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

Direct Dialling: 01522 552104

E-Mail: katrina.cope@lincolnshire.gov.uk

Democratic Services
Lincolnshire County Council
County Offices
Newland
Lincoln LN1 1YL

In accordance with the powers granted by the Local Authorities and Police and Crime Panels (Coronavirus) (Flexibility of Local Authority and Police and Crime Panel Meetings) (England and Wales) Regulations 2020 this will be a virtual meeting.

A Meeting of the Health Scrutiny Committee for Lincolnshire will be held on Wednesday, 14 October 2020 at 10.00 am as a Virtual - Online Meeting via Microsoft Teams

Access to the meeting is as follows:

Members of the Health Scrutiny Committee for Lincolnshire and officers of the County Council supporting the meeting will access the meeting via Microsoft Teams.

Members of the public and the press may access the meeting via the following link: https://lincolnshire.moderngov.co.uk/ieListDocuments.aspx?CId=137&MId=5538&Ver=4 where a live feed will be made available on the day of the meeting.

MEMBERS OF THE COMMITTEE

County Councillors: C S Macey (Chairman), C J T H Brewis (Vice-Chairman), M T Fido, R J Kendrick, C Matthews, R A Renshaw, M A Whittington and R Wootten

District Councillors: S Woodliffe (Boston Borough Council), B Bilton (City of Lincoln Council), Mrs S Harrison (East Lindsey District Council), S Barker-Milan (North Kesteven District Council), G P Scalese (South Holland District Council), Mrs R Kaberry-Brown (South Kesteven District Council) and Mrs A White (West Lindsey District Council)

Healthwatch Lincolnshire: Dr B Wookey

AGENDA

Item	Title	Pages
1	**Apologies for Absence/Replacement Members**	
2	**Declarations of Members' Interest**	
3	**Minutes of the Health Scrutiny Committee for Lincolnshire meeting held on 16 September 2020**	5 - 16

Item	Title	Pages
11	**Health Scrutiny Committee for Lincolnshire - Work Programme** *(To receive a report from Simon Evans, (Health Scrutiny Officer), which invites the Committee to consider and comment on its forthcoming work programme)*	123 - 132

Debbie Barnes OBE
Chief Executive
6 October 2020

This page is intentionally left blank

HEALTH SCRUTINY COMMITTEE FOR LINCOLNSHIRE
16 SEPTEMBER 2020

Lincolnshire County Council

Councillors C J T H Brewis (Vice-Chairman), M T Fido, R J Kendrick, C Matthews, R A Renshaw, M A Whittington, R Wootten and L Wootten.

Lincolnshire District Councils

Councillors S Woodliffe (Boston Borough Council), B Bilton (City of Lincoln Council), Mrs S Harrison (East Lindsey District Council) and Mrs A White (West Lindsey District Council).

Healthwatch Lincolnshire

Dr B Wookey.

Also in attendance

Mark Brassington (Director of Improvement and Integration and Deputy Chief Executive, United Lincolnshire Hospitals NHS Trust), Dr Kakoli Choudhury (Consultant in Public Health Medicine), Katrina Cope (Senior Democratic Services Officer), Simon Evans (Chief Operating Officer, United Lincolnshire Hospitals NHS Trust), Simon Evans (Health Scrutiny Officer) and John Turner (Chief Executive, Lincolnshire Clinical Commissioning Group).

County Councillor Dr M E Thompson (Executive Support Councillor for NHS Liaison and Community Engagement) attended the meeting as observer.

14 APOLOGIES FOR ABSENCE/REPLACEMENT MEMBERS

Apologies for absence were received from Councillors S Barker-Milan (North Kesteven District Council), Mrs R Kayberry-Brown (South Kesteven District Council), C S Macey (Chairman – Lincolnshire County Council) and G Scalese (South Holland District Council).

The Committee noted that Councillor L Wootten (South Kesteven District Council) had replaced Councillor Mrs R Kayberry-Brown (South Kesteven District Council) for this meeting only.

An apology for absence was also received from Councillor S Woolley, (Executive Councillor for NHS Liaison and Community Engagement).

Councillor C J T H Brewis (Vice-Chairman) was in the chair.

15 DECLARATIONS OF MEMBERS' INTEREST

There were no declarations of members' interest made at this stage of the meeting.

16 MINUTES OF THE HEALTH SCRUTINY COMMITTEE FOR LINCOLNSHIRE MEETING HELD ON 22 JULY 2020

RESOLVED

That the minutes of the Health Scrutiny Committee for Lincolnshire meeting held on 22 July 2020 be agreed and signed by the Chairman as a correct record.

17 CHAIRMAN'S ANNOUNCEMENTS

Further to the Chairman's announcements circulated with the agenda, the Vice-Chairman brought to the Committee's attention the supplementary announcements circulated prior to the meeting.

The supplementary announcements provided information on the following items:

- Response of Edward Argar, MP, Minister of State for Health, to the Chairman's letter of 23 June 2020; and
- Information on the Proposed Closure of the Woolsthorpe Surgery; and Annual Reports and Accounts 2019/20 and Annual Meetings.

Some members of the Committee expressed their concern and dismay to the response of Edward Argar, MP, Minister of State for Health to the Chairman's letter of 23 June 2020.

RESOLVED

That the Supplementary Chairman's announcements and the Chairman's announcements as detailed on pages 17 to 25 of the report be noted.

18 UNITED LINCOLNSHIRE HOSPITALS NHS TRUST - COVID-19 UPDATE

The Committee was advised that item 5 could be found on pages 27 to 70 of the report pack.

The Vice-Chairman invited Mark Brassington, Director of Improvement and Integration and Deputy Chief Executive, United Lincolnshire Hospitals NHS Trust (ULHT) and Simon Evans, Chief Operating Officer, ULHT to present the report to the Committee.

At the 17 June 2020 meeting, the Committee had requested a further update from (ULHT) on the progress made on restoration and recovery following the acute phase of the Covid-19 pandemic.

Detailed at Appendix A to the report was a copy of a report to United Lincolnshire Hospitals Trust Board of Directors (1 September 2020) – ULHT Covid-19 recovery Phase Update – Progress Summary; and Appendix B provided a copy of a report to the United Lincolnshire Hospitals NHS Trust Board of Directors (7 July 2020) – ULHT Covid -19 Restore Phase Update – Progress Summary.

The Committee was advised that since 1 August 2020, the Trust was in Phase 3 - Recovery. Details of targets set for the recovery of capacity levels were shown within the report. The Committee noted Phase three planning had been split into 3 high levels, which were accelerating the return to near-normal levels of non-Covid health services; preparing for winter pressures, alongside continuing vigilance in light of further probable spikes; and taking into account lessons learnt from the first Covid peaks.

It was noted that the Trust's response to diagnostic recovery had been positive, with particular progress being made in endoscopy and radiology. The Committee also noted that planned care waiting lists had continued to plateau after a period of decrease in the Restore Phase.

It was reported that cancer recovery had been positive. It was noted that the Trust had met its objectives of reducing patients waiting times; the objective more than 62 days for treatment had been reduced by 20% by the 21 August 2020. However, it was highlighted that patients waiting more than 103 days objective had not been met, but significant progress had been made in reducing the waiting list by more than 60%.

It was highlighted that the Grantham 'green' site model continued to deliver an important part of the restoration of services as both cancer and planned care waiting lists had been reduced. The Committee was advised that the Trust had conducted 680 operations for vulnerable patients to date. It was also highlighted that some patients were still reluctant to return to access services, as they were not confident of their personal safety.

The Committee noted that the Trust had only had 14 days when there had been zero Covid-19 patients.

The Chief Operating Officer provided the Committee with an update on the progress made in restoring services to pre-Covid levels, full details of the Trusts Restore Phase response was contained within Appendix B to the report.

During discussion, the Committee raised the following points:

- Congratulations were extended to the Trust and their team for all their hard work in reducing the cancer waiting list;
- Clarification was sought as to when the Grantham 'green' site would revert back to being a UTC (A&E). The Committee was advised that the provision was for a time limited period; and that the Trust Board would be meeting in October to review the impact of the 'green' site arrangement.

- Clarification was also sought as to when it was hoped to restore medical beds to Grantham Hospital. The Committee was advised that all facets of the changes made as at the Grantham site would be reviewed, and restoring medical beds would form part of that review;
- Reassurance was sought as to whether the Trust was prepared for returning to a level four situation. The Committee was advised that level 4 preparedness had already started;
- Covid-19 testing for staff, including critical staff. The Committee was advised that staff at ULHT were tested as part of 'Pillar 1', which unlike the 'Pillar 2' community-focused testing, was not experiencing delays in the return of test results;
- When research trials would be re-commencing. The Committee noted that some trials had been stopped however, two large scale projects were now up and running; and
- New ways of working and the need for enhanced data and digital provision across health trusts. The Committee noted that all systems had to develop a local people plan to ensure that staff were kept healthy, offered flexible working; that inequalities were addressed; that news ways of working were adopted, which made use of people's skills and experience; and that the Trust grows its own workforce; taking into consideration workforce planning and transformation. There was recognition that digitally the Trust had struggled, mainly due the financial costs of an electronic patient record system. It was noted that some money had been assigned to start the process. It was however noted further that Covid-19 had provided the opportunity for the Trust to deliver its services in different ways. It was reported that 60% of outpatients appointments had been delivered digitally, or by telephone; and that this would be continued to provide a better service.

The Vice-Chairman extended thanks on behalf of the Committee for the optimistic update.

RESOLVED

1. That support be extended for the Trust's restoration and recovery to date of diagnostic, cancer treatment and planned care.

2. That the intention for a full review of the Grantham Hospital 'green' site, which was due to be considered by United Lincolnshire Hospitals NHS Trust Board on 6 October 2020, be noted.

3. That a report be received from the United Lincolnshire Hospitals NHS Trust at the 14 October 2020 meeting, on its review of the Grantham Hospital 'green' site

4. That a further general update on Lincolnshire Hospitals NHS Trust on its recovery from Covid-19 be received at its 16 December 2020 meeting.

19 HEALTHY CONVERSATION 2019 AND NEXT STEPS

The Vice-Chairman welcomed John Turner, Chief Executive, Lincolnshire Clinical Commissioning Group to the meeting and invited him to present the report to the Committee.

The item as detailed on pages 71-178 of the agenda report pack enabled the Committee to consider the final report on the Healthy Conversation 2019 engagement exercise; and to receive a progress update on the next steps to be taken by local NHS in developing plans for public consultation relating to elements of the Lincolnshire Acute Services Review.

It was reported that the Healthy Conversation 2019 engagement had identified some key messages from the people of Lincolnshire. A copy of the final report was attached at Appendix B, together with five further supporting appendices:

- B1 - Purpose and Activities;
- B2 - Engagement Feedback;
- B3 - Workshop Frequently Asked Questions;
- B4 - Acute Services Review Survey Report;
- B5 - The People's Partnership Acute Services Review - Engagement with; and
- Hidden and Hard to Reach Communities (Executive Summary).

A summary of the Committee's response relating to engagement was detailed on pages 73 and 74 of the report pack.

Also, detailed at Appendix A to report was a copy of the Health Scrutiny Committee for Lincolnshire – Responses to Specific Topics in the Healthy Conversation 2019 Engagement Exercise (pages 76 to 86 of the report pack).

The Committee was reminded that the Healthy Conversation 2019 engagement exercise had been launched in March 2019 and had concluded on 31 October 2019. Healthy Conversation 2019 had enabled the NHS in Lincolnshire to have open engagement with residents of Lincolnshire to help shape how health care was taken forward in Lincolnshire. The overarching campaign messages had been that the NHS needed to continue to change, improve quality and attract staff in order to be fit for purpose and for the future; and to review the way residents use its services.

The Committee noted that all feedback received from the Healthy Conversation 2019 engagement exercise had helped shape the Long Term Plan (LTP) for the NHS in Lincolnshire.

Recognition was expressed that the whole process had taken a long time, but there had been external factors that had impacted on the process, not least the Covid-19 pandemic. Confirmation was given that joint working was continuing with partners and the care home sector in light of Covid-19, and that it was hoped to refresh the Lincolnshire LTP over the next six months; and that it was hoped to publish the LTP in the spring of 2021.

The Committee was advised that consultation on the following four elements of the acute services review would take place first as they did not require significant capital funding:

- Medical Services / Acute Medicine (Grantham and District Hospital);
- Stroke Services;
- Trauma and Orthopaedic Services (Centre of excellence); and
- Urgent and Emergency Care Services.

The Committee noted that the remaining elements of the acute services review requiring significant capital funding, consultation would take place when funding was available:

- Breast Services;
- General Surgery Services;
- Haematology and Oncology Services; and
- Women's and Children's Services.

Reassurance was also given to the Committee that the temporary changes currently in operation at Grantham Hospital were temporary, and that any re-configuration of services at Grantham Hospital would be subject to a consultation exercise, which the CCG would be responsible for.

The Committee was advised that the CCG was progressing with the Pre-Consultation Business Case with NHS England/Improvement (NHSE/I). The Committee was advised further that no further progress could be made until a determination had been made by NHSE/I; and as such, no definitive timescale could be given for when the process would move into public consultation stage.

During discussion, the Committee raised the following points:

- Whether residents' views had been taken into consideration. Reassurance was given that the views of residents had been collated from the exercise and were reflected in the report;
- The Healthy Conversation 2019 engagement exercise, whether it actually reflected the views of the residents of Lincolnshire, as the response only reflected the views of a minority of residents. The Committee noted that the exercise had been conducted for a six month period, and that it had been published as a countywide exercise. Reassurance was given that the team had worked hard to capture the view of residents, including Grantham residents. It highlighted that the CCG was unable to consult publicly until it had received confirmation from NHSE/I that they were able to do so. Acknowledgement was given to the frustration of Grantham residents. Some members stressed that Grantham Hospital needed to be returned to being an A & E. A question raised was whether there were plans to build a new hospital for Grantham on another site. The Committee noted that this was not

part of the NHS plan at the moment, nor was it the NHS policy plan. It was highlighted that there were no proposals to move services from the current site;

- Some support was extended for the report; and to the extensive engagement that had taken place;
- Some concern was expressed relating to the development of secondary care. The Committee was advised that capital funding was short in the NHS; and that was why a decision had been made to progress with four elements of the acute services review, as they did not require significant capital funding;
- The need to re-engage residents in the process. One member suggested that a mailshot should be delivered to all resident in Lincolnshire for the public consultation exercise. The Committee was advised that the need to update the public was valid and be timed and linked into the launch of the public consultation. On a more general note, the Committee noted that a public announcement campaign encouraging residents to take care of themselves; who they should contact should they require a GP, or have an urgent care concern. Reference was made to the 'Talk Before You Walk' initiative; and the need for encouraging residents to have the flu vaccination;
- Digital appointments – It was reported that GPs in Lincolnshire were being encouraged to work digitally where they can and that this was being supported by NHSE/I. One member advised that there needed to be a balance between face to face and digital appointments. Also, it was highlighted that some patients were having difficulty accessing a GP by the new processes. One member highlighted a particular issue with contacting a GP surgery and it was agreed that this would be looked at outside of the meeting. The Chief Executive of Lincolnshire CCG welcomed the feedback and agreed to look into the matter further;
- Some concern was expressed as to what plan was currently being worked on. It was reported that the LTP had been updated in the autumn of 2019 from feedback from the Healthy Conversation 2019, and advice and support from partners. It was highlighted that a lot of the content was relevant, but some areas needed refreshing and this was currently in the process of being done with health care partners;
- The need to encourage people to be more responsible for themselves and their health, which would then ultimately help to save NHS time. Particular reference was made to smoking, drinking and healthy eating. The Committee noted that GPs in their role continually strived to encourage individuals to look after themselves. The Committee noted that there were various public health initiatives in place to tackle the issues raised; and that the Lincolnshire Health and Wellbeing Board were also involved in promoting health and wellbeing in Lincolnshire. Particular reference was made for the need for more to be done to reduce obesity in Lincolnshire;
- Services available for those with mental health issues. The Committee noted that a lot work had been done by Lincolnshire Partnership Foundation Trust (LPFT) regarding mental health issues in Lincolnshire. The Committee was advised that a mental health liaison service operated alongside A & E Departments; and that crisis mental health teams were available to people across the county. It was suggested that further information could be obtained from LPFT regarding this matter;

- Role of Primary Care Networks and Neighbourhood Teams. It was noted that there were lots of services and different ways of working in place within a Primary Care Network. The Networks provided structure and funding for services to be developed locally in response to the needs of the patients they serve. The Networks also worked very closely with Neighbourhood Teams on a local integrated level;
- Concern was expressed on the delays attributed with the public consultation, which was having a negative impact with members of the public, leaving them frustrated and confused; and
- One member enquired as to why it had been difficult to recruit staff to work at Pilgrim Hospital, Boston. The Committee was advised that the assessment of the hospital and evidence submitted was that the hospital did not provide as much training as some others. It was noted that ULHT were looking to address this matter. It was highlighted that there was a shortage of NHS staff nationally, as well as in Lincolnshire. It was suggested that having exit interviews might highlight the positives and negatives of working for the NHS, and that it was an issue that needed to be solved for Pilgrim Hospital, Boston.

In conclusion, the Committee agreed that the item should be considered by the Committee again in three months' time.

RESOLVED

1. That the Committee's concerns over reach and methods of the Healthy Conversation 2019 engagement exercise be reiterated.

2. That an update report be received on Healthy Conversation 2019 and Next Steps at the 16 December 2020 meeting; and then quarterly thereafter.

20 LINCOLNSHIRE CLINICAL COMMISSIONING GROUP

The Chairman invited John Turner, Chief Executive, Lincolnshire Clinical Commissioning Group (LCCG) to provide the Committee with an update on the new Clinical Commissioning Group arrangements in Lincolnshire.

The Committee was advised that the new CCG for Lincolnshire had been established with effect from 1 April 2020. It was noted that the merger of the four former CCGs into a new Lincolnshire CCG had not directly affected front line service provision. It was noted further that CCGs were responsible for the commissioning of most health services, including mental health services, urgent and emergency care, elective hospital services and community care.

The Committee noted that the CCG Board (formally referred to as the governing body) comprised of:

- The Chair
- The Chief Executive
- Director of Finance

- Director of Nursing
- Secondary Care Doctor
- Seven Non-Executive Directors
- Four Locality Clinical Leads; and
- Two Primary Care Leads '

It was highlighted that the new organisation had a budget of £1.3 billion; and that as one CCG, its boundaries were consistent with those of the County Council.

The Committee was advised that the Lincolnshire CCG's goal was to ensure that everyone living in Lincolnshire had the best possible health and wellbeing they could, and that this would be achieved by working alongside other health care partners.

The Committee was advised to do this, the vision was to deliver the ambitions identified in the NHS Long Term Plan, working with partners both in local and district councils, partners across the voluntary sector; and the people of Lincolnshire, to improve the quality and experience of services to enable the population of Lincolnshire to live happier and healthy lives; and to reduce the health inequalities that currently existed across the county.

Particular reference was made to the stronger working relationships that existed with partners in Lincolnshire, and that these had become more evident over the last few months.

During discussion, the Committee raised the following points:

- Support was expressed for the new arrangement of four CCGs into one CCG. The Committee was advised that the one CCG, with four localities, would recognise the different needs across Lincolnshire and that the differences played a major part when providing services. It was felt that the current structure put Lincolnshire in the best place to do the best for the people it served. The Committee also noted that one CCG was in a stronger position representing NHS in Lincolnshire, where previously, this had been more difficult. The Committee noted further that the Chief Executive had a weekly conversation with the Midlands Regional Director, and that these conversations were constructive, as there was a will for the Lincolnshire NHS to succeed;
- Budget – How much of the £1.3 billion budget went to Provider Trusts in the county and how much of the budget went out of county. The Committee was advised that these figures were not to hand. It was highlighted that lots of residents chose to go out of county for their treatment, and that there was virtually no flow into the county to offset that. The Committee was reminded that the CCG had a duty to support care where patients wished to receive it. It was hoped that an Elective Centre of Excellence at Grantham would help encourage residents to remain in Lincolnshire for their care. The Committee was advised that a request would be made to the Finance Director, to see if the figures requested could be provided for the Committee; and
- The need for better communication from GP surgeries with the general public.

The Vice-Chairman extended his thanks to the Chief Executive of Lincolnshire CCG for his presentation.

RESOLVED

That the formal establishment of the Lincolnshire Clinical Commissioning Group with effect for 1 April 2020 be noted.

21 CONSULTATION ON NHS REHABILITATION CENTRE, STANFORD HALL ESTATE NEAR LOUGHBOROUGH

The Vice-Chairman invited Simon Evans, Health Scrutiny Officer to present this item to the Committee.

On 19 February 2020, the Committee had agreed to engage in the consultation on the proposed NHS Rehabilitation Centre on the Stanford Hall estate, near Loughborough.

A draft response to the consultation had been circulated to all members of the Committee by email. The Committee was advised that a further comment had been added for Q12 to the effect that 'The Committee would like to highlight the importance of mental health assessment at least three times a week, as stated in the consultation document'

The Committee extended their thanks to Simon Evans for his clear response document.

RESOLVED

That the draft response to the consultation with the added comment shown above be approved as the Health Scrutiny Committee for Lincolnshire's response to the consultation on NHS Rehabilitation Centre, Stanford Hall Estate, Near Loughborough.

22 HEALTH SCRUTINY COMMITTEE FOR LINCOLNSHIRE - WORK PROGRAMME

The Vice-Chairman invited Simon Evans, Health Scrutiny Officer to introduce the item to the Committee as detailed on pages 203 to 210 of the report pack.

The Committee noted that there was an addition to the work programme:

- GP Appointments: Face to Face and Virtual.

The Committee also discussed items from the Chairman's Announcements item earlier in the agenda, these included:

- Ash Villa – The Committee noted that Ash Villa was re-opening as acute inpatient unit for women;
- Proposed Closure of the Woolsthorpe Surgery – The electoral division Councillor requested a copy of the consultation paper. The Health Scrutiny Officer advised that there was going to be a public meeting via Teams and that he would forward on details to the said member;
- Response from Edward Argar, MP, Minister of State for Health, dated 14 September 2020, to the Chairman's letter of the 23 June 2020. The Committee agreed to record its dismay and request that the Chairman respond to Edward Argar, MP, Minister of State for Health, seeking clarification of the role of NHS England/Improvement in local decision making; and that copies of the said letter should also be sent to all local MP's.

RESOLVED

1. That the work programme presented be received subject to the item listed above.

2. That a response letter be sent on behalf the Committee to Edward Argar, MP, Secretary of State for Health, seeking clarification of the role of NHS England/Improvement in local NHS decision-making, and that a copy of the said letter should be sent to all local MP's.

3. That details relating to the public meeting regarding the Woolsthorpe Surgery be passed on to the electoral division Councillor by the Health Scrutiny Officer.

The meeting closed at 1.12 p.m.

This page is intentionally left blank

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:	**14 October 2020**
Subject:	**Chairman's Announcements**

1. Mental Health Promotion Fund

On 29 September 2020, Lincolnshire County Council and Lincolnshire Partnership NHS Foundation Trust announced the latest round of their Mental Health Promotion Fund. The fund aims to support people to live independently in their own homes and local communities, reducing social isolation and building stronger connections and networks with people and communities.

Organisations and groups that support people to manage their mental health and wellbeing are being invited to pitch for a share of £300,000 community funding.

Projects which successfully receive an investment from the fund will become part of Lincolnshire's Managed Care Network for mental health. This network is an alliance of groups and organisations which provide a range of activities and services to give people support, structure, and choice in their lives.

Since the scheme launched in 2012, it has been great to see the number of people benefiting from projects enabled by the funding increasing year on year. People have been assisted to live independent lives in their own homes, with strong support from communities, for as long as possible.

For this round of funding, new projects are welcomed, with fresh and imaginative ideas that support key priorities including: physical activities which improve mental health, mental health advocacy and developing of befriending networks.

The application deadline is 5 November 2020.

2. Update on NHS Dental Services in the Midlands – Stakeholder Briefing

On 30 September 2020, NHS England / Improvement (NHSE/I) issued a stakeholder briefing on NHS Dental Services in the Midlands.

NHSE/I has stated that almost all dental practices in the Midlands are now open to provide face to face care and 90% are able also to offer aerosol-generating (AGP) procedures (anything involving the use of powered instruments like drills or scalers). There are also currently 93 Urgent Dental Care Centres across the Midlands providing urgent care for those patients who do not have access to a regular dentist or whose dentist is not yet offering the full range of services.

NHSE/I has added that it is aware that people are concerned about difficulties being experienced at present in accessing dental services and, in particular, about whether or not any further lockdown measures will affect this. Patients should be reassured that dentists have been trained and equipped to manage patients safely during the pandemic and that most practices will continue to stay open during any future national or local lockdown. Accessing urgent medical or dental care remains important and it would only be less essential or routine appointments that may need to be cancelled if restrictions were imposed e.g. on non-essential travel.

All people who have an urgent dental care need should have access to treatment. Due to the infection control and social distancing measures in place the capacity for dental practices to see patients is currently still very restricted and likely to remain so. Current enhanced infection control measures also include the requirement for each surgery to be left for up to an hour between patients prior to deep cleaning following an AGP procedure. The management of urgent patients and those in vulnerable groups is the priority. There is no restriction on the provision of routine dental care but, in many cases, practices will be prioritising the most vulnerable patients. This means that some regular attenders with good oral health are likely to have to wait for routine appointments.

AGP or aerosol-generating procedures are anything involving the use of high-speed drills and include simple procedures such as a scale and polish, previously provided as part of a routine check-up. Where these procedures cannot be avoided enhanced PPE is required and other strict safety measures need to be put in place.

In many cases patients can expect to have to speak to a dentist by phone or video consultation first prior to being seen in the dental surgery – especially when patients have an urgent dental problem. Dental practices can prescribe antibiotics or painkillers if needed and this can be done by phone.

<u>NHSE/I Advice</u>

People should continue to contact their local dental surgery by phone for advice on dental care and treatment. Out of surgery hours patients should contact NHS 111. Patients are still expected to pay normal dental charges (unless exempt), but should not be charged extra.

NHS patients should not be told that they can only access care privately. In some cases patients may have to wait longer than normal for an appointment for treatment (particularly for AGP procedures) as dentists will be prioritising the most urgent cases.

If patients do not have a regular dentist or have not recently accessed NHS Dental care they are advised to contact NHS 111, with online quicker being quicker than phoning. Patients will then be directed to a dental practice, who can make an assessment by phone and if needed patients will be offered face to face care at a practice with capacity, which may be an urgent dental centre.

Anyone who feels unwell or has any Covid-19 symptoms or is self-isolating following contact from NHS Test and Trace should not visit their normal surgery, even if they have a confirmed appointment. It is important for patients to be honest about whether they are symptomatic or have been asked to self-isolate. Dedicated urgent dental centres continue to operate where symptomatic or self-isolating patients needing urgent care can be seen and treated.

3. Access to Community Defibrillators

In recent years, a number of local councils, community groups and businesses have installed automated external defibrillators (AED) outside their premises. These can be in locations accessible to the public, through an access code to open an AED's storage box.

On 9 September 2020, North Kesteven District Council's Communities and Economy Overview and Scrutiny Panel considered the issue of access to community defibrillators. This was initiated by Councillor P C Lundgren, the Chair of the Panel, following reports of members of the public in North Kesteven not being able to access community defibrillators on 999 calls. For example, access codes to the AED's storage box were not known by emergency call handlers.

There is no requirement for any organisation to register their AED with the emergency services. However, linking the AED with the emergency service is clearly beneficial as allows the call handler to provide the caller with the access code.

The East Midlands Ambulance Service has produced a *Community AED Handbook*, which summarises the main issues and provides guidance to members of the public or organisations, who choose to purchase an AED. This guidance includes storage and regular maintenance, as well as urging the purchaser to register their AED with the emergency services.

The Committee is due to consider an update from the East Midlands Ambulance Service at its next meeting on 11 November 2020.

4. Lincolnshire Primary Care Network Alliance Annual Report 2019-20

The Lincolnshire Primary Care Network Alliance Annual Report for 2019-20 has been published and emailed to all members of the Committee. The report is available at the following link:

https://lincolnshireccg.nhs.uk/about-us/our-gp-practices/primary-care-networks/

5. Care Quality Commission Strategy 2021

On 29 September 2021, the Care Quality Commission (CQC) launched a two month engagement exercise on its draft strategy for 2021. This includes a document, which presents emerging themes that the CQC wants to explore and refine ahead of a formal consultation in January 2021. The document is available at the following link:

https://cqc.citizenlab.co/en-GB/folders/strategy-2021-share-your-views

6. United Lincolnshire Hospitals NHS Trust – Appointment of Director of Nursing

On 1 October, 2020, United Lincolnshire Hospitals NHS Trust (ULHT) announced that Karen Dunderdale had been appointed to the role of Director of Nursing.

Karen Dunerdale joined ULHT as Interim Director of Nursing in February 2020. Karen is also ULHT's Director of Infection Prevention and Control and has played a key role in making sure that patients, visitors, staff and our families are kept safe from Covid-19 and other infectious diseases.

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

Open Report on behalf of Andrew Crookham
Executive Director - Resources

Report to	**Health Scrutiny Committee for Lincolnshire**
Date:	**14 October 2020**
Subject:	**United Lincolnshire Hospitals NHS Trust – First Quarterly Review Following Temporary Conversion of Grantham Hospital to a Covid-19 Green Site Model**

Summary

As reported to this Committee on 16 September 2020, the Grantham Hospital 'green site' went live on 29 June 2020. The Committee has requested that it considers the first quarterly review of the Grantham 'green site', which is due to be presented to the United Lincolnshire Hospitals NHS Trust Board on 6 October 2020. The report to the Board is attached.

Actions Required

(1) To consider the information presented by United Lincolnshire Hospitals NHS Trust on its quarterly review of the Grantham Hospital 'green site'.

(2) To consider the Committee's next steps.

1. Previous Committee Consideration

On 17 June 2020, the Health Scrutiny Committee considered an item on the arrangements of United Lincolnshire Hospitals NHS Trust (ULHT) to restore NHS services, following the onset of the Covid-19 pandemic. This was followed by further consideration by the Committee on 16 September 2020, when the Committee requested consideration at this meeting of ULHT's first quarterly review of the Grantham Hospital 'green site.'

2. United Lincolnshire Hospitals NHS Trust Board Paper – 6 October 2020

The *First Quarterly Review Following Temporary Conversion of Grantham Hospital to a Covid-19 Green Site Model* is due to be submitted to the Board of Directors of United Lincolnshire Hospitals NHS Trust (ULHT) on 6 October 2020 and is attached at Appendix A.

3. Consultation

This is not a direct consultation item.

4. Conclusion

The Committee is invited to consider the information presented by United Lincolnshire Hospitals NHS Trust on its quarterly review of the Grantham Hospital 'green site'.

5. Appendices

These are listed below and attached to this report: -

Appendix A	First Quarterly Review Following Temporary Conversion of Grantham Hospital to a Covid-19 Green Site Model *(Report to United Lincolnshire Hospitals NHS Trust Board of Directors - 6 October 2020)*, including: Appendix 1 – Clinical Model Appendix 2 – Infection Prevention and Control – Board Assurance Framework

6. Background Papers

No background papers, as defined by Part VA of the Local Government Act 1972, were used to a material extent in the preparation of this report.

This report was written by Simon Evans, Health Scrutiny Officer, Lincolnshire County Council, who can be contacted via 07717 868930 or Simon.Evans@lincolnshire.gov.uk

Meeting	Public Trust Board
Date of Meeting	6th October 2020
Item Number	Item 6.1
Title	First Quarterly Review following temporary conversion of Grantham Hospital to a Covid-19 Green Site Model
Accountable Director	Simon Evans – Chief Operating Officer
Presented by	Simon Evans – Chief Operating Officer
Author	Simon Evans – Chief Operating Officer
Report previously considered at	N/A

How the report supports the delivery of the priorities within the Board Assurance Framework	
1a Deliver harm free care	*X*
1b Improve patient experience	*X*
1c Improve clinical outcomes	*X*
2a A modern and progressive workforce	
2b Making ULHT the best place to work	
2c Well Led Services	
3a A modern, clean and fit for purpose environment	
3b Efficient use of resources	
3c Enhanced data and digital capability	
4a Establish new evidence-based models of care	*X*
4b Advancing professional practice with partners	
4c To become a university hospitals teaching trust	

Risk Assessment	4558 – Local Impact of the Global Coronavirus (Covid-19) Pandemic The paper is in direct response to mitigating this risk.
Financial Impact Assessment	The temporary establishment of a Covid-19 Green site at Grantham Hospital was as a direct response to a Level 4 National Incident, not requiring a detailed FIA to be considered; however clear processes to authorise financial expenditure in line with the agreed business case have been established to support a detailed evaluation to take place. De-escalation to a Level 3 National Incident on 1st August has not changed the protocols under which a detailed FIA is not required.
Quality Impact Assessment	*Completed June 2020*
Equality Impact Assessment	*Completed June 2020*
Assurance Level Assessment	*Significant*
Decision Required	The Trust Board are asked to consider the findings of the first quarterly review of Grantham Green site model and approve the primary recommendation for the continuation of the temporary changes in operation at Grantham. The timescale for this continuation to last for the duration of Covid-19 to at least 31 March 2021 Subject to such approval the Trust Board are asked to approve a further 9 recommendations to strengthen existing arrangements operationally and corporately.

Contents:

1. Executive Summary

The establishment of a Green Site at Grantham District Hospital within 18 days following the Board decision to do so in June was a significant undertaking. The subsequent implementation of these plans within 2 weeks was only achieved through the significant efforts and commitment of many colleagues across corporate and operational divisions.

The overarching objective of these proposals being to seek to address the requirements for urgent care in response to Covid-19 in addition to also addressing the need to re-establish and maintain access to elective care for the benefit of all patients across Lincolnshire.

The activity modelling presented in the original proposals in June were predicated upon the circumstances and assumptions known at that point. Some of these assumptions have changed due to the dynamic nature of the pandemic, making it difficult to evaluate actual delivery against plan. Notwithstanding this point it is clear that the changes made have delivered most of the expected benefits.

The establishment of a Green Site at Grantham being one important element of the Trust's overall Covid-19 Strategy and Recovery plan, however the evaluation and impact of which should be considered alongside the measured contribution that all 4 trust sites are making to the overall performance of the Trust.

There is also a clear opportunity for reflection on the findings from this review to ensure that the translation into wider organisational learning is not lost.

This detail within this review provides significant evidence of the achievement in full of the Trust's 3 strategic aims required to be met to support the implementation of the Green site model as RAG rated below.

Strategic Aims	RAG	Evidence
IPC excellence		No instances of Covid-19 Perioperative infection
Capacity to deliver at scale		There has been a 69% increase in overall activity
Future service resilience		All services have remained open in spite of ongoing and escalating Covid-19 status.

Strengthening existing arrangements for refining patient flow projections, revisiting specialty activity targets and developing the coordination and consistency by which performance is measured and reported upon with regard to the effectiveness of the Grantham Green site model with particular focus upon the impact for patients and staff will significantly improve the Trust's ability to continue to respond to the ongoing complexities presented by the evident second wave of the Covid-19 epidemic being experienced now across the UK.

A RAG rated summary of the degree to which the primary priorities and objectives of the Green site model have been achieved are presented below:

Priorities	RAG
To enable planned surgery to resume to a level which maintained the current waiting list level, ensuring no further deterioration.	
To bring the trusts overall cancer surgery activity back to pre Covid-19 levels and indeed aim to exceed this level so that within 3 weeks there will be no waiting list for cancer surgery	
To continue to treat the 80 patients historically receiving chemotherapy at Grantham, whilst transferring the treatment of 1932 patients from Lincoln and Pilgrim.	
To contribute to an increase in the trusts overall capacity to undertake urgent endoscopy work.	
To increase the number of patients receiving outpatient care by an indicative 9000 patients per annum.	

To provide UTC services 24/7 to the majority of patients who attended A&E – 20,014 attendances	

NB Amber RAG ratings reflecting incomplete information and the requirement for further data collection, validation and analysis.

Whilst there is no doubt that the services approved within the Green site model have been implemented as intended, the full effect of these changes upon other sites and services provided by the Trust remain to be fully quantified and understood. Whilst these interdependencies may be complex, strengthening the approach to evaluation going forward as suggested in this paper will develop a clearer understanding that will inform both organisational and system wide decision making as the NHS continues to respond to the Covid-19 pandemic.

The trust's original criteria to determine the return of Grantham Hospital to pre Covid-19 model are represented below:

- Regional or National Incident Override – where through the NHSE/I Command structure a request is made to revert to the pre Covid-19 model.
- Covid-19 alert level reduces to L2.
- Impact to other organisations - resulting in a request for mutual aid.
- Identified risks of threat to life or limb are identified with existing models of care.
- Overall waiting lists for Cancer patients reaches standards for 31 & 62 day, with all other treatments/surgeries reduced to pre Covid-19 levels.
- Winter pressures lead to activation of the surge plan – where emergency bed base, critical care demand and/or staffing requirements for critical care is not satisfied with Grantham model.

These 6 criteria have been designed to consider all known scenarios that should lead initially to a consideration of amendment of the model. They may in turn lead to reverting back to the original pre-Covid-19 model. They are sufficiently broad to consider the full range of risks to stakeholders. The criteria are highly visible and easy to communicate, so as to easily alert the Trust to a need to consider its response differently. An assessment of these criteria is detailed within this report, which confirm at this point that no criteria have been met that would suggest the need to substantially change the temporary model in place, or to drive a reversion back to pre-Covid configurations.

On the basis of information within this paper, the Trust Board is asked to approve the continuation of the temporary service changes enacted in June as a consequence of establishing the Grantham Green site model. The timescale for this continuation to last for the duration of Covid-19 to at least 31 March 2021. This timescale to be subject to a system wide review of next quarters activity data, which is available in early January 21 for the Trust Board's consideration in February 21. The Board is also asked to approve a further 9 recommendations relating to operational and strategic aspects of the Green Site model.

2 Purpose

This paper seeks to present the findings from a targeted desktop review undertaken regarding the delivery and performance of the Green site model established at Grantham Hospital from 29th June. Included is clarification of the circumstances leading up to the decision to establish a Green site model, the rationale and criteria used to evaluate options and a summary of the operating model and the impact assessments upon which implementation plans were predicated.

The review findings focus on an assessment of service delivery, primarily from an operational, safety and quality perspective as well as the experience of patients and staff. This assessment has been undertaken cognisant of opportunities to strengthen the temporary model and testing ongoing appropriateness with a view to identifying potential alternative considerations.

Specifically, the aim of this paper is to:

- Evaluate the extent to which the aims and intentions of the approved green site model at Grantham were achieved
- Identify and learning and subsequent opportunities for further improvement in any aspect of site specific and or trust wide performance
- Review the ongoing need and potential timescales for a green site model
- Recommend intentions and options for ongoing evaluation and the next quarterly review scheduled for December
- To state criteria for closing the Green site and reverting to pre Covid-19 service configuration

3 Context

On 30 January the first phase of the NHS's preparation and response to Covid-19 was triggered with the declaration of a Level 4 National Incident. The definition of this being that a Covid-19 epidemic is in general circulation, with transmission high or rising exponentially. At the same time Covid19 was confirmed as a High Consequence Infectious Disease (HCID) and the UK risk level was raised from moderate to high. This triggered a national preparation and response to Covid-19 in the following four phases, beginning with the first Manage phase.

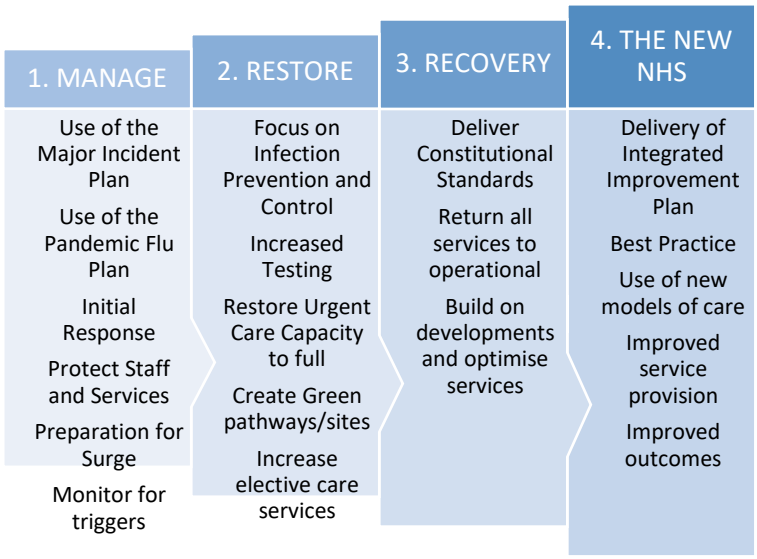
1. Manage – to 29 April
2. Restore – to 31 July 2020
3. Recovery – to 31 March 2021
4. The new NHS – 1 April 2021 onwards

It is important to recognise that at the time of developing proposals for a Green site model and the Board's subsequent consideration and decision to approve implementation the Trust was in the 'Restore Phase', requiring it to plan to restore urgent care capacity and increase elective care services through the creation of green pathways/sites.

Nationally, objectives of the response to the Level 4 National Incident were set as:

- Save Life
- Prevent Harm
- Protect the NHS

A high-level summary of each phase of the Covid-19 response is provided below:



Consequently, United Lincolnshire Hospitals NHS Trust ('ULHT') as part of the first Manage phase, quickly repurposed services, staffing and capacity to treat and care for patients with confirmed Covid-19 infection. Hospital services were reduced very quickly in order to free up capacity to manage Covid-19 cases and to reduce the risk to elective patients of going into hospitals where Covid-19 patients were being cared for. At the time clinical reports suggested the risk of death for patients contracting Covid-19 during the operative period was as high as 40%.

Large numbers of clinical staff were redeployed in response to these patients, with stringent IPC procedures established to mitigate risks. This has resulted in many appointments for cancer surgery, clinically urgent cases and urgent diagnostic testing being deferred. As a result, many more patients are now waiting for their care. Without re-establishing these services, waiting lists will continue to grow and those patients whose procedures and investigations have been delayed could suffer harm as a result. During the initial phase of the pandemic, the demand for urgent care also significantly declined, although this is now rising again, and we need to be able to continue to safely care for these patients too.

On 11 May the Trust confirmed it's Restore Phase plan (up to 31st July) as an important component of its overall Covid- 19 campaign strategy, which was presented at Trust Board in June. A further report presenting a summary review of this Restore Phase plan and progress made to date against required and intended actions was presented to, and considered by the Trust Board in July. Multiple service changes have been made at pace through this restore phase, following rigorous assessment for risk, quality and equality impact through the trust's agreed authorisation processes. The pace of this approach being focused upon providing the safest environment to deliver services to improve the health outcomes of the population served by the trust.

As national case numbers began to decline, national guidance was issued requiring all NHS organisations to develop plans to restore some essential non-Covid-19 services. The Trust's Restore phase response has been heavily focused on reducing the risk of hospital acquired Covid-19 and associated Infection Prevention and Control measures. This with the aim to create optimum levels of protection for patients and staff, drawing on a bundle of measures including social distancing, environmental enhancements, cleaning programmes, hygiene and hand washing, and test and trace. The identification and zoning of areas to support Green and Blue pathways was considered fundamental to deliver these measures and integral component of the Trust's Restore phase plan identified as the creation of a Green site. Putting in place measures to minimise hospital transmission of Covid-19 to protect patients and staff was prioritised in this stage to increase public confidence in accessing our services again.

On 5 May the Trust Board supported the establishment of Green site at Grantham for cancer and elective surgery and non-surgical procedures, supporting the setting up of 'Task and Finish' group with support from KPMG to explore proposals to restore surgical services.

On June 11th, 2020, an extraordinary public meeting of the Trust Board was held, to consider a single paper presenting detailed proposals for the temporary reconfiguration of services at Grantham as a Green site with a Blue (Covid status positive or unknown) isolated Urgent Treatment Centre. This case for change included:

- the options considered and the preferred option,
- the legal basis for the change,
- clinical leadership and governance established to oversee and enact the proposed changes.

This change would mean an increase in elective patients at Grantham hospital, including transfer of chemotherapy, cancer surgery and other surgery from across Lincolnshire onto the Grantham site.

Considerable public interest in these proposals generated a volume of questions unable to each be responded to within the time available in the meeting. Written responses were subsequently provided to each individual and every question posed.

The Trust Board approved the proposal to proceed with the temporary changes in response to the Level 4 incident response to the Covid-19 pandemic following full support and approval being received from all voting members. The timescale of the Green Site was agreed for the duration of Covid-19 up to at least 31 March 2021; recognised as a key element of the trust's Restore and Recovery phases. It was additionally agreed that the wider solution would be subject to quarterly review.

With direction and oversight provided by Gold Command, detailed plans for clinical leadership, governance arrangements, workforce and IPC protocols and procedures were established, enabling the Grantham green site to go live from 29 June. Lincolnshire County Council health scrutiny committee have voiced its concern about the changes with reference to the impact to Grantham residents requiring to access services on alternative sites.

On 19th June the UK was de-escalated to Level 3, (the definition of which being that a Covid-19 epidemic remains in general circulation). As a consequence, (in the absence of national vaccination programme) the ongoing circulation and posed threat to life should be expected for some time to come and at least the next 12 months.

On 31st July the Trust received confirmation of the beginning of Phase 3 *Recovery*. From the 1st August 2020 the NHS National Emergency level was lowered to Level 3 describing the response moving from National to regional direction. During this time Trusts have been reminded that this does not negate the rapid response required should circumstances change and the level of preparedness which must continue to be at its highest, maintaining such key functions as Incident Command Centres (ICCs) and Single Point of Contact systems (SPoC). A paper detailing the progress made within this Recovery Phase was considered by the trust board in September. The main objectives within this phase being to:

A. Accelerate the return to near-normal levels of non-Covid health services, making full use of the capacity available in the 'window of opportunity' between now and winter

B. Prepare for winter demand pressures, alongside continuing vigilance in the light of further probable Covid spikes locally and possibly nationally.

C. Doing the above in a way that takes account of lessons learned during the first Covid peak; locking in beneficial changes; and explicitly tackling fundamental challenges including: support for our staff, and action on inequalities and prevention.

On 21st September, the NHS Covid Alert level was raised again to Level 4, reflecting the National picture of increasing numbers of Covid-19. The Trust currently remains in Phase 3 *Recovery,* with the CEO for NHS England confirming that whilst escalation plans are being prepared for a potential 'second wave' of Covid-19, there will be an expectation that local intentions to restore elective services will be expected to continue for as long as possible. This approach further reinforced following a letter received this week from the National Strategic Incident Director advising trusts of the importance to continue to separate Covid and non Covid pathways in order to strengthen local efforts to re-establish elective services whilst reviewing local escalation plans in anticipation of increasing hospital admissions.

4 Summary of Operating Model

The Operating Model was predicated upon 3 conditions being met, these being:

1. **Infection Prevention Control (IPC) excellence** – this to minimise hospital transmission of Covid-19 to protect patients and staff.
2. **Capacity to deliver at scale** – this to reduce risks associated with delay in treatments.
3. **Future service resilience** – this to maintain capability over an extended timescale.

A summary of the option assessment provided in the table below informed the decision to introduce a Green site for cancer surgery, urgent elective services and diagnostics, in addition to the conversion of the A&E to a UTC to maintain urgent care for the Grantham population.

Conditions	Option A – Do nothing	Option B – Green pathway	Option C – Green site
IPC excellence	*Condition not fully met*	*Condition fully met*	*Condition fully met*
Capacity to deliver at scale – theatres, staffing and estate	*Condition not met*	*Condition not fully met*	*Condition fully met*
Future service resilience	*Condition not fully met*	*Condition not fully met*	*Condition fully met*

Additionally, these three conditions required adherence to the following design principles:

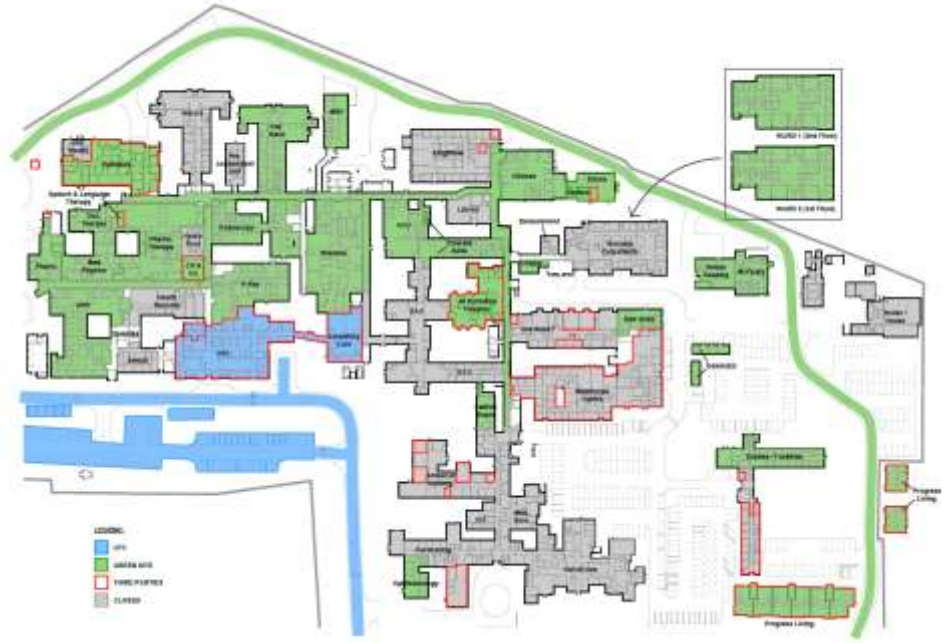
- Eliminate the risk of nosocomial infection reducing chance of contracting Covid-19 in our hospitals
- Access controlled by exemplary IPC and Personal Protective Equipment (PPE) compliance
- Conform to all guidance and standards provided within the NHS IPC Board Assurance Framework with strict adherence to the NHSE Hygiene Code.
- Adhere to a strict and rigorous regime of monitoring and surveillance for Covid-19 of our patients and staff along with reinforcing social distancing and hand hygiene guidance. This will include the use of any new testing (antibody testing is unclear at present time)
- Clinical care provided during the Restore phase will be prioritised to treat cancer patients or those requiring care that is deemed to be clinically urgent, ensuring support is in place to enable patients to comply with requirements - mental capacity, social and other factors
- Maintain consistency in staff and equipment allocation and restrict movement of staff and equipment between different sites and areas which will support minimising the risk surface contact transmission accompanied by a rigorous cleaning regime.

The model of converting a hospital site into a Green site, aimed to deliver elective and planned care in a setting that minimised the risk of cross contamination of Covid-19, with no Blue activity (unplanned or otherwise) cohabiting with Green activity i.e. Blue activity and Green activity physically separated with staff working in separate Green and Blue areas.

A summary of the detailed evaluation undertaken for the potential for each existing hospital to become a dedicated Green site is also provided below; this evidencing Grantham as the only viable option with the ability to create a large-scale surgical service, whilst having the greatest level of IPC protection to patients and staff and in such a way that provides future service resilience. Additionally, Grantham was recognised as the only site with urgent care services that could separate patients with confirmed Covid-19 status from those that are undifferentiated.

Conditions	Lincoln	Pilgrim	Grantham	Louth	Independent sector[1]
IPC excellence – protecting patients and staff	Condition fully met	Condition fully met	**Condition fully met**	Condition not fully met	Condition fully met
Capacity to deliver at scale	Condition not fully met	Condition not fully met	**Condition fully met**	Condition not fully met	Condition not fully met
Future service resilience	Condition not fully met	Condition not fully met	**Condition fully met**	Condition fully met	Condition not fully met

Translation of this evaluation into an approved site plan to implement the agreed Operating Model at Grantham is shown below:



To reduce the footfall on the site and maintain IPC principles a review was undertaken to identify the staff that could be relocated elsewhere. In total, c.600 ULHT staff and an additional 50-75 staff members from third party tenants were identified for relocation. At this time, many of these staff were already working from home or had been redeployed as part of the Manage phase of Covid-19 response. The remaining affected staff were supported in transition to work from home, from a different ULHT site or in the community as required.

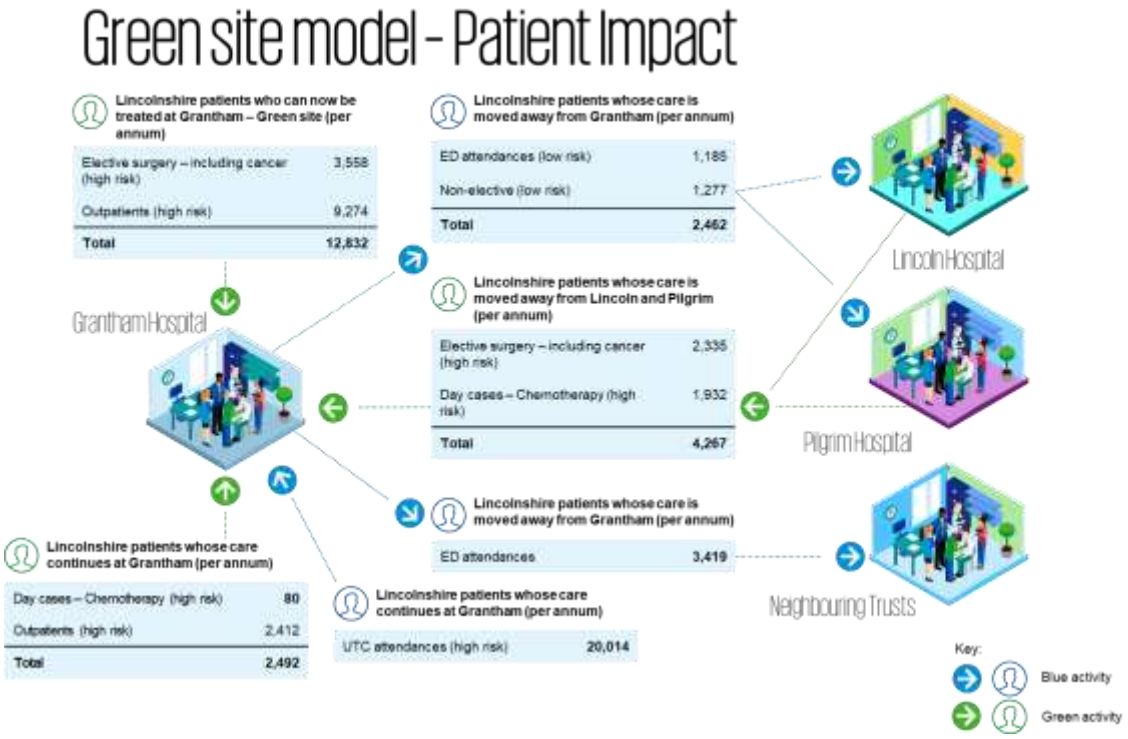
In total, the initial configuration of the Green site and Blue UTC was identified as requiring c.200 staff, with an additional c1200 badges authorising access to the site. This represented a significant reduction from the previous c3000 access passes that had been issued prior to implementation of the green site model.

A range of addition steps to be taken with the aim of protecting staff from contracting or conveying Covid-19 were agreed upon and put into place, these including:

- A defined protocol for the migration of staff between sites (especially surgical teams) to ensure no Blue to Green transfer on the same day
- Screening by wellbeing assessment including temperature check at the start and end of each shift
- A programme of random staff swabbing to screen for asymptomatic carriers – work is being undertaken to refine this approach
- Risk assessments for staff not currently in patient-facing roles due to previous risk assessment to facilitate work at IPC excellence site
- Swabbing if symptomatic or for contact tracing - adhere to the new National Test and Trace system

- Maintain the consistency in staff and equipment allocation and restrict the movement of staff and equipment between sites, accompanied by a rigorous cleaning regime that minimises the risk of contact transmission
- Maintain the advice and guidance in respect of hand washing and social distancing

The detail of the clinical model agreed can be found in **appendix 1**. This model necessitated the removal of medical admissions (and transfer to blue sites), recommissioning of 4 theatres, an increase in elective care beds and conversion of A&E to a UTC. The indicative modelling of anticipated patient flows to reflect this clinical model was presented as below:



It should be recognised that the activity levels provided in the above infographic were modelled upon assumptions known in June. Throughout the Covid-19 pandemic both emergency and planned demand for services have continued to change which effects the accuracy of the forecast and indicative activity proposed.

The clinical benefits following implementation of this clinical model were identified as:

1. Rapidly treating patients requiring cancer surgery, eradicating waiting lists within 2-3 weeks following full implementation.
2. Enabling planned elective surgery to resume and prevent further deterioration of waiting times whilst permitting the treatment of clinically urgent cases.
3. Increase urgent diagnostics to prevent further deterioration of waiting times and reduce the risk of delay in diagnosis
4. Increasing access to UTC services 24/7. Through converting 8am – 6.30pm A&E to an Urgent Treatment Centre whilst increase operating hours to become a 24/7 walk-in function.

Implementation of the agreed operational and clinical model was swiftly achieved and within 2-3 weeks of going live (29th June) all members of the recognised 'project group' responsible for development and implementation had returned full time to their primary roles, with ongoing responsibility for maintenance of the green site model being shared across the Trust's four divisions.

5 Implementation of the Clinical Model

The indicative patient flows presented in the formal proposals were based upon the initial priority to quantify and provide treatment to the most clinically urgent patients to optimise outcomes. The expectation that the acuity of these patients would likely necessitate a level of critical care support that was not currently available at Grantham further reduced the quantification of potential patients appropriate to consider transferring to the Grantham site. In this regard the indicative patient flows originally presented are a relatively small cohort of the full potential of patients whose elective care could be undertaken at Grantham.

That being the starting position, it is noted that the potential for Ophthalmology to feature within the green site model, was not realised due to the eventual prioritisation of other specialties. This decision would have further affected the indicative patient flow of activity within the original model, with the need now recognised for revision of this to take place to reflect the more complex specialty mix. Correspondingly, the decision for complex colorectal surgery to be undertaken at Grantham was taken; this in recognition of the numbers of patients with extended waiting times in this specialty. This decision similarly necessitates a revision of indicative activity to reflect the implementation of a more complex case mix of elective surgical patients.

The model's intention to move from an initial 5 day a week operating theatre to 7-day working was 75% achieved from the end of July, with the additional lists being dedicated to Orthopaedics in recognition of the long waits in this specialty and availability of clinical expertise at weekends. Operational utilisation targets for theatres should be revisited to reflect the actual and intended case mix going forward so that the opportunity for further increasing activity at Grantham within existing resources may be quantified. At this point the opportunity to further increase theatre capacity on the site should be considered as part of the trust's plans for the winter.

The model's intention for chemotherapy patients to transfer from other sites to receive treatment at Grantham has also been achieved. Standardising the measure of performance used to evaluate chemotherapy performance to agree consistent measures to develop a consistent interpretation of the impact of the change upon patients will be helpful in evaluating trust wide performance going forward.

The refurbishment of the endoscopy suite currently providing 6 day working, has also enabled the model's intention to increase diagnostic interventions for the most urgent of patients has also been significantly achieved, with the site on track to provide 7-day services from the end of October.

Standards for medical cover were planned to be reviewed in recognition of the rotation of trainees in August, with the recognition that a reduced level of clinical exposure has affected the training of medical staff within all specialties. Considerable priority is being given Nationally to mitigating these effects as a direct result of responding to Covid-19.

In reviewing the potential for returning any displaced services and teams to the Grantham site, a focus on analysing health outcomes of the wider population could assist to identify and develop services best placed at Grantham going forward. Some questions posed by Clinicians from the outset regarding the limitations of the original clinical model clearly remain, specifically regarding the decision not to include a green rehabilitation ward within the operational model from the outset. The model did commit to the establishment of in-patient rehabilitation services recognising the essential need for such services during the winter. A location for these facilities at Grantham has been identified with plans on track for these rehabilitation services to go live from 1st November. Given current challenges regarding patient flow, the number of medical beds presently closed across the sites (60 – 90) and the planning for winter underway, it is important that rehabilitation services will be provided as part of the Green site model going forward.

Despite a clear rationale developed at the time to identify which staff skills and experience were required to care for patients on the Green Site, questions continue to be raised by staff regarding the perceived inequality with which staff were identified to transfer away from the Grantham site. This has undoubtedly contributed to significant logistical and daily challenges for individuals which is viewed as having unfairly impacted upon them. Given the escalating National concerns regarding the rising transmission of Covid-19 and the expectation of the need for ongoing review and revision of services to prioritise the safety of staff and patients within the trust, the importance of developing an explicit framework for engaging authentically with all staff cannot be

underestimated. Such an approach should significantly assist in preparing staff for the way services at Grantham may continue to develop to meet the needs of the Grantham and wider Lincolnshire populations.

6 Assessment of Service Delivery

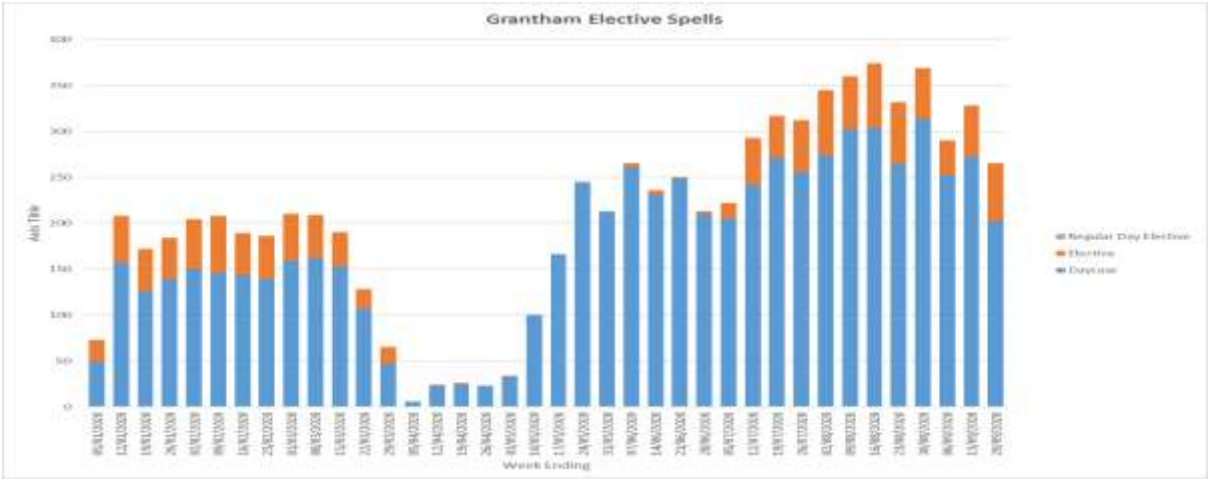
The achievement of developing the proposal for the Trust Board on 11th June and going live from 29th June, must be recognised as a significant achievement for the Trust. The pace with which aspects of this complex proposal required to be taken forward was only achieved through the significant efforts and commitment of many colleagues across corporate and operational divisions.

Most importantly the 3 strategic aims have been met to provide services that deliver:

- Infection Prevention Control (IPC) excellence
- Capacity to deliver at scale
- Future service resilience

The position that no surgical patient has contracted Covid-19 whilst in Grantham Hospital representing a kite mark for the IPC standards in place across the trust.

The graph below provides a site-wide indication of the extent to which all in patient spells (which include all activity relating to elective surgery, endoscopy and chemotherapy) have increased at Grantham. The comparison and increase from pre Covid-19 activity levels are clearly presented; with pre Covid-19 average of 196 spells/weekly and green site average of 331 spells/weekly representing a 69% increase in overall activity following implementation of the green site model.



This significant increase in elective activity has contributed to the Trust's current overall performance of recovering back to 73% of elective activity compared with pre Covid-19 performance.

Suggestions made in subsequent sections of this report anticipate ongoing routine data collection and triangulation of locally available information as well as the potential benefits for the ownership of elective performance information being focused within the responsibility of a nominated individual. Such an approach will:

- significantly strengthen both the Trust's ability to evaluate local performance going forward and
- assist in understand how the green site model continues to contribute to the Trust's operational priority to re-establish services suspended due to the pandemic.

It is to be expected within the ongoing context of a pandemic effecting service delivery that assessment of any intervention or action to extend or improve the delivery of services will continue to present considerable challenges in accurately reflecting performance within a fast-changing national context.

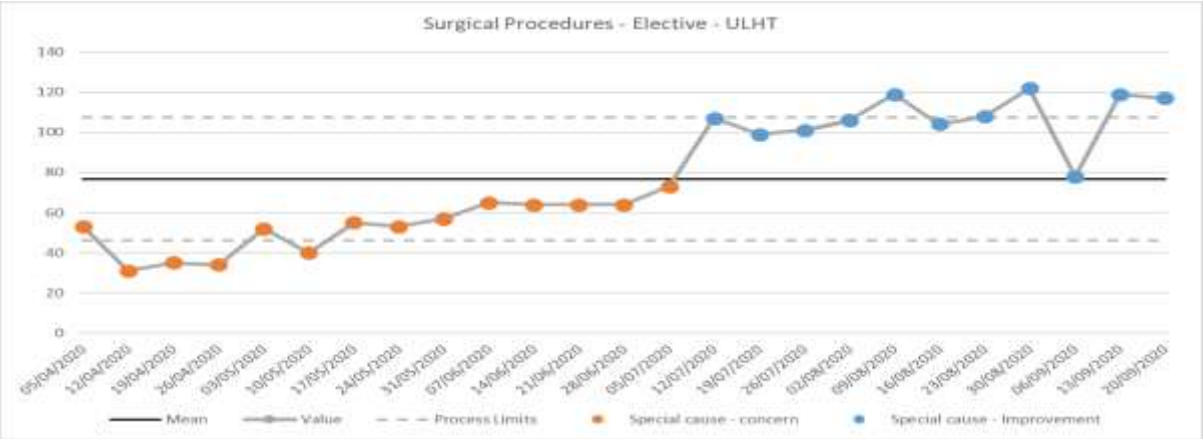
There is no doubt that establishment of a green site has resulted in several new specialties now operating from Grantham, with some indications that there may be potential for this surgical activity to increase further. Strengthening the multi-professional approach to exploring these opportunities with the benefit of improved activity information could significantly develop the trust's internal capabilities to address ongoing Covid-19 challenges as they will undoubtedly be presented in coming months.

6.1 Operational Delivery

6.11 Planned Surgical activity:

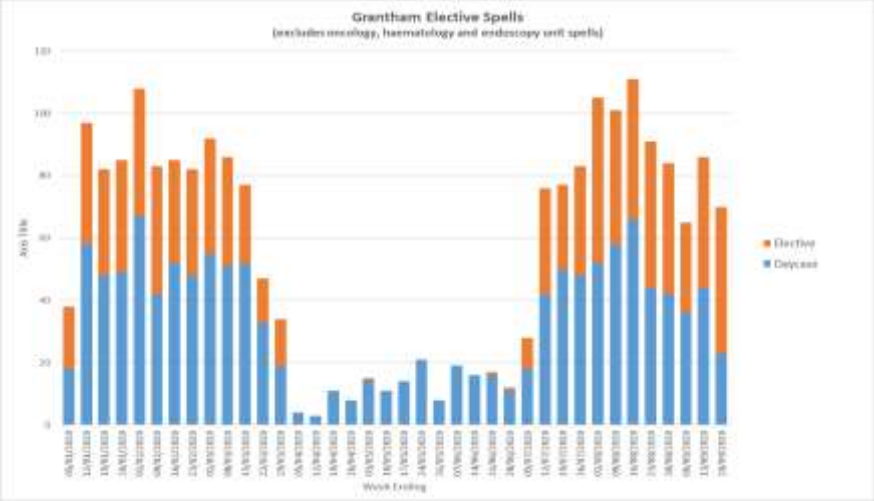
The aim of the Grantham Green Site model was primarily to enable planned surgery to resume to a level which maintained the current waiting list level, ensuring no further deterioration, (this identified as requiring 7902 cases per annum).	RAG

Total numbers of elective surgical procedures undertaken in the Trust has risen week on week (as represented in the graph below), since the end of June following implementation of the Green site model at Grantham and Green Pathways across other sites.



Specifically, the establishment of two surgical wards at Grantham with fully functioning theatres (75% of which work 7 days a week) has helped restore elective surgery for a range of specialties at Grantham. The Trust-wide run rate of elective and day case spells (the definition of the original ambition) are currently on track to hit 7061 cases, representing 90% achievement of the intended aim at this point.

Within the context of significant activity change and increase at Grantham over a short period of time, the graph below seeks to remove chemotherapy and endoscopy activity to present this data for 2020 to date, focusing purely on elective and day-case spells. This analysis represents a current average of 88 surgical cases being undertaken each week at Grantham. Whilst this is 0.2% higher than per Covid-19 levels, is explained by an 11.8% increase in inpatient elective cases offset by a 7.7% decrease in day cases. This analysis therefore suggests that the actual surgical activity undertaken at Grantham is currently operating 29% below the original indicated activity levels within the June paper, reasons for which are provided below.



The detail of surgical specialty activity undertaken at Grantham pre Covid-19 compared with current levels is presented below:

Change in Elective and Day case Spells by Discharging Specialty (excludes Endoscopy Unit)

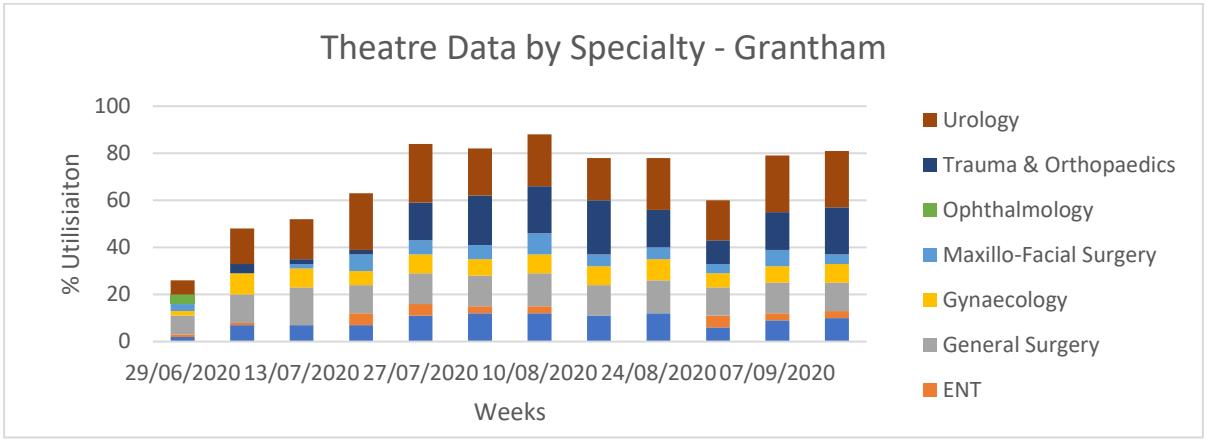
Specialty	Pre-Covid Cases (w/e 12th Jan - w/e 15th Mar)	Recent Cases (w/e 12th Jul - w/e 13th Sept)	% Change
100 - General Surgery	396	192	-52%
101 - Urology	121	259	114%
103 - Breast Surgery	31	125	303%
104 - Colorectal Surgery	8	0	-100%
110 - Orthopaedic	764	150	-80%
120 - Ear Nose & Throat	7	27	286%
130 - Ophthalmology	318	0	-100%
144 - Max Facial Surgery	40	195	388%
145 - OMF Surgery	0	1	
192 - Critical Care Med *	50	13	-74%
300 - General Medicine	24	45	88%
301 - Gastroenterology	135	2	-99%
302 - Endocrinology	1	0	-100%
303 - Haematology (Clin)	297	582	96%
320 - Cardiology	0	2	
330 - Dermatology	3	0	-100%
340 - Chest	6	0	-100%
370 - Medical Oncology	20	272	1260%
410 - Rheumatology	0	7	
430 - Care of the Elderly	6	0	-100%
502 - Gynaecology	35	99	183%
800 - Clinical Oncology	50	1190	2280%
811 – Int. Radiology	33	0	-100%
999 - Unknown	0	3	

*reflects Level 1 critical care – coding validation required

The activity levels above reflect the expected increases in specialties moved to the green site with three notable exceptions; Orthopaedics which has reduced by 80%, General Surgery by 52% and Colorectal Surgery by 100%.

For these three specialties within Orthopaedics the case mix of patients has changed significantly to protect the green site status. Operational teams are exploring the rational for other changes.

Considering the potential for theatre utilisation to be a constraint that could be impacting upon activity levels, the graph below evidences a trending increase in theatre utilisation since establishment of the green site model to date. The stepped increase in cases from the end of July marks the move to 75% 7 day working, with Orthopaedics using these sessions. The original indicative level of 25 cases per day was identified, on the premise that Ophthalmology would be undertaken on site. Currently there is an average of 10 cases per day being undertaken with the trend of increasing activity for most weeks. It would be appropriate to quantify the extent to which current activity levels may continue to improve within existing theatre resources and consider the potential options and impact of increasing local theatre capacity further. Increasing theatre capacity further so that all theatres are open 7 days a week at Grantham being the intended next step to be taken by the division.



Examination of September performance dashboard for theatres shows more sessions being used against a backdrop of a decline in cases per session. The current performance being 1.6 cases per session. The reasons for the decline in cases/list may be explained by changes to case-mix but needs to be better understood. Further exploration to identify the current constraints and opportunities to increase existing theatre utilisation will provide a sound foundation for informing alternative options currently being considered strategically and operationally by the Trust with the aim of further reducing the overall surgical waiting list to pre Covid-19 levels.

An initial review of surgical bed capacity at Grantham confirms 54 open beds for use on the site which after removing chemotherapy and oncology surgery activity from the numbers, would indicate an average of 8 additional surgery patients are being admitted overnight to the 2 wards available. This would indicate a detailed review of theatre and surgical bed utilisation is required, upon which revised targets can be based.

The graph below presents the numbers of patients waiting on the admitted patient waiting list. It shows that the increase reported from April to July would seem to have been mitigated and begun to reduce in August. This represents fewer patients now waiting for elective procedures across the Trust.

6.12 Cancer Surgical activity:

The aim of the Grantham Green Site model was to undertake in excess of 13 cancer surgery per week, to bring the trusts overall cancer surgery activity back to pre Covid-19 levels and indeed aim to exceed this level so that within 3 weeks there will be no waiting list for cancer surgery.	RAG

This aim has been significantly achieved with some aspects still requiring further clarification.

Very positively referrals to the Trust have continued to increase and have now returned to pre Covid-19 levels, as represented in the graph below. The significant drop in referrals was clearly a concern since it represented patients deciding not to attend their GP, with a corresponding potential for longer term harm.

The impact of this increasing referral rate on the Trust's overall 2 week waiting list has effectively increased this by c 500 patients since Jan 20. The most recent Cancer waiting list position regarding urgently categorised patients presented are included in the table below. This confirms that all L1 patients (those with the highest clinical urgency) have dates for surgery to be undertaken and only 7.8% of L2 patients remain awaiting confirmation of a date to be provided.

Level of urgency	Number of patients on the waiting List	Number of patients on the waiting list with TCI date	Number of patients on the waiting list requiring TCI date
Level 1 (highest)	3	3	0
Level 2	750	691	59
Level 3 (lowest)	79	66	13
Awaiting Priority Level from CBU	32	21	11
Total	864	781	83

**Please note that the above excludes those patients who have been requested for a TCI through the cell that are non-cancer, and those who have had surgery at another Trust. The information held on the MWL is only as up to date as that provided to the cell by either Cancer Services or the CBU Teams.*

Changes over recent months in data capture systems relating to cancer surgery activity have highlighted some opportunities for strengthening arrangements going forward to improve interpretation of all aspects of performance data relating to cancer services going forward.

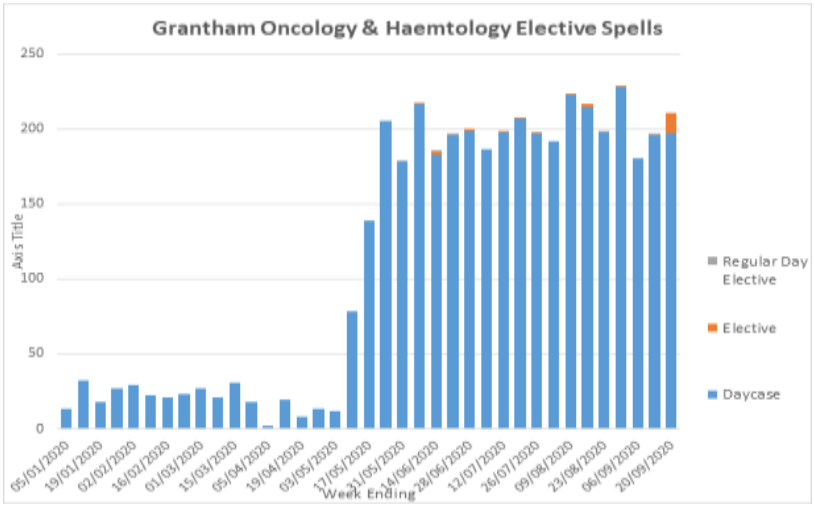
6.13 Chemotherapy activity:

The aim of the Grantham Green Site model was to continue to treat the 80 patients historically receiving chemotherapy at Grantham, whilst transferring the treatment of 1932 patients from Lincoln and Pilgrim.	RAG

The aim of the Grantham Green Site model was to restart Covid-19 Green site Chemotherapy in much larger volumes accommodating the circa 80 patients in Grantham and transferring other Chemotherapy patients from across Lincolnshire to the low risk site. 1932 patients were anticipated to receive treatment at the remodelled unit in Grantham.

This aim has been achieved in terms of the effective transfer of all patients previously receiving outpatient chemotherapy at Lincoln & Pilgrim being to Grantham. The exception to this is where patients require specialist acute inpatient care with Oncology teams that are part of an emergency spell, or where patients require multiple treatment regimes, such as Radiotherapy and the use of the Trusts Linear Accelerator (LINAC) treatments.

The graph below evidences the significant increase in chemotherapy (in episodes of care) activity undertaken at Grantham since mid-May. The timing of this increase in activity reflecting the Trust Board's endorsement of the Recovery plan for the trust and the immediate opportunities taken within Oncology to implement this plan. Some very positive feedback has been received from both patients and staff regarding this change.



6.14 Outpatient performance:

The aim of the Grantham Green Site was to increase the number of patients having a first outpatient appointment on site by 9000 per annum. This largely reflecting the potential from historical data on 1st OP appointments.	RAG

For the four weeks (17th August to 14th September) data shows a total of 2500 outpatients were seen at Grantham including 726 first appointments. Extrapolated for a year this suggests that the Trust is on-track to achieve this objective.

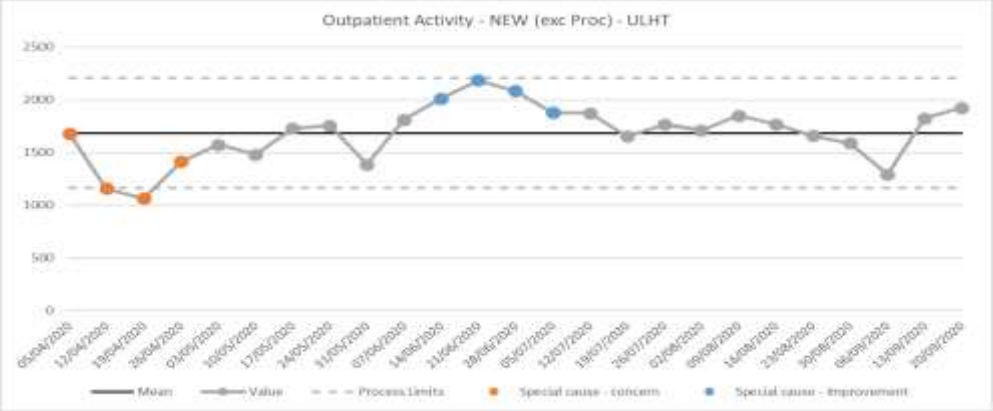
In addition to outpatient activity being run at Grantham hospital itself the introduction of the HealthCentre and Gonerby Road Health clinics have increased the number of services being offered locally in Grantham. The introduction of these new sites increases the number of face to face outpatient appointments delivered locally by a further 4500 per year. This is expected to increase with the completion of renovation works at Gonerby

Road facility, however provides a much greater spectrum of services above just those that are cancer or Green pathway; including
General Surgery,
Vascular Surgery,
Trauma and Orthopaedic,
Ophthalmology,
Dermatology and Paediatric Dermatology (some of which are provided from GP Surgeries locally)
Gastroenterology,
Clinical Physiology Tests,
Cardiology,
Neurology
As well as antenatal outpatient services.

During August 2020, 589 appointments were booked for these services although some of these were non-face to face clinics.

Recognising the impact that Covid-19 has had in accelerating the shift towards non-face to face appointments and the additional changes made to in-person services locally the Trust should reconsider how to evaluate the success, or otherwise, of the services locally. This should include inter alia agreement on a new set of KPI to evaluate success against.

The graph below shows overall 1st outpatient appointments Trust wide. The upward trend provides some assurance that activity displaced from Grantham as a consequence of the move to a different model is being delivered elsewhere.



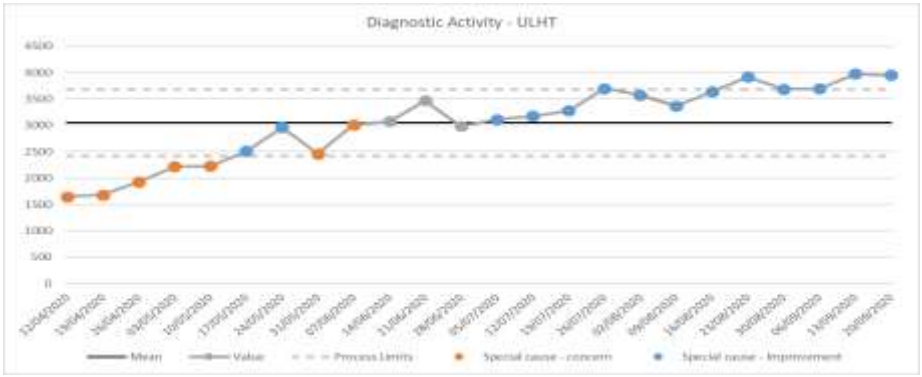
Similarly, the graph below representing the Trust's overall PBWL which quantifies the effect of Covid-19 on the increase in patients, clearly evidences the start of an improving position following approval of the Trust's Recovery plan, evidencing a c1000 patient reduction in the overall list to date. This reinforcing the importance of the Green site and Green pathways in operation across the Trust.

Harm reviews continue to be undertaken for time critical overdue patients to ensure patient safety is maintained with long waiting patients.

6.15 Urgent Diagnostic Endoscopy performance:

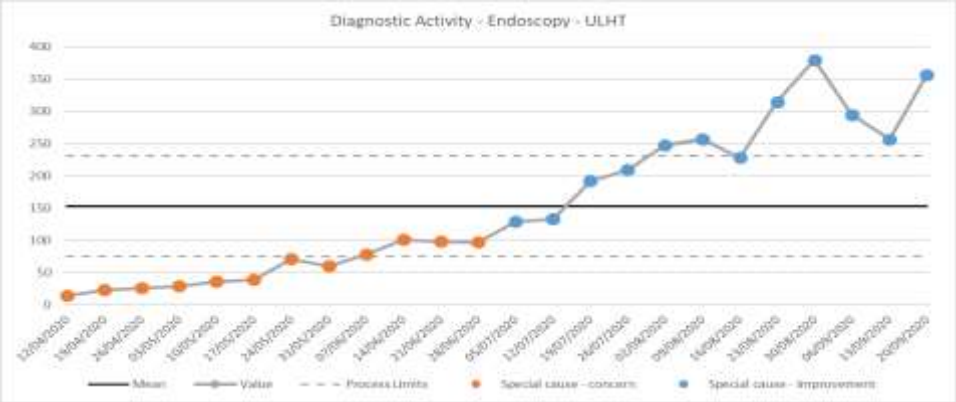
The aim of the Grantham Green Site model was to contribute to an increase in the trusts overall capacity to undertake urgent endoscopy work (June activity being 70% of normal levels). This to be achieved through the establishment of 12 hr sessions (x3 lists) 7 days a week.	

The trust wide performance regarding all diagnostic activity levels presents a context of significant increases in excess of 100% being delivered against previous years. This is the largest recovery of any trust in the Midlands and is demonstrated in the graph below.



Notwithstanding the tremendous increases in endoscopy activity since the beginning of the pandemic, the Trust's validated waiting list (as represented above) evidences a steady increase in patients referred over the last 8 weeks. This is anticipated to be a consequence of patients not presenting through the peak of Covid-19 now seeking GP assessment. For the most recent week reported a decline in waiting list numbers is reported indicating that the increased activity may be beginning to positively impact upon patient access and diagnosis.

Furthermore the graph below evidences the increase in endoscopy activity across the trust as prioritised within the Trust's Recovery plan of which Grantham increased activity is a key component. It is not possible however to definitively attribute this to the delivery of the Green site model.



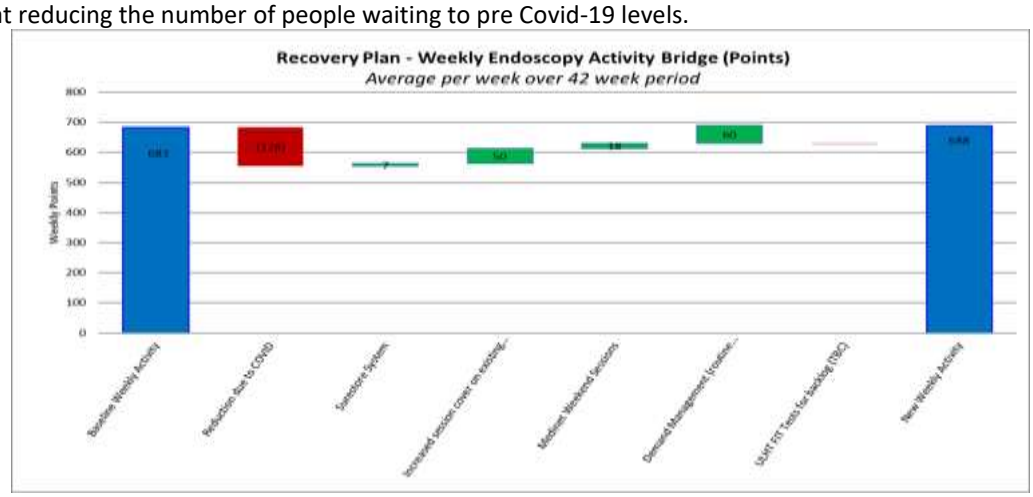
The indicative Grantham activity was predicated upon IPC standards in place at the time. It presented the potential for a maximum of 79% of available capacity to be utilised. Subsequent notification through national guidance regarding the recommended increase in IPC standards had the effect of significantly reducing the activity levels able to be achieved within given circumstances to a maximum of 48% utilisation.

Despite this the outcome being sought regarding the trust's ability to achieve urgent 2 week waits for diagnosis when cancer is suspected is now being achieved, which demonstrates that the trust's approach to increasing access to endoscopy has undoubtedly been effective through running additional lists (7 day working on alternate weeks) to off-set the in session throughput impact of augmented IPC standards. This model of working will be fully rolled out from end October 2020.

Since the reopening of the endoscopy suite, challenges with booking have also been recognised. These relate to availability of workforce to schedule bookings and some remaining safety concerns from patients resulting in cancellations. Delays experienced in receiving patient swab results have also resulted in patients being rescheduled for investigation at other sites on a 'blue pathway'. Operational teams have been focused upon resolving these issues, with no delays reported most recently due to swabbing issues.

It has been expected that the trust may receive in due course approval to implement nationally revised IPC standards which will increase potential capacity to 79%. At this point it would seem appropriate to remodel the target endoscopy activity for Grantham as part of the trust plans to further increase outcomes for cancer patients.

The graph below summarises the measures which currently form the Trust's overall endoscopy recovery plan aimed at reducing the number of people waiting to pre Covid-19 levels.



6.16 UTC performance:

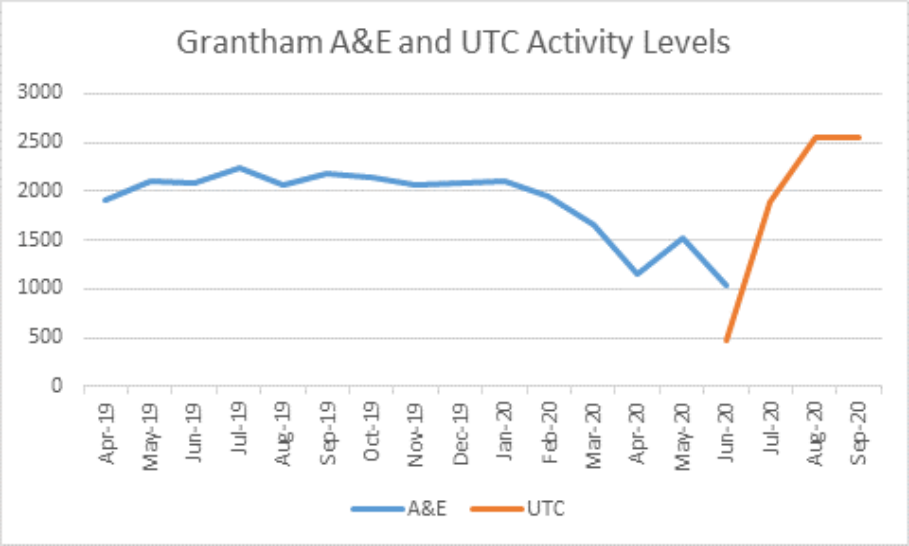
The aim of the Grantham Green Site model was to provide UTC services 24/7 to most patients who attended A&E – 20,014 attendances.	RAG

The original operational model estimated 81% of baseline levels of attendances (averaging 385 weekly) would be accommodated within the UTC. Up to mid-August, this performance was exceeded, with an average of 406 weekly attendances being recorded, representing an increase to 86% of the baseline utilising these new facilities. It is possible that the increase in hours the service was available may have impacted upon this increased performance.

Similarly, the original model anticipated that the admission rate from Grantham UTC would be 6.9% with the actual rate being recorded as 5.6%. We have been unable to quantify the proportion of patients going to other Trusts rather than an A&E within the Trust, although given the increased attendance and reduced admission rate from that projected, one might reasonably conclude that these numbers will be minimal.

Activity Levels

UTC attendance data has been overlaid against A&E activity during 2020 and is represented in the graph below. This clearly shows that attendance at UTC has continued to increase since opening, with an approximate 8% increase in patients now attending the UTC above the levels of these patients previously attending A&E on the site. This suggests that the perceived increased access to UTC services has been well received by local residents.



The Impact to Patients

In recognising the importance of fully understanding the impact of these changes for all patients an initial quantitative analysis has been undertaken on the impact to patients who may now be required to attend either Lincoln or Boston A&E. Data focusing on understanding the experience of patients who have been impacted by these changes needs to now be sought to enable further strengthening of this temporary model.

The table and graph below shows those patients with a Grantham postcode who have historically attended Lincoln A&E against current attendance. Interestingly, whilst attendance was generally below that experienced in 2019 there was a sharp increase in the month immediately following the temporary closure of the Grantham A&E and reclassification to a UTC, with numbers reducing for August. Close monitoring of these changes will be maintained.

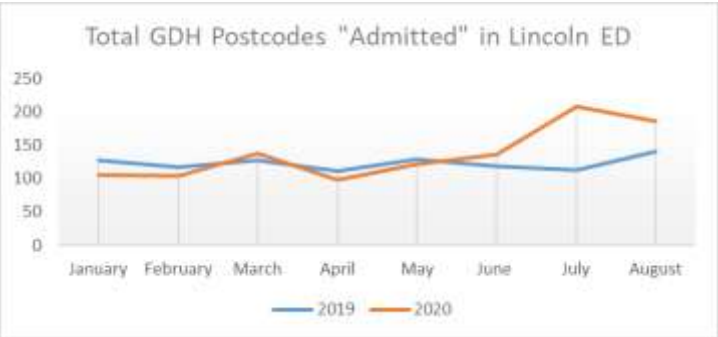
Total GDH Postcodes "Seen" in Lincoln ED

	2019	2020	Difference
January	278	259	**-19**
February	307	253	**-54**
March	291	298	**+7**
April	268	192	**-76**
May	303	251	**-52**
June	271	288	**+17**
July	292	451	**+159**
August	295	368	**+73**

Similarly, the table and graph below quantify those patients with a Grantham postcode who have historically been admitted via Lincoln A&E against current admissions. Again, whilst admissions were generally below that experienced in 2019 there was a sharp increase in the month immediately following temporary closure of the Grantham A&E and reclassification to a UTC, with numbers reducing for August. This may reflect the change to the 'stroke pathway' made in response to Covid-19 and the planned intention for Grantham patients with a suspected stroke to be assessed and treated at Lincoln, but close monitoring of these changes will be maintained.

Total GDH Postcodes "Admitted" in Lincolr

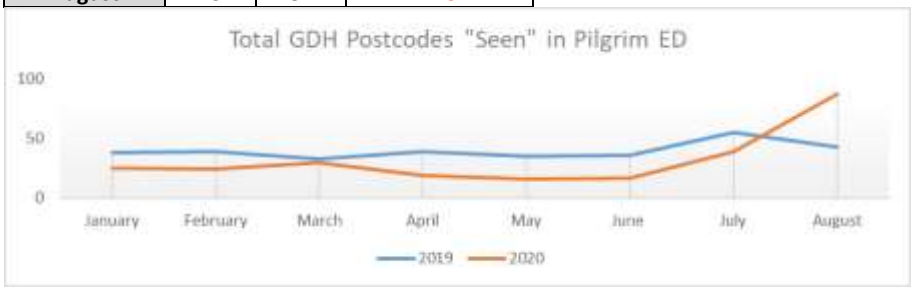
	2019	2020	Difference
January	128	105	**-23**
February	117	104	**-13**
March	128	137	**+9**
April	111	98	**-13**
May	129	121	**-8**
June	118	136	**+18**
July	113	208	**+95**
August	140	186	**+46**
Monthly Average	**123**	**137**	**+14**



A similar analysis of the impact of these changes for all patients who may now be required to attend Boston A&E is also presented below. The table and graph below quantify those patients with a Grantham postcode who have historically attended Boston A&E against current attendance. Interestingly whilst attendance was generally below that experienced in 2019 there have been increasing attendances since June with a sharp increase in August. Close monitoring of these changes will be maintained.

Total GDH Postcodes "Seen" in Pilgrim ED

	2019	2020	Difference
January	38	25	-13
February	39	24	-15
March	33	30	-3
April	39	19	-20
May	35	16	-19
June	36	17	-19
July	55	39	-16
August	43	87	+43



Similarly, the table and graph below quantify those patients with a Grantham postcode who have historically been admitted via Boston A&E against current admission. Again, whilst admissions have been generally below that experienced in 2019 there has been a trend of increasing admissions since May with a significant increase recorded for August which will be closely monitored.

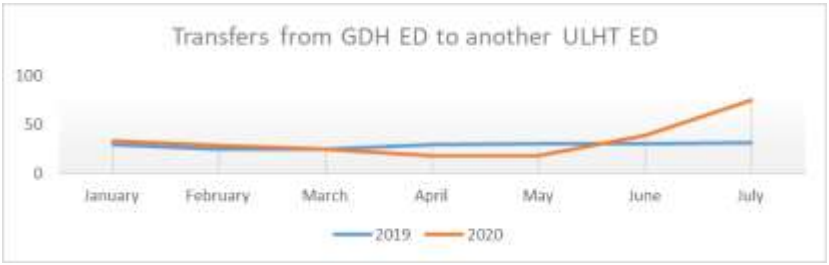
Total GDH Postcodes "Admitted" in Pilgrim ED

	2019	2020	Difference
January	15	15	**0**
February	19	16	-3
March	20	20	**0**
April	20	10	-10
May	19	9	-10
June	19	12	-7
July	27	20	-7
August	29	37	+8
Monthly Average	21	17	-4

The importance is recognised of the need to maintain the necessary data capture to continue to track and analyse the impact for all patients to inform ongoing review regarding these temporary changes.

Finally, the table and graph below quantify the number of ambulance transfers by ambulance from Grantham A&E to either Lincoln or Boston A&E. Whilst this activity has been similar for the last 2 years a significant increase in transfers required in the month following the closure of the A&E at Grantham is again noted and will require ongoing monitoring. It is noteworthy though that the combined total of all patients now going to other Trust A&E departments represents an overall increase of between only 1 – 2 patients each day.

Total Transfers from GDH ED to another ULHT ED		
	2019	2020
January	30	33
February	25	29
March	25	25
April	30	18
May	31	18
June	31	39
July	32	75



Whilst the review can confirm that the indicative activity proposed for the extended 24/7 UTC has been achieved, the initial indication of the impact upon local patients is something that the Trust will wish to monitor closely to understand fully the clinical quality, safety and experiential impact of this change. Close working with the Community Trust to ensure a comprehensive evaluation continues to inform opportunities for strengthening this temporary model and the timing and nature of any further improvements.

6.2 Quality & Safety

Systems and processes pertaining to maintaining a safe environment for all patients at Grantham are predicated upon robust IPC arrangements to maintain the site Covid-19 free. A commitment was given within the proposals for a Green site for all aspects of the IPC Board Assessment Framework (BAF) to be met. Systems are in place to manage and monitor the prevention and control of infection. These systems use risk assessments and consider the susceptibility of service users and any risks posed by their environment and other service users. In the absence of any reported concerns regarding the safety of patients at Grantham, assurance will now be sought to evidence the consistency of systems and processes in place across Grantham to escalate and report any concerns, incidents or near misses. Currently the Trust has assessed the following aspects in detail relating to all services at Grantham:

1. The provision and maintenance of a clean and appropriate environment in managed premises that facilitates the prevention and control of infections
2. Appropriate antimicrobial in use to optimise patient outcomes and to reduce the risk of adverse events and antimicrobial resistance
3. Provision of suitable accurate information on infections to service users, their visitors and any person concerned with providing further support or nursing/ medical care in a timely fashion
4. Prompt identification of people who have or are at risk of developing an infection so that they receive timely and appropriate treatment to reduce the risk of transmitting infection to other people
5. Systems to ensure that all care workers (including contractors and volunteers) are aware of and discharge their responsibilities in the process of preventing and controlling infection

6. Provision of secure adequate isolation facilities
7. Adequate access to secure laboratory support as appropriate
8. Implementation of policies designed for the individual's care and provider organisations that will help to prevent and control infections
9. Systems in place to manage the occupational health needs and obligations of staff in relation to infection

Detailed evidence has been presented to the CQC regarding the establishment and effectiveness of these standards, with confirmed regulatory satisfaction if they are assured all appropriate IPC standards are in place.

A further strategic review of IPC standards across the Trust has been undertaken as part of this review the details of which can be found in **Appendix 2**. A focused review of IPC standards at Grantham should now be undertaken as part of the developing performance management framework recommended to be developed.

6.3 Patient & Staff Experience

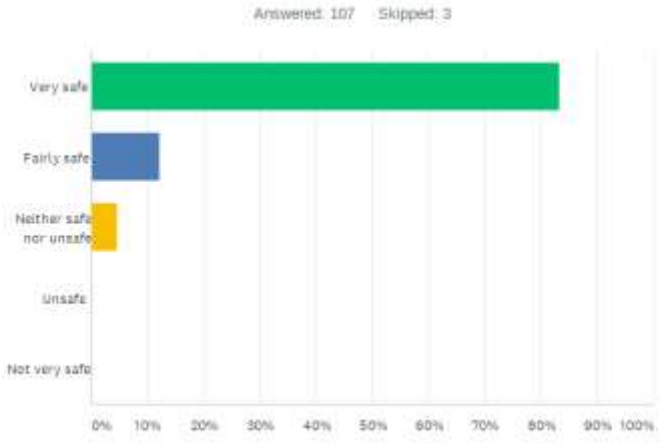
Patient Survey:

To understand the impact of the temporary service change on patients, an initial patient survey has been undertaken with 110 responses received, representing an extremely small sample of the patients treated at Grantham since June.

The findings show that most patients found it easy to access the hospital by car, primarily to receive chemotherapy. Patients reported that they had confidence in the medical, nursing and therapy care and treatments they received, and no patients indicated that they felt unsafe regarding the steps taken to manage Covid-19. Indeed, many examples were offered regarding good IPC practices observed as being in place.

Pleasingly the key question that asked patients to rate how safe the changes to IPC and pathways made them feel received excellent scores with 95% reporting feeling very or fairly safe.

Q. We have taken a number of steps to manage the risk of COVID-19 including cleaning and hygiene, social distancing, personal protective equipment and testing' How safe have these measures made you feel?



Many individual members of staff were individually recognised and praised for the positive impact they made to the individual's experience at Grantham.

> *"All staff made my visits to chemo wonderful and felt very safe all the time"*
>
> *"All staff were very kind and understanding"*

However, some specific practical suggestions were offered regarding how facilities for relatives accompanying patients could easily be improved upon, which the operational team are seeking to immediately address.

> *"A lack of access to toilet facilities for my relative whilst waiting for me to complete treatments"*
>
> *"My husband has to wait in our car for six/seven hours whilst I receive my treatment. This is not good and especially with the winter coming it is very difficult and uncomfortable for him"*

More broadly the Trust may wish to consider a more routine approach to seeking feedback from patients attending Grantham, ensuring all specialties are included, to provide a more comprehensive view of services and how any changes/improvements have been received to inform further developments.

Staff Survey:

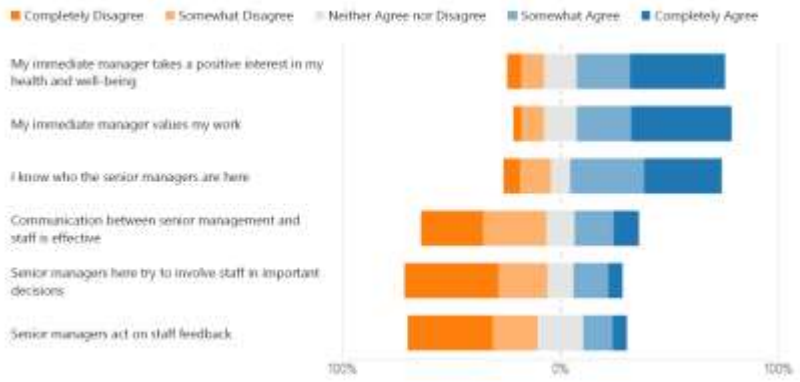
A survey of staff working on the Grantham site (not including UTC or ACU staff) has also been undertaken, with 157 responses received. This represents a 75% response rate from the staff identified within the model as being retained on site although it has been suggested that the overall number of staff currently working on the site might be nearer 600. It is noted that the number of passes issued to staff to access the site has been significantly reduced from c3000 to c1200, with the possibility that the views of staff visiting the site might also be helpful going forward to further strengthen the temporary model.

Understanding the views and differing perceptions of all staff involved in delivering services at Grantham could be very helpful in both evaluating the impact of service changes and inform options going forward. Similarly, the trust might wish to consider how one seeks to understand the experience and perspectives of those staff relocated from the Grantham site to ensure a balanced picture be developed regarding the experiences of staff to inform ongoing development and provision of services.

Notably the responses received included significant additional detailed suggestions and examples that would suggest a commendable level of commitment from local staff to further improve services at Grantham. The development of a more effective and sustainable approach to engaging with staff that have moved from or remain working on the Grantham site, would establish a more dynamic way of evaluating and developing services to be provided from Grantham going forward.

Analysis of responses received present mixed levels of confidence in the steps taken to manage risks of Covid-19 at Grantham Hospital. Specific concerns relating to the consistent application of IPC standards potentially impacting upon the safety of the environment for patients are taken seriously by the divisions with issues regarding systemic reasons for concerns appropriately escalated to the corporate team. As expected, most staff have reported as being directly affected by the changes; with workload, levels of support available, communication and effect upon mental /emotional health being identified as most significantly impacted.

Staff feedback positively recognised the extent to which immediate managers both valued and were interested in individuals' health and well-being with a clear area for improvement identified for senior managers to strengthen existing levels of engagement and communication with staff, specifically in terms of actions taken in response to feedback received. This is shown in the chart below.



The Executive team are currently actively exploring these finding with a view to determining what action is required to address these themes and the specific additional concerns and suggestions provided by staff. This including liaison with LCHS to ensure the views of UTC staff are sought and fed into the process of wider consideration. Whilst it is anticipated that many of the specific issues raised by staff can be clarified or addressed swiftly, some of the issues pertaining to the clinical model in place will necessitate wider engagement and discussion to understand fully the nature of concerns to identify the most appropriate actions to be taken. Given the consistency of themes within this local survey and wider trust surveys, it will be important to ensure that any actions taken in response to specific feedback from staff regarding Grantham are cognisant of those being developed and taken as a direct consequence of the finding from the National survey considered by the trust board in September. Oversight from the trust's Governance committee would be helpful in this regard.

Engagement with Trade Unions

Following engagement and consultation with TU s in advance of formal presentation of the Green site proposals in June, Executive representatives have continued to meet weekly with Staff Side Representatives to ensure their ongoing involvement in evaluating the implementation of the model. TU s have been asked to present the detail of their members views so that these may be considered alongside the views available from staff and patients. Specifically, the Chief Operating Officer will be meeting personally with Staff Side Representatives to discuss the final draft of the review paper intended for presentation to the Trust Board. This level of engagement will continue to ensure the full impact on staff of any changes are fully understood to inform ongoing evaluation.

Quality & Equality Impact Assessments:

Following both strategic QIA & EIA being undertaken and presented to the trust board in June to support decision making, 3 further QIAs and EIAs were additionally undertaken pertaining to services at St Barnabas, Medical services and the UTC. All assessments have a range of mitigating actions documented. A review to confirm that mitigating actions have been completed is scheduled in the next two weeks

Whilst it was recognised that considerable detailed work was undertaken at pace to support the development and subsequent approval of proposals, it was noted that all impact assessments were undertaken by the same individuals all of whom represented a corporate perspective. It is suggested that the trust now can develop its approach to reviewing decisions taken at pace, to ensure that these assessments undertaken are revisited with the benefit of divisional and clinical perspectives to strengthen both the evaluation and the identification of mitigations for identified risks. The reestablishment of a project group as an effective vehicle for achieving this would seem appropriate.

6.4 Recognition and Response to Public Concerns

Specific Concerns raised by the Public:

All individual concerns raised by parties to date to the trust board at its extraordinary meeting in June 20 have been responded to directly and in full either in the meeting at that time or in writing by the CEO. Confirmation

of these responses and a description of those answers given on the day were published on 7th July at its Board meeting held in public. These have subsequently been shared with the wider leadership team, with consideration being given to enable learning from these to influence future actions.

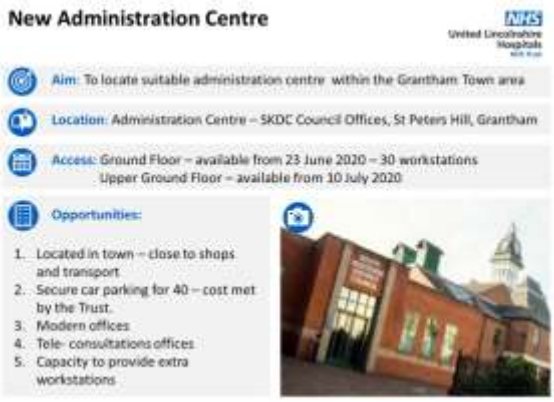
A number of these concerns raised have led to additional measures being put in place such as;

- The implementation of dedicated transport services for patients to and from Grantham Hospital via a new Patient Transport Service contract with Ambicorp Ltd. a CQC licensed independent patient transport provider.
- Maternity and Paediatric services have been restored at the Grantham Family Health Centre and additional services for the Grantham Green site itself for most vulnerable patients.
- Additional outpatient services have been restored at Clinical Assessment and Treatment Centre at Gonerby Road in Grantham reducing the need to travel to services at PHB and LCH hospitals.
- In addition to Grantham Green Site Surgical services the Independent Sector are supporting the Trust at the BMI facility in Lincoln and Ramsey in Boston.

Specific Concerns raised by Elected Representatives

Concerns have been expressed by local elected representatives that have focused upon the impact to residents requiring to travel to services to be moved from the Grantham site. The importance of these concerns has been recognised by the Trust and as previously mentioned the intended strategic development of several new sites away from the Grantham site, but within the Grantham locality have been completed and are in operation. These strategic developments reflecting the increasing choice of Lincolnshire patients to access services at Grantham in addition to operationally offering significant opportunities for increasing local access to services for Grantham residents than were originally committed to within the proposals approved in June. These developments serve to maintain the highest level of protection and IPC standards on the Green site, continue to restore services suspended during the manage phase of the epidemic and reduce both patients and staff need to transfer to other hospital sites across Lincolnshire.

These 4 new sites described below describe the main function location and timescales of when services occupied them:



6.5 Financial

A process of rapid senior decision making with analysis of risk, benefit and signed off by executive and clinical directors has been in place since the Emergency Level 4 Response nationally was confirmed on 30th January. The business case developed for the Grantham Green site model and all associated expenditure has been approved as per existing SFIs and the summary of expenditure to date is provided below:

Additional Investment Approved to Strengthen the Grantham Green Site Model 20/21

Costs	One Off	July to March	Total
Grantham Health clinic	29,080	50,862	**79,942**
SKDC Council Offices	64,280	127,155	**191,435**
Units 4,5 &6 Hill Court Estate	51,237	82,822	**134,059**
Conversion of Gonerby Health Clinic	877,060	68,801	**945,861**
Purchase of three mobile clinical trailers	25,040	18,043	**43,083**
Vine Street	2,000	56,682	**58,682**
Mobile X ray	0	0	**0**
COVID Pods	8,391	211,649	**220,040**
Total	**1,057,088**	**616,013**	**1,673,101**

Description	20/21	21/22	22/23	23/24	24/25
Total Capital	127,550	0	0	0	0
Capital Charges	6,631	13,296	13,166	12,839	12,512
Total direct Pay costs	0	0	0	0	0
Total direct Non Pay costs	1,666,470	20,332	0	0	0
Cost reductions	0	0	0	0	0
Income	0	0	0	0	0
Total Revenue	**1,673,102**	**33,627**	**13,166**	**12,839**	**12,512**

Current expenditure levels are reported as totalling £1,673,102 for 20/21, A detailed review of these costs and projections ahead is scheduled to be undertaken for next week.

7.0 Assessment of Original Decision within Current Conditions

Design Principles:

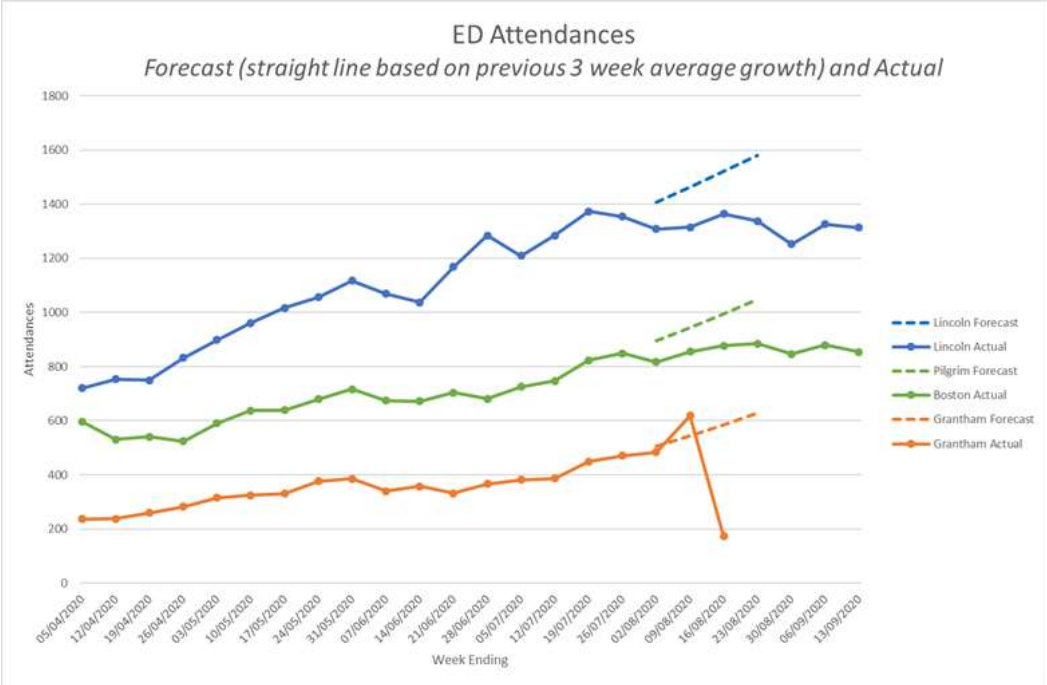
Given that the NHS Covid Alert level has recently been raised again to Level 4, reflecting the National picture of increasing numbers of Covid-19 and the trust remains in Phase 3 *Recovery* it is suggested that the 3 conditions upon which the Operating Model was predicated and indeed the design principles upon which options were evaluated remain as relevant and given the current conditions Nationally, are as important now as the time the original decision was taken.

Current transmission of Covid-19:

Currently the daily cases of Covid- 19 are rising steeply across the UK, projected as doubling every 7 days; current hospital admissions and deaths remain low. In response to this the government has introduced more stringent measures to reduce transmission with the government's chief scientific adviser and medical adviser forecasting a significant number of deaths – 200 per day by the end of October without further interventions. Given this emerging prevalence and if the National Covd-19 response phase remains at L3 – Recovery Phase, the necessity of a Green site will potentially become increasingly important to maintain and strengthen to optimise the undertaking of routine surgical and potentially medical services.

Temporary Reclassification of A&E to UTC:

The relevance of A&E attendances remains important context regarding the temporary reclassification of A&E to a UTC on the Grantham site, with ongoing monitoring of increasing activity key to assessing the ongoing appropriateness of the UTC. The graph below presents the growth in A&E attendances because of the Covid-19 epidemic. This shows that the growth rate has slowed in recent weeks to around 90% of seasonal pre-Covid levels. Please note that the Grantham UTC attendances drop then disappears due to data recording being moved to an external LCHS system. It will be important to ensure UTC activity data is available to the trust going forward to fully evaluate the impact of this temporary change and enable effective response to future A&E demand.



Existing Criteria for the Return of GDH to Pre-Covid-19 Model:

The trust has documented explicit criteria against which the original proposals in June were assessed and any question regarding the continuation of the temporary changes implemented at Grantham would be evaluated. The detail of these criteria and subsequently developed measures and trigger points to instigate formal reassessment are detailed in the next section.

8.0 Criteria, Measures and Triggers to Assess the Continuation of The Grantham Green Site Model or the Return of GDH to Pre-Covid-19 Model:

At the June 11th Extraordinary Board meeting the proposed model of care was agreed should run temporarily until 31st March 2021. Within that same proposal was a confirmation that there would be a quarterly review (this document) where the model would be evaluated against a set of criteria designed to indicate either a change to the model is required or a complete revert back to previous model should commence.
The below criteria was developed that reflects when circumstances either within the Trusts control or outside of their control would require the model to change or revert back to previous model.

The trust's original criteria to determine the return of Grantham Hospital to pre Covid-19 model are represented below:

- Regional or National Incident Override – where through the NHSE/I Command structure a request is made to revert to the pre Covid-19 model.
- Covid-19 alert level reduces to L2.
- Impact to other organisations - resulting in a request for mutual aid directly relating to the temporary model.
- Identified risks of threat to life or limb are identified with existing models of care.
- Overall waiting lists for Cancer patients reaches standards for 31 & 62 day, with all other treatments/surgeries reduced to pre Covid-19 levels.
- Winter pressures lead to activation of the surge plan – where emergency bed base, critical care demand and/or staffing requirements for critical care is not satisfied with Grantham model.

The fast changing national position regarding prevalence of Covid-19 and the introduction of tighter restrictions to reduce transmission, presents an extremely challenging and complex environment within which the trust must seek to both continue to deliver against existing priorities to restore service delivery whilst revisiting contingency plans in the event of guidance changing. Under these circumstances the criteria above remain wholly appropriate, with the importance being to strengthen current methods and mechanisms for evaluating specific aspects of performance within the context of the Trust's overall performance such that the most informed decisions may be taken by the Executive team and Trust Board in due course.

The list of criteria below has been designed in such a way that any one single would trigger the need for a change or complete revert back to previous model.

Trigger	Rationale	Measure or Indicator
○ Where Regional or National Incident Directives state this model is either incompatible with a model of care or where through the NHSE/I Command structure a request is made to revert to the pre Covid-19 model	Whilst working within emergency measures either at national Emergency planning level 3 or 4 the Trust must respond to regional or national directives.	Directive from NHSE/I either via MIDSEAST or national Command Centres/Incident Directors.
○ Where Impact on other health organisations results in a request for mutual aid directly relating to the temporary model.	Where consequences of the model have unintentional impact on other organisations to a level requiring formal mutual aid for cessation or change of the current model.	Formal Aid Request via the Local Resilience Forum.
○ Where substantial previously unidentified risk is identified with a threat to life or limb within the existing models of care.	Where new risks are identified that indicate a substantial threat to loss of life or limb that had not been identified there is a need to urgently review and potentially change/cease the current model.	Completed Risk Assessment that indicates an inability to mitigate risk through countermeasures.
○ Overall waiting lists for Cancer patients reaches levels to support 62 & 104 day treatment standards, and incomplete waiting lists reduced to pre Covid-19 standard.	Where the Trust has responded completely to the pandemic incident and restored services to levels of care within safe constitutional standards the current model should be reviewed and consideration be made to reverting back to pre-covid models.	62 day Backlog Patients <40 patients 104 day backlog <10 patients Incomplete waiting list < 37,762
○ Covid-19 alert level reduces to L2 or below	L2 Covid-19 Alert level reducing would indicate a substantial decrease in the risk of Covid-19 being acquired in the community and subsequently in hospital. This would reduce the need for such high IPC measures and would trigger a consideration of change of model or revert back to previous state.	Covid-19 Alert Level <=2
○ Activation of the Trusts Full Covid-19 Surge Plan	The impact of a subsequent wave of Covid-19 or other winter extreme demand events (including a Major Incident) could trigger the need to convert all Inpatient Capacity and re-task supporting services to Covid-19 or Urgent and Emergency Care facilities.	OPEL L4 Indicators for the system.

These 6 criteria have been designed to consider all known scenarios that should lead at first to a consideration of amendment of the model which in turn may lead to reverting back to the original pre-Covid-19 model. They are sufficiently broad to consider the full range of risks to stakeholders internally (patients) and externally (other organisations in our and out of NHS Midlands). The measures or indicators used as evidence to trigger are not greatly sophisticated in nature, but are considered to be highly visible and easy to communicate so as to easily alert the Trust to a need to consider its response differently.

The fast changing national position regarding prevalence of Covid-19 and the introduction of tighter restrictions to reduce transmission, presents an extremely challenging and complex environment within which the trust must seek to both continue to deliver against existing priorities to restore service delivery whilst revisiting contingency plans in the event of guidance changing. Under these circumstances the criteria are wholly appropriate. The National *expectation that local intentions to restore elective services will continue for as long as possible, reflects a 'window of opportunity' for the trust to continue providing services for the benefits of all patients across Lincolnshire. This approach further reinforced following a letter received this week from the National Strategic Incident Director advising trusts to continue to strengthen local efforts to re-establish elective services whilst reviewing local escalation plans in anticipation of increasing hospital admissions.*

8.1 Evaluation of Current Circumstances:

Previous sections of this report have described outcomes delivered as a result of the model of care put in place at the beginning of July 2020. In order to ascertain whether the triggers for change in model/revert back to pre Covid-19 model have been met the below table evaluates data available and provides statements of fact against each criteria.

Trigger	Current State	Has the Indicator been Triggered?
1. Where Regional or National Incident Directives state this model is either incompatible with a model of care– where through the NHSE/I Command structure a request is made to revert to the pre Covid-19 model	No directives have been received by the Trust to date suggesting incompatibility with the current temporary model. Subsequent guidance sent through MIDSEAST and from national teams support the use of Green Sites.	No
2. Where Impact on other health organisations results in a request for mutual aid directly relating to the temporary model.	No requests for mutual aid have been received. Regular reviews of patients accessing other organisations urgent care services as a result of the temporary model indicate a lesser impact than that described in the June 11th proposal.	No
3. Where substantial previously unidentified risk is identified with a threat to life or limb within the existing models of care.	No new substantial risks have been identified.	No
4. Overall waiting lists for Cancer patients reaches levels to support 62 & 104 day treatment standards, with all other waiting lists reduced to pre Covid-19 levels.	Reductions in waiting lists for cancer have occurred and all initial surgical waits have been treated or seen in alternative services. On the 24th September 2020	No

	62 day Treatment Standard backlog was at 280 against a trigger of 40 or less 104 day Treatment Standard backlog was at 42 against a trigger of 10 or less Overall waiting list levels reported 44,393 against a trigger of 37,762 or less	
5. Covid-19 alert level reduces to L2	National Covid-19 alert increased to L4 on the 22nd September 2020	No
6. Activation of the Trusts Full Surge Plan	Although the Trust has frequently increased escalation levels to OPEL 3 at LCH and PHB sites in recent weeks there have been no occasions where OPEL4 levels have been reached on a system wide basis.	No

Noting that these statements have been made about a specific position at a specific time, it is apparent that no criteria have been met that would suggest the need to substantially change the temporary model put in place or revert back to pre-Covid configurations.

9.0 Findings & Recommendations

The complex implementation of the Grantham Green site model within 2 weeks of approval was as a direct consequence of the significant efforts and commitment of many corporate and divisional colleagues which given the environmental challenges presented by Covid-19, were nothing less than outstanding.

Whilst the aims and intentions of the Green site model remain sound, the opportunity to revisit and strengthen existing arrangements for refining patient flow projections, revisiting specialty activity targets and developing the coordination and consistency by which performance is measured and reported upon is one that the Trust is recommended to take now.

Whilst there is no doubt that the services approved within the Green site model have been implemented as intended, the full effect of these changes upon staff, Grantham residents, patients, other sites and services provided by the Trust remain to be fully quantified and understood. Whilst these interdependencies may be complex, strengthening the approach to evaluation going forward as is outlined within the recommendations below will help to developing a clearer understanding that will inform both organisational and system wide decision making as the NHS continues to respond to the Covid-19 pandemic.

There is a clear opportunity for reflection on the findings from this review to benefit from the translation of the learning from the planning and implementation of the Grantham Green model by informing the approach to other developments and changes being considered by the Trust to ensure that the translation into wider organisational learning is not lost.

Decision Required:

The Trust Board is invited to approve the primary recommendation to continue with the Green site model at Grantham, recognising the review of the specialty findings presented within this paper and the prevailing context regarding Covid-19 which have been assessed against the criteria, measures and triggers detailed within the report.

In the event that approval is given to the primary recommendation, the Trust Board is additionally invited to approve 6 further recommendations pertaining specifically to the operation and implementation of the Grantham Green Site Model and 3 further Corporate recommendations that directly relate to the Green site model.

Primary Recommendation regarding the Grantham Green site model:

1. Given the Trust Board is invited to approve the continuation of the temporary service changes enacted in June as a consequence of establishing the Grantham Green site model. The timescale for this continuation to last for the duration of Covid-19 to at least 31 March 2021. This timescale to be subject to a system wide review of the full next quarters activity available in early January 21 for the Trust Board's consideration in February 21.

Subsequent Recommendations regarding the Continuation of the Grantham Green site model:

Site Specific

2. Consider strengthening the **Operational Management Capacity** to provide oversight to the delivery of the Green site model at Grantham, to last for the duration of Covid-19. This capacity to ensure the establishment of a comprehensive performance management framework so that ongoing evaluation and routine reporting of the impact of these arrangements may be made. This to include
    - routine triangulation of Grantham **surgical activity** data pertaining to patient activity, theatre and bed utilisation to identify opportunities for further improvement of operational performance and update original modelled activity projections within the context of overall Trust activity.
    - revised **OP attendance** targets for Grantham
    - an audit of IPC standards on the Grantham site, against the IPC BAF

3. Consider establishing a **Grantham Green site working group** with clear terms of reference to undertake a review the existing Clinical Model with a view to further optimising capacity at Grantham and formally refresh the activity modelling, activity targets and QIAs & EIAs previously undertaken. This to include modelling of intended rehabilitation services to be present on the Grantham site from 1st November identifies clear activity and performance targets, the monitoring of which may be included in the ongoing Grantham wide evaluation and next formal review and as part of the Trusts overall performance reporting.
4. Invite the endoscopy working group to remodel **endoscopy activity** trust wide in anticipation of easing of IPC requirements, translating this to explicit targets for Grantham going forward, including the potential for establishing 12hr sessions. This information to enable a routine monthly evaluation of performance to be reported on as part of the Trusts overall performance reporting.
5. Invite the chemotherapy management team to remodel **chemotherapy activity** based upon the transfer of all patients onto the Grantham site. This information to enable a routine monthly evaluation of performance to be accurately and consistently reported on as part of the Trusts overall performance reporting.
6. Consider the identification of a single individual taking responsibility for standardising, coordinating and reporting on **surgical performance** of the Trust as a whole, this to include overall surgical performance at Grantham.
7. Formally establish with LCHS a collaborative framework for comprehensively evaluating the **impact to patients** and staff following the closure of Grantham A&E, findings to shared monthly with all stakeholders and as part of the next formal quarterly review of the Grantham Green model.

Corporate

8. Consider ways of establishing a **dialogue with all staff** currently working at Grantham, those visiting Grantham and those transferred from the Grantham site, to ensure all experiences and suggestions inform learning and ongoing strengthening of the temporary model.
9. Ensure any future need to redeploy staff is based upon clear corporate criteria relating to skills and need, to promote **fairness and equality**.
10. Consider inviting STP colleagues to support the trust develop an explicit framework for establishing and sustaining **effective engagement with staff** to strengthen communication across the trust.

Clinical Model

IPC Excellence facility supporting a range of surgical activity including

- General Surgery
- Urology
- Breast Surgery
- Gynaecology

With smaller numbers of

- ENT
- OMF

Vascular Surgery and Paediatrics not supported in Restore at GDGH.

Casemix will vary weekly according to clinical prioritisation and be scheduled centrally in Restore.

Cohorting of specialty activity to provide speciality presence over several days to facilitate speciality cover for ward areas and support IPC excellence

A combination of day case and inpatient activity covering 2 28 bed areas, namely Ward 2 and Ward 1.

Green workforce supported by careful adherence to IPC principles and embedded culture of IPC excellence. Screening by wellbeing assessment including temperature check at start and end of each shift. Swabbing if symptomatic or for contact tracing. Programme of random staff swabbing to screen for asymptomatic carriers. Defined protocol for migration of staff between sites (especially surgical teams) to ensure no Blue to Green transfer on same day. Risk assessment for staff not currently in patient-facing roles due to previous risk assessment to facilitate work at IPC excellence site.

Medical cover provided by foundation grade doctors drawn from existing Grantham team. Existing Hospital at Night team to provide out of hours ALS cover with middle tier perioperative medical practitioner cover on call drawn from existing GS/Anaesthetic middle tier doctors. Speciality on call cover and arrangements for postoperative review of inpatients defined by individual specialities. Inpatients will require daily specialty review.

ACU functioning as 6 bed Level 1 postoperative care unit PACU (with outreach facility to support inpatient areas) Medical cover from on site anaesthetic staff (in hours) and middle tier perioperative medical practitioner cover on call drawn from existing General Surgery/Anaesthetic middle tier doctors. Defined SOP for escalation of ward patients into ACU and utilise existing SOP for transfer to L2 / L3 facility if required.

4 theatres operating 5 days a week initially with a view to 7 day working. Lists initially running from 09:00 – 18:00 (soft cap, intention to complete listed activity). Medical staffing of operating lists 8 – 18.00 to accommodate preop visits, consent etc. On call team for out-of-hours returns supported by on call non resident consultant anaesthetist and on call consultant surgeons as per agreed specialty models. Review of planned activity to ensure appropriate facilities (eg laser point), equipment (clinical engineering stream) and staffing skill mix.

Support in theatres from radiography for Urology, and occasional other use. Overnight on call radiographer required for ward / ACU (portable chest xray)
Radiology Support for breast surgery – wire guided and Sentimag machine

Histopathology function to support specimen processing from theatres

Chemical pathology function to support ward requests (including urgent out of hours), outpatient bloods and preassessment including phlebotomy

Haematology function to support ward requests, outpatient bloods and preassessment; blood bank to support elective surgery (including urgent out of hours)

Microbiology function to support ward, theatre and preassessment samples, including arrangements for urgent processing/transport of samples.

Clinical measurement function to support ward, outpatient and preassessment function with ECG.

Pharmacy function to support day case, inpatient and ACU areas and 4 theatres 5 days a week. Additional support for day case chemotherapy unit.

Preassessment function to support elective surgery including telephone assessment where possible. Includes arrangements for self isolation and swabbing (including home swabbing/CCG led swabbing).

Additional services in Green areas

Hospice	Utilises existing staffing arrangements
Day Case Chemotherapy	CSS managed; existing staffing arrangements; SOP needed for deteriorating patients
Endoscopy	CSS led; existing staffing arrangements; SOP needed for screening and for deteriorating patients
Outpatients including Emerald Suite	CSS led remote consultations and defined SOP for screening face to face attendances
Rehab Unit	Ward 6 area (following redevelopment) – therapy led facility for IPC green patients; level of nursing support to be defined. SOP to be defined for medical emergencies/deteriorating patient. Implementation later in Restore

Medical staff movement

Existing foundation tier to be reallocated to surgery (12 doctors) supporting ward work and overnight ward cover. Exception is 3 A&E F1s who will support UTC.
Model to be revisited for August rotation and numbers likely to reduce significantly
Existing Anaesthetic consultant and middle tier (14 doctors) supporting theatre activity. Anaesthetic consultant non resident on call supporting returns to theatre / PACU deterioration/transfer

Existing surgical middle tier (7 doctors) supporting theatre activity.
Anaesthetic and surgical middle tier supporting out of hours ward cover including PACU – this does not include the ST5's who support the Lincoln acute work. Workforce of 11 doctors (3 vacant posts at present)
Surgical consultants support theatre work along with visiting specialty teams. Post operative specialist cover defined by specialty.
Orthopaedic CONS and SAS reallocated to other sites / support OP activity at GKGH. Specialty to define.
Medical and speciality medical CONS, SAS, IMT and CT reallocated to other sites / support OP and endoscopy activity at GKGH. Specialties to define in conjunction with CSS.
A&E CONS and SAS support UTC model – any extra resource reallocated

Infection prevention and control board assurance framework

27th September 2020 Version 2

Infection Prevention and Control board assurance framework

1. Systems are in place to manage and monitor the prevention and control of infection. These systems use risk assessments and consider the susceptibility of service users and any risks posed by their environment and other service users			
Key lines of enquiry	**Evidence**	**Gaps in Assurance**	**Mitigating Actions**
Systems and processes are in place to ensure: • infection risk is assessed at the front door and this is documented in patient notes • patients with possible or confirmed COVID-19 are not moved unless this is essential to their care or reduces the risk of transmission • compliance with the national guidance around discharge or transfer of COVID-19 positive patients • patients and staff are protected with PPE, as per the PHE national guidance	All patients are screened on admission to the organisation. Those who are suspected COVID-19 are cared for in dedicated wards Patients with suspected or confirmed COVID-19 are placed on dedicated wards or placed in isolation room on other wards if deemed clinically necessary The Trust has been consistent in following national guidance on discharges and has supported social care discharges with a supply of PPE for 72 hours The Trust has followed PHE national guidance throughout the pandemic	Swabbing not a perfect method of screening Asymptomatic cases have been detected Some initial gaps in notifying discharged patients with swab results There have been occasions where supplies have been running low.	The Trust allows for other diagnostic evidence such as CT or X-ray and clinical picture to be considered pending re-testing If an asymptomatic case is detected, close monitoring of contacts is undertaken System now in place with Local Authority Public Health to notify post discharge patients of results The Trust has sufficient supplies of all types of PPE and is building alternative and compliant PPE for future demand

• national IPC guidance is regularly checked for updates and any changes are effectively communicated to staff in a timely way • changes to guidance are brought to the attention of boards and any risks and mitigating actions are highlighted • risks are reflected in risk registers and the Board Assurance Framework where appropriate • robust IPC risk assessment processes and practices are in place for non COVID-19 infections and pathogens	The Trust has subscribed to automated updates and has notified incident commanders at daily briefings with relevant updates cascaded through SBAR communication tool and live webinars Changes to PHE guidance are discussed with strategic commanders and any necessary adjustments or communications are agreed through daily meetings. The Trust BAF and risk register have been updated to reflect the current issues and signed off at subcommittee and board External additional support for non-COVID-19 IPC activity has been sourced by the DIPC.	This work is part of an ongoing refresh piece of all IPC functions & compliance with the hygiene code, currently assurance is limited	IPCT continue to monitor and manage HCAI cases including RCA investigations for alert organisms. Refreshed IPC group in place. Terms of reference approved and will be ratified by Quality & Governance Committee on 19 May 2020. Strengthened reporting arrangements in place
2. Provide and maintain a clean and appropriate environment in managed premises that facilitates the prevention and control of infections			
Key lines of enquiry	**Evidence**	**Gaps in Assurance**	**Mitigating Actions**
Systems and processes are in place to ensure:			

• designated teams with appropriate training are assigned to care for and treat patients in COVID-19 isolation or cohort areas	Designated cohorting and isolation areas with specifically allocated teams to reduce the risk of transmission These teams are further supported by IPCNs QM Clin Ed		
• designated cleaning teams with appropriate training in required techniques and use of PPE, are assigned to COVID-19 isolation or cohort areas.	All relevant housekeeping staff are trained to work in these areas. training sessions are recorded		
• decontamination and terminal decontamination of isolation rooms or cohort areas is carried out in line with PHE and other national guidance	In conjunction with IPC areas when identified, are cleaned in line with PHE guidance. Chlor Clean and HPV fogging	Historically there was no deep clean process in use Rolling programme in situ across all sites to undertake deep cleaning as wards become empty	New process for deep clean currently being implemented with a defined deep clean schedule and accompanying SOP
• increased frequency of cleaning in areas that have higher environmental contamination rates as set out in the PHE and other national guidance	Increased cleaning is in place across all sites/areas during this pandemic in line with the Deep cleaning protocol		New deep clean process now includes hydrogen peroxide vaporisation (HPV) and staff have been trained to use it appropriately
	All Linen is treated as infectious and is managed using soluble laundry bags double bagged in a clear outer sack to be transported to the laundry. It is then		To increase collection from designated areas and

• linen from possible and confirmed COVID-19 patients is managed in line with PHE and other national guidance and the appropriate precautions are taken • single use items are used where possible and according to Single Use Policy • reusable equipment is appropriately decontaminated in line with local and PHE and other national policy	laundered as infectious laundry by the 3rd party laundry service	Infectious linen builds up in COVID-19 ward areas Currently No decontamination lead appointed within the Trust	remove to areas to await collection by 3rd party IP Team have written and updated cleaning and decontamination of medical equipment at ward level and have produced guidance at a glance to assist staff to clean and decontaminate equipment at ward level
3. Ensure appropriate antimicrobial use to optimise patient outcomes and to reduce the risk of adverse events and antimicrobial resistance			
Key lines of enquiry	**Evidence**	**Gaps in Assurance**	**Mitigating Actions**
Systems and process are in place to ensure: • arrangements around antimicrobial stewardship are maintained • mandatory reporting requirements are adhered to	Ongoing and strengthened accessibility to Antimicrobial Pharmacists for advice on antibiotics and infection management for all staff including junior doctors 7 day working PGME and pharmacy reminders, newsletters, tweets, very good uptake of this availability.	ASSG meeting cancelled in April as rooms bookings were over-ruled for COVID cells and other organisational purposes without options. ASSG held virtually in May. Productive but not quorate. Nothing to sign off but have progressed some actions	Direct contact from persons requiring ASSG input for antimicrobial stewardship, encouraged by request for virtual returns as enquired if anyone in group

and boards continue to maintain oversight		and had opportunity for updates.	
	C.Diff walk arounds halted, but have been taken over by phone calls to discuss patient where required with the lead consultant.		
	RCAs being held at Lincoln for all C.diff cases have antimicrobial input	Not got same assurance for PHB and GDH New RCA documentation and process launched across all sites including DDIPC /DIPC and Multi-disciplinary Rapid Review Group	New Antimicrobial Pharmacist at PHB will be assigned to pick these sites up for RCA input virtually with support of existing antimicrobial pharmacists if needed Specific training to be launched for new RCA process for senior management teams to enhance knowledge and understanding of process
	Antimicrobial stewardship and requests for advice. Virtual platforms used more frequently by pharmacists seeking advice on the wards – mobile, office line, skype, teams, whatsapp groups. Includes frequent requests for advice from Rowlands Outpatient Pharmacists. Comms sent out re availability over mon-sun have had good response and uptake.		
	PII audit(s) still prioritised and completed. Virtual communications with clinical teams and very good response. Confident no gaps in this assurance		
	Repeat PII audit planned and will be prioritised despite pressures, with ward pharmacist involvement	Unable to complete PII investigation with Ribotyping, would be very helpful in drawing further conclusion	

	Non-essential (or non-mandatory) Antimicrobial Stewardship audits halted to avoid risk to patient safety due to inaccessibility to patient medical notes and to reduce unnecessary footfall on wards. Junior doctor projects registered with Clin Governance largely concluded, some have actions of final report remaining, which will be completed once pressures are manageable.	and assurance for antibiotic prescribing assessment	
	Ongoing contribution in virtual DTC, working to sign off guidelines related to antimicrobials, providing input in developing safe and effective documents, with feedback mechanisms.		
	Rapid updates sent out around COVID and antimicrobial stewardship – evidences PGME emails, newsletter and pharmacy advice		Provided updates by email instead. Working on further means of communicating these to increase awareness
		Usually would be captured in team brief and educational update sessions	Sent updates to PGME and all pharmacy staff for sharing with all relevant staff
	Commenced work on an antimicrobial app procured by pharmacy, and being led by Antimicrobial Pharmacy team using STP funds. Collaborative effort captured in the 'long term plan' to improve AMS and support organisations across the patch. Will help with C.diff and ESBL bacteraemia rates related to correct antimicrobial use – governance process to be finalised via DTC before release/launch	COVID priorities have slowed antimicrobial team on antimicrobial guideline work	Specific resource funded via SPT has been ring-fenced for populating the microguide app, pending governance sign-off, using existing Trustwide guidelines
		COVID interruption of DTC and PACEF access pathways may impact on governance sign off, but will	New antimicrobial pharmacist started Mid May will be part of effort to

	Review of paediatric antibiotic guidelines out of date by 5 years. Commenced work on this but halted by COVID	be pursued as virtual set up is formalised for these committees	prioritise this work on guideline review
	Review of adult antibiotic guidelines due this year and requires some updates to bring in line with NICE	Will need to secure microbiologist review and Pathlinks sign off	Antibiotic guideline review will also address some of the feedback from end-users where clarity was requested
	Surveillance continues	Extrapolation against occupied bed days and admissions may be skewed on system used for surveillance	Using various means and parameters for extrapolation to ensure good level of confidence in surveillance and trends identified
	RECOVERY trial input including screening patients and advising on antimicrobial choices that have been made, next steps etc. Commas sent out via Trust, pharmacy, and STP		
	Follow up of patients with support of ward pharmacists, including complex patients on microbiology radar	Educational sessions for pharmacy teams halted, and will need to be re-developed depending on means of delivering them amid social distancing	All antimicrobial advice requests include educational aspect on rationale behind this advice and is acknowledged as being very helpful. Evidence of pharmacy colleagues applying this rational in their daily work, as notable difference in those who request advice frequently

	OPAT of patients where feasible	Some issues with premature and error in handover of patients amidst COVID rotas which could have impacted patient outcomes, and have required safety mechanisms to be used.	Tightened OPAT criteria to reduce risk of recurrence, at expense of delays to OPAT but important for patient safety

4. Provide suitable accurate information on infections to service users, their visitors and any person concerned with providing further support or nursing/ medical care in a timely fashion

Key lines of enquiry	Evidence	Gaps in Assurance	Mitigating Actions
Systems and processes are in place to ensure: • implementation of national guidance on visiting patients in a care setting	In line with national recommendations, the Trust suspended visiting with controlled exceptions i.e. end of life visiting	Some issues remain on rules for visitors bringing in patient possessions	The Trust has developed a protocol for acceptance of patient possessions
• areas in which suspected or confirmed COVID-19 patients are where possible being treated in areas clearly marked with appropriate signage and have restricted access	Dedicated wards have been in use for both suspected and confirmed COVID-19 patients. The Trust has a place based approach to PPE precautions so all clinical areas take the same precautions regardless of the COVID-19 status of any patient		A series of laminated door cards are in use for identification of isolation and staff considerations when entering and leaving the rooms alongside PHE COVID-19 relevant Posters distributed through the Communication team
• information and guidance on COVID-19 is available on all Trust websites with easy read versions	There is a link on the Trust website front page taking the user to the national NHS COVID-19 page.		
		Initial gaps in communication were identified both for	

• infection status is communicated to the receiving organisation or department when a possible or confirmed COVID-19 patient needs to be moved	The status (known at time of transfer) of each patient is communicated to the receiving organisation. This includes when swab results are pending.	discharge home and to social care	Local Authority Public Health now communicate results to discharged patients. Discharge protocol in place
5. Ensure prompt identification of people who have or are at risk of developing an infection so that they receive timely and appropriate treatment to reduce the risk of transmitting infection to other people			
Key lines of enquiry	**Evidence**	**Gaps in Assurance**	**Mitigating Actions**
Systems and processes are in place to ensure: • front door areas have appropriate triaging arrangements in place to cohort patients with possible or confirmed COVID-19 symptoms to minimise the risk of cross-infection	Each ED has a designated streaming process for patients with suspected COVID-19.		
• patients with suspected COVID-19 are tested promptly	All patients admitted to ULHT are swabbed on admission.	Some patients have tested positive but have been asymptomatic	Swab turnaround times are less than 24hrs meaning patients can be quickly isolated
• patients that test negative but display or go on to develop symptoms of COVID-19 are segregated and promptly re-tested	The Trust follows national guidance in relation to the management of patients who may have either a diagnostic or clinical presentation consistent with COVID-19. In	Atypical presentations can cause delays in diagnosis	This has now been largely mitigated by the inclusive testing of all admitted patients

• patients that attend for routine appointments who display symptoms of COVID-19 are managed appropriately	these cases, patients are isolated and re-swabbed Patients attending for planned care appointments are requested to shield for 7 days prior to appointment. The patient is then swabbed 48hrs prior to the planned intervention. If the patient is positive or has symptoms consistent with COVID-19, they will be deferred and a new appointment made.	Some anecdotal evidence from a nearby Trust identified that some patients became symptomatic shortly after their procedure meaning they were likely positive during their appointment	All reasonable precautions are in place and are in line with national guidance
6. Systems to ensure that all care workers (including contractors and volunteers) are aware of and discharge their responsibilities in the process of preventing and controlling infection			
Key lines of enquiry	**Evidence**	**Gaps in Assurance**	**Mitigating Actions**
Systems and processes are in place to ensure: • all staff (clinical and non-clinical) have appropriate training, in line with latest PHE and other guidance, to ensure their personal safety and working environment is safe	The Trust uses the published videos and posters provided by PHE to ensure that PPE is correctly used. There is a continuous programme of fit testing in all Divisions to ensure that staff can use all FFP3 mask types issued.	There is no control over the type of PPE received by the Trust from NHS Supply Chain including FFP3 masks. This means some risks exist of having sufficiently fit tested staff on a given mask type	The Trust is procuring reusable respirator masks that can be issued to individuals (400 + 23 Hoods). This will negate the need for high volume repeated fit testing
• all staff providing patient care are trained in the selection and use of PPE appropriate for the clinical situation and on how to safely don and doff it	All staff who require fit testing attend training. The Trust uses the PHE videos and posters to assist with training relating to selection, donning and doffing of PPE	High FFP3 fit test failure rate in some areas. Lack of choice with masks further restricting fit tested staff available for a given shift	The Trust has purchased 2 quantitative fit testing kits. These kits can confirm a fit test pass or fail without the reliance on the human factor to smell/taste the fit test solutions

• a record of staff training is maintained • appropriate arrangements are in place that any reuse of PPE in line with the CAS alert is properly monitored and managed • any incidents relating to the re-use of PPE are monitored and appropriate action taken	Staff fit testing records are held by Divisions and recorded on Health Roster While arrangements are in place (the published PHE guidance), the Trust has not yet introduced the reusing of PPE The Trust is currently not reusing PPE however if needed, it would follow PHE published guidelines	Health Roster does not include medical staff.	Evidence of fit trained staff held by clinical areas
• adherence to PHE national guidance on the use of PPE is regularly audited • staff regularly undertake hand hygiene and observe standard infection control precautions	The Trust has consistently abided by the national PHE PPE guidelines and daily reports on PPE usage are supplied to the COVID-19 Tactical Cell The Trust has employed Personal Safety Champions (PSC) to visit all areas to ensure staff are adhering to hand hygiene, PPE, cleanliness and social distancing. Reports are provided daily	There is still evidence of inappropriate PPE use however this has significantly reduced The PSC team work across all sites however out of hours is not fully covered.	Personal Safety Champions provide reports on challenges around inappropriate PPE usage and provide immediate training in the work place. Infection Prevention has a dedicated hand hygiene audit system in place completed and submitted by each ward/department across the Trust relating to the WHO 5 moments of hand Hygiene
• staff understand the requirements for uniform laundering where this is not provided for on site	The Trust has provided soluble red laundry bags to all staff who take uniform home to support safe laundering practices.		
• all staff understand the symptoms of COVID-19 and take appropriate action in line with PHE and other national	Staff self-isolate and contact Occupational Health if they experience any symptoms consistent with COVID-19. The Occupational Health team also support national guidance in relation to	Outbreak management of staff following on from contact both at work and socially requiring screening and isolation	IPTeam have been undertaking regular weekly support visits to ward areas reviewing social distancing, PPE, Hand hygiene, staff social areas

guidance if they or a member of their household display any of the symptoms.	symptomatic household contacts and support staff isolation.		Outbreak management plan and working and supporting teams including occupational health in a more collaborative manner sharing information and communicating on a wider level
7. Provide or secure adequate isolation facilities			
Key lines of enquiry	**Evidence**	**Gaps in Assurance**	**Mitigating Actions**
Systems and processes are in place to ensure: • patients with suspected or confirmed COVID-19 are isolated in appropriate facilities or designated areas where appropriate	Dedicated suspected or confirmed pathways have been established. This starts at ED and is facilitated throughout the Patient stay.		
• areas used to cohort patients with suspected or confirmed COVID-19 are compliant with the environmental requirements set out in the current PHE national guidance	Designated suspected and confirmed COVID-19 wards have been identified. If a Patient needs care on their base ward, suitable isolation facilities are required.	Many clinical areas are in need of refurbishment	Processes have been agreed (awaiting business case) for the complete refurbishment of 3 wards and environmental upgrades of a further 12 wards across the Trust
• patients with resistant/alert organisms are managed according to local IPC guidance, including ensuring appropriate patient placement	Patients identified with an alert organism or resistant organism are managed as per Trust policy.	Review of alert organism and Gram –ve BSI plans are in progress but not complete	External support for review of IPC function has been sourced by DIPC
8. Secure adequate access to laboratory support as appropriate			

Key lines of enquiry	Evidence	Gaps in Assurance	Mitigating Actions
There are systems and processes in place to ensure: • testing is undertaken by competent and trained individuals	Molecular testing is undertaken within the microbiology section of Path Links laboratories which have UKAS accreditation and which are applying for an extension to scope for COVID-19 testing as part of the regional network. HCPC registered BMS staff are undertaking and overseeing the testing. Full validation and verification has been undertaken, and V&V documents, SOPs, training records and manufacturers' information documents are available on request**.**		
• patient and staff COVID-19 testing is undertaken promptly and in line with PHE and other national guidance	PHE guidance is used as the framework for testing, although some locally arranged additional testing has been taking place. NHSE is co-ordinating across the MidE2 network. Current turnaround time is 13-18 hours from receipt of samples.		
• screening for other potential infections takes place	Demand management has been implemented according to national guidance, and according to the attached letter. Samples of limited clinical value are not being processed, but CPE screening and MRSA screening from high risk contexts is ongoing. We are reviewing the situation in light of "business as usual"		

	guidance, balanced with the additional workforce pressures and demand upon the laboratory.		
9. Have and adhere to policies designed for the individual's care and provider organisations that will help to prevent and control infections			
Key lines of enquiry	**Evidence**	**Gaps in Assurance**	**Mitigating Actions**
Systems and processes are in place to ensure that: • staff are supported in adhering to all IPC policies, including those for other alert organisms • any changes to the PHE national guidance on PPE are quickly identified and effectively communicated to staff • all clinical waste related to confirmed or suspected COVID-19 cases is handled, stored and managed in	The Trust provides daily updates (SBAR) and the Exec team host Facebook Live events to provide advice and information to staff. The Trust has also deployed Personal Safety Champions who visit all areas on all sites to ensure there is good practice on hand hygiene, PPE use, cleanliness and social distancing. The IPC team continue to support wards and departments with regular visits to ensure that non-COVID-19 infections are properly managed. The Trust has subscribed to the automated PHE update system and once notifications are received they are reviewed and escalated to the DIPC and COVID-19 Gold command. Any necessary actions or adjustments are communicated as soon as practicably possible From the outset, the Trust has followed national PHE guidance on waste segregation. This is also in line with the national specification HTM 07-01 (Management of Healthcare Waste)	IPC policies need review to support staff. The Trust annual IPC plan and structure is in need of a review.	The DIPC has sourced an external support to review and refresh the Trust IPC policies. Systems and processes New Policies are being uploaded to the IPC intranet pages along with new innovation of Guidance at a glance to support salient bullet points as a reference for staff with more in depth advice contained in the policy The IPC and Procurement teams have worked to source alternative types of PPE (masks and gowns) that meet the same or better PHE standards. This has meant that stocks are more manageable.

accordance with current national guidance • PPE stock is appropriately stored and accessible to staff who require it	PPE is stored centrally and controlled by the Trust procurement teams. There is a PPE 'hotline' so staff can access PPE stocks at short notice. A daily PPE stock report is produced which includes a tracker for each line item stating the number of days stock available.		

		There have been occasions when stocks of PPE have	

		decreased to dangerous levels	
10. Have a system in place to manage the occupational health needs and obligations of staff in relation to infection			
Key lines of enquiry	**Evidence**	**Gaps in Assurance**	**Mitigating Actions**
Appropriate systems and processes are in place to ensure: • staff in 'at-risk' groups are identified and managed appropriately including ensuring their physical and psychological wellbeing is supported • staff required to wear FFP reusable respirators undergo training that is compliant with PHE national guidance and a record of this training is maintained • staff absence and well-being are monitored and staff who are self-isolating are supported and able to access testing • staff that test positive have adequate information and support to aid their recovery and return to work.	As a Trust we are proactive in recognizing the risk to our staff of Covid19 and provide an action plan that is supportive of their physiological and mental health needs at this time. Individual managers are aware of the risk to our staff and provide time for conversation surrounding the anxieties this may cause for some staff signposting for additional support as required, seeking the advice from Occupational Health, where appropriate the counselling service and wellbeing service offered by the Trust. This includes BAME staff. All staff absence is recoded and on two data bases. All staff who are self-isolating will be contacted by their line manager OH and HR also Maintain contact with individuals considered at greater risk. All staff are offered a swab test. Priority is given to staff and Household members isolating for 10 and 14 days.	Staff testing through national testing centres is difficult and appts and timeliness of results is poor	Staff are tested through in house NHS testing Labs commissioned for patient services managed by Occ/Health

	All staff are called personally by a Nurse from Occupational Health to support them on having a confirmed positive test. They are offered support through wellbeing and counselling		

This page is intentionally left blank

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

Open Report on behalf of NHS Lincolnshire Clinical Commissioning Group

Report to	**Health Scrutiny Committee for Lincolnshire**
Date:	**14 October 2020**
Subject:	**Non-Emergency Patient Transport Service – Update**

Summary:

This report provides an update from NHS Lincolnshire Clinical Commissioning Group (CCG) on the Non-Emergency Patient Transport Service (NEPTS). This report follows previous reports to the Committee from NHS Lincolnshire West CCG and separate reports to the Committee from Thames Ambulance Service Limited (TASL), who are the main contracted provider for this service.

The Committee last received an update report on NEPTS in February 2020. This latest report covers the key period of the Covid-19 pandemic including the period of 'lockdown' and the start from September 2020 of the restoration of NHS services to pre-Covid levels.

There remains considerable uncertainty regarding the future impact of Covid-19; particularly through winter 2020/21. For example, transport providers will need to isolate crews at short notice following unplanned contact with symptomatic patients which in turn reduces transport capacity, and we will need to continue to take a dynamic approach to the provision of patient transport services through NHS and system response arrangements as required.

The Committee will be aware that the Contract in place with TASL is a five-year contract with an initial term ending on 30 June 2022. The CCG is starting to work up options and planning for patient transport services from this date which will include an integrated patient transport service to provide patients, relatives, friends and carers easier, seamless access to information on journeys to and from facilities providing NHS commissioned services. Plans and options will be informed by the outcome of the national NHS review of patient transport service which is expected to report in late November 2020.

Actions Required:

The Health Scrutiny Committee is asked to consider and note the content of this report.

1. Background

Lincolnshire Clinical Commissioning Group (LCCG) commissions non-emergency patient transport services (NEPTS) for the patients of Lincolnshire. Thames Ambulance Service Limited (TASL) took over as contracted provider for the non-emergency patient transport service in Lincolnshire on 1 July 2017 following a competitive tender process.

The Committee has received a number of reports from the CCG since the start of the contract. The Committee passed a vote of 'no confidence' in TASL in December 2017 and in December 2018 wrote to the CCG requesting the CCG seriously consider a managed and strategic exit from the contract with TASL, as soon as possible. The CCG continues to assess and consider the risks associated with exiting the contract and at the date of writing this report has not given notice to end the contract.

The CQC report published in February 2019 following inspection of the TASL service in October 2018 rated TASL as "Inadequate" for Safe, Effective, Responsive and Well Led and rated TASL as "Good" for Caring. As noted in a previous updates to the Committee it was expected that the CQC would publish a further report in the late summer of 2019. This report was published in August 2019 and reported an improved position from October with a rating of "Requires improvement" for Safe, Effective and Well Led and "Good" for Caring and Responsive.

2. Lincolnshire CCG Commentary

Covid-19

In common with the wider health and care system, Covid-19 presented a significant number of challenges for patient transport services. Generally, these challenges were responded to well during the peak Covid-19 period both by TASL and other patient transport providers commissioned by the CCG in Lincolnshire. The restoration of NHS services has created additional challenges for patient transport services and the CCG is working closely with hospitals, community services and patient transport providers in order to make sure eligible patients are able to travel to services using patient transport where this is appropriate.

NHS England published guidance on the approach to patient transport services during the Covid-19 on 27 March 2020. This was designed to ensure that transport would be available to support hospitals to manage an anticipated significant number of Covid-19 positive patients and included:

- the suspension of eligibility criteria;
- encouraging patients to use their own transport where possible;
- setting a priority for patients to access transport;
- requirements for rapid discharge of patients from wards and then from hospital;
- the suspension of KPI penalties;
- NHS emergency ambulance services (EMAS for Lincolnshire) being required to undertake a co-ordinating role for both 999 and NEPTS for the period of the pandemic.

In Lincolnshire, EMAS took on a light touch co-ordinating role with as far as possible patient transport services managed on a local basis through CCG and Covid-19 system response and escalation meeting structures.

The approach to managing Covid-19 in Lincolnshire has resulted in much closer working between TASL, hospitals, the CCG and other transport providers.

In the earlier weeks of Covid-19, lack of availability of PPE was a key issue for TASL and on a small number of occasions the CCG provided a 'top-up' stock to TASL to enable TASL to continue to operate safely.

The arrangement for additional support in place with Ambicorp to support discharges at Boston Pilgrim and Lincoln County Hospital continued to be commissioned during the peak Covid-19 period and as with TASL generally worked well.

As would be expected there was a reduction in the number of individual patient transport journeys during the key Covid-19 period due the cancellation of all but essential hospital elective activity, outpatients and diagnostics. For April, May and June 2020, the number of individual patient journeys undertaken was c30% lower than the same period for the previous year. However, Covid-19 infection control requirements meant that in most instances journeys had to be undertaken with a single patient on each vehicle rather than multi-occupancy on vehicles that was in place before Covid-19.

The restoration of NHS services has seen an increase in patient transport journeys during August and September 2020 with the continuing requirement to reduce the risk of cross-infection through social distancing on vehicles. This, together with patient transport staff having to isolate where they have Covid-19 symptoms has resulted in a number of occasions where transport capacity has been limited and resulted in failed discharges. Further capacity is now in place and actions have been taken to seek to improve transport processes. In line with updated national guidance published on 24 September 2020, eligibility criteria are now being applied.

As part of the restoration of elective services, Grantham Hospital operates dedicated elective surgery and chemotherapy services as this significantly reduces the risk of Covid-19 cross-infection from emergency patients. However, whereas pre-Covid-19 Grantham largely saw patients from an area local to the hospital the hospital now sees patients from across Lincolnshire and this increases the journey distances for patient transport which in turn has impacted on transport capacity. Recognising this impact and in order to support transport to and from other hospitals, the CCG has put in place additional elective patient transport arrangements to and from Grantham outside of the TASL contract.

The provision of renal dialysis transport has been particularly challenging with patients having to arrive and be picked up a very specific times on individual vehicles. Transport for the Boston, Grantham and Skegness satellite dialysis units has operated well during the Covid-19 period.

Activity and Performance

A summary of the activity and Key Performance Indicator (KPI) position for the TASL Contract for the period to August 2020 is included as Appendix A to this report. The Committee should note that the report includes performance for three new KPIs related to re-beds and the timeliness of return journeys for outpatients.

For August 2020, TASL achieved the contracted level of performance for 2 out 15 KPIs and delivered month on month improvement for 2 KPIs. As would be expected as a consequence of reduced activity KPI performance generally improved during April to July 2020, but following the restoration of services coupled with the need for social distancing, performance has deteriorated in August.

Planning for Patient Transport Services from July 2022

The CCG is starting to work up options and planning for the patient transport service once the current TASL contract ends. The contract in place with TASL was let on an initial term of 5 years to 30 June 2022 with an option for the CCG to exercise a two year extension to 30 June 2024. We do not currently expect to exercise the option to extend the contract with TASL. This means that TASL will need to respond to the procurement exercise undertaken by the CCG should they wish to be considered to continue to provide the service after June 2022. Any procurement will be open, transparent and fair.

The design of the new service will be informed by discussion with patient groups and partners in hospitals and other services in Lincolnshire and by the outcome of the national NHS review of patient transport services which is expected to report in late November 2020. The CCG remains keen to have in place an integrated patient transport service to provide patients, relatives, friends and carers easier, seamless access to information on journeys to and from facilities providing NHS commissioned services.

An outline planning and procurement timeline is set out in the table below.

Task	**Date**
Development of specification and documents	October 2020 to February 2021
Market engagement events	February / March 2021
Tender launch and completion by bidders	April / May 2021
Evaluation	June 2021
Board approval	July 2021
Contract award in principle and start of standstill period	July 2021
Contract signed	August 2021
Mobilisation	August 2021 to June 2022
Service commences	1 July 2022

3. Conclusion

TASL generally responded well during what was a difficult and uncertain time during the peak Covid-19 period. TASL continue to operate in circumstances where social distancing requires careful management of capacity as NHS services as restored to pre-Covid-19 levels. In order to support the successful operation of patient transport services the CCG has commissioned additional support to supplement the main contract in place with TASL.

Covid-19 continues to present a number of uncertainties for the future and patient transport arrangements will continue to be reviewed and where necessary revised in line with national guidance and local progression of the disease.

KPI performance for TASL continues to be below contracted levels and shows a month on month deterioration in August 2020. We expect performance to stabilise from October following the additional capacity put in place in late September.

The CCG is starting to plan options and procurement work for the patient transport service from June 2022.

Assessment of risk of termination of the contract remains as previously reported. The Committee is asked to note that all of the matters highlighted in this report remain under ongoing active review and consideration by the CCG.

4. Consultation

This is not a consultation item.

5. Appendices

These are listed below and attached at the back of the report	
Appendix A	Activity and KPI summary

6. Background Papers

No background papers within Section 100D of the Local Government Act 1972 were used in the preparation of this report.

This report was written by Tim Fowler, NHS Lincolnshire CCG, who can be contacted as follows: Telephone 01522 513330, email: t.fowler1@nhs.net

Appendix A

Activity and Performance against Key Performance Indicators – July 2017 to August 2020

Table 1: Activity Summary

	Jul 17 to Sep 17	Oct 17 to Dec 17	Jan 18 to Mar 18	Apr 18 to Jun 18	Jul 18 to Sep 18	Oct 18 to Dec 18	Jan 19 to Mar 19	Apr 19 to Jun 19	Jul 19 to Sep 20	Oct 19 to Dec 19	Jan 20 to Mar 20	Apr 20 to Jun 20	Jul 20 to Aug 20
Patients	34,105	32,949	31,339	34,144	33,136	32,843	31,223	29,363	30,706	31,351	26,866	20,199	16,109
Escorts	2,274	2,425	2,221	2,552	2,296	2,755	2,228	1,912	1,959	2,057	1,628	413	450
Escorts	4,163	3,694	2,783	3,167	3,503	2,833	3,049	2,835	2,903	3,084	2,348	455	469
Total	40,542	39,068	36,343	39,863	38,935	38,431	36,500	34,110	35,568	36,492	30,842	21,067	17,028
Plan	48,792	48,029	48,030	47,268	39,730	39,109	39,109	37,868	38,935	38,431	36,500	34,110	
Variance	-8,250	-8,961	-11,687	-7,405	-795	-678	-2,609	-3,758	-3,367	-1,939	-5,658	-13,043	17,028
Aborts	2,627	2,730	2,909	2,123	2,816	2,879	2,725	2,338	2,590	2,868	1,761	1,197	919
Cancelled	11,000	7,441	7,693	6,874	7,722	8,962	8,447	8,144	8,230	8,204	7,782	5,683	5,547
ECJs	1,145	1,181	1,116	1,459	1,546	898	197	1,113	702	241	327	108	105

Note:
The activity plan is adjusted on each annual anniversary of the contract in order for the plan to reflect the most up to date actual activity.
The CCG changed the arrangement for ECJ activity from September 2019, bringing a number of journeys that would previously have been classified as ECJs into the core contract.

Table 2: KPI Performance Summary - August 2020

KPI	Description	Contract Target	Latest Performance (August 2020)	Change on previous month	Better / Worse than previous Month	Number of Occasions KPI has been achieved since start of Contract (38 months)	Best Achievement Since Contract Start	Average Achievement Since Contract Start
KPI 1	Calls answered within 60 seconds	80%	65.8%	-10.39%	Worse	7	88.7%	67.1%
KPI 2	Journeys cancelled by provider	0.50%	0.0%	0.28%	Better	12	0.0%	0.9%
KPI 3a	Same day journeys collected within 150 mins	95%	75.6%	-5.93%	Worse	0	93.3%	76.4%
KPI 3b	Same day journeys collected within 180mins	100%	80.6%	-5.74%	Worse	0	95.5%	83.4%
KPI 4a	Renal patients collected within 30 mins	95%	71.6%	-6.80%	Worse	0	85.4%	74.3%
KPI 4b	Non-Renal patients collected within 60 mins	95%	62.9%	-6.87%	Worse	0	82.0%	70.9%
KPI 4c	All patients collected within 80 mins	100%	83.9%	-5.46%	Worse	0	88.9%	81.1%
KPI 5	Fast track journeys collected within 60 mins	100%	63.6%	-15.31%	Worse	1	100.0%	72.4%
KPI 6a	Renal patients to arrive no more than 30 mins early	95%	59.8%	0.80%	Better	0	75.0%	60.9%
KPI 6b	Patients to arrive no more than 60 mins early	95%	59.1%	-8.42%	Worse	0	75.3%	67.6%
KPI 7	Journeys to arrive on time	85%	69.5%	-6.59%	Worse	0	83.8%	75.8%
KPI 8	Patients time on vehicle to be less than 60 mins	85%	72.5%	-1.37%	Worse	0	80.1%	73.8%
KPI 9	% discharge patients re-bedded where TASL have failed to collect within 2 hours of agreed pick up time	0%	2.2%	-1.00%	Worse	0	0.2%	1.4%
KPI 10a	% Patients waiting longer than 2.5 hrs for their outpatient or renal return journey	5%	4.3%	-1.85%	Worse	7	0.8%	2.5%
KPI 10b	% Patients waiting longer than 4 hrs for their outpatient or renal return journey	0%	0.7%	-0.35%	Worse	0	0.2%	0.5%

Note:
KPI9, 10a and 10b apply from February 2020.

This page is intentionally left blank

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

Open Report on behalf of NHS Lincolnshire Clinical Commissioning Group

Report to	**Health Scrutiny Committee for Lincolnshire**
Date:	**14 October 2020**
Subject:	**Community Pain Management – Update**

Summary:

This report provides an update from NHS Lincolnshire Clinical Commissioning Group (CCG) on the Community Pain Management Service (CPMS). This report follows previous reports to the Committee from NHS Lincolnshire West CCG.

The Committee last received an update report on CPMS in January 2020 since when the NHS and wider social care system responded to the Covid-19 pandemic peak and the subsequent requirement to re-establish more normal levels of NHS services for September 2020.

Covid-19 remains present in the local community and nationally and at the time of writing this report there were increasing numbers of people who were testing positive for Covid-19 nationally and locally. This creates some uncertainty regarding the future normal operation of NHS services including CPMS particularly through winter 2020/21. The CCG will need to continue to dynamically manage with providers and the wider system any future adverse impacts of Covid-19.

Actions Required:

The Health Scrutiny Committee is asked to consider and note the content of this report.

1. Background

Lincolnshire Clinical Commissioning Group (LCCG) commissions a Community Pain Management Service (CPMS) for the patients of Lincolnshire. The contract is provided by Connect Health and was awarded in November 2018, following a robust competitive procurement process. The service commenced on 1 April 2019.

The service was commissioned as an end to end chronic pain management service with Connect Health being responsible for the service throughout the pain pathway from GP referral through assessment and treatment to discharge. In accordance with best practice the service also moves away from a traditional model of pain management focussed largely around injections and medications to a holistic biopsychosocial model of care. The service is compliant with recommendations for chronic pain management from the National Institute of Health and Care Excellence (NICE) and the British Pain Society.

Patients who had previously been under the care of a hospital pain service were transferred to the care of Connect Health and it is recognised that the treatment options that are being presented to patients by Connect may sound different to those that they had previously been offered.

The Committee has previously considered concerns raised through patient and colleague feedback of unacceptably lengthy waiting times for some elements of the service and views for patients that treatment options were different to those that they may have had with previous pain service providers.

2. Lincolnshire CCG Commentary

Covid-19

In common with the wider health and care system, Covid-19 presented a significant number of challenges for the pain management service. Generally, these challenges were responded to well and there are a number of actions that were put in place during the Covid-19 period that will be continued as services are restored to pre-Covid-19 levels of activity; for example the continued use of virtual appointments.

Pain management services including appointments for assessment and treatment were curtailed or cancelled during the very early days of the pandemic. However, working with the CCG, Connect were able to quickly put in place virtual assessment appointments, and in May 2020 started to offer patients Covid-19compliant face to face physical appointments where this was assessed as necessary by the treating clinician or where the patient specifically requested that they attend in person. Some patients needed to travel further for their physical appointment due to lack of access to some premises previously used by Connect. Connect Health had previously provided a group pain management programme and this was able to be restored on a virtual basis at the start of June 2020.

The most significant issue was the suspension of hospital based elective pain management treatment which during the peak Covid-19 period was largely cancelled in line with national guidance that stated that all but essential elective activity should be stopped so that capacity could be diverted as necessary to manage Covid-19patients.

Patients whose assessment or treatment had to be cancelled were kept under review by Connect and were given contact numbers to get in touch with Connect in case their condition deteriorated. The CCG liaised closely with Connect through the Covid-19period and continues to do so as services are restored.

Connect have now restored all services and are working to catch up on the backlog of assessments and treatments from the Covid-19period with plans in place to have normalised waiting times to pre- Covid-19 levels by the end of December 2020. A number of assessments and appointments will continue to be undertaken virtually and it is expected that this will go towards addressing the lack of availability of physical clinic capacity in some locations. Patients who do not have access to the internet will continue to be seen physically and Connect have action plans in place to seek to ensure that physical locations are available on the East Coast.

Patient Satisfaction and Comments

Patient satisfaction with the service has been largely positive during July and August 2020 with positive satisfaction from patients recorded through the Friends and Family Test as 74.6% and 70.1% respectively. In accordance with national guidance Friends and Family Test data was not collected during the peak Covid-19 period of March to June 2020.

The CCG has reviewed with Connect Health comments received from patients. Whilst a number of comments have been complimentary about the services, negative comments received in the period include the following themes:

- Waiting times have been unacceptably long
- Their expectations of treatment have not been met
- They have had a poor experience transferring their care from a hospital pain service to the Lincolnshire CPMS
- It has upset them that they have not been able to continue with their repeated injections as per the treatment plan given to them by the hospital pain service
- They did not feel that telephone consultations were of use to them

The CCG is working with Connect to seek to address these adverse comments. Whilst it is understandable that some patients have commented that they have been unable to continue with their repeated injections, treatment of continued injection is not recommended by NICE.

Key Performance Indicators

A summary of the performance of the service against contracted Key Performance Indicators (KPIs) for the period April 2020 to August 2021 is included at Appendix 1 to this report.

Despite the impact of Covid-19 during the reporting period, Connect were able to maintain reasonable performance for KPIs 2, 3, 7 and 8 (triage timeliness, return of inappropriate referrals, care management plan and care managements plan sent to the referrer).

KPI4 (time from referral to assessment) recorded poor performance prior to Covid-19 and is subject to an action plan in place between and Connect and the CCG. Performance for this KPI has improved in August. KPI5 (time from decision to treat to treatment) was also problematic prior to Covid-19and is also subject to an improvement plan. Whilst there was improvement for this indicator in July, performance dropped in August largely due to the impact of the wider re-starting of elective activity across the NHS after the peak Covid-19 period. The CCG continues to work with Connect to improve this indicator we expect this to continue to show improvement from October 2020.

KPI9 relates to the completion of group pain management programme sessions completed by individual patients. Data for this KPI is completion for those patients who started the programme in the quarter and therefore is slightly misleading due to the very low numbers starting and completing during the period the was suspended for the key Covid-19 period. As noted above, the programme was re-instated in late June 2020 and we expect improvement in the performance of this KPI as patients complete their sessions.

3. Conclusion

Following initial curtailment of services during the peak Covid-19 period, Connect Health was able to adjust service provision so that the majority of services were maintained but at lower levels of capacity than prior to Covid-19. Key issues relate to the pain management programme and elective hospital consultant treatments. Connect expect to have recovered services to normal waiting times for December 2020.

Performance across the range of KPIs in April to August was variable with some indicators showing good performance despite Covid-19 impact and some continuing with relatively poor levels of performance that were present prior to Covid-19. Actions are being taken to consistently improve performance where this is below target levels.

Whilst patient satisfaction during July and August was generally good there are a number of themes from adverse comments that the CCG will work with Connect to address.

Covid-19 continues to present a number of uncertainties for the future and patient transport arrangements will continue to be reviewed and where necessary revised in line with national guidance and local progression of the disease.

4. Consultation

This is not a consultation item.

5. Appendices

These are listed below and attached at the back of the report	
Appendix A	KPI Performance Summary – April 2020 to August 2020

6. Background Papers

No background papers within Section 100D of the Local Government Act 1972 were used in the preparation of this report.

This report was written by Tim Fowler, NHS Lincolnshire CCG, who can be contacted as follows: Telephone 01522 513330
email: t.fowler1@nhs.net

Appendix A

KPI Performance Summary – April 2020 to August 2020

KPI Ref	KPI Measure	Target			Apr-20	May-20	Jun-20	Q1	Jul-20	Aug-20	Q2	Total
LQR1	Mandatory Training - Percentage compliance with mandatory training requirements for staff in post at the end of the quarter	100%	Numerator	Number of staff fully compliant in post at the end of relevant quarter								
			Denominator	Number of staff in post at end of the quarter								
			LQR1 Performance					**99%**				
LQR2	Patients Triaged within 2 Working Days of Referral	90%	Numerator	Triaged within 2 Working Days	171	149	198	**518**	234	212	**446**	**964**
			Denominator	Total Referrals	179	171	277	**627**	258	244	**502**	**1,129**
			LQR2 Performance		**96%**	**87%**	**71%**	**83%**	**91%**	**87%**	**89%**	**85%**
LQR3	Inappropriate Referrals returned within 2 Working Days	90%	Numerator	Rejected within 2 Working Days	28	30	46	**104**	67	55	**122**	**226**
			Denominator	Total Inappropriate Referrals rejected at triage or registration	35	33	52	**120**	70	63	**133**	**253**
			LQR3 Performance		**80%**	**91%**	**88%**	**87%**	**96%**	**87%**	**92%**	**89%**
LQR4	Patients Offered an Initial Assessment within 40 Working Days of Referral	90%	Numerator	Accepted referrals with first appointment date offered within 8 weeks	18	19	47	**84**	74	131	**205**	**289**
			Denominator	Total Accepted referrals with first appointment offered	196	153	178	**527**	312	196	**508**	**1,035**
			LQR4 Performance		**9%**	**12%**	**26%**	**16%**	**24%**	**67%**	**40%**	**28%**
LQR5	Service Users starting treatment < 18 weeks from the decision made for treatment	95%	Numerator	Patients starting treatment within 18 weeks	134	163	146	**443**	359	169	**528**	**971**
			Denominator	Total patients starting treatment	475	467	502	**1,444**	564	720	**1,284**	**2,728**
			LQR5 Performance		**28%**	**35%**	**29%**	**31%**	**64%**	**23%**	**41%**	**36%**
LQR7	Care/Management Plan	100%	Numerator	Care Management Plans	296	384	370	**1,050**	479	283	**762**	**1,812**
			Denominator	Total New Patients	296	388	371	**1,055**	485	287	**772**	**1,827**
			LQR7 Performance		**100%**	**99%**	**100%**	**100%**	**99%**	**99%**	**99%**	**99%**
LQR8	Discharge Care/Management Plan Sent within 5 Working Days	100%	Numerator	Letter sent within 5 Working Days	162	193	132	**487**	165	123	**288**	**775**
			Denominator	Total Discharges from appointment	164	197	139	**500**	166	124	**290**	**790**
			LQR8 Performance		**99%**	**98%**	**95%**	**97%**	**99%**	**99%**	**99%**	**98%**
LQR9	Patients completing a minimum of 6 out of 8 PMP sessions	75%	Numerator	Patients completing 6 out of 8 PMP sessions	0	5	7	**12**	0	0	**0**	**12**
			Denominator	Total completed PMP Programmes	0	5	7	**12**	0	5	**5**	**17**
			LQR9 Performance		**0%**	**100%**	**100%**	**100%**	**0%**	**0%**	**0%**	**71%**

Note:
LQR1 is a reported quarterly. The achievement shown above for Q1 is an average over 8 areas of training.
LQR6 is not included in the above as it is not yet scheduled for reporting by Connect Health.

This page is intentionally left blank

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

Open Report on behalf of Andrew Crookham
Executive Director - Resources

Report to	**Health Scrutiny Committee for Lincolnshire**
Date:	**14 October 2020**
Subject:	**Lakeside Healthcare at Stamford – Proposal to Close St Mary's Medical Centre**

Summary:

Lakeside Healthcare at Stamford is undertaking an engagement exercise on its proposal to permanently close one of its two premises in Stamford from 1 December 2020. The engagement exercise closes on 25 October 2020.

The final decision on the proposal rests with Lincolnshire Clinical Commissioning Group's Primary Care Commissioning Committee, whose next meeting (open to the public) is on 11 November 2020.

Actions Requested:

To make arrangements to respond to the engagement exercise by Lakeside Healthcare at Stamford on its proposal to permanently close its premises at St Mary's Medical Centre with effect from 1 December 2020, with all face-to-face consultations taking place at the Sheepmarket Surgery.

1. Background

Lakeside Healthcare at Stamford - Patients and Buildings

Lakeside Healthcare at Stamford has 31,781 registered patients (as of 1 September 2020) and is the largest GP practice in Lincolnshire. It operates from two premises: the Sheepmarket Surgery in Ryhall Road (the same site as Stamford and Rutland Hospital); and St Mary's Medical Centre, in Wharf Road.

Temporary Arrangements for Covid-19 Pandemic

St Mary's Medical Centre has been closed to patients since the start of the Covid-19 pandemic, with all face-to-face appointments taking place at the Sheepmarket Surgery. St Mary's Medical Centre has been used by staff for telephone and digital consultations which do not require a clinical room.

Documents Issued by Lakeside Healthcare at Stamford

As part of its engagement exercise, Lakeside Healthcare at Stamford has issued the following documents, which are attached to this report: -

(1) Letter to Patients (16 September 2020) – Appendix A.
(2) Q&A Regarding St Mary's Medical Centre Closure – Appendix B.
(3) Communication / Engagement Timeline for St Mary's Medical Centre Closure – Appendix C.

Role of Lincolnshire Clinical Commissioning Group (CCG)

In conjunction with NHS England / Improvement, Lincolnshire CCG's Primary Care Commissioning Committee (PCCC) makes decisions on the commissioning, procurement and management of primary medical services contracts, which include decisions on the closure of GP practices. The PCCC meets every two months, with its next scheduled meeting on 11 November 2020.

On 23 September 2020, Lincolnshire CCG issued an update on Lakeside Healthcare at Stamford. This document is attached at Appendix D.

2. Consultation

The purpose of this item is to invite the Health Scrutiny Committee for Lincolnshire to make arrangements to respond to the engagement exercise on the proposal from Lakeside Healthcare at Stamford to close its St Mary's Medical Centre premises.

3. Conclusion

The Committee is invited to make arrangements to respond to the engagement exercise by Lakeside Healthcare at Stamford on its proposal to permanently close its premises at St Mary's Medical Centre with effect from 1 December 2020, with all face-to-face consultations taking place at the Sheepmarket Surgery.

4. Appendices

These are listed below and attached at the back of the report	
Appendix A	Letter to Patients (16 September 2020)
Appendix B	Q&A Regarding St Mary's Medical Centre Closure
Appendix C	Communication / Engagement Timeline for St Mary's Medical Centre Closure

These are listed below and attached at the back of the report	
Appendix D	Lincolnshire CCG Update on Lakeside Healthcare at Stamford (23 September 2020)

5. Background Papers

No background papers within Section 100D of the Local Government Act 1972 were used in the preparation of this report.

This report was written by Simon Evans, Health Scrutiny Officer,
who can be contacted on 07717 868930 or
by e-mail at Simon.Evans@lincolnshire.gov.uk

APPENDIX A

LAKESIDE HEALTHCARE
at Stamford

Wednesday 16th September 2020

Dear Household / Patient

We are writing to inform you that we will be permanently closing St Mary's Medical Centre in December 2020.

Our lease comes to an end on 17th December and we have taken the decision to not renew this lease and to consolidate all primary care service delivery in Stamford at our Sheepmarket Surgery. All St Mary's Medical Centre patients will be transferred to Sheepmarket Surgery with effect from 1st December.

Since the outbreak of the Coronavirus pandemic, St Mary's Medical Centre has not been used for face-to-face patient appointments, with all of these taking place at Sheepmarket Surgery. So, this move is essentially confirmation that we will not be re-opening the St Mary's Medical Centre to patients.

St Mary's Medical Centre has, however, been used by Lakeside Stamford staff for telephone and digital consultations which do not require a clinical room. In line with nationally recommended new ways of working, we intend to make greater use of digital consultations and will ensure, going forward, there are sufficient face-to-face appointments for patients at Sheepmarket Surgery, based on their needs.

We realise that there will be some questions around this announcement, and we are genuinely interested in receiving feedback from you, our patients, so we can make this move as seamless and stress-free as possible for everyone. Providing safe and effective care for our patients has always been Lakeside Healthcare's priority and it will continue to be our priority throughout this change and beyond.

We have undertaken a comprehensive capacity and demand assessment and have already begun enhancing our telephone and digital services at Sheepmarket Surgery to cope with any increases in call volumes following the move. The expected growth of the Stamford population has also been accounted for in our plans.

To support our patients during this period of transition, we have published a Frequently Asked Question (FAQ) document on our website, which we hope will answer some of your immediate questions: www.lakesidehealthcarestamford.co.uk.

However, should you have any further questions, please feel free to send an email to lakesidestamford@lshg.co.uk or telephone us on 01780 761448* (direct dial) and we will come back to you with an answer. We will also be holding a series of patient and public engagement events you can be part of - the details of these will be published over the new few weeks.

We have also put together a Patient Survey, which you can also download from our website or you can complete by accessing the following weblink: https://www.surveymonkey.co.uk/r/stmarysclosure .

This survey is open until the 25th October and we will use the feedback given to shape and improve the service we offer to our patients.

If you would like a hard copy of the FAQs or the survey, please contact us by email or telephone as above.

Further to this letter, we will also be posting regular updates on our website.
Thank you for your cooperation in this matter.

Yours sincerely,

GP Partners @ Lakeside Healthcare Stamford

**The phone line will be open Monday-Thursday 9.30am -5pm, although there is an answerphone service operating outside of these hours to enable callers to leave a message.*

APPENDIX B

LAKESIDE HEALTHCARE
at Stamford

Q&A regarding St Mary's Medical Centre Closure

Q. Is it the intention to concentrate all primary care service delivery at the Sheepmarket surgery when St Mary's is closed?

A. Yes, we will consolidate all primary care service delivery in Stamford from the Sheepmarket Surgery. Providing safe and effective care for our patients is always Lakeside Healthcare's priority. In line with the direction of travel set out by NHSE, we have sought to improve patient access by embracing the opportunities presented by technology. This has been accelerated by the Coronavirus pandemic and the resultant need to help staff and patients stay safe by keeping face-to-face appointments to those which are clinically required.

Q. What dialogue has been conducted with Lincolnshire CCG (Clinical Commissioning Group) about the closure of the St Mary's Surgery?

A. Starting this week, we are rolling out a comprehensive communication and engagement plan with an external communications agency that will incorporate a wide range of communication methods and opportunities for patients and the public to provide feedback. The engagement exercise will run from w/c 14th September and close in late October. This document and the accompanying letter are all part of this. We have been working closely with the CCG since 2018 regarding St Mary's and they are fully aware of our plans to close it.

Q. How can you demonstrate that the decision to close St Mary's is in the best interests of patients and that the quality of care won't suffer?

A. There is currently no feasible option to extend the lease on St Mary's and no viable alternative option to provide the primary service elsewhere within Stamford. Since the onset of COVID-19, St Mary's has not been used for face-to-face patient appointments but rather for telephone and/or digital consultations which do not require a clinical room. We have undertaken a comprehensive capacity and demand assessment which includes nationally recommended new ways of working, for example digital, that will ensure adequate face-to-face appointments are available for patients based on their needs.

Q. Do you know what the majority of patients feel about the new ways of working and if they would be satisfied if this became the 'new normal' when the lockdown is lifted?

A. Patient feedback is collected and reviewed on an ongoing basis as part of our routine governance processes. The patient and public engagement exercise and Patient Survey in particular will ensure additional feedback is also integrated into our future service model. After the closure of St Mary's, working with the Patient Participation Group (PPG), we will commit additional resources to seeking and assessing patient feedback and, where appropriate, make further improvements to our service model as we move forward.

Q. What assumptions are you making about the future mix of appointment formats? What degree of face-to-face consultations are you planning for the future?

A. The capacity and demand analysis we have undertaken includes various scenarios regarding activity levels and type. For example, face-to-face versus telephony/digital. The analysis includes pre-pandemic activity data as we are not assuming the current level of telephone/digital consultation will remain as it has over the last few months. GP Partners have been engaged in our analysis and have ensured sufficient face-to-face capacity is available.

Q. How will the Sheepmarket Surgery be able to cope with the level of requests for appointments?

A. We are actively working with our telephony supplier to improve capacity and evaluating our current digital service offering and looking at how it can be enhanced further. The need for us to consolidate services into Sheepmarket further focusses this work and this patient feedback will be taken into account when addressing these concerns.

Q. How is a reduced surgery service going to cope with a growing population due to the planned expansion of housing in Stamford?

A. There will be no reduction in service to Lakeside patients and the expected growth of the Stamford population has been incorporated into Lakeside Healthcare's service plans.

Q. How can you provide assurance that the currently inadequate telephone system can support patient demand? This is particularly important given the telephone is increasingly essential in accessing the practice for appointments.

A. We are working with our telephony supplier to improve our telephone access and ensure sufficient capacity is in place at Sheepmarket Surgery to accommodate any increase in call volumes. As well as addressing hardware issues impacting on patients accessing the practice, we are also reviewing how we deploy our reception teams to maximise the number of staff available to take calls at times of high demand. We will also be encouraging the use of digital access – for both clinical and non-clinical needs – to the surgery as an additional means of access. Increased use of digital access will play a role in addressing the challenges patients experience in contacting the practice by telephone.

Q. What are your plans to upgrade the pharmacy service at Sheepmarket so you can cope with the increased demand when the St Mary's Surgery closes in December?

A. Lakeside has engaged external pharmacy consultants to review our current dispensing activities in the town and how we can deliver these services going forward. This review, which is currently underway, is very extensive. However, we need to be realistic in that there is only finite capacity (physical space) within the Sheepmarket building, so we need to be imaginative in how this important service is delivered.

Q. What assessment of the closure has been done for vulnerable and less mobile patients living to the west of Stamford and in the surrounding villages? And how will the increased demand for parking be handled given Sheepmarket's area is already full and the hospital's plans will not allow use of their parking area?

A. We have completed a full Equality Impact Assessment and the results will be accommodated within our final service model as well as our submission to the CCG. This will ensure the needs of vulnerable and less mobile patients are fully protected. We are also actively looking into the car parking situation at the moment and aim to have a solution in place by December.

Q. Will the closure of St Mary's yield a net financial benefit and, if so, will this be reinvested for the benefit of patients?

A. There is no financial benefit to Lakeside Healthcare as a result of closing St Mary's. The costs of closing St Mary's and making changes to Sheepmarket to enhance digital consultation capacity and accommodate a single back-office function will all be met by Lakeside Healthcare.

Q. How will all the St Mary's GPs and other clinical personnel operate from the smaller Sheepmarket premises?

A. The service model, which has been developed, ensures all clinical staff can work safely from Sheepmarket through improved room utilisation and the use of remote working where appropriate. We now offer a greater telephone and digital service in line with national guidelines which reduce the need for physical clinical space.

APPENDIX C

LAKESIDE HEALTHCARE
at Stamford

Communication / Engagement Timeline for St Mary's Medical Centre Closure

- **Monday 14th September** – Staff briefing
- **Tuesday 15th September** – PPG briefing
- **Wednesday 16th September** – Public announcement: communications sent to patients, local stakeholders and the media.

  Survey launched for patients at https://www.surveymonkey.co.uk/r/stmarysclosure. Postal copies will also be mailed out to patients.
- **Friday 18th September** – Communication of planned patient and external stakeholder engagement events
- **w/c Monday 21st September** – A steady stream of social media posts will go out on Facebook to raise further awareness and direct to the various communications and encourage patients to fill in the online survey
- **w/c Monday 5th October** – Weekly newsletters start to be released to the public and patients
- **Monday 28th September to Friday 23rd October** - Patient and external stakeholder events held
- **Sunday 25th October** – Survey deadline
- **w/c Monday 26th October** – Full evaluation of patient and external stakeholder feedback and liaison with CCG
- **Monday 2nd November** – Submission of Branch Closure Application to the CCG
- **Wednesday 11th November** – CCG PC3 Committee meeting to approve Branch Closure Application
- **Tuesday 1st December** – Vacate St Mary's Medical Centre

APPENDIX D

NHS Lincolnshire CCG update (23/09) – Lakeside Stamford Premises

1. The purpose of this note is to provide an update to the Lakeside Stamford Patient Participation Group, and other members of the public in Stamford and their representatives, in relation to the CCG's current position and responsibilities regarding GP premises in Stamford.

2. Lakeside Stamford has recently indicated to their patients their intention to move out of the St Mary's site and to consolidate their services at The Sheepmarket site in Stamford on 1st December 2020.

3. By way of background, the CCG was informed in December 2018 by Lakeside Stamford that they were minded to exercise a break clause in their lease with the freehold owners of the St Mary's site. At that time Lakeside Stamford were in discussions with various landowners regarding an alternative site in the town.

4. The CCG, with input from NHS England regional specialist advisors, advised Lakeside at the time about the requirements that they would need to meet before the CCG could approve the funding for such a development. Contacts were made with third parties who could help and support the development.

5. North West Anglia Foundation Trust (NWAFT) owns the majority of the Stamford Hospital site and offered for sale a number of parcels of land in 2019. Lakeside Stamford reviewed all of the plots offered for sale but did not bid for them due to financial, planning, or archaeological constraints. They then approached the CCG in the summer of 2019 looking for support for a longer term solution, either on the hospital site or elsewhere in Stamford.

6. The CCG has worked with both South Kesteven District Council (SKDC) and NWAFT to find a longer term solution to the St Mary's relocation and the growth in patient numbers that will be seen in the coming years. These early outline proposals were shared with Lakeside Stamford who agreed to work with all parties on this longer term solution. As any such solution would not be in place before the end of December 2020, the CCG and SKDC have worked together to support Lakeside Stamford to negotiate a new St Mary's lease for at least the next three years to provide an opportunity for a new development to be progressed, with appropriate public and stakeholder consultation

7. In late July, Lakeside informed the CCG that negotiations with lawyers representing the St Mary's freeholders had stalled and, as a consequence, that they were going to present a number of options to their Partnership for final consideration, which they did. A number of very challenging financial and lease liability difficulties had been identified as part of the negotiations, which were not overcome. Due to these significant difficulties, Lakeside Stamford subsequently wrote to the landlords of the St Mary's site stating that they were withdrawing from these lease negotiations and would be vacating in December 2020.

8. The proposal to consolidate services in Stamford on the Sheepmarket site and the closure of the St Mary's site requires the approval of the CCG and this would be exercised through the CCG's Primary Care Commissioning Committee, which at the time of writing has not been given. Since July, the CCG and our NHS England advisors have been working alongside Lakeside Stamford to ensure that they follow a number of processes which need to be completed prior to the CCG's Primary Care Commissioning Committee's formal consideration of this matter. A key activity is that Lakeside must undertake a robust engagement exercise with patients and local residents. The CCG has provided input to Lakeside's planned approach to the patient and public engagement exercise, in order to meet the relevant national guidance.

9. There is a process that needs to be followed and we would expect that as part of the application that Lakeside Stamford makes to the CCG Committee, that they set out how they are going to manage the needs of patients, including from both digital and face to face perspectives.

10. The CCG's Primary Care Committee, which is chaired by a CCG Non-Executive Director, along with other Non-Executives as Committee members, has also stated that it requires an Equality and Quality Impact Assessment to be undertaken as part of the formal proposal from Lakeside Stamford. It also will require details of the engagement with patients that has taken place, the concerns and issues that have been expressed and the mitigations and response to these concerns.

11. It will be for the Committee to review the application and evidence presented before it can determine its position in relation to the proposal from Lakeside Stamford.

12. Lakeside Stamford commenced the engagement process week commencing 14th September and have a range of engagement events planned and also have an online survey running. The engagement period ends on 25th October 2020. The CCG encourages Stamford patients to express their views through the Lakeside Stamford engagement exercise.

This page is intentionally left blank

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

Open Report on behalf of Andrew Crookham
Executive Director - Resources

Report to	**Health Scrutiny Committee for Lincolnshire**
Date:	**14 October 2020**
Subject:	**Vale Medical Group – Proposal to Close Branch Practice in Woolsthorpe**

Summary:

Vale Medical Group is undertaking an engagement exercise on its proposal to permanently close its branch surgery in Woolsthorpe. The engagement exercise closes on 27 October 2020.

The final decision on the proposal rests with Lincolnshire Clinical Commissioning Group's Primary Care Commissioning Committee, whose next meeting (open to the public) is on 11 November 2020.

Actions Requested:

To make arrangements to respond to the engagement exercise by Vale Medical Group on its proposal to close its branch practice in Woolsthorpe.

1. Background

Vale Medical Group - Patients and Buildings

The Vale Medical Group's Stackyard Surgery (in Croxton Kerrial) has 3,730 registered patients (as of 1 September 2020). This includes approximately 1,648 patients based in Woolsthorpe. The Vale Medical Group's Long Clawson Surgery has 7,039 patients registered (as of 1 September 2020).

Temporary Arrangements for Covid-19 Pandemic

From the beginning of the Covid-19 pandemic, Woolsthorpe Surgery, including its dispensary, has been temporarily closed, with all face-to-face consultations taking place at the Stackyard Surgery. This has been because it has not been possible to maintain social distancing at Woolsthorpe Surgery.

Clinical Commissioning Group

In addition, Vale Medical Group is also proposing to make an administrative change, moving Stackyard Surgery from Lincolnshire Clinical Commissioning Group (CCG) into East Leicestershire and Rutland CCG. This is a separate issue, on which East Leicestershire and Rutland CCG will lead the consultation.

Documents Issued by Vale Medical Group

As part of its engagement exercise, Vale Medical Group has issued the following documents, which are attached to this report: -

(1) Letter to Patients (16 September 2020) – Appendix A.
(2) Frequently Asked Questions – Appendix B.

These documents also make reference to the proposed administrative change from the Lincolnshire CCG to the East Leicestershire and Rutland CCG.

Role of Lincolnshire Clinical Commissioning Group (CCG)

In conjunction with NHS England / Improvement, Lincolnshire CCG's Primary Care Commissioning Committee (PCCC) makes decisions on the commissioning, procurement and management of Primary Medical Services Contracts, which include decisions on the closure of GP practices. The PCCC meets every two months, with its next scheduled meeting on 11 November 2020.

2. Consultation

The purpose of this item is to invite the Health Scrutiny Committee for Lincolnshire to make arrangements to respond to the engagement exercise on the proposal from Vale Medical Group.

3. Conclusion

The committee is invited to make arrangements to respond to the engagement exercise by Vale Medical Group on its proposal to close its branch practice in Woolsthorpe and to move into East Leicestershire and Rutland Clinical Commissioning Group.

4. Appendices

These are listed below and attached at the back of the report	
Appendix A	Vale Medical Group – Letter to Patients (16 September 2020)
Appendix B	Vale Medical Group - Frequently Asked Questions

5. Background Papers

No background papers within Section 100D of the Local Government Act 1972 were used in the preparation of this report.

This report was written by Simon Evans, Health Scrutiny Officer,
who can be contacted on 07717 868930 or
by e-mail at Simon.Evans@lincolnshire.gov.uk

APPENDIX A

Vale Medical Group

Stackyard & Woolsthorpe Surgery

Dr S Wooding	- Partner	Stackyard Surgery
Dr P Rathbone	- Partner	1 The Stackyard
Dr B Dorling		Croxton Kerrial
Dr K Rice		Grantham
Dr C Griffiths		Lincs
Dr A Wyatt		NG32 1QS
Ms J Perez	- ANP	
		Tel: 01476 870900
Mrs R Ashworth	- Group Practice Manager	www.valemedicalgroup.co.uk

Dear Householder

You will probably be aware that Woolsthorpe Surgery building has been closed since March 2020. This is as a direct consequence of the Covid-19 pandemic, because it was no longer possible to provide safe care from the building, due to the lack of space to accommodate social distancing and, therefore, the potential risk of coronavirus infection.

As a result of Woolsthorpe Surgery's closure in March, we have been providing all GP services from the Stackyard Surgery at Croxton Kerrial, and we would like your thoughts about our proposal to make this a permanent arrangement.

In addition, we are also proposing to make an administrative change, moving Stackyard and Woolsthorpe Surgery from NHS Lincolnshire Clinical Commissioning Group (LCCG), formerly South West Lincolnshire CCG, into NHS East Leicestershire and Rutland Clinical Commissioning Group (ELRCCG).

Details of our proposal/have been sent to NHS England, NHS Lincolnshire CCG, and NHS East Leicestershire and Rutland Clinical Commissioning Group, for their consideration and we would like to hear your thoughts on them too.

Below we have included a series of questions and answers to explain why we are hoping to make these changes and what they will mean for you:

Proposal to close Woolsthorpe Surgery

Why is it not possible to use Woolsthorpe Surgery?

The reception and waiting area at Woolsthorpe Surgery is very small, which means that it is not possible to ensure safe social distancing, and patients and staff attending the building would be subject to an unacceptable increased risk of infection. As the risk from Covid-19 is likely to be with us for many months - possibly years - this risk is not going to disappear soon. Covid-19 has heightened everyone's awareness about the risk of infection and many of us are working to adopt new ways of keeping people safe.

The car park at Woolsthorpe Surgery has recently been declared unsafe by the local council. Whilst patients and staff have previously been able to use it, from a health and safety perspective we do not feel now we can ask you to use the car park.

Will Stackyard Surgery be too small to accommodate all your patients when you resume normal services?

During the Covid-19 pandemic we have successfully introduced safer and more efficient ways of delivering primary care including internet, telephone and video consultations, all of which have been operating since March 2020. As a result of these changes we have been able to deal with about 80-90% of all patient contacts remotely without patients having to attend for a face-to-face assessment. This means that patient requests can be managed quickly and with less inconvenience as most practice visits can be avoided. If the GP decides that a face-to-face assessment is required this will still be provided as appropriate. As only a small number of patients will need to attend the practice, we will be able to ensure the lowest possible risk of infection from diseases such as Covid-19, Influenza etc.

Stackyard Surgery is a purpose-built surgery which is much larger than Woolsthorpe Surgery. It has multiple consulting rooms and has the capacity to grow and adapt to our patient population needs. It has designated disabled parking, as well as same level access, and has a segregated waiting area.

When Stackyard Surgery and Woolsthorpe Surgery merged in 2017 you said you would not close Woolsthorpe. Why the change now?

The proposal to close Woolsthorpe Surgery permanently has been considered at length by the partnership. There had been no intention of closing the building, however, the Covid19 pandemic has resulted in unprecedented and unanticipated changes to the health service, particularly in how primary care services are provided. It is mainly as a result of this that we are considering the permanent closure of Woolsthorpe Surgery, also bearing in mind the issues we have highlighted concerning patient and staff safety.

Will many patients feel disadvantaged by the closure of Woolsthorpe Surgery?

As we are now providing the majority of our care remotely by phone or internet, most patients will not have to visit the surgery and so will not be disadvantaged. For those patients who have a genuine medical need, our home visiting service will remain unchanged.

What if I am unhappy with the proposal?

We understand that change can impact some patients differently than others. Please fill in the survey - available online www.valemedicalgroup.co.uk or by email at lcmp.admin@nhs.net or on request/via post from any of our GP practices - to tell us why you are unhappy with the proposal.

We must also advise you that you have the right to re-register at another practice, which covers the area in which you live, should you wish to do so.

Proposal to move the administration to NHS East Leicestershire and Rutland Clinical Commissioning Group

How is it run now?

Stackyard Surgery is situated on the edge of the CCG boundary between Lincolnshire and Leicestershire, and historically was a single-handed practice. Several years ago, the practice became part of a wider group of practices called the Vale Medical Group, located in NHS East Leicestershire and Rutland Clinical Commissioning Group.

Stackyard Surgery has continued to work well across both Lincolnshire and East Leicestershire and Rutland Clinical Commissioning Groups. More recently when Primary Care Networks (PCNs) were being formed, it was agreed by all parties that Stackyard and Woolsthorpe Surgeries should form part of the PCN that sits outside Lincolnshire, which is called Melton Syston Vale.

How does the move of Stackyard and Woolsthorpe Surgery into East Leicestershire and Rutland Clinical Commissioning Group (ELR CCG) affect me?

The purpose of this is to make it much easier to administer the practices and to provide more effective patient care. The move will mean that administrative responsibility for the practices will transfer from Lincolnshire Clinical Commissioning Group to East Leicestershire and Rutland Clinical Commissioning Group. There will also be a change to the community services provider. This should have a beneficial effect for you, as it will mean that we will be able to access primary care services in Leicestershire that are currently not available to you - e.g. X-ray services.

We have continually considered the impacts of this proposal for our patients and have undertaken an equality impact assessment. Lincolnshire CCG and East Leicestershire and Rutland CCG have jointly agreed that there would be no known negative impacts for the patients of Stackyard and Woolsthorpe Surgeries, if the change was to go ahead.

How do I know you will not close Stackyard Surgery if we move into NHS East Leicestershire and Rutland Clinical Commissioning Group?

The two practice buildings at Long Clawson and Stackyard will both be necessary to provide sufficient space to continue to deliver primary care to all our patients.

How do I get involved and share my views

If I want to comment on these proposals what can I do?

You can provide feedback by completing the online survey on our website www.valemedicalgroup.co.uk or email us to request a copy of the survey at lcmp.admin@nhs.net or you can contact our receptionists who can send you a copy.

We will be holding online Zoom sessions, which will be advertised in advance, and details about how to access this will be available via our website and in our surgeries. There will also be a video clip on our website providing more detail. We hope that

patients will see the benefit of these proposed changes; we feel that they will allow us to continue to provide the best level of care to our patient population.

Yours sincerely

Dr Simon Wooding
GP Partner

Dr Philip Rathbone
GP Partner

APPENDIX B

Frequently Asked Questions

These questions have been prepared to help answer some of the questions you may have about the proposed permanent closure of Woolsthorpe Surgery, and the move to NHS East Leicestershire and Rutland Clinical Commissioning Group.

Questions relating to the permanent closure of Woolsthorpe Surgery:

Will there be more GP sessions or appointments at Stackyard Surgery to compensate for the closure of the branch surgery?

Yes, Stackyard will have additional GP sessions – the total GP sessions will equal what is currently available at Stackyard and Woolsthorpe surgeries.

Will appointments be offered at the weekend?

Our extended hours is currently offered on a Saturday at either our Stackyard Surgery or at Long Clawson Surgery and this will remain the same.

Will we still be able to get same-day appointments at Stackyard Surgery?

Yes, same day appointments will be available at Stackyard Surgery.

How many patients are registered at each surgery?

Woolsthorpe Surgery has 1648 registered patients and Stackyard Surgery has 2111 registered patients.

What would happen to the building at Woolsthorpe Surgery if the proposed closure goes ahead?

We currently rent the Woolsthorpe building, so are unsure what plans the landlord may have for this building.

Is the closure of Woolsthorpe due to saving costs?

No, the closure of Woolsthorpe Surgery site is due to the reception and waiting area being very small, which means that it is not possible to ensure safe social distancing, and patients and staff attending the building would be subject to an unacceptable increased risk of infection. As the risk from Covid-19 is likely to be with us for many months - possibly years - this risk is not going to disappear soon. Covid-19 has heightened everyone's awareness about the risk of infection and many of us are working to adopt new ways of keeping people safe.
Also, the car park at Woolsthorpe Surgery has recently been declared unsafe by the local council. Whilst patients and staff have previously been able to use it, from a health and safety perspective we do not feel now we can ask you to use the car park.

Will there be more car parking spaces at Stackyard Surgery should the branch surgery close?

Stackyard Surgery has a generous sized car park and disability bays.

Will I still be able to order and collect my medicines as I do now?

You will be able to order and collect your prescription as previously, either online, via email or by post. If you did this in person at Woolsthorpe surgery, you will be able to do this at Stackyard Surgery.

How long will the consultation last?

The consultation period is 8 weeks and closes on Tuesday 27 October 2020.

How can people feedback their views?
By completing our survey, which is available online or by contacting the surgery via email, telephone or by post.

Were patients and the public involved with the questionnaire design?
The questionnaire was shared with the Practice Patient Participation Group for their consideration and comments before it was finalised.

Has the decision already been made on the future of the Woolsthorpe Surgery?
No, the decision is not finalised. Along with our proposal, all feedback we receive from the survey will be taken into consideration and a decision will be made by Lincolnshire Clinical Commissioning Group.

Will I need to re-register with my GP if Woolsthorpe Surgery site closes?
You will not need to do anything unless you wish to register with a new practice which covers your address.

Questions relating to the administrative move to NHS East Leicestershire and Rutland Clinical Commissioning Group:

Why do we need to move administratively to another Clinical Commissioning Group?
Woolsthorpe Surgery and Stackyard Surgery became part of Vale Medical Group several years ago, which is located in NHS East Leicestershire and Rutland Clinical Commissioning Group. Since then, Stackyard Surgery has continued to work well across both Lincolnshire and East Leicestershire and Rutland Clinical Commissioning Groups. More recently when Primary Care Networks (PCNs) were being formed, it was agreed by all parties that Stackyard and Woolsthorpe Surgeries should form part of Melton Syston Vale PCN and this sits in East Leicestershire and Rutland Clinical Commissioning Group.

As a patient, how does this affect me?
The purpose of this is to make it much easier to administer the practices and to provide more effective patient care. There will also be a change to providers for community services and this should have a beneficial effect for you, as it will mean that we will be able to access primary care services in Leicestershire that are currently not available to you - e.g. X-ray services.

If I have existing follow-up appointments within Lincolnshire or wish to be referred to Lincolnshire, am I able to still access this?
With regards to out-patient appointments these should be completely unaffected as a pathway of care has already started. With regards to new referrals, patients have the right to choose the provider of any consultant-led care.

Will I still be able to use the walk-in Xray department at Grantham Hospital?
Grantham Walk-in service is not operational. It is an appointment only system. Xrays, by appointment only, will be available at either Grantham or Melton Mowbray.

This page is intentionally left blank

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

Open Report on behalf of Andrew Crookham
Executive Director - Resources

Report to	**Health Scrutiny Committee for Lincolnshire**
Date:	**14 October 2020**
Subject:	**Louth and Skegness Urgent Treatment Centres - Lincolnshire Community Health Services NHS Trust Patient Survey**

Summary:

A patient survey has been launched on an extension to the temporary closure of Louth and Skegness Urgent Treatment Centres (UTCs) between 10pm and 8am. The temporary closure was introduced on 23 March 2020, in response to the Covid-19 pandemic.

On 11 November 2020, the Committee is due to receive an update from Lincolnshire Community Health Services NHS Trust (LCHS) on integrated urgent care. It is proposed that the Committee makes arrangements for responding to the survey, which is due to close on 13 November 2020.

Actions Requested:

(1) To make arrangements at the Committee's next meeting on 11 November 2020 for responding to the patient survey by Lincolnshire Community Health Services NHS Trust on an extension of the temporary closure of Louth and Skegness Urgent Treatment Centres (UTCs) between 10pm and 8am until 31 March 2021.

(2) To urge Lincolnshire Community Health Services NHS Trust to make every effort to publicise the patient survey, so that as many residents of Louth and Skegness and the surrounding areas as possible respond.

1. Background

Temporary Arrangements During Pandemic

Since 23 March 2020 Louth and Skegness Urgent Treatment Centres (UTCs) have been temporarily closed overnight between 10pm and 8am. The temporary changes were introduced by Lincolnshire Community Health Services NHS Trust (LCHS) as part of the management of local health services for the Covid-19 pandemic.

By temporarily closing services overnight at Louth and Skegness UTCs, LCHS has stated that staff have transferred to increase numbers in the community nursing teams and to provide additional support at inpatient wards and at the Boston UTC, where services remain available 24 hours per day.

Patients in need of medical help between 10pm and 8am may still access local services, including telephone and video consultations and home visits, via the NHS 111 service.

Launch of Patient Survey

On 18 September 2020, Lincolnshire Community Health Services NHS Trust (LCHS) launched a patient survey on an extension to the closure of Louth and Skegness Urgent Treatment Centres (UTCs) between 10pm and 8am, as these temporary overnight closure arrangements are due to remain in place until March 2021, to support the continued response and likely extra demands of the winter season.

LCHS has stated that it recognises that the best services are those developed in partnership with stakeholders and are now asking for patient and public views on this temporary change at Louth and Skegness, to better understand any impact on the local community. A survey has been developed and is available on the trust's website at:

https://www.lincolnshirecommunityhealthservices.nhs.uk/louth-and-skegness-survey

The survey is due to close on 13 November 2020.

Health Scrutiny Committee for Lincolnshire Involvement

On 15 May 2019, as part of the *Healthy Conversation 2019* engagement exercise, the Health Scrutiny Committee for Lincolnshire recorded its support for 24/7 'walk-in' UTCs at Louth and Skegness. These two UTCs were launched in October 2019, in effect replacing the previous urgent care centres.

The Health Scrutiny Committee for Lincolnshire is due to receive an update on integrated urgent care from LCHS on 11 November 2020. At this meeting, the Committee may decide to formulate the content of a response to the engagement survey.

2. Consultation

LCHS has launched an engagement exercise, via a patient survey. The Committee is being invited to consider whether it wishes to respond to the engagement exercise.

3. Joint Strategic Needs Assessment and Joint Health and Wellbeing Strategy

To be drafted.

4. Conclusion

Following the launch of a patient survey by LCHS on the continued overnight closure of Louth and Skegness UTCs, the Committee is invited to make arrangements at its next meeting on 11 November 2020 for responding to the survey.

As it is important to reach as many residents as possible, the Committee may decide to urge LCHS to make every effort to publicise the patient survey in the Louth and Skegness and the surrounding areas.

5. Background Papers

No background papers within Section 100D of the Local Government Act 1972 were used in the preparation of this report.

This report was written by Simon Evans, Health Scrutiny Officer,
who can be contacted on 07717 868930 or
by e-mail at Simon.Evans@lincolnshire.gov.uk

This page is intentionally left blank

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

Open Report on behalf of Andrew Crookham
Executive Director - Resources

Report to	**Health Scrutiny Committee for Lincolnshire**
Date:	**14 October 2020**
Subject:	**Health Scrutiny Committee for Lincolnshire - Work Programme**

Summary

This report sets out the Committee's work programme, with items listed for forthcoming meetings.

The report also includes a schedule of the items previously considered by the Committee since 2017.

Actions Required

To consider and comment on the Committee's work programme.

1. Background

At each meeting, the Committee is given an opportunity to review its forthcoming work programme. Typically, at each meeting three to four substantive items are considered, although fewer items may be considered if they are substantial in content.

2. Today's Work Programme

The items listed for today's meeting are set out below: -

14 October 2020 – 10 am	
Item	*Contributor*
United Lincolnshire Hospitals NHS Trust: First Quarterly Review of Grantham Hospital 'Green Site'	Senior Management Representatives from United Lincolnshire Hospitals NHS Trust
Non-Emergency Patient Transport Service	Tim Fowler, Assistant Director of Contracting and Performance Sarah-Jane Mills, Chief Operating Officer, Lincolnshire Clinical Commissioning Group
Community Pain Management Service	Tim Fowler, Assistant Director of Contracting and Performance Sarah-Jane Mills, Chief Operating Officer, Lincolnshire Clinical Commissioning Group
Lakeside Healthcare at Stamford – Proposal to Close St Mary's Medical Centre	Sarah-Jane Mills, Chief Operating Officer, Lincolnshire Clinical Commissioning Group
Vale Medical Group – Woolsthorpe Surgery	Sarah-Jane Mills, Chief Operating Officer, Lincolnshire Clinical Commissioning Group
Louth and Skegness Urgent Treatment Centres	Simon Evans, Health Scrutiny Officer

3. Future Work Programme

Planned items for the Health Scrutiny Committee for Lincolnshire are set out below:

11 November *2020 – 10 am*	
Item	*Contributor*
Integrated Urgent Care in Lincolnshire	Maz Fosh, Chief Executive, Lincolnshire Community Health Services NHS Trust Tracy Pilcher, Director of Nursing and Deputy Chief Executive, Lincolnshire Community Health Services NHS Trust
East Midlands Ambulance Service	Sue Cousland, Lincolnshire Divisional Manager, East Midlands Ambulance Service
Delivery of Primary Care	Sarah-Jane Mills, Chief Operating Officer, Lincolnshire Clinical Commissioning Group

11 November *2020 – 10 am*	
Item	*Contributor*
Covid-19 Update	Derek Ward, Director of Public Health Lincolnshire County Council

16 December *2020 – 10 am*	
Item	*Contributor*
Child and Adolescent Mental Health Services – Community Intensive Home Treatment Service	Jane Marshall, Director of Strategy, Lincolnshire Partnership NHS Foundation Trust
Lincolnshire Sustainability and Transformation Partnership Update	Sarah-Jane Mills, Chief Operating Officer, Lincolnshire Clinical Commissioning Group
United Lincolnshire Hospitals NHS Trust – Covid-19 Update	Senior Management Representatives from United Lincolnshire Hospitals NHS Trust

Prioritisation of Items

On 17 June 2020, the Committee prioritised items as follows: -

High Priority Items
Restoring NHS Services After and Planning for Covid-19
Healthy Conversation / NHS Long Term Plan Local Delivery Plan
Lincolnshire Acute Services Review – Initial Consultation Elements: - ➢ Medical Services / Acute Medicine (Grantham and District Hospital) ➢ Stroke Services ➢ Trauma and Orthopaedic Services ➢ Urgent and Emergency Care Services
Lincolnshire Acute Services Review – Consultation Elements Requiring Capital Funding: - ➢ Breast Services ➢ General Surgery Services ➢ Haematology and Oncology Services ➢ Women's and Children's Services
Non-Emergency Patient Transport
National Rehabilitation Centre Programme: Proposals in the East Midlands
Older Adult Mental Health Services
Child and Adolescent Mental Health Services - Community Intensive Home Treatment Service

Medium Priority Items
Item
United Lincolnshire Hospitals NHS Trust (ULHT) – Action in Response to Care Quality Commission (CQC)
East Midlands Ambulance Service (EMAS) Update
Undiagnosed High Blood Pressure and High Cholesterol
Musculoskeletal Problems
Cardiovascular Disease
Integrated Urgent Care in Lincolnshire (Provided by Lincolnshire Community Health Services NHS Trust)
Louth County Hospital Inpatient Beds
Community Pain Management Services Update
Primary Care Networks / New GP Contracts

4. Previous Committee Activity

Appendix A to the report sets out the previous work undertaken by the Committee in a table format.

5. Conclusion

The Committee's work programme for the coming meetings is set out above. The Committee is invited to highlight any additional scrutiny activity which could be included for consideration in the work programme.

5. Background Papers - No background papers within Section 100D of the Local Government Act 1972 were used in the preparation of this report.

This report was written by Simon Evans, Health Scrutiny Officer, who can be contacted on 07717 868930 or by e-mail at Simon.Evans@lincolnshire.gov.uk

APPENDIX A

HEALTH SCRUTINY COMMITTEE FOR LINCOLNSHIRE: AT-A-GLANCE WORK PROGRAMME

	2017						2018											2019										2020						
KEY ✓ Substantive Item α Chairman's Announcement Planned Item	14 June	19 July	13 Sept	11 Oct	8 Nov	13 Dec	17 Jan	21 Feb	21 Mar	18 Apr	16 May	13 June	11 July	12 Sept	17 Oct	14 Nov	12 Dec	23 Jan	20 Feb	20 Mar	17 Apr	15 May	12 June	10 July	18 Sept	16 Oct	22 Jan	19 Feb	17 June	22 July	16 Sept	14 Oct	11 Nov	16 Dec
Meeting Length - Minutes	170	225	185	170	205	230	276	280	270	230	244	233	188	280	160	275	185	200	150	265	130	130	220	244	245	265	203	205	160	200	192			
Breast Screening Restoration																															α			
Cancer Care																																		
General Provision																✓										✓								
CT and MRI Scanners																											α							
Midlands Rapid Review																															α			
Performance																										α								
Head and Neck Cancers														α					α				α											
Cardiac Services																																		
Midlands Rapid Review																															α			
Care Quality Commission																																		
General																			α										α					
Provider Collaboration Reviews																															α			
Children's Social Care																								α										
Clinical Commissioning Groups																																		
Annual Assessment														α																				
Lincolnshire (from 1-4-20)																															✓			
Lincolnshire East																✓																		
Lincolnshire West															✓																			
South Lincolnshire																	✓																	
South West Lincolnshire																	✓																	
Community Maternity Hubs								α																										
Community Pain Management												α								α						✓	✓							
Community Pharmacy			α																															
Covid-19 Response																															α			
Dental Services							✓		α								α	α		✓						α	✓		α	α	α			

	2017						2018											2019									2020							
KEY ✓ Substantive Item α Chairman's Announcement Planned Item	14 June	19 July	13 Sept	11 Oct	8 Nov	13 Dec	17 Jan	21 Feb	21 Mar	18 Apr	16 May	13 June	11 July	12 Sept	17 Oct	14 Nov	12 Dec	23 Jan	20 Feb	20 Mar	17 Apr	15 May	12 June	10 July	18 Sept	16 Oct	22 Jan	19 Feb	17 June	22 July	16 Sept	14 Oct	11 Nov	16 Dec
Elections – Impact																			α								α						
Falls Service																											α						
GPs and Primary Care:																																	
Boston – The Sidings																					α												
Cleveland Health Centre Gainsborough																							α										
Crossroads Medical Practice, N Hykeham																											α						
Extended GP Opening Hours								α			α				α																		
GP Provision Overall			α		α																			✓									
Lincoln GP Surgeries		α		α																													
Lincoln Walk-in Centre		✓	α	✓		✓		✓			✓																						
Louth GP Surgeries		α	α																														
Online Triage Systems																												α				
Out of Hours Service														α																			
Skellingthorpe Health Centre																						α	α	✓		α							
Sleaford Medical Group									α																								
Spalding GP Provision														α																			
Stamford (Lakeside Healthcare)																															■		
Woolsthorpe (Vale Medical Group)																															■		
Grantham Minor Injuries Service												α	✓	α																			
Health and Wellbeing Board:																																	
Annual Report												α																					
Joint Health and Wellbeing Strategy		✓						✓																									
Pharmaceutical Needs Assessment					✓		✓																										
Health Scrutiny Committee Role	✓																																
Healthwatch Lincolnshire											α		α		α									α									
Lincolnshire Community Health Services NHS Trust																																	
Big Conversation																								α									
Care Quality Commission													α		α																		
Healthcare Awards																								α									
Integrated Urgent Care																													✓			■	
Louth Inpatient Care																																	
Louth Urgent Treatment Centre																															■		
Skegness Urgent Treatment Centre																															■		

	2017						2018										2019									2020							
KEY ✓ Substantive Item α Chairman's Announcement Planned Item	14 June	19 July	13 Sept	11 Oct	8 Nov	13 Dec	17 Jan	21 Feb	21 Mar	18 Apr	16 May	13 June	11 July	12 Sept	17 Oct	14 Nov	12 Dec	23 Jan	20 Feb	20 Mar	17 Apr	15 May	12 June	10 July	18 Sept	16 Oct	22 Jan	19 Feb	17 June	22 July	16 Sept	14 Oct	11 Nov	16 Dec
Learning Disability Specialist Care				✓									✓																				
Lincolnshire Sustainability & Transformation Partnership / Healthy Conversation 2019																																	
General / Strategic Items				✓			✓				α	✓	α	✓			✓		✓	✓		✓		α	✓					✓			
Breast Services																							✓										
Covid-19 Response																													✓				
Covid-19 Restoration of Services																													✓				
General Surgery																									✓	α							
GP Forward View										✓																							
Grantham Acute Medicine																									✓								
Haematology																										✓							
Integrated Community Care										✓						✓										✓							
Mental Health								✓							✓	α								✓		α							
NHS Long Term Plan																α	✓	✓	✓					α		α							
Oncology																										✓							
Operational Efficiency									✓																								
Stroke Services																							✓										
Trauma and Orthopaedics																									✓	α							
Urgent and Emergency Care									✓							✓						✓					α						
Women and Children Services																							✓										
Lincolnshire Partnership NHS Foundation Trust:																																	
General Update / CQC		✓															α																
Ash Villa – Inpatient Ward for Women																														α			
CAMHS																										✓			✓				
Covid-19 Response																													✓				
Older Adults Services																				✓						✓			✓				
Psychiatric Clinical Decisions Unit							α																										
LIVES																										α							
Lincolnshire Pharmaceutical Needs Assessment																												α					
Lincolnshire Reablement & Assessment Service																	α																
Louth County Hospital														α	✓		α									α							

	2017						2018											2019									2020							
KEY ✓ Substantive Item α Chairman's Announcement Planned Item	14 June	19 July	13 Sept	11 Oct	8 Nov	13 Dec	17 Jan	21 Feb	21 Mar	18 Apr	16 May	13 June	11 July	12 Sept	17 Oct	14 Nov	12 Dec	23 Jan	20 Feb	20 Mar	17 Apr	15 May	12 June	10 July	18 Sept	16 Oct	22 Jan	19 Feb	17 June	22 July	16 Sept	14 Oct	11 Nov	16 Dec
NHS Debt Write-Off																												α					
NHS Test and Trace																												α					
National Institute of Health Protection																														α			
National Rehabilitation Programme																											✓			✓			
Northern Lincolnshire and Goole NHS Foundation Trust			α												α			α															
North West Anglia NHS Foundation Trust							✓									α				✓							α							
Organisational Developments:																																	
Annual Reports 2019-20																										α							
CCG Joint Working / Merger													✓	α				α			α	✓					α						
Integrated Care Provider Contract														α	✓																		
National Centre for Rural Care													α					α															
NHSE and NHSI Joint Working												α						α								α							
Lincoln Medical School			α														α								α	α							
Patient Transport:																																	
Ambulance Commissioning			✓																														
East Midlands Ambulance Service			✓		α					✓	α	α	α	✓		α	α				✓					✓							
Non-Emergency Patient Transport						✓	α	✓	✓	✓		✓	α	✓	α	α	✓	✓	✓	✓			✓				α	✓	α				
Sleaford Ambulance & Fire Station											α		α																				
Pharmaceutical Needs Assessment																																	
Public Health:																																	
Child Obesity												α	α																				
Director of Public Health Report												✓															✓						
Immunisation					✓																												
Influenza Vaccination Programme																	α																
Renal Services																																	
Dialysis Services														✓								α					α		α				
Midlands Rapid Review																														α			
Quality Accounts	✓								✓											✓		α	α					✓	α				
St Barnabas Hospice																										α							
Skegness Hospital																									α								

	2017						2018											2019									2020								
KEY ✓ Substantive Item α Chairman's Announcement Planned Item	14 June	19 July	13 Sept	11 Oct	8 Nov	13 Dec	17 Jan	21 Feb	21 Mar	18 Apr	16 May	13 June	11 July	12 Sept	17 Oct	14 Nov	12 Dec	23 Jan	20 Feb	20 Mar	17 Apr	15 May	12 June	10 July	18 Sept	16 Oct	22 Jan	19 Feb	17 June	22 July	16 Sept	14 Oct	11 Nov	16 Dec
United Lincolnshire Hospitals NHS Trust:																																	
A&E Funding		α																												α			
Introduction	✓																																
Care Quality Commission		✓										α	α	✓				✓	α	✓				✓			✓						
Children/Young People Services											✓	✓	✓	✓		✓	α	✓		✓				✓				✓					
Covid-19 Restoration of Services																													✓		✓		
Financial Special Measures			α		✓					✓																							
Five Year Strategy																						α											
Grantham A&E			✓				✓	α						α	α	α		✓	✓		α					✓							
Orthopaedics and Trauma												α		α					α														
Smoke Free Policy																										α							
Stroke Services																		α															
Winter Resilience					α	✓	α	α			✓				✓										✓								

This page is intentionally left blank