
Date:	**20 January 2021**
Subject:	**Supplementary Chairman's Announcements**

1. UK Covid-19 Vaccines Delivery Plan

On 11 January 2021, the Department of Health and Social Care published *UK Covid-19 Vaccines Delivery Programme*, which is available at the following link:

https://www.gov.uk/government/publications/uk-covid-19-vaccines-delivery-plan

UK Covid-19 Vaccines Delivery Programme states that a successful vaccination programme will protect people from serious illness and help the return to a more normal life; and the UK has a very successful record delivering vaccination programmes, but this is the biggest vaccination programme in NHS history.

The document sets out an aim to have offered a first vaccine dose to everyone in the top four priority groups by 15 February 2021, which are:

- all residents in a care home for older adults and their carers;
- all those 80 years of age and over and frontline health and social care workers;
- all those 75 years of age and over; and
- all those 70 years of age and over and clinically extremely vulnerable individuals.

This plan describes how the Government was able to build up its supply of vaccines and how it is planning to deploy them. The plan has four key parts: supply; prioritisation; places; and people.

From 11 January 2021, data for England will be published each day, showing the total number vaccinated to date, including first and second doses. From 14 January and then on a weekly basis, NHS England and Improvement will publish more detail on vaccinations in England, including by data by region.

2. Vaccination Programme in Lincolnshire

The Lincolnshire NHS has stressed that people will be contacted, with a date, time and venue for their vaccine. People should not contact the NHS, to ask when they will receive a vaccine.

On 12 January 2021, the Lincolnshire NHS announced that by 15 January 2021, five more local vaccination centres would go live at the following sites:

- The Storehouse, Skegness
- Lincolnshire Showground, Lincoln
- Springfields, Spalding
- John Coupland Hospital, Gainsborough
- Marisco Medical Practice, Mablethorpe

These sites will join the existing vaccination sites in Lincolnshire, which, in addition to the two hospital hubs at Lincoln County Hospital and Pilgrim Hospital, Boston, include the following local centres:

- Louth Community Hospital
- Meres Leisure Centre, Grantham
- Waddington Branch Surgery, South Lincoln
- St Mary's Medical Centre, Stamford
- Franklin Hall, Spilsby
- Sidings Medical Practice, Boston
- Rustons Sports and Social Club, Lincoln
- Portland Medical Practice, Lincoln

On 17 January 2021, the NHS England and Improvement announced a further ten centres, which would be capable of delivering thousands of vaccinations each week, but scaling up and down according to vaccine supplies. One of these is at the Princess Royal Sports Arena, Boston.

The next steps for the Lincolnshire NHS are to extend the programme further through two large vaccination sites and a roving (mobile) service for housebound people across the county. The NHS will continue to keep the public updated as these further sites and vaccination services become available.

The vaccination programme in Lincolnshire, as in the rest of the country, is focused on delivering the vaccines to the top four priority groups, as set out above.

3. Community Testing for Covid-19 in Boston and Lincoln

On 11 January 2021, following a bid by Lincolnshire County Council, the Government announced an extension to its community testing programme in Boston and Lincoln, targeted at people who do not have symptoms of Covid-19. Around one in three people who are infected with Covid-19 have no symptoms so they could be spreading the disease without knowing it.

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People are given a lateral flow test. If there is a positive response, then people will be given a further PCR test.

Boston

No appointment is necessary and testing has been available from 18 January 2021, seven days a week, between the hours of 8am and 8pm at the Peter Paine Performance Centre, Rosebery Avenue, Boston; and and at Tollfield Campus Haven High, Tollfield Road, Boston.

Lincoln

Testing has been available from 11 January 2021 at the LNER stadium from 8am to 8pm and continues until 24 January. From 25 January testing is available at St Swithin's Community Centre, Croft Street, Lincoln.

4. East Midlands Ambulance Service Performance Report

A performance report from the East Midlands Ambulance Service NHS Trust has been received, and is attached to these announcements (Appendix A).

5. Grantham Hospital – Correspondence with Government

On 23 June 2020, a number of local councillors in the Grantham area wrote to the Rt Hon Boris Johnson MP, the Prime Minister, raising the issue of NHS services in the Grantham area.

On 18 January 2021, Edward Argar, the Minister of State for Health, wrote to Councillor Mrs Linda Wootten as follows:

> *"Thank you for your correspondence of 23 June to the Prime Minister, co-signed by a number of your fellow councillors, about NHS services in Grantham. Your letter has been forwarded to the Department of Health and Social Care. I apologise for the delay in replying, which has been caused by an unprecedented volume of correspondence in recent months.*
>
> *I read the correspondence with care. With regard to your specific points about A&E services at Grantham Hospital, the Government is committed to decisions on healthcare being made by clinicians who know their communities best. We believe that health services are best planned and delivered by the NHS locally, with clinicians working with GPs and patients to provide the highest quality services for local people.*

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While it is right, in the context of the current pandemic, Trusts are able, if necessary, to take steps to temporarily alter some services for the purposes of infection control and patient safety in the face of Covid-19, any such changes are temporary; more broadly, I appreciate your frustration with the delay in resolving the ongoing longer term issues around the provision of services in the Grantham area. NHS Lincolnshire Clinical Commissioning Group and United Lincolnshire Hospitals NHS Trust fully understand that the issues relating to Grantham Hospital have now been ongoing for over three years. They continue to be fully committed to delivering the highest quality and safest care possible in Grantham, which is clinically sustainable for the long term, and to engage with the local community as they progress towards achieving this. It is important that due process is followed for any service change, including appropriate engagement with staff, local people, and their representatives. This is a key principle in the local reconfiguration of services, and it is right that the process is guided by those who best know and understand the local area.

I hope this reply is helpful and I would be grateful if you could share it with your co-signatories."

6. Review of Do Not Attempt Resuscitation Cardiopulmonary Decisions During the Covid-19 Pandemic

Healthwatch Lincolnshire Activity

On 14 January 2021, Healthwatch Lincolnshire completed its engagement activity on behalf of the Care Quality Commission (CQC) as part of the CQC's review of 'Do Not Attempt Cardiopulmonary Resuscitation (DNACPR) Decisions During the Covid-19 Pandemic'. The Healthwatch survey was aimed at people who have or know someone who has had a 'Do Not Attempt to Resuscitate' order put in place.

Background to Cardiopulmonary Resuscitation

Cardiopulmonary resuscitation (CPR) is an emergency procedure that aims to restart a person's heart if their heart stops beating or they stop breathing. It can involve chest compressions, delivery of high-voltage electric shocks across the chest, attempts to ventilate the lungs and injection of drugs. In most hospitals the average proportion of people who survive is about 15% to 20%; out of hospital the survival rate is lower, around 5% to 10%.

Care Quality Commission Interim Report – November 2020

Prior to this, in November 2020, the CQC published an interim report which sets out the progress of its review so far:

1. The CQC has reviewed the existing evidence and spoken with a wide range of stakeholders, including representatives of people who use services, who have shared concerns about the inappropriate use of DNACPRs and helped to inform the scope of its review.

2. It is clear that there was confusion and miscommunication about the application of DNACPRs at the start of the pandemic, and a sense of providers being overwhelmed.
3. There is evidence of unacceptable and inappropriate DNACPRs being made at the start of the pandemic. Through its review, the CQC would aim to establish the scale of national concern.
4. There was a quick response from multiple agencies to highlight the issue. Since then, there has been no evidence to suggest that it has continued as a widespread problem; there are, however, differing views on the extent to which people are now experiencing positive person-centred care and support in relation to this issue.
5. It is possible that in some cases inappropriate DNACPRs remain in place. The CQC expects all care providers to assure themselves that any DNACPR decisions have been made appropriately, in discussion with the person and in line with legal requirements and best practice.
6. The CQC expects all providers and local systems to ensure that any discussions about DNACPR happen as part of person-centred advance care planning, and in accordance with legal requirements.

The CQC is due to publish a national report in February 2021.

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APPENDIX A

NHS
East Midlands
Ambulance Service
NHS Trust

EAST MIDLANDS AMBULANCE SERVICE PERFORMANCE (EMAS) REPORT FOR THE HEALTH SCRUTINY COMMITTEE FOR LINCOLNSHIRE

1.0 Introduction

The purpose of this report is to provide an update on current EMAS performance in the Lincolnshire Division.

2.0 Background

During the first phase of the Covid-19 pandemic in Quarter 1 of 2020/21 EMAS was meeting all national performance standards at a regional level. From a Lincolnshire Divisional perspective, quarter 1 showed a significant improvement in performance, compared to previous quarters, with all response category standards met in May 2020, with only the Category 1 and Category 2 mean not met in April and June 2020. This was as a result of a combination of factors, including reduced non-Covid-19 activity, changing patient behaviours, increased resourcing, increased use of alternatives to ED and reduced hospital handover delays.

Since July 2020 as activity has increased, the impact of staff abstraction due to Covid-19 has increased and hospital handover times have deteriorated. Performance has declined month on month and since August 2020 only Category 1 90th centile has been met at a regional level. None of the response standards has been met at a Lincolnshire divisional level since August 2020.

Failure to meet performance standards presents risks to patient/ staff safety, clinical effectiveness/ outcomes and patient/ staff experience. Whilst these risks manifest within the ambulance service the problem is a system one, requiring system level resolution and focus.

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3.0 Performance

The table below shows month on month performance from April – November 2020 for EMAS both regionally and at an NHS Lincolnshire level.

			Standard	April 20	May 20	Jun 20	Jul 20	Aug 20	Sep 20	Oct-20	Nov-20
Category 1	**NHS Lincolnshire**	**Mean**	00:07:00	00:07:54	00:06:59	07:00:53	00:08:34	00:09:22	00:10:46	00:10:10	00:09:59
		90th Centile	00:15:00	00:14:54	00:12:46	00:13:58	00:15:58	00:17:36	00:19:59	00:18:54	00:17:42
	EMAS	**Mean**	00:07:00	00:06:44	00:06:18	00:06:31	00:06:47	00:07:13	00:07:46	00:07:49	00:07:28
		90th Centile	00:15:00	00:12:07	00:11:01	00:11:18	00:11:53	00:12:56	00:14:00	00:13:54	00:13:08
Category 2	**NHS Lincolnshire**	**Mean**	00:18:00	00:18:40	00:16:44	00:20:04	00:22:26	00:30:27	0:39:49	00:35:48	00:42:33
		90th Centile	00:40:00	00:36:21	00:31:51	00:39:26	00:44:05	00:59:42	01:18:15	01:10:22	01:26:06
	EMAS	**Mean**	00:18:00	00:16:12	00:13:56	00:16:36	00:18:10	00:22:42	00:28:11	00:30:15	00:27:52
		90th Centile	00:40:00	00:31:35	00:26:40	00:32:29	00:36:27	00:46:20	00:58:05	01:03:12	00:57:37
Category 3	**NHS Lincolnshire**	**90th Centile**	02:00:00	01:14:26	01:06:10	01:33:31	01:47:26	02:55:23	05:09:59	03:53:57	03:59:53
	EMAS	**90th Centile**	02:00:00	01:19:12	00:58:20	01:27:19	01:44:11	02:30:09	03:54:30	04:02:12	04:23:18
Category 4	**NHS Lincolnshire**	**90th Centile**	03:00:00	01:25:52	01:14:40	02:02:15	02:26:19	03:25:46	05:02:32	03:26:20	03:12:37
	EMAS	**90th Centile**	03:00:00	01:40:11	01:17:56	01:59:39	02:44:22	03:05:52	04:42:28	04:23:32	03:15:02

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Category Definitions

Category 1 – Life Threatening - Time critical life-threatening event needing immediate intervention and/or resuscitation, for example cardiac or respiratory arrest; airway obstruction; ineffective breathing, unconscious with abnormal or noisy breathing.

Category 2 – Emergency – Potentially serious condition that may require rapid assessment, urgent on scene investigation and/or urgent transport.

Category 3 – Urgent – A urgent problem that needs treatment to relieve suffering, for example, pain relief and transport and assessment.

Category 4 – Non-Urgent – Non urgent problems that may need face to face or telephone assessment.

4.0 Performance Influencers

4.1 Demand/ activity

The table below shows actual activity for NHS Lincolnshire from April to November 2020 by disposition and compares this to the 2019/20 Indicative Activity Plan (IAP). This shows activity increasing month on month and both incidents and responses have been significantly over 2019/20 IAP since August 2020.

Actual for NHS Lincolnshire								
Month	**Apr-20**	**May-20**	**Jun-20**	**Jul-20**	**Aug-20**	**Sep-20**	**Oct-20**	**Nov-20**
Calls	10647	11047	11036	12151	13408	13925	13991	13599
Incidents	9347	9720	9446	10087	10398	10026	10426	10256
Responses	8608	9066	8728	9350	9621	9254	9623	9366
Hear & Treat	739	654	718	737	777	772	833	890
See & Treat	3742	3383	3032	3147	3375	3011	3359	3745
See & Convey	4866	5683	5696	6203	6246	6043	6264	5621
% difference from 2019/20 activity plan to actual								
Calls	0.37	-0.22	3.94	4.16	20.45	25.34	25.09	21.81
Incidents	-0.02	-0.31	2.10	-0.43	8.78	8.21	6.02	4.53
Responses	12.42	7.00	5.46	1.98	8.37	5.95	7.90	13.93
Hear & Treat	12.82	-9.67	9.45	-7.06	6.15	1.45	-19.52	-17.59
See & Treat	40.57	22.97	18.30	6.25	28.03	20.20	26.09	48.08
See & Convey	-19.33	-9.43	-5.59	-2.71	0.89	0.73	2.10	-9.38

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4.2 Resourcing

The table below shows percentage hours filled versus forecast hours required for the Lincolnshire Division. This includes private and voluntary ambulance services. Sickness absence percentages are also shown. This does not include absence as a result of Covid-19 e.g. medical stand down for self-isolation or shielding. Despite the additional challenges of Covid-19, EMAS has maintained a strong resourcing position in the Division.

Month	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20
Forecast Hours	35527	35604	35014	36476	36159	34887	36670
Filled Hours	40026	44023	39893	40457	38601	36488	39415
% fill vs forecast	112.66%	123.65%	113.93%	110.94%	106.75%	104.59%	107.49%
Sickness Absence	5.22%	4.70%	4.78%	4.94%	4.81%	5.72%	6.60%

4.3 External efficiencies

The graph below shows overall lost hours as a result of hospital handover delays at United Lincolnshire Hospitals, Northern Lincolnshire Hospitals and Peterborough City Hospital (over the 15-minute pre-clinical handover standard) and the number of delayed handovers exceeding two hours. In May 20 when performance was being achieved there were only four delayed handovers exceeding two hours. This has risen to almost 200 in November 2020.

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The table below shows the hours lost as a result of pre-clinical handover delays as a percentage of forecast hours required from September to November 2020.

	Sep-20	Oct-20	Nov-20
Hours lost pre-clinical handover	1577	1794	2173
Percentage of forecast hours required	4.5%	4.9%	5.9%

4.4 Internal Efficiencies

Alternatives to ED

Whilst EMAS has little control of the activity which is referred, the Trust does have the ability to manage activity in a variety of ways including *Hear and Treat*, *See and Treat* or *See and Convey*, depending on what is clinically safe and appropriate for the patient and what pathway options are available.

The table below shows the percentage of activity managed as *Hear and Treat* or *See and Treat* from December 2019 to November 2020 across Lincolnshire.

	Hear and Treat	See and Treat
MONTH	NHS Lincolnshire	NHS Lincolnshire
Dec-19	10.36%	27.72%
Jan-20	9.35%	26.32%
Feb-20	10.43%	26.25%
Mar-20	10.41%	32.32%
Apr-20	7.91%	40.03%
May-20	6.73%	34.80%
Jun-20	7.60%	32.10%
Jul-20	7.31%	31.20%
Aug-20	7.47%	32.46%
Sep-20	7.70%	32.03%
Oct-20	7.97%	32.13%
Nov-20	8.68%	36.51%

During the early stages of the Covid-19 pandemic there was a significant reduction in the numbers of patients conveyed to Emergency Departments (ED). Whilst the numbers of patients being conveyed are increasing, use of alternatives to ED remain higher than pre-Covid-19 levels and as Trust and system we are committed to increase appropriate use of alternative pathways to prevent unnecessary ED attendances and the pressure/ risks that can result in.

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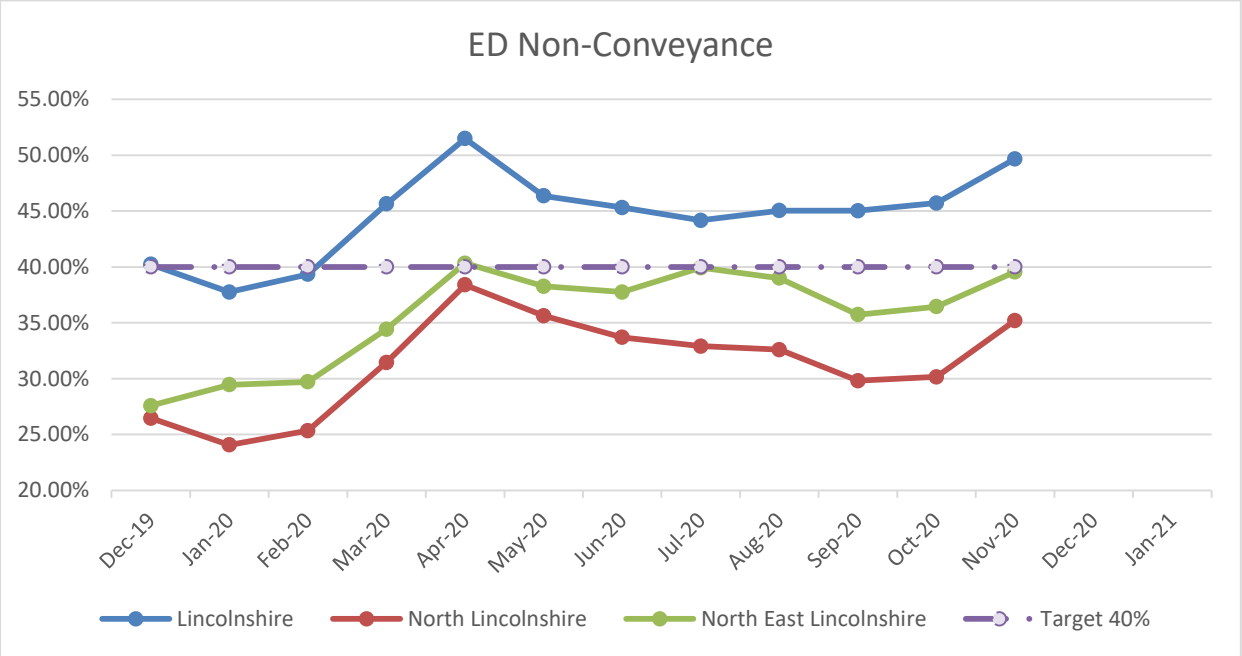
The graph below shows the rates of non-conveyance from December 2019 to November 2020 across Lincolnshire (North and North East Lincolnshire for comparison).



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HEALTH SCRUTINY COMMITTEE FOR LINCOLNSHIRE
20 JANUARY 2021

ITEM 7: UNITED LINCOLNHSIRE HOSPITALS NHS TRUST OUTPATIENT SERVICES AT COMMUNITY HOSPITALS

Correspondence between Councillor Carl Macey, Chairman of the Health Scrutiny Committee for Lincolnshire, and Andrew Morgan, Chief Executive of United Lincolnshire Hospitals NHS Trust, is set out below.

Letter from Councillor Carl Macey to Andrew Morgan (12 January 2021)

The Health Scrutiny Committee for Lincolnshire is due to consider the attached item at its meeting on 20 January 2021. This follows several county councillors raising concerns that they had been made aware that some outpatient services at certain community hospitals would be discontinued in six months. The report includes reference to a statement made by your Director of Finance and Digital, Paul Matthew, to the effect that there would be a comprehensive engagement exercise before any changes and no decisions had yet been made.

Whilst this statement provides some reassurance, I would like further clarification on which services at which hospitals are being considered, and the timing of any engagement exercise. I would also like to know the extent of any involvement of Lincolnshire CCG, as well as the wider health care system, in these developments. Given the references in *Healthy Conversation 2019* to a strong future for community hospitals, I would like to see how any proposals relate to the Lincolnshire acute services review.

I would be very grateful for a response by 19 January, so that it can be reported to the Committee on 20 January 2021.

Reply from Andrew Morgan to Councillor Carl Macey (15 January 2021)

Thank you for your letter dated 12 January 2021 enquiring as to the status of outpatient services delivered by ULHT at community hospitals. You specifically mention that 'some outpatient services at certain community hospitals would be discontinued in six months' also pointing to the statement made by our Director of Finance and Digital.

It was correct that following the first wave of Covid-19 we had a number of consultations in place with our staff who were based at peripheral clinic sites. The rationale being that during the first wave of the pandemic the model of delivering outpatients significantly changed to provide more appointments by telephone or video consultation, which have evaluated well. We do recognise the ongoing need for a number of patients to have a face to face appointment in a local setting. However, ULHT does not necessarily need to be the provider of many of these appointments and they could be better provided by our community colleagues at LCHS.

At this point there were no plans in place but with an absolute expectation of engagement on any proposals. However it should be noted that due to the ongoing situation with Covid-19 affecting our ability to develop the plans and engage appropriately, all consultations with our staff ceased in December.

There is broad agreement with system partners for us to review what services are provided and by who in peripheral locations. We are committed to providing accessible services across a range of locations increasingly using telephone and video consultations. Where face to face appointments are needed we need to review who is best placed to provide the service and ensure the right mix of specialties are catered for.

As we remain in a difficult position with Covid-19 we do not, at the time of writing, have an agreed timescale to commence this work with LCHS and CCG colleagues. However please note that we are committed to undertaking appropriate engagement and where necessary consultation.

Please do get in touch if you require any further information.