


# Public Document Pack

		<b>THE HEALTH SCRUTINY COMMITTEE FOR LINCOLNSHIRE</b>	
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

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**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, 17 February 2021 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=5770&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**

<b>Item</b>	<b>Title</b>	<b>Pages</b>
<b>1</b>	<b>Apologies for Absence/Replacement Members</b>	
<b>2</b>	<b>Declarations of Members' Interest</b>	
<b>3</b>	<b>Minutes of the Health Scrutiny Committee for Lincolnshire meeting held on 20 January 2021</b>	<b>3 - 12</b>

Item	Title	Pages
4	<b>Chairman's Announcements</b>	13 - 16
5	<p><b>Lincolnshire Partnership NHS Foundation Trust - Update on Child and Adolescent Mental Health Services Intensive Home Treatment Team</b></p> <p><i>(To receive a report from Lincolnshire Partnership NHS Foundation Trust (LPFT), which provides the Committee with an update on the LPFT Child Adolescent Mental Health Service proposed service change to move to a permanent Intensive Home Treatment Team service. Senior management representatives from NHS England and NHS Improvement; and LPFT will be in attendance for this item)</i></p>	17 - 22
6	<p><b>Lincolnshire Partnership NHS Foundation Trust - General Update</b></p> <p><i>(To receive a report from Lincolnshire Partnership NHS Foundation Trust (LPFT), which provides the Committee with a general update. Senior management representatives from LPFT will be in attendance for this item)</i></p>	23 - 32
7	<p><b>United Lincolnshire Hospitals NHS Trust - Covid-19 Update</b></p> <p><i>(To receive a report from United Lincolnshire Hospitals NHS Trust (ULHT), which provides the Committee with an update on Covid-19. Andrew Morgan, Chief Executive of ULHT and Simon Evans, Chief Operating Officer, ULHT will be in attendance for this item)</i></p>	33 - 42
8	<p><b>Grantham Green Site Arrangements - Second Quarterly Review</b></p> <p><i>(To receive a report from United Lincolnshire Hospitals NHS Trust (ULHT), which provides the Committee with an update on the Grantham 'green site'. Andrew Morgan, Chief Executive of ULHT and Simon Evans, Chief Operating Officer, ULHT will be in attendance for this item)</i></p>	43 - 92
9	<p><b>Health Scrutiny Committee for Lincolnshire - Work Programme</b></p> <p><i>(To receive a report from Simon Evans, Health Scrutiny Officer, which sets out the Committee's work programme, with items listed for forthcoming meetings)</i></p>	93 - 100

Debbie Barnes OBE  
Chief Executive  
9 February 2021



## HEALTH SCRUTINY COMMITTEE FOR LINCOLNSHIRE 20 JANUARY 2021

### **PRESENT: COUNCILLOR C S MACEY (CHAIRMAN)**

#### 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 and R Wootten.

#### Lincolnshire District Councils

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 A White (West Lindsey District Council) and L Wootten (South Kesteven District Council).

#### Healthwatch Lincolnshire

Dr B Wookey.

#### Also in attendance

Dr Kakoli Choudhury (Consultant in Public Health Medicine), Katrina Cope (Senior Democratic Services Officer), Simon Evans (Health Scrutiny Officer), Tony McGinty (Consultant in Public Health) and Tracy Pilcher (Director of Nursing, Lincolnshire Community Health Services NHS Trust).

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

### 50 APOLOGIES FOR ABSENCE/REPLACEMENT MEMBERS

An apology for absence was received from Councillor Mrs Rosemary Kaberry-Brown (South Kesteven District Council).

The Committee noted that Councillor Linda Wootten (South Kesteven District Council) had replaced Councillor Mrs Rosemary Kaberry-Brown (South Kesteven District Council) for this meeting only.

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

51 DECLARATIONS OF MEMBERS' INTEREST

No declarations of members' interest were made at this stage of the proceedings.

52 MINUTES OF THE HEALTH SCRUTINY COMMITTEE FOR  
LINCOLNSHIRE MEETING HELD ON 16 DECEMBER 2020

## RESOLVED

That the minutes of the Health Scrutiny Committee for Lincolnshire meeting held on 16 December 2020 be agreed and signed by the Chairman as a correct record.

53 CHAIRMAN'S ANNOUNCEMENTS

Further to the Chairman's announcements circulated with the agenda, the Chairman brought to the Committee's attention the supplementary announcements circulated on 18 January 2021.

The supplementary announcements provided information on the following:

- The UK Covid-19 Vaccines Delivery Plan;
- Vaccination Programme in Lincolnshire;
- Community Testing for Covid-19 in Boston and Lincoln;
- East Midlands Ambulance Service Performance Report, which was attached to the supplementary announcements at Appendix A;
- Grantham Hospital – Correspondence with the Government; and
- Review of Do Not Attempt Resuscitation Cardiopulmonary Decisions during the Covid-19 Pandemic.

## RESOLVED

1. That the Supplementary Chairman's announcements and the Chairman's announcements as detailed on pages 11 to 17 of the report pack be noted.
2. That the Chairman on behalf of the Committee be authorised to write to the Rt Hon Matt Hancock MP, Secretary of State for Health and Social Care, to request for the local NHS to be allowed to share local information on the rate of vaccinations being achieved.

54 LINCOLNSHIRE COMMUNITY HEALTH SERVICES NHS TRUST - COVID-19 UPDATE AND ENGAGEMENT EXERCISE ON URGENT TREATMENT CENTRES

The Committee gave consideration to a report which provided an update from the Lincolnshire Community Health Services NHS Trust (LCHS), concerning Covid-19 and the Louth and Skegness Urgent Treatment Centre (UTC) Engagement Exercise.

The Chairman invited Tracy Pilcher, Deputy Chief Executive, and Director of Nursing, Allied Health Professionals and Operations, to present the report which was detailed on pages 19 to 61 of the agenda pack.

The following two Appendices were attached to the report, for the Committee to consider:

- Appendix A – Covid-19 Trust Board report to the Board of Directors of Lincolnshire Community Health Services NHS Trust Board – 12 January 2021; and
- Appendix B – Louth and Skegness UTC Engagement Findings report to the Board of Directors of Lincolnshire Community Health Services NHS Trust Board – 12 January 2021.

The Committee were advised that LCHS were continuing to respond effectively to the Covid-19 pandemic level 4 national emergency which had come into force from 5 November 2020. It was highlighted that one of the key elements of the response to Covid-19 was the delivery of an effective vaccination programme. The Committee was advised that the NHS had commenced the national vaccination roll out of the first vaccines on 8 December 2020. The United Lincolnshire Hospitals NHS Trust (ULHT) was one of the first 50 hospital hubs to have been approved to commence vaccinations with the Pfizer/BioNTech vaccine. The Committee was advised that LCHS was working with the Lincolnshire system in developing the mass vaccination sites, which would be working alongside the hospital hubs and the Primary Care Network (PCN) locations to maximise delivery to the Lincolnshire population.

The Committee noted that LCHS had commenced testing of asymptomatic staff with the introduction of lateral flow testing. It was noted further that so far there had been approximately a 1% positivity rate. At the present time LCHS had 20 staff self-isolating.

It was reported that integrated urgent care services were a key component of the LCHS response to Covid-19, and that the Clinical Assessment Service (CAS) had been instrumental in supporting patients to be cared for safely at home, and ensuring that patients were only conveyed to hospital if absolutely necessary. It was noted that CAS capacity had been increased to support the rise in the number of calls through to CAS from East Midlands Ambulance Service crews on scene. This initiative had commenced at the beginning of November 2020, and had been a direct impact on ambulance conveyance levels.

It was reported that the Grantham Urgent Treatment Centre was still open as a 24/7 walk in facility. It was noted that activity had remained stable since the service had been transferred, with referrals to Emergency Departments being predominantly below 5%.

It was highlighted that as part of the restore programme, Gainsborough Minor Injuries Unit had now re-opened as a UTC, offering a comprehensive range of urgent care services to the local population, including booked appointments and home visiting.

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The Committee was advised that the organisation had agreed to pilot an approach with an East coast practice in relation to same day urgent primary care. This would then allow GP practices and PCN's to release capacity to support the Covid-19 vaccination programme, as well as support the delivery of urgent primary care services to the local population. The pilot had commenced on the 18 January 2021, with 20 booked appointments a day being provided to primary care, alongside the UTC services at Skegness hospital.

It was reported that as part of the Lincolnshire system bed management plan, the organisation had continued to deliver an effective patient flow response.

Appendix B provided the Committee with the results of the Louth and Skegness UTCs Engagement findings. The key messages arising from the engagement were detailed on page 45 of the report pack. The Committee noted that the feedback received highlighted a number of concerns, some of which could be addressed quite quickly. It was noted that all the information gathered would be used to help shape any emerging proposals for the urgent treatment centres opening hours after March 2021. Reassurance was given if there was to be a permanent change to service delivery; a formal consultation would be carried out

During discussion, the Committee raised the following points:

- Some concern was raised as to the distance that some vulnerable individuals were being asked to travel to receive their Covid-19 vaccination. The Committee was advised that as more local hubs became available; this situation would improve over the coming weeks as it was the ambition for everyone to be within a ten mile radius of a vaccination hub/centre.
- The need to reinforce the message of Hands, Face, Space;
- Clarification was sought regarding the 5% of patients being referred to EDs. The Committee was advised that this figure was the number of patients referred by LCHS to EDs, and did not include patients who chose to go direct to an ED. The Committee noted that the longer term focus for Grantham Hospital was to provide a greater range of services;
- Some concern was raised that although the Grantham UTC provision was 24/7, some patients had been advised to call 111 first. The Committee was advised that patients were encouraged to ring 111 first so that they could be given advice and sign posted to the correct service;
- One member enquired whether vaccinations for staff in the NHS and other care settings were mandatory. The Committee was advised that staff were encouraged to have vaccinations, but it was not possible to make it mandatory;
- Some concern was expressed regarding the discharge of patients into care homes. Reassurance was given that patients were not discharged direct into care homes. The Committee was advised that Community Hospitals and designated care beds played a significant part of Lincolnshire's response to people who were Covid-19 positive and being discharged from hospital. The Committee was advised that designated beds had been commissioned by the

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County Council. Confirmation was given that hospitals were aware of designated beds, as were social workers;

- The percentage of LCHS staff vaccinated and the percentage of staff not available for work. The Committee was advised that currently between 60 and 70% of LCHS staff had received their first vaccination. The Committee was advised that currently 19 staff were off work with either Covid-19 or Covid-19 related issues. The Committee noted that LCHS staff who were shielding were working from home, for example providing online consultations;
- The impact on other patients of Louth Hospital having a Covid-19 ward for patients. The Committee was advised that the hospital was providing support to the patient through the 14-day isolation period; and that this did have an impact on other services being provided;
- Whether the temporary opening hours at Louth and Skegness UTCs would be continued beyond 31 March 2021. The Committee was advised that the situation was continually monitored and that the matter would be reviewed in February 2021;
- Page 46, 5<sup>th</sup> bullet point, stated that stakeholders would be involved in developing the future UTC & integrated urgent care offer. One member enquired who the stakeholders would be? It was reported that a range of stakeholders would be approached which would include NHS commissioners, the local population, Healthwatch, and the Health Scrutiny Committee for Lincolnshire;
- Page 51 of the report, second paragraph stated that the overnight closure was determined not to have had a noticeable impact on increasing patients attending, Boston, North Lincolnshire or Goole. Concern was expressed that this decision had been determined at a time when tourism to the area was practically non-existent compared to normal years. Further concern was expressed that the engagement exercise had been conducted during a pandemic, and that the results of this exercise would help shape future provision. The Committee was advised that any changes to future provision would consider information from a range of years, as 2020 was not representative for example of activity in Skegness. Reassurance was given that there would be more comprehensive engagement. The Committee noted that capital investment was going to be made to upgrade the UTC at Skegness; and
- One member stressed the need to make sure that members of the Health Scrutiny Committee for Lincolnshire were kept fully informed of when new local vaccination centres/hubs became available across Lincolnshire.

The Chairman on behalf of the Committee extended thanks to the Deputy Chief Executive, and Director of Nursing, Allied Health Professionals and Operations for attending the meeting and providing the Committee with an update.

**RESOLVED**

1. That the Committee's support and thanks to all staff at Lincolnshire Community Health services NHS Trust for their efforts in delivering NHS services in Lincolnshire be recorded.

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2. That the report from Lincolnshire Health Services NHS Trust on Covid-19; and the Louth and Skegness Urgent Treatment Engagement Findings report be noted.
3. That a request be made for members of the Health Scrutiny Committee for Lincolnshire to be kept informed when new local vaccination hubs/centres become available across Lincolnshire.
4. That a further Covid-19 update be received at the April meeting.

**55      DIRECTOR OF PUBLIC HEALTH ANNUAL REPORT 2020**

The Chairman invited Tony McGinty, Consultant in Public Health, Lincolnshire County Council to present the Director of Public Health Annual Report 2020 to the Committee.

Attached to the report at Appendix A was a copy of the Director of Health Annual Report 2020 for the Committee's consideration.

In guiding the Committee through the report, particular reference was made to:

- The impact of Covid-19 in Lincolnshire, page 69, chart 1, of the report pack detailed the number of positive cases each day in Lincolnshire since March 2020;
- Hospital Admissions, page 71, chart 4, provided information relating to United Lincolnshire Hospital Trust patients admitted or diagnosed with Covid-19 since April 2020;
- Deaths as a result of Covid-19, page 72, chart 5 of the report pack; advised of the number of deaths in Lincolnshire as at 13 November 2020, as being 370;
- Care Homes, page 72, chart 6 of the report pack, advised that there had been 277 care homes reporting an outbreak during the Covid-19 pandemic. It was highlighted that the months September and November had seen the highest number of outbreaks in a month with 73 and 74 respectively;
- Schools and Education, page 73, chart 6 of the report pack advised of the school outbreaks in Lincolnshire. The Committee noted that there had been 444 reports of outbreaks by 312 education settings during the Covid-19 pandemic. The Committee noted further that October saw the highest number of outbreaks, with 165 outbreaks being reported;
- Multi Agency Response to Covid-19 in Lincolnshire, page 77 of the report pack advised of the work of the Lincolnshire Resilience Forum in continuing to respond in a proactive and coordinated manner to Covid-19 in Lincolnshire; and
- Longer Term Health and Wellbeing Implications of Covid-19, page 82, Figure 2, provided the Committee with information relating to the expected Covid-19 burden of disease over time.

During discussion, the Committee raised the following points:



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- The vaccination programme and to the fact that some residents within the Lincolnshire were being asked to travel long distances to have their vaccination. The Committee was advised that the vaccination programme was a herculean task; and that Lincolnshire posed lots of challenges with its geography and age profile. The Committee noted that it was hoped that all adults would have received their vaccination before the winter of 2021;
- GP support to care homes. The Committee was advised that as part of the preparation for Covid-19, the public health team had provided support and technology to care homes to assist them in preventing and managing Covid-19. It was noted that primary care teams had responded in a different ways, with some managing remote consultations;
- How going forward, vaccination against Covid-19 would be managed. It was highlighted that at the moment it was not known how long current vaccines would provide protection; and if there were more variants, then vaccines would have to be adapted accordingly, similar to what was currently being done with the flu vaccine. It was however highlighted that the Covid-19 virus tended not to mutate as much as the flu virus. The Committee noted that the vaccination programme for Covid-19 would in place for all, or some of the population for the next few years;
- Why the death figures recorded were only to include deaths with Covid-19 diagnosed up to 28 days before death. The Committee was advised that this was a national process, which was introduced on 25 August 2020 only to include deaths with Covid-19 diagnosed up to 28 days before deaths;
- The need for continued reinforcement of the fundamental message of Hand, Face, Space, Some concern was expressed to mixed messages portrayed to the public, with some televised sporting events ignoring the fundamental message;
- The longer term health and wellbeing effect of Covid-19, particular reference was made to the effect on mental health. The Committee noted that the full effect of Covid-19 would not be fully known for some time. Figure 2 on page 82, provided details of the expected burdens;
- One member expressed thanks to the Public Health Team for all their hard work through the last year;
- Pages 72, 73 and 75 of the report pack, provided information that the number of cases was rising during the month of September 2020. A question was asked whether that was an early warning for lockdown to have happened sooner. The Committee noted that the public health system had learnt a great deal; and that a new body had been established to ensure that going forward lesson were learnt;
- The lack of reference to North East and North Lincolnshire in the document; and whether the public health team worked closely with colleagues from bordering authorities. The Committee was reassured that the Public Health team worked very closely with colleagues from other areas, particularly North and North East Lincolnshire;
- The effect of the virus, virus mutations and origins – The Committee was advised that the Covid-19 virus attacked the surface of the lungs. The Committee was advised further that currently there were four main significant variants in the UK; and that the current vaccine would be able to deal with

three of the variants. It was highlighted that any new variant would be tested. The Committee noted that the virus had originated from Wuhan in China, it was of animal origin, which had then spread to human; and then from human to human; and

- Gender specific – The Committee was advised that from the data provided so far, it would appear that the figure for premature mortality was slightly higher in men who had contracted the virus, than in women.

The Chairman on behalf the Committee extended his thanks to the Consultant in Public Health for his presentation. The Chairman also extended his thanks to Tony McGinty for his support to the Health Scrutiny Committee over the years and wished him well in his new role, after he left the Council at the end of January 2021.

#### RESOLVED

1. That the Annual Report by the Director of Public Health be received.
2. That the updated information on the Covid-19 pandemic be noted.

#### 56 UNITED LINCOLNSHIRE HOSPITALS NHS TRUST - OUTPATIENT SERVICES AT COMMUNITY HOSPITALS

The Chairman invited Simon Evans, Health Scrutiny Officer, to present the report to the Committee, which highlighted that concerns had been raised in local communities in Lincolnshire on the possibility of changes to the delivery of outpatient services by United Lincolnshire Hospitals NHS Trust.

The Committee was referred to the recently circulated document, which detailed correspondence between Councillor Carl Macey, Chairman of the Health Scrutiny Committee for Lincolnshire and Andrew Morgan, Chief Executive of United Lincolnshire Hospitals NHS Trust, relating to the concerns raised by several county councillors.

#### RESOLVED

1. That the response of the Chief Executive of United Lincolnshire Hospitals NHS Trust on outpatient services at community hospitals be noted, which includes statements to the effect that:
  - a. Owing to Covid-19, discussions with staff on any changes have been suspended;
  - b. There is no agreed timetable for discussions with the Lincolnshire Clinical Commissioning Group or Lincolnshire Community Health Services NHS Trust; and
  - c. Consultation and engagement will take place before any substantial changes or development take place in the provision of services at community hospitals.

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2. That the Committee's view that all the county's community hospitals provide a valued contribution to the delivery of NHS services across Lincolnshire be put on record.
3. That an item be added to work programme, specifically to cover any future development at Lincolnshire's community hospitals.

57 URGENT AND EMERGENCY CARE - MODELS OF CARE AND MEASUREMENT

The Chairman invited Simon Evans, Health Scrutiny Officer, to present the report, which invited the Committee to make a response to the Transformation of Urgent and Emergency Care: Model of Care and Measurement consultation, which had been launched on 15 December 2020 by NHS England and NHS Improvement.

The Committee was referred to the draft response document circulated previously, which had taken on board comments raised by the Committee.

RESOLVED

That the draft response as circulated be approved as the Committee's response to the consultation on Urgent and Emergency Care – Models of Care and Measurement.

58 HEALTH SCRUTINY COMMITTEE FOR LINCOLNSHIRE - WORK PROGRAMME

The Chairman invited Simon Evans, Health Scrutiny Officer, to present the report to the Committee.

Consideration was given to the work programme as shown on pages 96 to 97 of the report pack.

Items highlighted to be included on the work programme were:

- United Lincolnshire Hospitals NHHS Trust – Outpatient Services at Community Hospitals; and
- CQC report: Do Not Attempt Cardiopulmonary Resuscitation.

RESOLVED

That the work programme presented be received subject to the addition of the items listed above.

The meeting closed at 12.00 pm

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# Agenda Item 4

		<b>THE HEALTH SCRUTINY COMMITTEE FOR LINCOLNSHIRE</b>	
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	<b>Health Scrutiny Committee for Lincolnshire</b>
Date:	<b>17 February 2021</b>
Subject:	<b>Chairman's Announcements</b>

## 1. Covid-19 Vaccination Programme in Lincolnshire

### Recording Thanks for Those Involved in Vaccines

Set out below are a series of figures, which demonstrate the progress of the vaccination programme in Lincolnshire. There has been much positive feedback on the way vaccination programme has been managed.

In addition to the clinical staff directly administering the vaccinations and other staff booking patients for vaccinations, there are numerous volunteers providing support, for example managing car parking, reception and waiting areas. **I would like to ask the Committee to formally record its thanks to all those involved, both staff and volunteers, in delivering the vaccination programme for Lincolnshire.**

### Vaccination Data Published by NHS England / NHS Improvement

On 21 January 2021, NHS England and NHS Improvement (NHSE/I) began publishing weekly reports on vaccination data by Sustainability and Transformation Partnership (STP) / Integrated Care System (ICS) area. These weekly reports are in addition to the daily figures reported for all England.

As the Lincolnshire STP area largely aligns with the administrative county of Lincolnshire, these figures are relevant. On 4 February 2021, NHSE/I published data for the period 8 December 2020 to 31 January 2021. The first table shows the number of first doses of vaccine administered in Lincolnshire. The second table covers the numbers of second doses. A further report will be published on 11 February 2020, and the latest information will be circulated to the Committee.

<b>First Doses</b>					
<b>(8 Dec 20 – 31 Jan 21)</b>					
	<b>80+</b>	<b>75-79</b>	<b>70-74</b>	<b>Under 70</b>	<b>Total</b>
Lincolnshire Number	43,035	28,307	12,919	40,437	124,698
Lincolnshire Percentage	92.5	81.1	25.7	-	-
England Percentage	88.1	82.6	35.2	-	-

For comparison, the highest percentage of first doses for those 80+ was reported for Gloucestershire at 94.9%, with the lowest in East London (69.6%). For those aged 75-79, the highest recorded percentage was in Somerset at 94.0%, with Shropshire, Telford and the Wrekin recording the lowest at 18.8%. For those aged 70-74, the highest and lowest figures were recorded in South East London (68.9%) and in Devon (16.0%).

<b>Second Doses</b>					
<b>(8 Dec 20 – 31 Jan 21)</b>					
	<b>80+</b>	<b>75-79</b>	<b>70-74</b>	<b>Under 70</b>	<b>Total</b>
Lincolnshire Number	1,587	9	14	1,298	2,908
Lincolnshire Percentage	3.4	0.0	0.0	-	-
England Percentage	11.8	0.4	0.1	-	-

The percentage figures, which have been reported for are based on ONS mid-year 2019 estimates of the population of England, mapped to ICS / STP level, which gives the Lincolnshire STP area a population estimate of 46,502 people aged 80+; and an estimate of 583,424 people aged 16-79. The percentage figures for those in the under 70 population have not been reported by NHSE/I. These figures will differ from the number of people registered at Lincolnshire GP practices (see below).

#### Registered Patients at Lincolnshire GP Practices

Whilst the resident population of Lincolnshire is 755,000, the Lincolnshire registered GP population is 785,000. This is because many GP practices have registered patients who live in other counties. This is a particular feature in both Stamford and the Deepings, but is a wider feature across most of the 'border' practices. The vaccine will be offered to all over 18s, which for the Lincolnshire GP registered population represents over 600,000 people.

## Number of Elderly Population and Care Homes in Lincolnshire

Lincolnshire has a significantly high number of care homes, compared to the average. For example, Northamptonshire has half the number of care homes compared to Lincolnshire. Lincolnshire also has a higher proportion of elderly than most areas. Within Lincolnshire there are more care homes and elderly in the East.

## Take Up of Vaccinations

A report to the Lincolnshire CCG Board on 27 January 2021 states that the experience to date of the Primary Care Network sites is that patients who are called for their vaccination are very keen to receive it, and the vast majority are able to use their own transport, or get assistance from family, friends, or community members to get to their local site. For those patients for whom transport is a real difficulty, a range of transport solutions are available, supported by Lincolnshire County Council, through Call Connect and volunteer drivers. For patients who are genuinely housebound/bed-ridden there will be a 'roving service' available to ensure that they are able to receive their vaccinations.

## Large Covid-19 Vaccination Centre - Lincolnshire Showground

On 2 February 2021, Lincolnshire's second large vaccination centre opened at the Lincolnshire Showground. This means that Lincolnshire now has two large centres, the first having opened on 18 January 2021 at the Princess Royal Sports Arena (PRSA) in Boston. Both large centres are operated by Lincolnshire Community Health Services NHS Trust.

Both large vaccination sites will continue to target vaccinating people in the key priority groups, who live within a 45-minute drive of the sites. Patients will receive a letter inviting them to book their vaccination appointment using the NHS national online booking system. If patients prefer, they can choose their vaccination at one of the thirteen local vaccination sites available across Lincolnshire run by local GP networks. Patients will be contacted by their local surgery to make an appointment.

## Vaccination Sites in Lincolnshire

In addition to the two large sites, there are also two hospital hubs at Lincoln County Hospital and Pilgrim Hospital, Boston, and 13 local vaccination centres, operated by Primary Care Networks, at the following sites:

- Franklin Hall, Spilsby
- John Coupland Hospital, Gainsborough
- Lincolnshire Showground, Lincoln
- Louth Community Hospital
- Marisco Medical Practice, Mablethorpe
- Meres Leisure Centre, Grantham
- Portland Medical Practice, Lincoln
- Rustons Sports and Social Club, Lincoln
- Sidings Medical Practice, Boston
- Springfields, Spalding
- St Mary's Medical Practice, Stamford
- The Storehouse, Skegness
- Waddington Branch Surgery, South Lincoln

## **2. Healthwatch Lincolnshire Vaccination Information Webinar**

On 21 January 2021, Healthwatch Lincolnshire held a Covid-19 Vaccination Information Webinar, during which members the Lincolnshire Vaccination Team responded to questions put forward by the public. The webinar is available on demand at either [www.facebook.com/hwlincs](http://www.facebook.com/hwlincs) or <https://youtu.be/4PkKB7IE-w>

## **3. Application to Close Woolsthorpe Branch Surgery**

On 10 February 2021, Lincolnshire CCG's Primary Care Commissioning Committee (PCCC) is due to consider an application from Stackyard Surgery in Croxton Kerrial to close the Woolsthorpe Branch Surgery. As reported to the PCCC, there are currently a total of 3,800 patients registered with Stackyard Surgery, of these 1,650 patients consider the branch surgery as their practice. From the 1,650 registered patients, 1,263 live outside Woolsthorpe and 387 patients reside in the village. On 14 October 2020, the Health Scrutiny Committee recorded its opposition to the proposed closure, and submitted comments to the Chair of the CCG's PCCC. The recommendation to the PCCC is to approve the proposal to permanently close the Woolsthorpe Branch of Stackyard Surgery, if the following are carried out:

- patient choice will be promoted for those that choose to change surgery; and
- medication delivery (due to commence 17 February 2021) to Woolsthorpe will be piloted and evaluated by the CCG.

The PCCC is also being asked to note the latest position on the proposed transfer of Stackyard Surgery from Lincolnshire CCG to the East Leicestershire and Rutland CCG, which is subject to a decision by the latter.

The papers for the PCCC meeting are available on the CCG's website, and include the equality impact assessment:

<https://lincolnshireccg.nhs.uk/library/primary-care-commissioning-1/2021/february-2021-primary-care-commissioning-committee-meeting-papers/>

The decision of the PCCC will be reported to the Health Scrutiny Committee.


## **4. Lincolnshire Partnership NHS Foundation Trust – Appointment of Chair**

On 25 January 2021, Lincolnshire Partnership NHS Foundation Trust (LPFT) announced that Kevin Lockyer would be taking up the position of Chair of the Trust from 1 May 2021. Kevin Lockyer has been a non-executive director at Lincolnshire Community Health Services NHS Trust since 2015, and has experience in the criminal justice system; housing; and public and voluntary sectors.

The Trust's current Chair, Paul Devlin, will be stepping down after six years in the role, when his term of office expires on 30 April 2021.



# Agenda Item 5

		<b>THE HEALTH SCRUTINY COMMITTEE FOR LINCOLNSHIRE</b>	
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 England and NHS Improvement, and Lincolnshire Partnership NHS Foundation Trust

Report to	<b>Health Scrutiny Committee for Lincolnshire</b>
Date:	<b>17 February 2021</b>
Subject:	<b>Lincolnshire Partnership NHS Foundation Trust – Update on Child and Adolescent Mental Health Services Intensive Home Treatment Team</b>

## Summary

This item enables the Health Scrutiny Committee for Lincolnshire to consider an update report on the Lincolnshire Partnership NHS Foundation Trust (LPFT) Child and Adolescent Mental Health Service (CAMHS) proposed service change to move to a permanent Intensive Home Treatment Team service.

Management representatives from NHS England and LPFT are due to attend the meeting to present the information and respond to questions.

## Actions Required

To consider the information received to date.

### 1. Previous Committee Consideration

The Health Scrutiny Committee for Lincolnshire considered a previous report on 22 July 2020 on the impact of the new model of care in place for Lincolnshire. The Health Scrutiny Committee asked that engagement with the Lincolnshire public commence to consider whether to make the new model of care a permanent change.

A new, community, model of care was designed as a potential solution to improve CAMHS care in Lincolnshire from March 2020. The objective of the new care model was to prevent unnecessary admission to out of area hospital beds and ensure that children and young people (CYP) were repatriated back into the community in a timely manner where admission occurs.

The Ash Villa CAMHS inpatient unit in Sleaford was suddenly temporarily closed in October 2019 due to lack of medical cover. This temporary closure led to the rapid mobilisation of the planned new model of care interim intensive home treatment team with the service commencing on the 4 November 2019 ahead of the planned date of March 2020.

Whilst this is not exclusively for CYP at risk of admission or admitted to General Adolescent Units (GAUs), this group is the focus. Non GAU beds (Specialist Eating Disorders, Psychiatric Intensive Care, Low Secure, Learning Disability beds) are out of scope of the new model of care at this stage.

This report considered by the Committee in July 2020 demonstrated that on all key indicators of quality, the new model of care (intensive home treatment team) was delivering improved care to meet the needs of Lincolnshire CYP in the absence of a GAU inpatient facility in the county.

## **2. Latest Information**

Following feedback from the Lincolnshire Health Scrutiny Committee, NHS England embarked on targeted engagement activity to assess views and feedback on the new community model of care compared to in patient care.

Engagement activity has previously been undertaken with young people (YP) to assess feedback on the new service.

This has been positive and includes the following statements: -

**29/11/19** parent of YP: it sounds like a much needed and valuable service

**2/12/19** parent of YP reported she has found all team members to be friendly and said she appreciates the team support.

**13/12/19** young person feels intervention has helped and she really appreciates the support she has had from the team. Said it was good she didn't have to keep repeating herself like she has in other services.

**15/12/19** Young person's parent said she had been struggling and we talked through something what was helpful

**18/12/19** Parent very thankful that we offered intensive service, never experienced this before

**20/12/19** parent complimentary- that YP has clicked with the team

### **3. Current Engagement**

This most recent engagement is designed to assess views on the pilot and also on in patient care in Lincolnshire.

The engagement opportunity closes on 19 February 2021.

The engagement opportunity has been circulated to patient representative groups, counsellors and case workers, young people and their carers, who have experience of either in patient or the community pilot as well as charities who work with young people and mental health.

The letter and survey questionnaire are set out in Appendix A.

### **4. Consultation**

This is an issue for consultation, and is subject to ongoing engagement.

### **5. Conclusion**

The Committee is invited to consider the update presented by Lincolnshire Partnership NHS Foundation Trust, prior to a full report being available after the engagement activity closes on 19 February 2021.

### **6. Appendices**

There is one appendix attached to this report.

Appendix A	Letter and Questionnaire for Service Users
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### **7. 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 Claire Deeley and Charlotte Tyler from NHS England Midlands and East Office and Jane Marshall, Director of Strategy, Planning and Partnerships, who can be contacted via [jane.marshall3@nhs.net](mailto:jane.marshall3@nhs.net)

## **ENGAGEMENT LETTER**

### **Mental health provision for young people in Lincolnshire**

Lincolnshire Partnership NHS Foundation Trust is part way through a pilot project which is seeing more young people with mental illness being treated and cared for in the community rather than in a hospital environment.

NHS England is committed to reducing the number of children and young people who are admitted to an in-patient environment because the right support is not available for them at home or in the community, so welcomed the Trust's consideration of this pilot.

The pilot service is a community-based intensive home treatment model looking after children and young people who are at risk of being admitted to a General Adolescent Unit (GAU).

In the first eight months of operation, outcomes appear positive with:

- No serious incidents
- Six admissions to general adolescent units compared to 22 from October 2018 to March 2019
- A significant reduction in length of stay
- The amount of time spent in hospital is reducing
- Positive feedback from patients and carers has increased

### **Advantages of the service**

The greatest driver for the move to a new model of in-patient care for children and young people with mental illness is the resulting improvement in quality for the young people of Lincolnshire. Access for patients will be improved through intensive home treatment being delivered closer to home. Treatment and care will be delivered in the least restrictive setting as a safe and effective alternative treatment model to in-patient care for young people who would otherwise require admission. A focus on recovery rather than dependency will aim to improve the longer-term outcomes for the young people in receipt of mental health services. The provision of a community service aims to reduce the need to separate young people from their families and communities which occurs when an admission is required and also reduce the travel time for carers to visit their loved ones when they are admitted to hospital.

### **Disadvantages of the Service**

As the service is offering a community rather than in-patient model of treatment, anyone requiring admission would need to be admitted to another unit outside of Lincolnshire. This could be further away as a result. However, this may not be the case, depending on where the person lives as there are units in other areas that border Lincolnshire including Nottinghamshire, Northamptonshire, Yorkshire and Leicestershire. We would also expect significantly fewer admissions to hospital which may mean there are no more people needing to travel to units outside of

Lincolnshire than previously. Travel time to an inpatient unit can still be considerable even if it is within Lincolnshire due to the size of the County so we would anticipate a community model should mean less travelling overall due to the reduced usage of hospital beds.

### **CAMHS Inpatient Provision in Lincolnshire**

Historically, General Adolescent Unit in-patient care has been provided at Ash Villa in Sleaford – a 13 bedded unit commissioned by NHS England. Lincolnshire patients have also been admitted to other units within the East Midlands and elsewhere as necessary when Ash Villa have been unable to admit (due to being full for example). There were 50 Lincolnshire girls and boys with severe and/or complex mental disorders who were admitted to General Adolescent Units in 2018/2019. 43 were admitted to Ash Villa and 7 were admitted to other units outside of Lincolnshire.

Ash Villa does not meet the national service requirements for in-patient young people. For instance, the unit is not co-located with other mental health services, which is a requirement as it enables services to be delivered more safely. In November 2019, Ash Villa closed on safety grounds owing to staff shortages.

The pilot, which had been due to begin in April 2020, began immediately and will conclude in March 2021.

### **Pilot Model**

The new home treatment model is currently available from 08:45 to 19:00 seven days a week and integrates young people's mental health teams meaning a seamless transition for those seen in an acute crisis and those who need intensive treatment. Care can be offered at home, at school or other places by a multidisciplinary team that can link with wider CAMHS, social care, primary care, acute hospital and education colleagues.

The new model has seen a greater number of expressions of satisfaction and a reduction in complaints and concerns. Carers in particular have positive comments about the intensive care at home.

The pilot has six months to run when the impact of the pilot will be evaluated before deciding on whether to continue with the new care model and how it might work in the future. Whilst Ash Villa is unsuitable to provide CAMHS inpatient care, there is the possibility that it could be provided on another site within Lincolnshire if that was the outcome of the evaluation.

We would value any feedback you have on the pilot, and welcome questions.

### **Questionnaire (available online following this link)**

<https://www.engage.england.nhs.uk/survey/provision-for-children-and-young-people-with-menta> )

## QUESTIONNAIRE QUESTIONS

- Q1 Are you (please tick, more than one option can be selected if necessary):
- Someone who has received care as an inpatient within a child and adolescent in-patient unit?
  - A carer of someone who has received care as an inpatient within a child and adolescent in-patient unit?
  - A professional who cares for people admitted to in-patient child and adolescent inpatient units?
  - Someone who has received care from the new community model?
  - A carer of someone who has received care from the new community model?
  - A professional who has cared for someone in receipt of the new community model?


**If you have used services or are the carer of someone who has used services, please answer questions 2 – 5**

- Q2 Did you find the treatment helpful? If so, what was good about it?
- Q3 Was there anything you think could have been better? If so, what do you think could have been better?
- Q4 Do you have a preference for a community or in-patient model of treatment?
- Q5 What are the top 5 things that are important to you in relation to your experience of children and adolescent mental health services?

**If you are a professional or organisation involved in delivering services or representing the views of young people, please answer questions 6-9**

- Q6 What is your experience of the inpatient model of care in Lincolnshire?
- Q7 What is your experience of the community model of care in Lincolnshire?
- Q8 Do you have a preference for either model? If so, can you explain the reasons for your preference?
- Q9 Do you have any further comments on the model of care in Lincolnshire?

# Agenda Item 6

		<b>THE HEALTH SCRUTINY COMMITTEE FOR LINCOLNSHIRE</b>	
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	<b>Health Scrutiny Committee for Lincolnshire</b>
Date:	<b>17 February 2021</b>
Subject:	<b>Lincolnshire Partnership NHS Foundation Trust – General Update</b>

**Summary**

This item enables the Health Scrutiny Committee for Lincolnshire to consider a general update from Lincolnshire Partnership NHS Foundation Trust (LPFT). The information submitted to the Committee comprises the report by the LPFT Acting Chief Executive, Sarah Connery, to the LPFT Board on 28 January 2021.

This Committee considered a Covid-19 Update from LPFT on its response to Covid-19 on 22 July 2020.

Jane Marshall, Director of Strategy, Planning and Partnerships, from LPFT is due to attend the meeting to present the information and respond to questions.

**Actions Required**

- (1) To consider the information presented by Lincolnshire Partnership NHS Foundation Trust as part of its update on its response to the Covid-19 pandemic.
- (2) To consider the timing of the Committee's next update from the Lincolnshire Partnership NHS Foundation Trust.

## 1. Previous Committee Consideration

Since the resumption of meetings by the Health Scrutiny Committee for Lincolnshire on 17 June 2020, the Committee has considered a general update items from LPFT on 22 July 2020.

## 2. Latest Information

The information submitted to the Committee at this meeting comprises the report by LPFT Acting Chief Executive, Sarah Connery, to the LPFT Board on 28 January 2021, which 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 Lincolnshire Partnership NHS Foundation Trust.

## 5. Appendices

These are listed below and attached to this report: -

Appendix A	Report to Lincolnshire Partnership NHS Foundation Trust Board of Directors (28 January 2021) – Report by Acting Chief Executive.
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## 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](mailto:Simon.Evans@lincolnshire.gov.uk)





## Lincolnshire Partnership NHS Foundation Trust

<b>Report to:</b>	Board of Directors
<b>Date of meeting:</b>	28 January 2021
<b>Section:</b>	Strategy
<b>Report title:</b>	Chief Executive's Report
<b>Report written by:</b>	Sarah Connery
<b>Job title:</b>	Acting Chief Executive
<b>Lead officer:</b>	Sarah Connery
<b>Action required:</b>	For information
<b>For assurance (Yes or No):</b>	Yes

### Purpose of the Report

The report is intended to provide a high-level overview of key national and local issues that may impact on Trust strategy, annual plans and priority setting.

### Key Issues, Options and Risks

#### 1. REGULATORY

##### Care Quality Commission (CQC) Inspection 2020

Following an inspection of our services in March 2020 and the subsequent publication of the inspection report, the Trust continues to work towards addressing the improvement points raised by the CQC in respect of our mental health rehabilitation inpatient wards through our action plan. The Quality Committee continues to monitor progress.

#### 2. COVID-19

COVID-19 continues to be a challenge for both LPFT and the wider Lincolnshire system. We have seen a very different picture than we experienced in wave one. We have experienced an increase in the number of patients and staff affected which reflects the general trend across the UK. To date we have had 5 outbreaks on our inpatient wards.

In response to the need to re-deploy staff to support other in patient wards where staff absence was at a higher rate than normal, to ensure they were safely staffed, as a temporary measure in November 2020 the Trust took the difficult decision to temporarily close the Hartsholme Centre, LPFT's 10 bedded male Psychiatric Intensive Care Unit for a short period of time. The unit subsequently re-opened on 14 December 2021 when absence stabilised to a manageable level.

The Trust continues to promote the use of all preventative measures to protect its staff and rolled out the lateral flow testing programme to frontline staff to enable them to undertake a twice weekly self-administered test. The programme presented a significant challenge in coordinating the delivery of test kits in a phased manner across Trust frontline services, as well as recording test results. In response and to assist LPFT staff in recording test results, the Deputy Director of Informatics developed an "App" which was easy to use and captured the information required to complete data returns. Interest was received from other organisations beyond Lincolnshire to use the application developed by the Informatics team.

## **COVID Vaccination Programme**

We have been a key player in supporting the county-wide COVID vaccination programme for staff. This has been the most significant and complex large-scale deployment of a vaccination programme the NHS has ever seen. The vaccine has been offered to frontline and vulnerable staff in the first instance and plans are in place to have the workforce vaccinated by February 2021. The announcement of a delay in administering the second dose of the Pfizer vaccine was disappointing for staff, however, all staff now have a re-booked appointment to receive a second dose.

As the roll out of the vaccination programme progresses, the Trust has provided support in setting up 2 mass vaccination sites in Lincolnshire. The Trust also continues to offer wellbeing support to partner organisations.

## **Flu Vaccination Programme**

The Trust undertook its annual flu vaccination campaign for staff with an aim of achieving a target of 90%. The response by staff was exceptional resulting in the Trust exceeding the target it had set itself reaching 92% take up. As a consequence of staff cooperation, the hard work of the physical healthcare team and volunteer vaccinators, LPFT was the top performing Trust in the Midlands region - and the top performing Mental Health trust in the country- for flu vaccination rates.

## **3. NATIONAL**

National focus has continued to be predominantly around Covid-19 with new or changing guidance being implemented swiftly and effectively across the Trust.

## **4. REGIONAL**

### **East Midlands Provider Collaboratives**

The Trust continues to work with its East Midlands provider partners on driving forward Provider Collaboratives in order to improve the effectiveness of specialist mental health services across the region.

We reported previously on the IMPACT collaborative covering adult secure care services which went live on 1st October 2020. The next Provider Collaborative to go live will be Child and Adolescent Mental Health inpatient services and also Adult Eating Disorder services.

## **5. LINCOLNSHIRE**

### **Integrated Care System**

NHSE/I continue to focus on pursuing the establishment of Integrated Care Systems (ICS) across the Midlands. The Lincolnshire system submitted its initial proposal at the end of November 2020. Following a meeting with senior members of NHSE/I at a quarterly assurance meeting on 16 December 2020, a revised proposal was submitted, and the system awaits further feedback.

In addition to local plans, the Trust and the Lincolnshire system was also invited to provide feedback to the NHSE/I national team on what the future should look like for ICS structures and ways of working.

## **Provider Chief Executives/Primary Care Network Clinical Directors' Meeting**

We have continued to strengthen our connections with our provider colleagues in Primary Care Networks and are exploring ways to support clinician to clinician conversations about pathways and integration between primary care and specialist mental health services.

### **6. LPFT**

#### **Trust awarded £37 million to eradicate dormitory accommodation**

Following a successful national funding bid, the Trust has been awarded £37 million to eradicate dormitory accommodation across our adult acute wards in Lincoln and Boston.

This is excellent news for the Trust and Lincolnshire health and care system. We have had a clear ambition to address our patient environments for some time, especially our acute wards which are our remaining sites with dormitory accommodation.

Dormitories no longer meet the modern standards for mental health care settings and are difficult to maintain privacy and dignity. This substantial funding will enable us to begin to deliver our aspirations for the unit to meet all the modern standards of mental health inpatient care and provide an outstanding patient experience.

Enabling works have now begun on the Peter Hodgkinson Centre site in Lincoln whilst final designs and specifications are finalised with service users, carers, staff and stakeholders. We expect to start building the two wards at Lincoln later this year, with the hope of opening in 2023. The location and timescales for our Boston ward continue to be under discussion.

#### **Out of Area**

The Trust remains committed to having zero inappropriate out of area adult and older adult Acute and PICU placements by April 2021 and work continues to reduce out of area placements in line with the agreed recovery plan and the national mandate. The current focus of our work is on two specific schemes to build inpatient capacity:

- 1. Repurposing Ash Villa into a 15 bed acute ward** - The capital work for this development is now complete. Most staff have been recruited to the team; however, the recruitment of registered nursing staff remains a challenge despite the offer of a recruitment and retention premium. Recruitment to the remaining vacant posts continues with an increased social media and radio campaign to specifically target people beyond the Lincolnshire border. This recruitment challenge has been compounded by Covid19, with seemingly less people looking to change jobs currently and Covid has brought the added complication of increased staff absences from work due to Covid related issues (infection, shielding and isolation). Taking all this into consideration, the decision has been made to delay the opening of the unit until 1 March 2021, by which time we hope that infection rates will have subsided, the vaccination programme will have been rolled out in earnest and the staffing situation will be more stable.
- 2. Repurposing the Wolds from long-stay rehabilitation to a short-stay reablement service** as part of the acute pathway scheme is progressing well and remains on track. A dual model is currently being provided; as long stay rehabilitation patients are discharged, they are replaced with patients on the reablement pathway.

Alongside this, much work is ongoing to further increase the community offer with the roll out of place-based neighbourhood working, as an extension of the Community Mental Health Teams and aligned to the Primary Care Networks; as well as county wide roll out of the new Personality and Complex Trauma Team (PACT).

### **Community Mental Health Transformation Pilot**

Much progress has been made with this programme of work. New robust governance structures have been fully established that ensure a collaborate system-wide approach to the development of mental health and wellbeing service in Lincolnshire and a 'wave 2' funding bid is currently being prepared to expand the service offer. The main elements of the community Mental Health Transformation programme consist:

- Integrated Place Based Teams – these mental health teams are an extension of the Community Mental Health Teams, bringing together LPFT, Primary Care, and a range of other statutory and non-statutory organisations to work collaboratively and provide a 'no wrong door' offer for mental health support.
- Personality and Complex Trauma Team (PACT) – currently in pilot phase covering 1/3 of the county, a bid is being submitted, that if successful, will see this much needed service expand to a cover the whole county.
- Community Rehabilitation Services – Currently being piloted in 1/3 of the county, plans are being considered for how to expand this service to cover the whole of Lincolnshire.

### **Publication of Independent Safeguarding Adults Review – Long Leys Court**

In December 2020, Lincolnshire Safeguarding Adults Board published their independent investigation into the care and treatment of patients at Long Leys Court in Lincoln between 2011 and the closure of the unit in 2015.

In 2015 the Trust and NHS Lincolnshire Clinical Commissioning Group (formerly South West Lincolnshire Clinical Commissioning Group) took the decision to temporarily close Long Leys Court in Lincoln following a number of serious incidents and concerns about standards of care. Long Leys Court was a 16-bedded assessment, treatment and rehabilitation unit for adults with learning disabilities and complex mental health needs. Lincolnshire Safeguarding Adults Board completed their independent review, focusing on the multi-agency overview and governance that failed to identify early concerns.

As a Trust we take the safety of our patients and the quality of our services very seriously. We are deeply sorry that the standards of care at Long Leys Court fell well below what we would expect. We apologise to the service users and their families, and we welcome the publication of the Lincolnshire Safeguarding Adults Board review into the multi-agency system response to what took place at Long Leys Court.

We fully investigated all of the incidents and practices at the unit and have taken significant actions across all services as a consequence. Since 2015 we have been caring for those with a mental health need and a learning disability in their own home environments, working closely with our partners to ensure that people with a learning disability are only admitted to a specialist learning disability unit when absolutely necessary. In 2018, following discussion with local commissioners, service users, carers and staff and with the full support of the Health Scrutiny Committee for Lincolnshire we took the shared decision not to reopen the

Long Leys Court unit and instead to continue with the more effective community service we had introduced.

We welcome the recommendations in this report and will continue to work closely with all agencies involved to ensure all services deliver the very best care for people with a learning disability.

### **Transforming Care: Learning Disabilities and Autism**

The Trust continues to drive forward improvements in the Transforming Care agenda and the Director of Operations and other clinical and operational leads are actively working with colleagues from the Clinical Commissioning Group (CCG) and Lincolnshire County Council to improve service pathway. A joint LPFT/CCG business case is in development that proposes the expansion of number of services to support people with a Learning Disability and/or Autism to better manage their mental health and avoid unnecessary hospital admissions.

Alongside this, an improvement and delivery group is in operation to oversee the LPFT specific elements of this work and a new Transforming Care Clinical Lead is due to take up post in February 2021, who will work with the Director of Operations to lead this work for the Trust.

### **New accessibility guides launched for local services**

Working with AccessAble, the Trust has now launched detailed accessibility guides for our services across Lincolnshire to help patients, visitors and staff plan their journeys to and around our buildings.

Providing people with a range of facts and figures about each locality, the guides cover everything from parking facilities and hearing loops, to walking distances and accessible toilets, the guides also include photographs to assist understanding and planning. Visitors can access the guides on our Trust website [www.lpft.nhs.uk](http://www.lpft.nhs.uk)

### **Black, Asian & Minority Ethnic (BAME) Staff**

The BAME and Allies Network continues to meet bi-weekly. The network held a good discussion regarding Covid-19 vaccines and uptake by BAME staff. Overall, there was good acceptance of vaccines although continued reinforcement of messages would be required to encourage BAME staff to take the opportunity to be vaccinated.

The network will be participating in the LGBT+ annual celebrations to be held during the month of February. This year the theme is "Intersectionality: Losing the labels".

## **7. CELEBRATING SUCCESS**

### **LPFT shortlisted as Health Service Journal Mental Health Trust of the Year**

The Trust has been shortlisted for Mental Health Trust of the Year in the Health Service Journal Awards 2020. This national recognition commends our ongoing work to transform mental health and learning disability services for vulnerable communities across Lincolnshire, enabling them to access excellent care as close to home as possible, in the least restrictive environment.

Our nomination for this award drew on a broad range of work and initiatives which have taken place over recent years, to support both patients and staff, including the transformation of our older adults inpatient service; implementation of the Lincolnshire

mental health helpline, work on new models of care in children and young people's services, and expanding crisis support. The virtual awards take place on Wednesday 17 March 2021 when we will find out who has won the category. We are proud to be a finalist in such prestigious awards; it is an achievement which champions the dedication, commitment and unrelenting care of our staff across the organisation.

**Trust re-accredited with second star for Triangle of Care**

The Trust has been re-accredited by the Carers Trust 'Triangle of Care' programme for our work with families and carers. We have retained our two-star status, the highest level of accreditation that can be obtained through the programme.

Developed by the Carers Trust, the Triangle of Care programme asks NHS mental health trusts to make a commitment to change the way they communicate with and include carers in decisions about the person they are supporting. The work does not stop here and we will continue to ensure carers are appropriately involved and develop further information and opportunities.

**Executive Analysis**

Winter is always a challenging time for all services within the NHS but this year the operational pressure being faced is unprecedented. We are dealing with increasing COVID 19 infection rates, very high staff absence and the challenges from rolling out the vaccination programme. The entire Trust continues to pull together to ensure our service users continue to get a good quality service - as well as supporting our system partners with mutual aid where we can.

Our Trust values and leadership behaviours have never been more important to us – and each day we see examples of them being lived by all our dedicated Teams.

**Recommendation (action required, by whom, by when)**

Directors are asked to receive and discuss this report.

**Regulation, legislation and compliance**

<b>CQC Impact on key lines of enquiry:</b>	Well-led
<b>Financial Implications:</b>	Non delivery of transformation programme and KPIs will have a direct impact of the funding for the Trust
<b>Equality Analysis:</b>	COVID continues to effect particular groups of staff who are shielding and or from key risks groups such as BAME and as such ensuring risk assessment and response plans are in place is essential. While the wider system focus has been on physical care there is a risk to that vulnerable group maybe effect more and delays in accessing care could compound the recovery of these groups.
<b>Compliance Impact:</b>	Compliance with Licence condition FT4 – NHS foundation trust governance arrangements

**Risk Appetite**

**Risk assessment** **Completed below / Not applicable** (delete as appropriate)


<b>Risk Level &gt;</b>	<b>Avoid</b>	<b>Minimal</b>	<b>Cautious</b>	<b>Open</b>	<b>Seek</b>	<b>Mature</b>
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<b>Key Elements v</b>						
<b>Financial / VFM:</b>					G	
<b>Compliance/Regulatory:</b>				G		
<b>Innovation/Quality:</b>					G	
<b>Reputation:</b>				G		
<b>APPETITE</b>	<b>NONE</b>	<b>LOW</b>	<b>MODERATE</b>	<b>HIGH</b>	<b>SIGNIFICANT</b>	
<b>Explanation of variance from general (G) risk appetite</b>						
<p><i>The level of risk against each element should be indicated. Where more than one option is available the level of risk of each option against each element should be indicated by numbering each option and showing numbers in the boxes.</i></p> <p><i>The content of this report is the property of Lincolnshire Partnership NHS Foundation Trust Document Control – Version 5 – May 2019</i></p>						

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# Agenda Item 7

		<b>THE HEALTH SCRUTINY COMMITTEE FOR LINCOLNSHIRE</b>	
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	<b>Health Scrutiny Committee for Lincolnshire</b>
Date:	<b>17 February 2021</b>
Subject:	<b>United Lincolnshire Hospitals NHS Trust – Covid-19 Update</b>

**Summary**

This item enables the Health Scrutiny Committee for Lincolnshire to consider a Covid-19 update from United Lincolnshire Hospitals NHS Trust (ULHT). The information submitted to the Committee comprises the report by the ULHT Chief Executive, Andrew Morgan, to the ULHT Board on 2 February 2021.

This Committee considered its last Covid-19 Update from ULHT on 16 December. There have also been general Covid-19 updates on 17 June and 16 September 2020.

Andrew Morgan, Chief Executive of ULHT, and Simon Evans, Chief Operating Officer, ULHT, are due to attend the meeting to present the information and respond to questions.

**Actions Required**

- (1) To consider the information presented by United Lincolnshire Hospitals NHS Trust as part of its update on its response to the Covid-19 pandemic.
- (2) To consider the timing of the Committee's next update from the United Lincolnshire Hospitals NHS Trust.

## 1. Previous Committee Consideration

Since the resumption of meetings by the Health Scrutiny Committee on 17 June 2020, the Health Scrutiny Committee for Lincolnshire has considered general update items from United Lincolnshire Hospitals NHS Trust at three meetings on 17 June, 16 September and 16 December 2020.

## 2. Latest Information

The information submitted to the Committee at this meeting comprises the report by the ULHT Chief Executive, Andrew Morgan, to the ULHT Board of Directors on 2 February 2021, which 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 Board.

## 5. Appendices

These are listed below and attached to this report: -

Appendix A	Report to United Lincolnshire Hospitals NHS Trust Board of Directors (2 February 2021) – Report of Chief Executive
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## 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](mailto:Simon.Evans@lincolnshire.gov.uk)



Meeting	Public Trust Board
Date of Meeting	2 February 2021
Item Number	Item 6
<b>Chief Executive's Report</b>	
Accountable Director	Chief Executive
Presented by	Andrew Morgan, Chief Executive
Author(s)	Mark Brassington, Deputy Chief Executive
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	
1b Improve patient experience	
1c Improve clinical outcomes	
2a A modern and progressive workforce	
2b Making ULHT the best place to work	
2c Well Led Services	X
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	
4b Advancing professional practice with partners	
4c To become a university hospitals teaching trust	

Risk Assessment	N/A
Financial Impact Assessment	N/A
Quality Impact Assessment	N/A
Equality Impact Assessment	N/A
Assurance Level Assessment	<i>Insert assurance level</i> <ul style="list-style-type: none"> <li>Significant</li> </ul>

Recommendations/ Decision Required	<ul style="list-style-type: none"> <li>To note</li> </ul>

## 1. Introduction

As well as the usual CEO updates this report also has updates from Directors on key issues. This is in recognition of the need to reduce the burden on Directors of writing reports during the current Wave 2 of COVID, whilst still providing appropriate assurance to the Board.

## 2. CEO System Overview

- Following the approval of the Pfizer and Astra Zeneca vaccines we have been successfully running hospital vaccination hubs at Lincoln and Pilgrim as part of the wider Lincolnshire plan that includes local vaccination services and also vaccination centres. Significant progress has been made in Lincolnshire with vaccinating cohorts 1-4 as outlined by the Joint Committee for Vaccinations and Immunisations. We continue to operate under national instruction. We are also able to report that we have been working hard to improve the uptake of the flu vaccination amongst NHS staff. The latest report indicates ULHT have successfully vaccinated 90% of colleagues.
- Much of the focus within the system remains on managing Wave 2 of COVID and winter demand.
- We have now received feedback following the positive Acute Services Review (ASR) Panel review meeting with Midlands NHSE/I on 12<sup>th</sup> November. Work is underway to respond to the queries raised by the middle of February after which we expect it to proceed to the National Panel for review and hopefully approval.
- Our Designation pack for becoming an Integrated Care System has been reviewed by NHSE/I colleagues with further feedback provided to us. An updated designation pack will be shared with regional colleagues by 8<sup>th</sup> February.
- As a system we continue to monitor the impact of leaving the EU. At the time of writing there have been no concerns or escalations raised.

## 3. CEO Trust Overview

- The Trust has allocated over 7,300 lateral flow test kits to enable colleagues to test themselves for COVID twice weekly. Over 58,500 lateral flow tests have been completed with a positive rate of less than 1%. This is a really important adjunct for us to keep our colleagues and patients safe. We have also been able to implement rapid COVID testing for all admissions via our Emergency Departments This is enabling us to determine COVID status for all admissions prior to moving patients into hospital beds. This again is another action we are taking to help to keep our colleagues and patients safe.
- In January we were able to reopen Dixon ward following a seven month and £1 million upgrade to our gastroenterology ward. This sets our new standard for Infection Prevention and Control for our ward environments
- Finally I am pleased to share that we have won two healthcare awards. Firstly an Estates and Facilities Innovation award at this year's Health

Business Awards – for actions we have taken to reduce our carbon footprint which included replacing our lighting and combined heat and power units. Secondly, Vel Saktivel won Working with finance – clinician of the year award at the Healthcare Financial Management Association due to his extensive work in orthopaedics.

#### 4. Covid – Incident and Operational Update

The NHS continues to operate in a level 4 incident and as such we continue to be governed by national direction of the response to the pandemic and increasing number of cases of Covid-19 in hospitals across the country.

In response to this the Trust put in place immediately a full Incident Command Centre approach echoing the model used in the initial stages of the pandemic in March.

Plans developed in March this year did consider the need to return to this status and therefore the Trust re-activated its MANAGE phase plan to respond to the current challenges.



**Objective**

- Put in place the necessary resources and management operations
- Immediately necessary changes; constraints based and preparation for surge

**Policies**

- Pandemic Influenza Plan, and
- Major Incident Plan

**Plans developed**

- Surge Plan v8 – Triggers in Critical Care and Ward Based Demand
- Oxygen & Bed Allocation Plan
- Workforce Plan

Unlike Wave 1 the most recent increase in Covid-19 demand on services and staff is in the context of much busier hospitals conducting emergency and elective care at levels similar to pre-Covid-19 pandemic. A number of factors are driving this:

- Wave 2 Urgent Care demand has returned to pre-covid levels thus increasing the burden placed upon the trust in supporting the number of patients requiring inpatient care and demand on Emergency Departments
- There are increased numbers of patients that are Covid-19 positive that require care that cannot be supported by homes/services in the community in wave 2 increasing delays to discharge although the system has responded through commissioning designated beds to care for patients with a COVID-19 positive status.
- The prevalence of Covid-19 in Lincolnshire in recent weeks is significantly higher than in Wave 1, resulting in more than double the number of patients in our hospitals. At the peak of Wave 2, the Trust was caring for 253 confirmed cases (4<sup>th</sup> Dec)

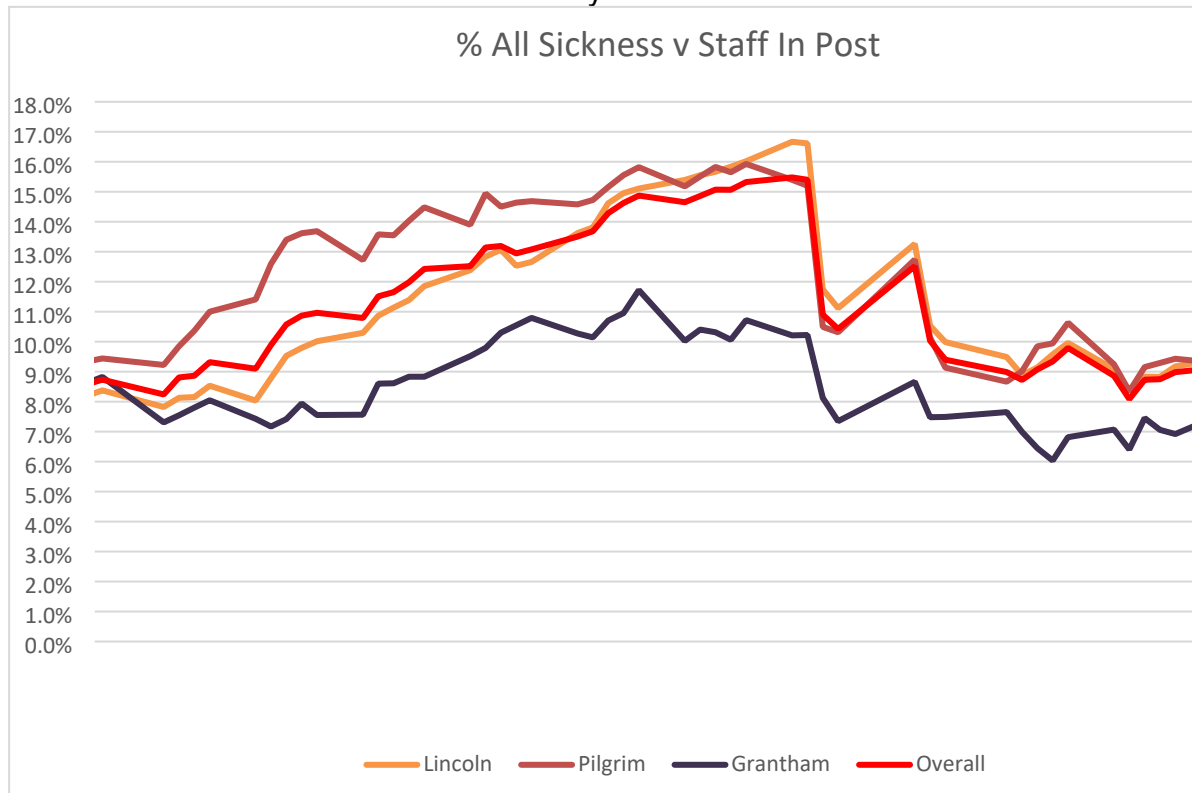
Number of confirmed COVID-19 patients occupying beds as of 8am



- The intention in Wave 2 was a continuation of Cancer and clinically urgent care appointments/treatments. Due to the unprecedented increase in COVID-19 admissions to our hospitals, some service suspension has been experienced on the Green pathways based at Pilgrim and Lincoln. The Trust is working closely with the regional cancer Hub to ensure treatment pathways continue through prioritisation. In addition, increased activity has been planned at Grantham Green Site.
- The level of staff absence and reduced agency staff fill rates increased to a critical level in December but is now showing improvement.

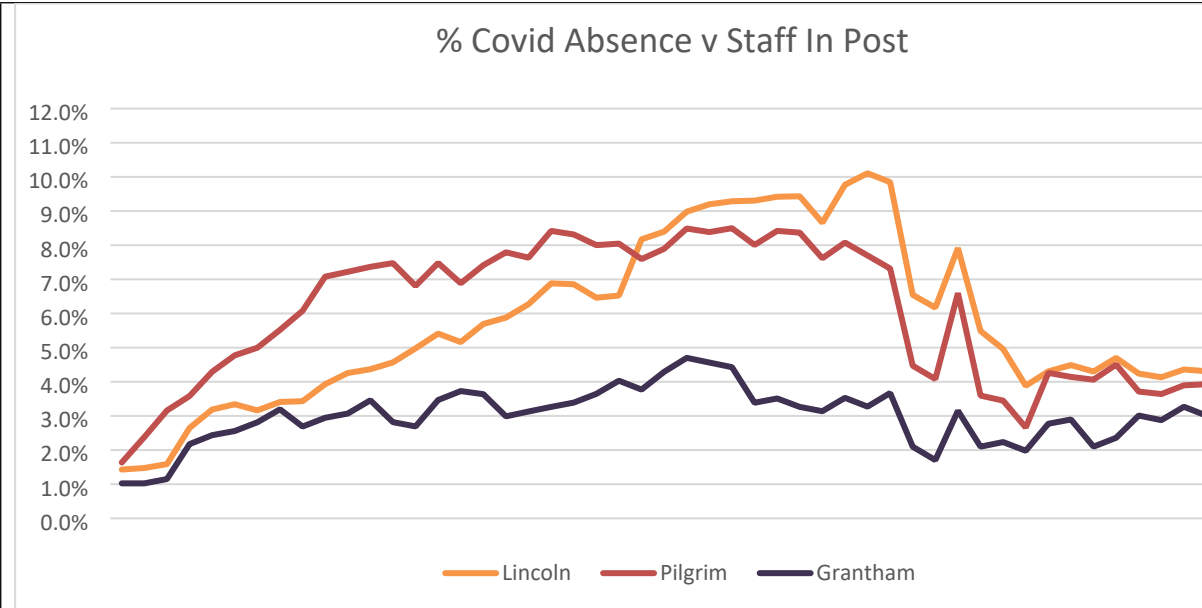
### 5. Staff Absence

As of 25<sup>th</sup> January, the overall percentage absence rate was 9.44%. The chart below shows the sickness rate since early-November.



At the end of December an exercise was undertaken to review all recorded absence in our systems and ensure absence records had been closed by managers when staff had returned to work. That re-set significantly reduced overall absence rates. The introduction of the Attendance Management System for all staff from February, will enable the more accurate recording and management of sickness.

The chart below shows the COVID sickness rate for the same period by site. The chart shows the same re-set at the end of the year, but also the lower sickness rates at Grantham and the fact that since the beginning of 2021, COVID sickness rates have reduced.



There are a significant number of staff who are absent for reasons other than COVID. There has been a growth compared to the same period in 2019/20 in the number of people absent owing to stress. We have brought in additional resources in both the Employee Relations Team and Occupational Health to assist in managing core absence. There is a particular focus on managing the well-being of our staff in order to prevent absence and support the return to work and this is detailed below.

**6. Keeping our staff safe**

We have a framework in place to ensure our staff are safe at work. There is regular communication about the appropriate use of PPE. Where we have been concerned about inappropriate use of PPE, we have introduced a process where staff are taken through a rapid training programme on PPE and are strongly reminded of our expectations of them as employees. We are about to embark on a further communications campaign to promote safe working and the use of PPE.

96% of all our staff and 100% of our BAME staff have had a COVID risk assessment. Adaptations to working arrangements have been made where necessary, including advising that staff work on green pathways. We update our risk assessments based on PHE guidance.

All staff have now been issued with a personal thermometer to enable them to monitor their own temperature and they are advised do so twice a day. In addition well-being points are in place at the Grantham Green Site and at the entrance to clinical areas and those attending those sites are asked to take their temperature on arrival.

At two hospital hubs we have vaccinated 7,500 ULHT staff and over 4,000 other health staff in line with the guidance on vaccination priorities set by the Government. We are now also focusing on vaccinating social care staff, again in line with Government guidance. We are following up with the staff who have not as

yet received the vaccine to determine whether they have made a positive choice and to explore whether they can be persuaded to do so (in line with our duty of care to staff and patients).

## **7. Well-Being**

An extensive well-being offer remains in place through the COVID pandemic. We are focusing in particular on the well-being of staff in ICU, given the increased demands placed upon them. However, our offer is available to all staff and we are starting to plan for the longer-term, recognising there will be a long recovery process, once the initial incident is over.

The particular actions taken in the last two months are as follows:

- All staff received a Christmas card thanking staff for their hard work, signed by Exec Team members
- All staff (including bank staff) were entered into a prize draw. This has been extremely well received by staff on social media
- Two physical wellbeing hubs are established at LCH and PBH, open five days a week, 10am -4pm. In the first few weeks of opening, 65 staff attended. This was for a variety of reasons and some staff were escalated to immediate help from Occupational Health. Attendance will be kept under review.
- A Whats'app support line has been set up for staff who aren't able to leave their work area to visit the hubs.
- All ward managers are receiving wellbeing calls to (a) check on their own wellbeing and (b) to ask if they need support in managing staff sickness.
- Additional counselling support has been procured to provide "in-situ" support on or most challenged wards
- A bid for additional funds for Health and Well Being is being submitted to the Charitable Funds Committee
- Execs and OD team members did ward walk rounds before and during Christmas period with Christmas cards reminding staff of the key wellbeing offers
- Managers have been trained in the process and skills necessary for de-briefs.

ULHT is working in partnership with system health and care colleagues as part of the Lincolnshire People Plan to explore system wide Health and Well Being offers, linking in particular with the expertise available in LPFT.

The SBAR (Situation, Background, Assessment, Recommendations) provides a regular communication to staff on the Trust response to COVID. ELT Live ensures the Executive Leadership Team have visibility and the Team continue to visit different sites.

## **8. Increasing Supply**

We have continued to take action to increase supply, most recently and specifically to create a pool of ICU buddies to enable capacity in our Units to be increased by 100%. This was an example of very effective partnership working with our staffside colleagues to rapidly put in place a solution.



Alongside this, we have continued to offer incentive rates to nursing bank staff and others where we need to stimulate supply. Corporate staff remain redeployed, notably to support the efficient running of our vaccination hubs. We have benefited from the redeployment of both armed force staff and staff from across the system to supplement our on staff, in order to sustain safe staffing levels.

COVID absence amongst our staff has highlighted the impact of vacancy levels in ULHT. With both financial and project management support from NHSE/I, we have initiated rapid recruitment projects to fill vacant HCSW posts and to access around 200 international nursing recruits in the national recruitment pipeline. Recruits from these pipelines will join the Trust from February onwards and we are bolstering on-boarding capacity to ensure they land well.

### **9. National Finance Regime**

- The national NHS M1-M6 financial regime which provided sufficient central resource to enable each organisation to break-even has now ended and has been replaced for M7-M12 with an STP based income envelope.
- The Lincolnshire income envelope is inclusive of proposed block arrangements for each of the three Providers and the CCG and £87m 'top up, growth and COVID related' income that the STP has agreed an apportionment of planned support across the four organisations.

### **10. ULHT Month 9 Financial Headlines**


- The Trust has delivered a deficit of £0.3m for the month of December after planned support from the Lincolnshire system of £12.3m; the Trust has delivered a breakeven position YTD after planned support from the Lincolnshire system of £36.1m.
- The income position is £1.9m favourable to plan driven by passthrough income and other non-recurrent benefits including education income, both that have offsets in expenditure.
- The Pay position in December is £1.4m adverse to plan; the year to date pay position is £2.1m adverse to plan. Actual Pay expenditure of £34.8m in December is c£0.6m higher than £34.2m in November.
- The increase includes; the impact of enhanced bank rates and one off incentive payments in December in order to ensure safer staffing levels, Bank Holiday enhancements payable under Agenda for Change for Christmas Day and Boxing Day, and expenditure in relation to the Vaccination Programme
- Excluding Depreciation, the Non Pay position is £0.3m favourable to plan in December and year to date is break even.
- The reported position includes £0.5m higher than planned expenditure year to date in relation to the additional costs of Covid.
- The reported position also includes £0.1m of expenditure in relation to the Covid Vaccine Programme for which the Trust will be funded on a retrospective basis through a validation process
- Capital expenditure YTD stands at c£13.4m which remains c£6.8m behind revised plan.

- The forecast CRL expenditure remains on track, with the newly formed Capital Delivery Group providing oversight.
- The month end cash balance is £68.1m which is an increase of £54.4m against cash at 31 March 2020.

#### **11. System Month 9 Financial Position**

- Against the STP income envelope the Lincolnshire system submitted a planned year-end deficit of £4m.
- 100% of this deficit position sits within the CCG with the three Provider trusts planning a zero break-even position.
- The overall system position reported at Month 9 is of £1.1m. This represents a favourable variance against plan of £4m, this is primarily driven by a favourable position in the CCG.
- The system-wide year-end forecast position is a £4m favourable forecast to plan.

# Agenda Item 8

		<b>THE HEALTH SCRUTINY COMMITTEE FOR LINCOLNSHIRE</b>	
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	<b>Health Scrutiny Committee for Lincolnshire</b>
Date:	<b>17 February 2021</b>
Subject:	<b>Grantham Green Site Arrangements - Second Quarterly Review</b>

## Summary

This item enables the Health Scrutiny Committee for Lincolnshire to consider an update from United Lincolnshire Hospitals NHS Trust (ULHT) on the Grantham 'green site' arrangements. The information submitted to the Committee comprises the report to the ULHT Board on 2 February 2021 on the *Second Quarterly Review following Temporary Conversion of Grantham Hospital to a Covid-19 Green Site Model*.

The Committee considered ULHT's first quarterly review of the Grantham 'green site' arrangements on 14 October 2020.

Andrew Morgan, Chief Executive of ULHT, and Simon Evans, Chief Operating Officer, ULHT, are due to attend the meeting to present the information and respond to questions.

## Actions Required

- (1) To consider the information presented by United Lincolnshire Hospitals NHS Trust on the second quarterly review of the 'green site' at Grantham Hospital.
- (2) To consider the timing of the Committee's next update from the United Lincolnshire Hospitals NHS Trust on this topic.

## 1. Previous Committee Consideration

The Health Scrutiny Committee for Lincolnshire considered a report from United Lincolnshire Hospitals NHS Trust on 14 October 2020 on its first quarterly review of the 'green site' arrangements at Grantham Hospital.

## 2. Latest Information

The information submitted to the Committee at this meeting comprises the report to the ULHT Board of Directors on 2 February 2021, entitled *Second Quarterly Review following Temporary Conversion of Grantham Hospital to a Covid-19 Green Site Model*, which 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 Board.

## 5. Appendices

These are listed below and attached to this report: -

Appendix A	Report to United Lincolnshire Hospitals NHS Trust Board of Directors (2 February 2021) – <i>Second Quarterly Review following Temporary Conversion of Grantham Hospital to a Covid-19 Green Site Model</i>
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## 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](mailto:Simon.Evans@lincolnshire.gov.uk)



Meeting	<i>Public Trust Board</i>
Date of Meeting	<i>2<sup>nd</sup> February 2021</i>
Item Number	<i>Item number allocated by admin</i>
<i>2<sup>nd</sup> Quarterly Review following temporary conversion of Grantham Hospital to a Covid-19 Green Site Model</i>	
Accountable Director	<i>Simon Evans – Chief Operating Officer</i>
Presented by	<i>Simon Evans – Chief Operating Officer</i>
Author(s)	<i>Phil Browne – Deputy Chief Operating Officer-Planned Care</i>
Report previously considered at	<i>N/A</i>

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	<i>4558 – Local Impact of the Global Coronavirus (Covid-19) Pandemic The paper is in direct response to mitigating this risk</i>
Financial Impact Assessment	<i>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.</i>
Quality Impact Assessment	<i>Completed June 20</i>
Equality Impact Assessment	<i>Completed June 20</i>
Assurance Level Assessment	<i>Significant</i>

Recommendations/ Decision Required	<ul style="list-style-type: none"> <li><i>The Trust Board is invited to review the report enclosed and note the Trusts response to Covid-19 in regards to the Grantham Green site model.</i></li> </ul>
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|--|--|
|  | <ul style="list-style-type: none"><li>• <i>Considering the latest challenges the Trust faces with Covid-19 and the response described within this report the Trust Board is asked to approve the recommendation to continue with the Green site model at Grantham as planned through to 31st March 2021.</i></li></ul> |
|--|--|

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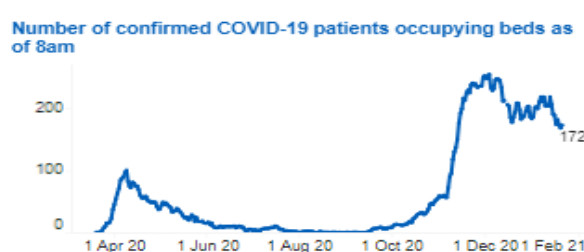
## 1. Executive Summary

The development of a Green Site at Grantham was one important element of the Trust's Covid-19 Strategy and Recovery Plan, the proposal for which was considered by the board on 11<sup>th</sup> June 2020, with go live 29<sup>th</sup> June 2020.

The overarching objective was to support requirements for Urgent Care in response to Covid-19, whilst simultaneously addressing the need to re-establish and maintain access to elective care, providing a structure upon which the Trust's Phase 3 planning for elective recovery could be based.

The objectives and key outputs, including the activity modelling as presented in the initial proposals, was quite reasonably based upon the circumstances, assumptions and understanding of the nature of the pandemic at that time.

On the 21<sup>st</sup> September 2020 it was announced that the UK alert level was being raised from Level 3 to Level 4, with the risk of transmission 'High or rising exponentially'. England remained at a Level 4 for the duration of the second quarter to which this report pertains, with Level 5 escalation announced on 4<sup>th</sup> January 2021. As such the achievements of the Trust that this report highlights and discusses are all the more remarkable when placed in the context of Wave 1 of the pandemic and a developing Wave 2 throughout the 2<sup>nd</sup> quarter of the Green Site model. On 9<sup>th</sup> November, following a steady increase from mid-October, case numbers in Wave 2 of the pandemic surpassed Wave 1 peak demands and went on to be 250% of the previous Covid-19 hospitalised cases. This ultimately necessitated the repeated temporary cessation of both the Lincoln County Hospital and Boston Pilgrim Hospital Green pathways and all surgical procedures therein.



In enacting the proposals put forward on June 11<sup>th</sup> 2020 the Trust had 3 initial aims: -

Aim	RAG	Evidence
Infection Prevention and Control (IPC) Excellence		No Covid 19 peri-operative infections have occurred since implementation.
Capacity to deliver at scale		Continued service provision. Increased utilisation. Increased Procedures/List. Development of planned additional x2 Vanguard modular theatres
Future service resilience		Out with day to day operational challenges, all services have remained open despite ongoing escalating Covid 19 prevalence across the Trust

The establishment of a Green Site at Grantham, being one important element of the Trust's overall Covid-19 Strategy and Recovery plan, was formally evaluated in September 2020. This paper serves to build on that initial Qtr1 evaluation, addressing the recommendations contained therein.

The detail within this review provides significant evidence of the ongoing achievement of the Trust's 3 strategic aims required as RAG rated above.



A RAG rated summary of the degree to which the primary priorities and intentions 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.	Green
To bring the Trust’s 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	Yellow
To continue to treat the 80 patients historically receiving chemotherapy at Grantham, whilst transferring the treatment of 1932 patients from Lincoln and Pilgrim.	Green
To contribute to and increase in the Trust’s overall capacity to undertake urgent endoscopy work.	Green
To increase the number of patients receiving outpatient care by an indicative 9000 patients per annum.	Green
To provide UTC services 24/7 to the majority of patients who attended A&E – 20,014 attendances	Green

The initial quarterly report highlighted that the full effect of these changes upon other sites and services provided by the Trust remained to be fully quantified and understood. Acknowledging that the interdependencies were indeed complex, it suggested a strengthening of the approach to evaluation going forward that would inform both organisational and system-wide decision making as the NHS continues to respond to the Covid-19 pandemic. Owing to the impact of Wave 2, it has been challenging, due to the need for ongoing tactical decisions affecting operational delivery, to provide consistent evaluation against what has proved to be an ever-changing background of need and demand to support the Trust’s operations across 4 sites.

The Trust’s original criteria to determine the return of Grantham hospital to the pre Covid-19 model (and further developed as part of the initial quarterly review) 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.

The 6 criteria were designed to consider all known scenarios that would lead, at first, to a consideration of amendment of the model, which in turn could 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 both in 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. An assessment of these triggers and measures is detailed within this report, which confirms 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-19 configurations.

The purpose and context of the development and decision making supporting the establishment of the Grantham Green Site model is well stated in the first Quarterly Report. It has not altered and, as such, will not be repeated or revisited here.

Contained within the 1<sup>st</sup> quarterly review were 10 recommendations relating to operational and strategic aspects of the Green Site model, which are summarised below: -

**Primary Recommendation regarding the Grantham Green site model:**

1. 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 quarter 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.
3. Consider establishing a **Grantham Green site working group**.
4. Invite the endoscopy working group to remodel **endoscopy activity**.
5. Invite the chemotherapy management team to remodel **chemotherapy activity** based upon the transfer of all patients onto the Grantham site.
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.

**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.

Whilst a number of these actions has been executed, the 2<sup>nd</sup> Covid wave has created sufficient constant flux as to necessitate the ongoing assessment and reassessment of delivery of operational services across ULHT sites and has, as such, precluded the completion of others. Progress against these recommendations will, however, be discussed within the main body of this paper.

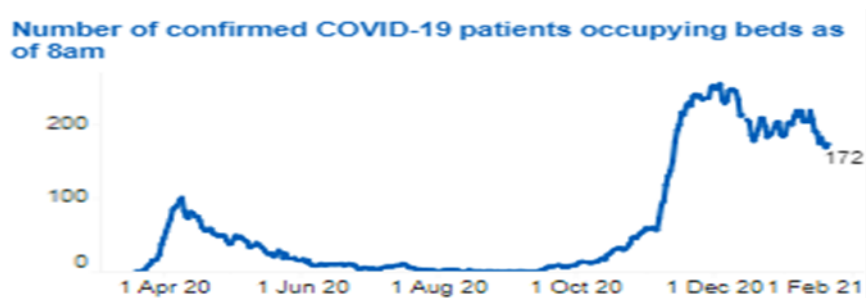
However, it is clear the Grantham Green site model continues to provide a significant contribution to the Trust's delivery of urgent, elective and diagnostic care, in the face of an ongoing Wave 2 and increasing numbers of Covid +ve patients, whilst also preparing for a predicted Wave 3. The ability to maintain green pathways at both Lincoln County and Pilgrim Hospitals has already been compromised and they are likely to continue to be affected for the foreseeable future.

This paper therefore seeks Trust Board approval for the continuation of the temporary service changes enacted in June 2020 as a consequence of establishing the Grantham Green site model. The timescale for this continuation being to 31 March 2021.

## 2. Purpose

This paper seeks to present progress and provide assurance of the ongoing delivery against the initial aims of the Green Site model, initiated at Grantham Hospital from 29<sup>th</sup> June 2020, and against the findings of the 1<sup>st</sup> quarterly review, including progress against 10 key recommendations.

The findings must be seen in the context of an ever-changing and challenging environment brought about by both Wave 2 and an increasingly-developing Wave 3 of the Covid 19 pandemic, which has seen peak activity at 250% of that experienced during Wave 1.



The first quarterly review focussed 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 was 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 the 1<sup>st</sup> Quarterly Review paper was to:

- Evaluate the extent to which the aims and intentions of the approved green site model at Grantham were achieved
- Identify 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 January and assessment at February 21 Board.
- To state criteria for closing the Green Site and reverting to pre Covid-19 service configuration

This 2<sup>nd</sup> quarterly review will continue to review the current model in a similar way to the 1<sup>st</sup> review. Specifically it will:

- Evaluate the extent to which the aims and intentions of the approved Green Site model at Grantham were achieved
- Identify 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
- Review whether there has been any need or trigger of criteria for closing the Green Site and reverting to pre Covid-19 service configuration

A separate and subsequent paper to this review will seek to:

- Review the ongoing need and potential timescales for a Green Site model beyond 31<sup>st</sup> March 2021.

### 3. Assessment of Service Delivery

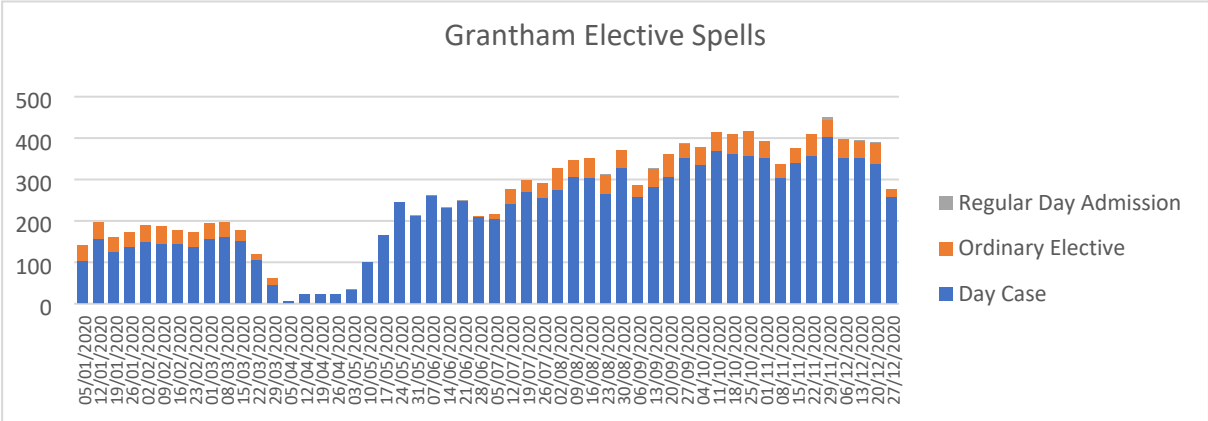
The development of the proposal for the Trust Board on 11<sup>th</sup> June and going live with a Green Site model from 29<sup>th</sup> June was recognised as a significant achievement for the Trust. The pace with which the complex proposal was required to be taken forward was only achieved through the significant efforts and commitment of many colleagues across corporate and operational divisions, and in the face of an ever-changing local and national situation.

Throughout the second quarter of implementation, the three elements upon which the Grantham Green Site model was predicated have been maintained, namely:

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

The fact that no elective surgical patient has contracted Covid-19 whilst in Grantham hospital represents a kite mark for the IPC standards in place across the Trust. Whilst the site has not been entirely absent of Covid-19, investigations have supported that no patient contracted Covid-19 as an inpatient through failure of IPC excellence.

Despite the ongoing challenges of Wave 2, including the significantly larger impact experienced across the Trust sites and the inconsistency with which the Green pathways at both Lincoln and Pilgrim have been able to be deployed and maintained, Grantham activity throughout the 2<sup>nd</sup> Quarter has remained strong. The graph below provides a site-wide indication of the extent to which all inpatient 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.



It is important to recognise that the activity modelling presented in the original proposals in June were predicated upon the circumstances and assumptions known at that time. Throughout the Covid-19 pandemic both emergency and planned demand for services have continued to change, which inevitably has affected the accuracy and relevance of the forecast and quantified targets set. The continued Wave 2 and developing Wave 3 have resulted in significant challenges across the sites in continuing to deliver elective activity.

There have been multiple complexities in seeking to evaluate the delivery of these indicative patient flows and activity levels within an environment that has continued and will continue to change because of Covid-19. Operational staff have certainly reflected upon the benefits of setting up explicit trust wide performance management systems from implementation of the Grantham model to record,

track and report upon the many specific aspects of Grantham activity, with the aim of understanding the impact this has made to the level of performance for the Trust overall.

The 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.

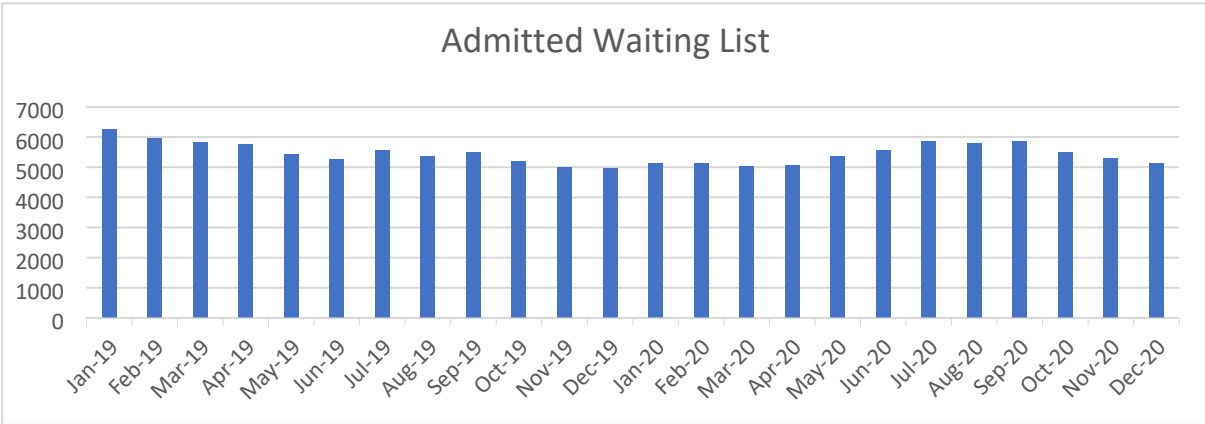
There is no doubt that establishment of a Green Site has resulted in several new specialties now operating from Grantham, with indications that there is potential for this surgical activity to increase further (e.g. via the introduction of modular theatres from January 2021). The strengthening of the multi-professional approach to developing these opportunities has significantly improved the Trust's internal capabilities to address ongoing Covid-19 challenges as they continue to present themselves.

**3.1. Operational Delivery**  
**3.1.1. Planned Surgical activity:**

<p>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).</p>	<p><b>RAG</b></p>
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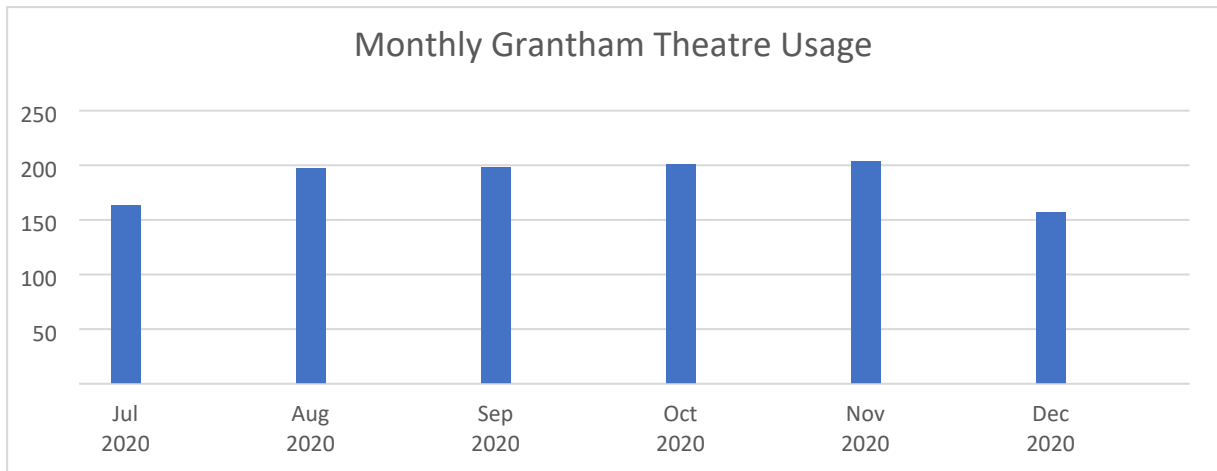
The two surgical wards at Grantham supported by the fully functioning theatres have enabled further progress in managing a range of new specialties at Grantham, with the trend of incremental increases being achieved most weeks until the advent of Wave 2.

The chart below provides a profile of the Trust's admitted waiting list from January 2019 to December 2020. (NB December figures are subject to final validation)



There is a steady increase in the size of the admitted waiting list from March 20 and the start of the pandemic. The introduction of the Grantham Green Site model correlates with a reduction in the waiting list through to the end of Dec 20. This has been achieved through the provision of increased numbers of sessions since July 2020.

Again, it is important to place this achievement in the context of Wave 2 and the inability to consistently apply Green pathways at both the Lincoln and Pilgrim sites. The reduction, in the face of these pressures at Lincoln and Boston, demonstrates the contribution Grantham has and continues to play in managing the Trust's admitted waiting list.

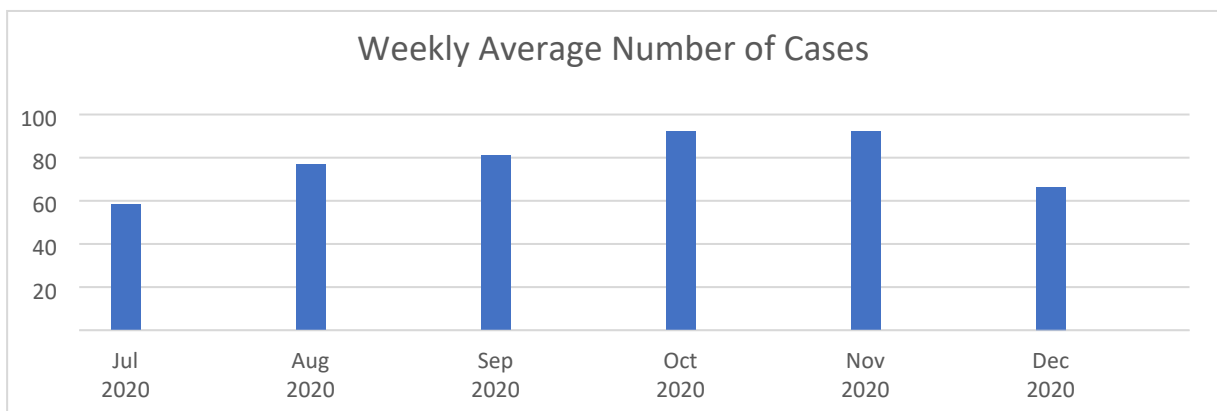


Monthly session utilisation has increased since the establishment of the Grantham Green Site and has, despite the challenges of Covid-19 Wave 2, remained consistent up until December 20, whilst noting an expected reduction in utilisation during planned closures during the Christmas period.

Considering the potential for theatre utilisation to be a constraint that could impact upon activity levels, the chart 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 marked the initial move to utilise weekend capacity for orthopaedic elective lists. An original indicative level of 25 cases per day was identified, on the premise that ophthalmology would be undertaken on site. Whilst the average number of cases, also highlighted in the first quarterly review, falls below that indicated as part of the initial proposal, it must be viewed within the context of the consistently-changing environment and need for operational flexibility in responding to Covid-19. Of particular influence upon the total numbers per week was the decision, in line with Phase 4 Recovery Planning, to open Louth for the provision of ophthalmic surgery rather than using Grantham operating capacity.

The re-opening of Louth to provide ophthalmic surgery has fundamentally altered the case mix and speciality profile. The substitution at Grantham with orthopaedics, which has a significantly lower case number per list in comparison to ophthalmology, has resulted in the ongoing apparent under-performance against initial targets at Grantham. The current average of circa 8-10 cases per day being undertaken, but with a trend of increasing activity for most weeks, needs to be viewed in this context.

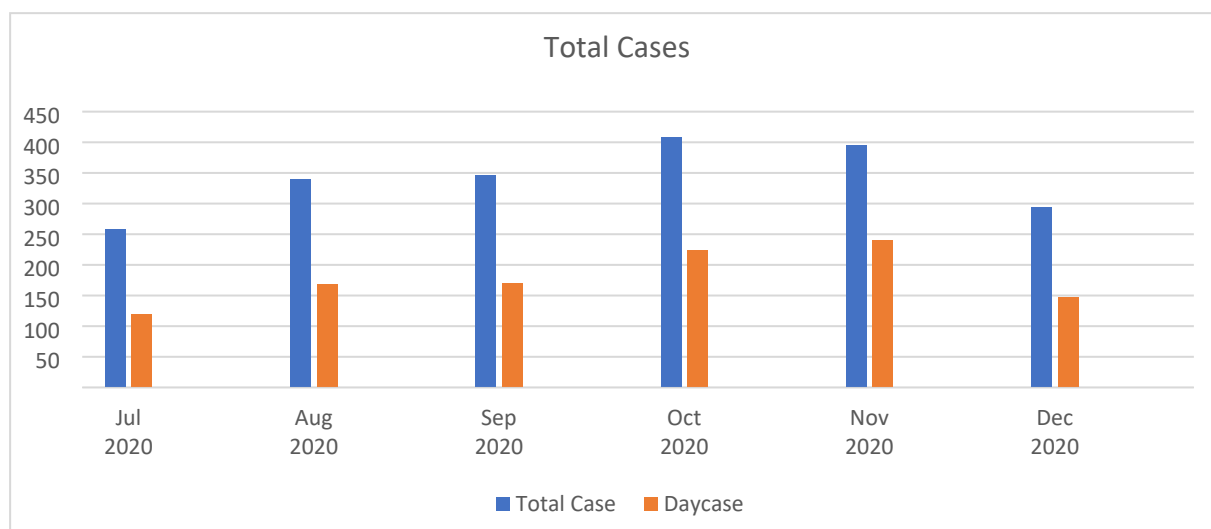
Average number of admissions per week is contained in the chart below.



The average number of cases per list was in July 20 1.6 but has steadily increased to circa 2 cases per list from October 2020.

	Jul 2020	Aug 2020	Sep 2020	Oct 2020	Nov 2020	Dec 2020
Average cases per list	1.6	1.7	1.8	2	1.9	1.9

The increase in throughput is also, in part, driven by the gradual increase in the proportion of day case activity as a percentage of overall activity as shown below.



However, considering the changes to case mix, utilisation and activity, as detailed in the charts above, numbers have consistently improved month on month from 58.4 per week to a peak of 92.3 in November.

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)**

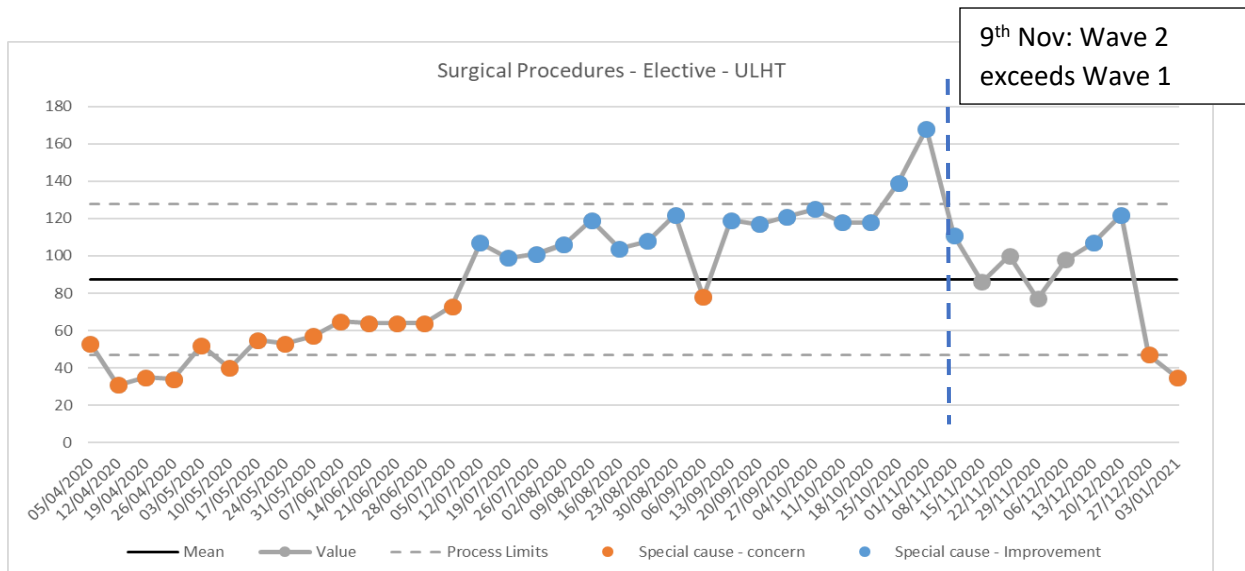
Specialty	Pre-Covid Cases (w/e 12th Jan - w/e 15th Mar)	Qtr 1 Cases (w/e 12th Jul - w/e 13th Sept)	% Change	Recent Case (w/e 20th Sept – w/e 27th Dec)	% Change (from Qtr 1 review)
100 - General Surgery	396	192	-52%	310	61.5
101 - Urology	121	259	114%	365	40.9
103 - Breast Surgery	31	125	303%	145	16.0
104 - Colorectal Surgery	8	0	-100%	0	0
110 - Orthopaedic	764	150	-80%	313	108.7
120 - Ear Nose & Throat	7	27	286%	71	162.9
130 - Ophthalmology	318	0	-100%	1	
144 - Max Facial Surgery	40	195	388%	205	5.1
145 - OMF Surgery	0	1		3	300.0
192 - Critical Care Med *	50	13	-74%	11	-18.1
300 - General Medicine	24	45	88%	9	-80.0
301 - Gastroenterology	135	2	-99%	63	3050

302 - Endocrinology	1	0	-100%	5	
303 - Haematology (Clin)	297	582	96%	988	69.8
320 - Cardiology	0	2		44	2100
330 - Dermatology	3	0	-100%	0	
340 - Chest	6	0	-100%	1	
370 - Medical Oncology	20	272	1260%	366	34.6
410 - Rheumatology	0	7		6	-14.3
430 - Care of the Elderly	6	0	-100%	0	
502 - Gynaecology	35	99	183%	105	6.1
800 - Clinical Oncology	50	1190	2280%	1953	64.1
811 - Int. Radiology	33	0	-100%	1	
999 - Unknown	0	3		0	

\*reflects Level 1 critical care – coding validation required

The activity levels highlighted in the first quarterly review, and shown in the table 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%. However, since the 1<sup>st</sup> Quarterly review was published it can be seen that these specialties have all experienced a significant increase in those early volumes with increases of 108.7% and 52% for orthopaedics and general surgery respectively. In addition, the specialties of urology, breast and ENT have all seen significant increases in numbers of patients being treated with increases of 40.9%, 16% and 162.9% respectively. *(It should be noted that whilst orthopaedics has not achieved pre-Green Site model numbers the case mix of patients has changed significantly to longer and more substantial procedures).*

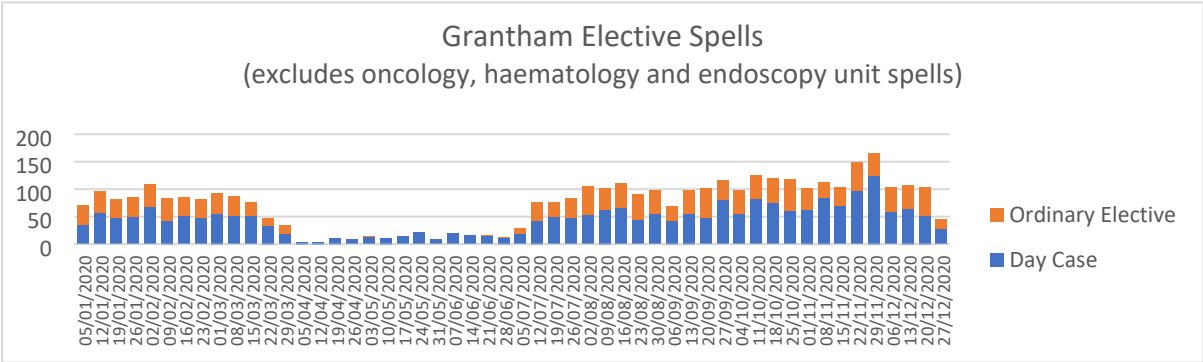
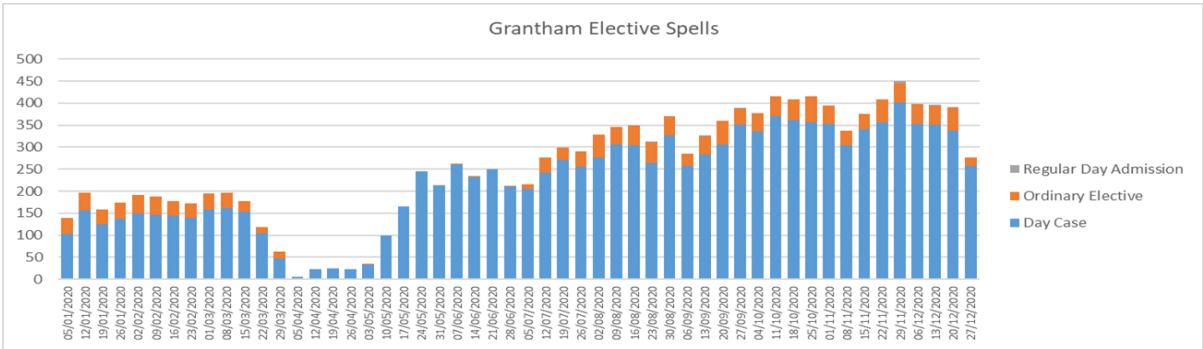
More recently in Wave 2 of the pandemic, the Trust’s overall elective output has significantly reduced through November and into the festive period, as demonstrated below. It should be noted that initial modelling of the impact of a second wave of COVID 19 upon the Green pathways at Lincoln and Boston led the Trust to expect a 15%+ reduction in elective activity. Wave 2 Covid-9 activity has peaked at 250% of Wave 1, and the graph below provides an illustration of the impact this has had on the Trust overall elective output.



In contrast, Grantham elective spells have remained in a strong position, providing further evidence of the effectiveness of the Green Site model in supporting the delivery of key surgical interventions to the people of Lincolnshire.



Total Grantham Elective Spells pre- and post-implementation of the Green Site model are shown below, including and excluding oncology/haematology and endoscopy.



In response to the first quarterly review, work to continue to improve the capacity of the Green Site model has been undertaken. The commissioning of two Vanguard modular theatres was proposed and agreed, with ‘go-live’ dates for provision of additional capacity to support both breast and gynaecology cancer operating set for January 2021.

Aside from the challenges of further increasing the levels of surgery undertaken at Grantham, the Trust’s overall number of elective surgical procedures undertaken has clearly increased since the end of June following implementation of the Green Site model and Green pathways across other sites. This provides assurance to the Board that the Trust’s approved plan for Recovery is delivering the overall targets set operationally. However, whilst significant progress was being made, since mid-November the increasing pressures relating to Wave 2 have resulted in multiple temporary cessations of the Green pathways at both Pilgrim and Lincoln, with the resulting impact upon overall elective care numbers.

It should, however, be noted that the Grantham Green Site model has continued to operate and maintain a level of elective activity throughout, supporting ongoing elective operating in the face of the challenges faced across the wider Trust.

**3.1.2. Cancer Surgical activity:**

The aim of the Grantham Green Site model was to undertake in excess of 13 cancer surgeries per week, to bring the Trust’s 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

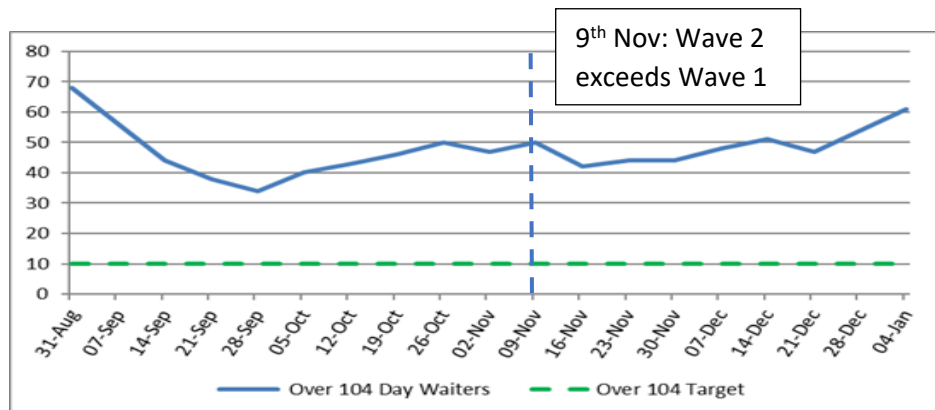
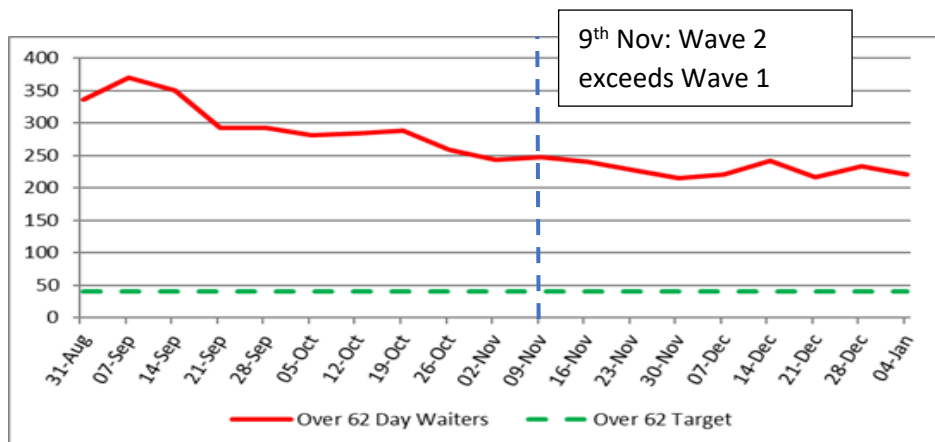
This aim has been partially achieved but has been significantly impacted by Wave 2 and the developing Wave 3 of the Covid 19 pandemic.

Positively, as highlighted in the initial quarterly review, referrals to the Trust have continued to increase and had broadly returned to pre Covid-19 levels, as represented in the graph below. There has since been a significant drop in referrals from mid-December, although this now appears to be recovering to 90% of baseline referrals. This will require ongoing review.



The Wave 2 and Wave 3 and the resulting pressures on access to both critical care and theatres has impacted on the recovery of the Trust’s cancer performance and continues to do so.

Whilst Grantham Green Site provides the opportunity to undertake some cancer work, not all cancer activity can be undertaken on site, particularly those requiring HDU post-operative care.



From the outset of Wave 2 the daily prioritisation and review of cancer and elective activity has been instigated via senior clinical review. Access to theatre is managed on a daily basis as well as a weekly confirm and challenge session with the specialities. Where possible, less urgent treatment is substituted with cancer operating which has been displaced from the Lincoln and Pilgrim pathways.

As such, Grantham continues to play a vital role in supporting the Trust’s ongoing delivery of cancer operating. The introduction of the Vanguard modular theatres in January 2021 will further enhance cancer operating, supporting increased lists for both breast and gynaecology cancer procedures.

**3.1.3. Chemotherapy activity:**

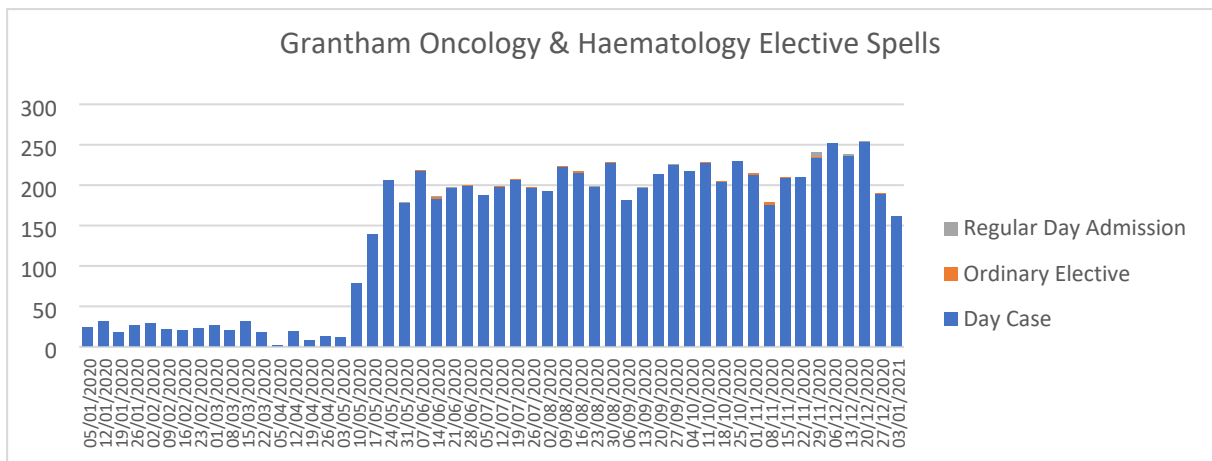
<p>The aim of the Grantham Green Site model was to continue to treat the 80 patients historically receiving chemotherapy at Grantham, whilst transferring the treatment of 1932 patients from Lincoln and Pilgrim.</p>	<p><b>RAG</b></p>
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The aim of the Grantham Green Site model was to provide 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. Initially 1932 patients were estimated to be able to be treated from the larger Grantham chemotherapy unit, which was to be operated from a ward area within the hospital that offered significantly increased distancing and a much higher level of protection from transmission of Covid-19 for these most vulnerable patients.

This aim has been achieved in terms of the effective transfer of all patients previously receiving outpatient chemotherapy at Lincoln and Pilgrim 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 regimens such as radiotherapy and the use of the Trust’s Linear Accelerators.

Specialty	Pre Covid Volumes (Grantham)	Qtr 1	Qtr 2	% increase Qtr 1 to Qtr 2
Medial Oncology	20	272	366	34.6%
Clinical Oncology	50	1190	1953	64.1%
Clinical Haematology	297	582	988	69.8%

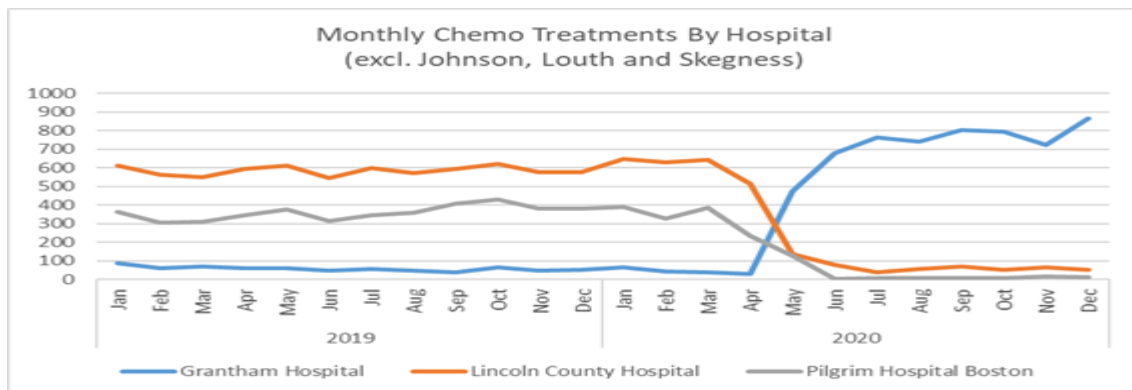
The graph below evidences the significant increase in chemotherapy activity undertaken at Grantham since mid-May (in episodes of care). The timing of this increase in activity reflects the Trust Board’s endorsement of the Recovery plan for the Trust and the immediate opportunities taken within oncology to implement this plan.



### Inpatient Admissions For Chemotherapy - By Hospital

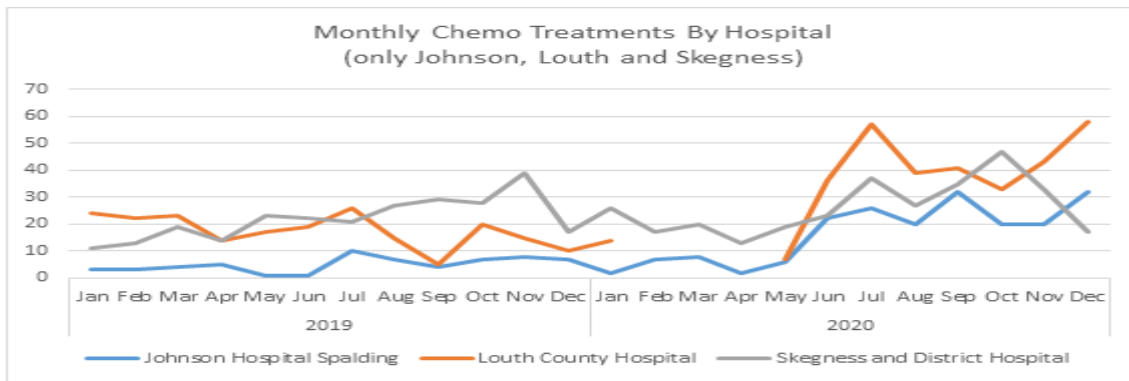
Year	= 2019												= 2020											
	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Grantham Hospital	85	62	67	61	60	46	57	47	37	63	46	50	65	41	38	28	475	678	765	743	803	793	724	867
Johnson Hospital Spald	3	3	4	5	1	1	10	7	4	7	8	7	2	7	8	2	6	22	26	20	32	20	20	32
Lincoln County Hospite	613	562	549	595	613	547	598	571	592	620	576	576	649	629	644	516	137	76	39	55	70	51	65	51
Louth County Hospital	24	22	23	14	17	19	26	15	5	20	15	10	14				7	36	57	39	41	33	43	58
Pilgrim Hospital Boston	363	306	308	343	374	315	345	358	407	430	382	379	391	329	385	233	127	3	6	6	7	8	17	12
Skegness and District H	11	13	19	14	23	22	21	27	29	28	39	17	26	17	20	13	19	23	37	27	35	47	33	17

The graph below illustrates the profile of site delivery and provides significant assurance around the achievement and maintenance of the initial aim to transfer the delivery of care to the Grantham site.



Whilst some patients have found travel to Grantham difficult, the service has responded by increasing the provision of the mobile chemotherapy unit from 3 days per week to 5 days per week, (2 days at Skegness, 2 days at Spalding and 1 day at Louth). This was determined to be key, not only in responding to patients' needs and supporting those suitable patients to receive their care closer to home, but also importantly in providing an increased confidence for patients to attend clinical sites and settings to receive key ongoing treatment regimens.

The graph below demonstrates the increased mobile chemotherapy delivered from the mobile unit, providing assurance of the responsiveness to patient need provided by the service delivery teams.



The above tables and graphs demonstrate the shift of service delivery in line with the stated aim. Very positive feedback has been received from both patients and staff regarding this change, and should provide the Board with significant assurance that this aim has been successfully achieved.

### 3.1.4. Outpatient performance:

The aim of the Grantham Green Site was to increase the number of patients receiving outpatient care by an indicative number of 9000 patients per annum.

RAG

Validated data shows that in the 4 weeks between 17<sup>th</sup> August and 14<sup>th</sup> September, a total of 2500 outpatient appointments were attended at Grantham, 726 of which were new 1<sup>st</sup> outpatient appointments. As this averages 625 appointments per week, this would suggest we could expect 9438 outpatient appointments being undertaken at Grantham per annum.

In addition to outpatient activity being run at Grantham hospital itself, the introduction of the Grantham Health Centre and Gonerby Road health clinics have increased the number of services being offered locally in Grantham. This represents additional services compared to the original model approved in June 2020. The introduction of these new sites has increased the number of outpatient services available, with 9280 appointments being provided during the 2<sup>nd</sup> Quarter (Oct - Dec). ULHT now provides a much greater spectrum of services across Grantham including:

- General surgery,
- Vascular surgery,
- Trauma and orthopaedics,
- Ophthalmology,
- Dermatology and paediatric dermatology (some of which are provided from GP surgeries locally)
- Gastroenterology,
- Clinical physiology tests,
- Cardiology,
- Neurology,
- Antenatal outpatient services

This range of services and modality of delivery has been increased in Quarter 2 in response to patient need and the call for increased face to face provision.

The following tables demonstrate those services delivered across Quarters 1 and 2, demonstrating the increase in services available to patients specifically face to face at the Gonerby Road development. This is whilst maintaining telephone and video clinics delivered from Turnpike Close.

Major services such as diabetes/endocrine, general surgery, respiratory and gynaecology are all now available via telephone/video clinics or face to face either at Grantham Hospital or Gonerby Road.

#### Telephone/video clinics (Turnpike)

	July 20	August	September	October	November	December 20
<b>Dermatology</b>	Service Commenced					
<b>Diabetes</b>	Service Commenced					
<b>Endocrine</b>	Service Commenced					
<b>Gastroenterology</b>	Service Commenced					
<b>Neurology</b>	Service Commenced					
<b>Orthopaedics</b>	Service Commenced					
<b>Respiratory</b>	Service Commenced					
<b>Rheumatology</b>	Service Commenced					
<b>General Surgery</b>	Service Commenced					
<b>Vascular</b>	Service Commenced					

#### Face to face Green pathway (Grantham Hospital Site)

	July 20	August	September	October	November	December 20
<b>General Surgery</b>	Service Commenced					
<b>OMF</b>	Service Commenced					
<b>Physiotherapy</b>	Service Commenced					
<b>Haematology</b>	Service Commenced					
<b>Gynaecology</b>				Service Commenced		

#### Face to face Blue pathway (Vine Street)

	July 20	August	September	October	November	December 20
<b>Ante Natal</b>	Service Commenced					
<b>Cardiac Phys</b>	Service Commenced					
<b>Cardiology</b>	Service Commenced					
<b>Dermatology</b>	Service Commenced					
<b>Plastic Surgery</b>	Service Commenced					

### Face to face Blue pathway (Gonerby Road)

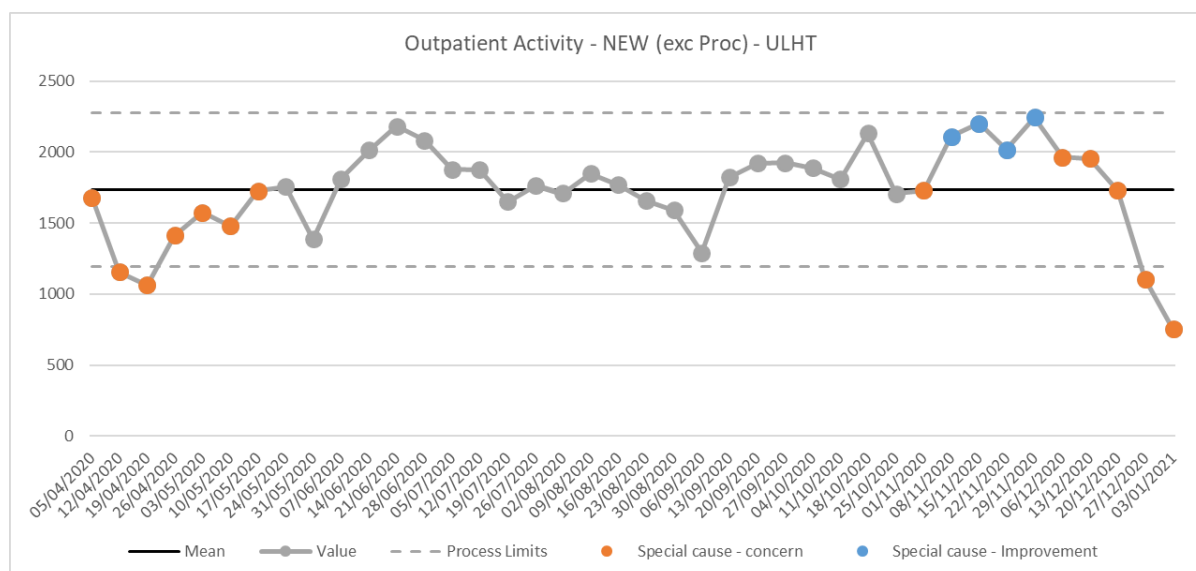
	July 20	August	September	October	November	December 20
Cardiac Phys			Service Commenced			
Cardiology			Service Commenced			
Diabetes				Service Commenced		
Endocrine				Service Commenced		
Orthoptist	Service Commenced					
Gastro	Service Commenced					
Haematology			Service Commenced			
Nephrology	Service Commenced					
Neurology	Service Commenced					
Ortho	Service Commenced					
Fracture Clinic						Service Commenced
Physio				Service Commenced		
Respiratory				Service Commenced		
Rheumatology				Service Commenced		
General Surgery				Service Commenced		
Vascular				Service Commenced		
X-Ray				Service Commenced		

The table below provides figures for the various services delivered from Gonerby Road, from the dermatology services at Vine Street, from Grantham Health Centre, as well as activity delivered non-face to face from Turnpike Close.

Service	Site	Sept	Oct	Nov	Dec	Total	Comments
Outpatients	Gonerby Road	499	536	781	794	<b>2610</b>	Face to face activity
Outpatients	Turnpike Close	438	451	534	450	<b>1873</b>	VC and telephone clinics
Outpatients - Dermatology	Vine Street Surgery	228	187	206	159	<b>780</b>	
Diabetic eye screening	Gonerby Road		80	240	225	<b>545</b>	

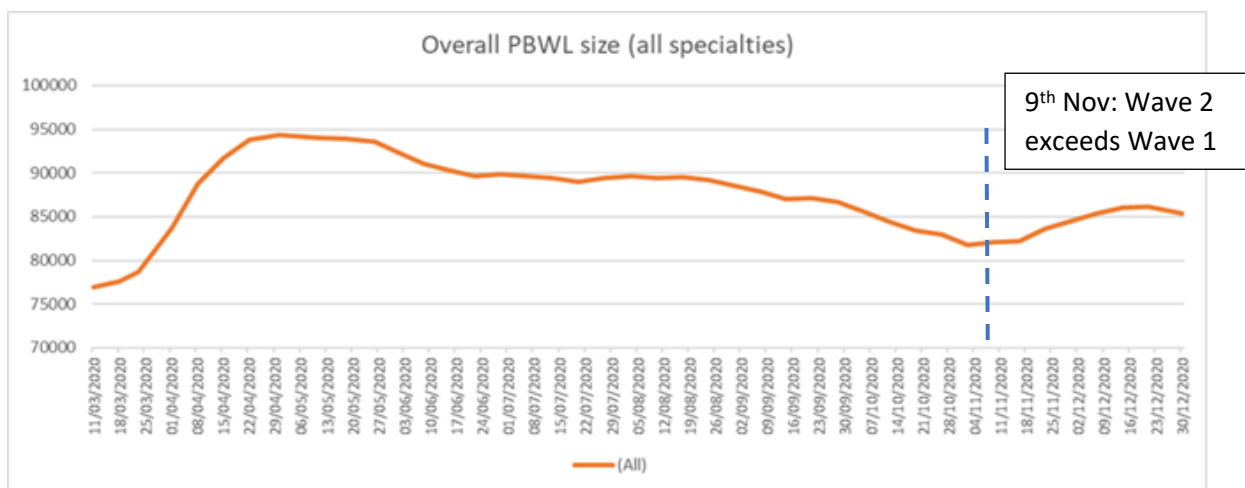
Audiology	Gonerby Road		4	10	0	<b>14</b>	Activity moved to Spalding due to noise
AAA screening	Gonerby Road		10	50	46	<b>106</b>	
Cardiac Phys - Echos	Gonerby Road	166	202	213	162	<b>743</b>	
Cardiac phys - other	Gonerby Road	209	288	244	241	<b>982</b>	
Xrays	Gonerby Road	0	333	235	285	<b>853</b>	
OT	Gonerby Road	0	26	36	33	<b>95</b>	
Physio	Gonerby Road	0	365	465	582	<b>1412</b>	
Gynae/Antenatal	Health Centre/Green	289	269	273	265	<b>1096</b>	
<b>Totals</b>		<b>1540</b>	<b>2751</b>	<b>3287</b>	<b>3242</b>	<b>11109</b>	

The graph below demonstrates that the Trust's over level of outpatient 1<sup>st</sup> appointments undertaken increased steadily from September, increasing to a peak in mid-October before falling back in the face of Wave 2 requirements to take down some outpatient activity to support increased staff ward coverage. Whilst activity recovered to a new peak by the end of November, the Trust has since seen a reduction, in part owing to the festive period but also in response to the developing Wave 3, and the tactical need to provide ongoing enhanced staff support to the wards in providing frontline inpatient care and supporting flow and discharge.



The graph below represents the Trust's overall PBWL (*Partial Booking Waiting List - the waiting list for patients that require outpatient follow-up appointments*), which clearly evidences the start of an improving position following approval of the Trust's Recovery plan. In addition, it highlights the effect of Covid-19 Wave 2 and the recent increase in the waiting list size. This reinforces the importance of the continuation of the Green Site arrangements and Green pathways in operation across the Trust.





Assurance can be derived from the above graphs and tables that the additional activity delivered across Grantham has, and continues to, provide essential support to the Trust’s ongoing outpatient activity. In spite of the impact of the Covid 2<sup>nd</sup> Wave, the Grantham Green Site has specifically helped to offset the lost outpatient activity that has been stood down to support the increasing complexity of flow and varying ward configurations across both Lincoln and Pilgrim hospitals.

### 3.1.5. Urgent Diagnostic Endoscopy performance:

The aim of the Grantham Green Site model was to contribute to an increase in the Trust’s 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 ULHT endoscopy service is a multi-site service comprising of 9 procedure rooms across 4 units at Lincoln County Hospital, Pilgrim Hospital, Boston, Grantham and District Hospital and Louth County Hospital. The service was heavily impacted by COVID, with the two main sites (Lincoln and Pilgrim) closed on 23<sup>rd</sup> March to all except emergency inpatients in readiness to become escalation areas for additional COVID inpatient beds, and staff redeployed to support the wards. Grantham re-opened for 2ww suspected cancer patients in April 2020 to ensure cancer diagnostics were not compromised. (Louth endoscopy was closed due to the much-needed refurbishment of their decontamination unit).

The Endoscopy Task Force Cell was set up on 1<sup>st</sup> July following the regional and national directives on recovering the endoscopy service. The task force cell was made up of workstreams including endoscopy, capacity and demand, surgery division, medicine division, primary care, estates and facilities, procurement and IPC and HR/workforce. The cell moved at pace, reporting to the Gold Command every Tuesday evening.

The national guidance from BSG (British Society of Gastroenterologists), JAG and PHE was rapidly changing, the service was on a continual plan, do, act and review cycle. Demand and capacity modelling was reviewed weekly due to the many changes in guidance. With each guidance change came the opportunity to create more capacity until the service reached the point where it had returned to pre-COVID capacity across the procedure rooms. Patient flow was adapted through the department to maximise throughput whilst adhering the social distancing requirements.

During the first 8 weeks a clear recovery plan was implemented. This was achieved by working with all workstreams. The upper and lower GI pathways were clinically reviewed, updated and agreed. We worked closely with Primary Care to look at options for demand management and implementing FIT (faecal immunochemical testing) in the community, colon capsule endoscopy and trans-nasal endoscopy. Estates and facilities have assisted with perspex screens to maximise recovery bay space to pre-COVID numbers.

The Lincoln and Pilgrim units re-opened on 1<sup>st</sup> July as staff were returning from redeployment.

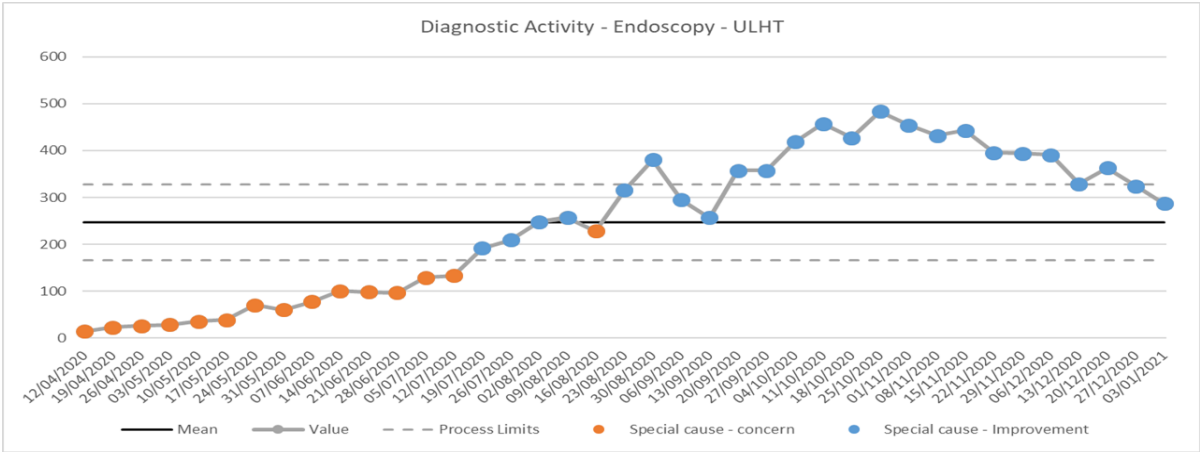
The Louth decontamination unit replacement was completed in September (£230k of investment).

The regional ask was for the diagnostics services to clear their 104+ day cancer backlog by 21<sup>st</sup> August and reduce the over-62 day by 20%. ULHT endoscopy service cleared all 104+ days and 62-104 day waiters by 17<sup>th</sup> August 2020. This would not have been possible without the Grantham green site being a designated site for 2 week wait suspected cancer patients, working from April 2020.

The service moved to full 7 day working and had a clear trajectory to be back to pre-COVID performance for both DM01 and Cancer by November 2020 in readiness for the winter (originally predicated on no COVID second wave). The booking of routine patients commenced in September 2020 and the service met its projected trajectory for cancer and urgent referrals.

Prior to Wave 2, the trust wide performance of all diagnostic activity shows significant increases in excess of 100% being delivered against previous years. This represented the largest recovery of any trust in the Midlands and is demonstrated in the graph below.

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.



The recovery was predicated upon the IPC standards in place at the time. It presented the potential for a maximum of 79% of 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 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 being achieved and maintained, demonstrating the Trust’s approach to increasing access to endoscopy has undoubtedly been effective, and indeed has been held to be an exemplar in response and recovery to the challenges of Covid-19.

A critical factor influencing performance has been that since fully reopening the Grantham endoscopy suite the number of cases possible per list has been appropriately reduced to comply with national guidance on COVID infection prevention & control standards, with these reduced activity levels at Grantham factored into the ULHT Recovery Plans. Additional activity has been activated at other sites (e.g. Medinet) to ensure the backlog of endoscopy work is cleared in coming months, in line with the Trust’s operational objectives.

The service was successful with a bid to NHSE for funding of £1.26m which will fund the Pilgrim decontamination unit and also £750k of replacement stacks and scopes with a planned installation start January 2021.

This is a significant achievement by the whole team, not only within endoscopy but collaborative working with all workstreams involved has enabled the recovery project to progress at significant pace, all for the main objective of providing a high quality, safe and JAG accredited endoscopy service for the people of Lincolnshire.

Whilst Wave 2 continues to present significant challenges, the Board should take significant assurance regarding the actions taken, and progress currently being demonstrated.

**3.1.6. UTC performance:**

The aim of the Grantham Green Site model was to provide UTC services 24/7 to most patients who attended ED – 20,014 attendances.	RAG
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The original operational model estimated 81% of baseline levels of A&E 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%.

**Activity Levels**

Since the 1<sup>st</sup> quarterly review the number of attendances at Grantham Urgent Treatment Centre (UTC) remains consistent. Since opening, Grantham UTC has seen 14,305 patients (up until 09/01/21), including those attending for Out of Hours appointments, **providing assurance that the aim to cater for 20,014 pa will be achieved and indeed surpassed.**

Of these, 98% of people have been seen, treated and discharged within four hours of their arrival time and 93% are seen within 15 minutes of arrival. The percentage of patients referred to A&E is below average for urgent treatment centres in Lincolnshire and stands at 5.12%.

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

## The Impact to Patients

An analysis has been undertaken on the impact to patients who may now be required to attend either Lincoln or Boston Emergency Departments.

The table and graph below shows those patients with a Grantham postcode who have historically attended Lincoln ED, against current attendance. Whilst attendance in early 2020 was generally below that experienced in 2019 there was a sharp increase in the month immediately following the temporary closure of the Grantham ED and reclassification to a UTC.

The growth since June is consistent across our EDs with Wave 2 demand, with the initial prediction of growth of 1185p.a. (circa 100 per month) based upon initial experiences of Wave 1.

GDH Postcodes seen in LCH/PHB EDs	Predicted increase	Actual increase
Monthly average 2 <sup>nd</sup> Quarter	c.100	138

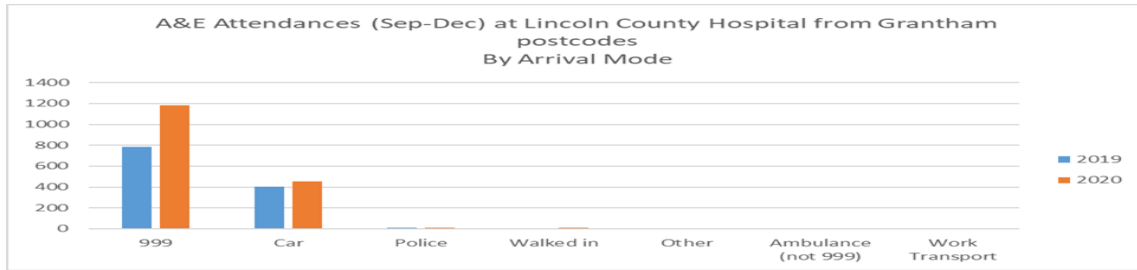
GDH Postcodes admitted in LCH/PHB EDs	Predicted increase	Actual increase
Monthly average 2 <sup>nd</sup> Quarter	c.106	87

The monthly average for Oct – Dec 2020 of patients with a GDH postcode attending at LCH and PHB Emergency Departments whilst higher than that predicted, represents approx. 1.25 patients per day increase over the predicted numbers and should be viewed in the context of the likely greater patient attendance during the Wave 2 of the Covid pandemic.

The monthly average for the same period of patients with a GDH postcode admitted via LCH and PHB Emergency Departments was however, less than those predicted as detailed above equating to 0.62 less admission per day for that quarter.

### 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
September	302	415	+113
October	315	428	+113
November	291	428	+137
December	302	391	+89



Similarly, the table and graph below shows those patients with a Grantham postcode who have historically been admitted via Lincoln ED 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 ED and reclassification to a UTC. However, although initial predictions of increased admissions of 1277p.a. (circa 106 per month) were profiled, despite the increased pressures of Wave 2, actual admissions averaged over the quarter have been only 87 per month.

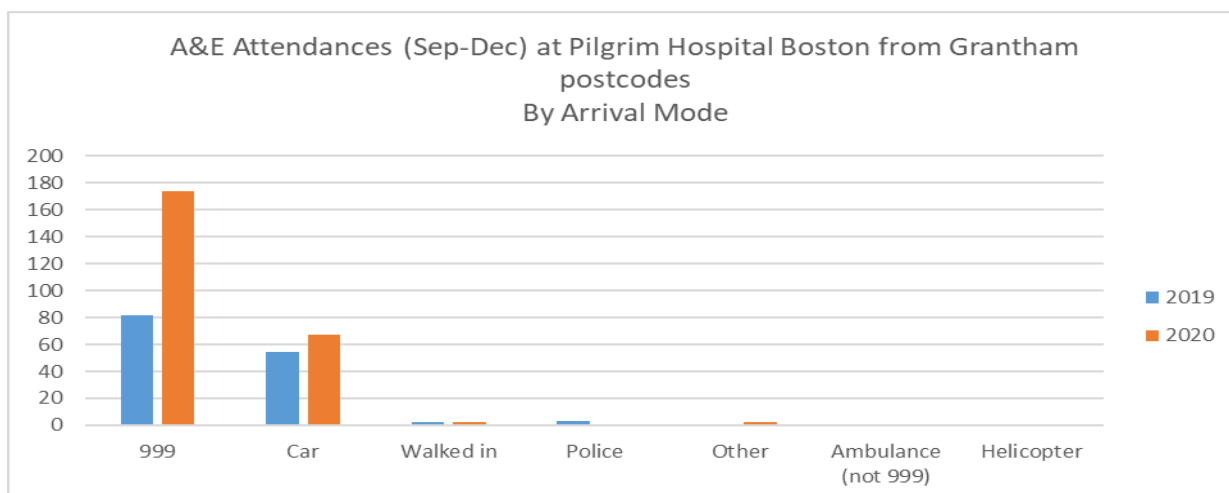
**Total GDH Postcodes "Admitted" in Lincoln**

	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
September	105	188	+83
October	135	196	+61
November	116	210	+94
December	132	188	+56
Monthly Average since service change	124	196	+73

A similar analysis of the impact of these changes for all patients who may now be required to attend Pilgrim ED is presented below. The table and graph below quantify those patients with a Grantham postcode who have historically attended Pilgrim ED against current attendance. Again, whilst attendance in early 2020 was generally below that experienced in 2019, there has been increasing attendance since June with a sharp increase in August.

**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
September	25	52	+27
October	37	55	+18
November	41	61	+20
December	39	78	+39



The table and graph below show those patients with a Grantham postcode who have historically been admitted via Pilgrim ED against current admissions. Again, whilst admissions have been generally below that experienced in 2019 there has been a trend of increasing admissions since August.

**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
September	10	23	+13
October	21	24	+3
November	10	31	+21
December	17	43	+26
Monthly Average since service change	19	30	+11

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.

### 3.2. Quality & Safety

The maintenance of a safe environment for all patients at Grantham is 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 review of the IPC Board Assurance Framework tool was undertaken in November 2020, and again in January 2021. This report is developed for scrutiny at the Trust's IPC group and reported through to the Trust's Quality Governance Committee.

### **3.3. Patient & Staff Experience**

#### **Patient Survey:**

To understand the impact of the temporary service change on patients, an initial patient survey was undertaken with 110 responses received, representing a very small sample of the patients treated at Grantham since June. The details of this report were presented in the first Quarterly review.

The findings showed 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.

Many individual members of staff were individually recognised and praised for the positive impact they made to patients' experiences at Grantham. Some specific practical suggestions were offered regarding how facilities for relatives accompanying patients could easily be improved upon, which the operational teams addressed.

The limitations of such a small sample were recognised, and in response as a Lincolnshire system an ongoing engagement exercise was initiated to further understand patient experience around the

Grantham Hospital Green Site model. This in turn has helped, and will continue to help, improve services offered to Lincolnshire patients.

Therefore, a more comprehensive and collaborative approach to patient engagement has been developed, (including other providers of care in Lincolnshire most notably LCHS), covering the following: -

- Online survey – Public
- Online survey – Inpatient users
- Face to face service user questionnaires – clinic and hospital settings
- Personal patient interviews
- Friends and Family Test and patient experience data gathering

With this much broader approach, we have been able to gather both patient and wider public views on the temporary changes made at Grantham and District Hospital.

From these activities, we have so far received feedback from patients and public across 24 different postcodes of Lincolnshire and some surrounding border areas.

Data gathering for this patient experience and public opinion exercise will continue on an ongoing basis, however this second quarterly review includes all available data up to 7<sup>th</sup> January 2021.

Although these last 7 days of questionnaires were captured outside the 3-month window being examined in this report, it was deemed necessary in order to accommodate patients who would feedback about service experience that took place over the holiday/Christmas period.

In this second quarter timeframe, 507 surveys were completed. 462 surveys were completed online by the public and 46 were completed in hospital. Full results of this survey to date can be found on the 'sharing your views' page of the Trust website.

In excess of 5000 Outpatient Department Friends and Family questionnaires have been sent to patients along with more than 1000 chemotherapy day ward and over 750 inpatient and endoscopy department users. These have elicited over 3000 ratings and 2474 comments.

## **Results**

The full analysis and results generated more than 400 pages of intelligence, and a summary of the main findings are detailed below. As previously described, the catchment of public spanned across all of Lincolnshire but where results provide experiences of specific locations they are described below.

### Attendance at Grantham Hospital

By far the majority of respondents to this survey (87%) would choose to visit Grantham and District Hospital if needed, rather than Lincoln, Boston or other hospitals in the surrounding areas. Three quarters had attended a hospital or community venue in the last 12 months on between 1 and 3 occasions, mainly Grantham Hospital but also some at Gonerby Road Health Clinic and fewer at Grantham Health Centre. Over half had attended the A&E / Urgent care services with fewer attending for outpatients and diagnostics appointments.



When asked why they chose to attend Grantham Hospital, by far the main reasons were because it was either the nearest location to where they live (92.8%) or they asked to get their care and treatment there (92.9%).

### Satisfaction

The levels of satisfaction of the care and treatment received were high with over 94% satisfied or very satisfied at Grantham Hospital, 70.7% at Gonerby Road Health Clinic and 38.3% at Grantham Health Centre. Levels of dissatisfaction were extremely low, but for the latter two locations there were high levels of 'don't know' responses to this question.

### Good experiences

282 respondents to the survey provided 529 comments about what was good about their experiences, which focussed on the following:

**Workforce:** Staff were considered excellent, caring, supportive, kind, respectful, reassuring or listened as well as being professional and knowledgeable.

**Efficiency and waiting times:** Treatment was efficient, patients usually seen quickly and on time.

**Travel, location and parking:** Good location, accessible and local.

**COVID-19 measures/cleanliness:** Patients felt safe at Grantham Hospital due to social distancing and the Green status and were happy with the cleanliness and provision of masks to patients.

**Treatment:** Care or treatment received was excellent, good, that they felt well looked after or that they were grateful.

**Organisation, processes and communication:** Organisation or communication was good throughout treatment and some were happy with the referral process, the booking in system or the transfer process.

**Fully functioning Grantham Hospital:** A small number of respondents mentioned the importance of having a fully functioning Grantham Hospital.

### Improvements

264 respondents to the survey provided 290 comments about what could have been improved about their experiences which focussed on the following:

**Nothing / happy with service:** Many couldn't think of anything that needed improving.

**Service offering:** Some addressed the closures, indicating that either an A&E is needed or that services such as X-ray and fracture clinics need to be reintroduced at Grantham Hospital.

**Workforce:** Behaviour was raised by some, indicating that the staff were either rude, unfriendly or lacked empathy.

**Environment and décor:** Thought to need improving including signposting, cleanliness and temperature of buildings and investment in facilities.

**Travel and parking:** Requires improvement at Grantham Hospital, free parking requested, too far to travel to other hospitals.

**Appointments:** Improve waiting times, information to patients about delays, make it easier to be able to change appointments.

**Treatment:** More adequate equipment and facilities needed to improve treatments available rather than having to go elsewhere. More accurate diagnosis and treatment needed.

**Security:** Some respondents felt uncomfortable by their questioning, with others finding them rude and obstructive or unhelpful.

**Visitors and family support:** Allow visitors to attend with patients.

**Communication:** Improve communications such as more information before tests and appointments and better liaison with GPs. Also, clarity is required from 111 about the booking process at the UTC and whether it is required.

#### Impact of receiving care and treatment at Grantham

201 respondents to the survey provided 289 comments about the impact of receiving care and treatment at Grantham Hospital rather than another hospital.

By far the majority of comments focussed on travel, with respondents stating that Grantham was local to them, not too far to travel to, easy to find and easy to get to. This was particularly important for those who did not have means of transport to get to other hospitals, as travelling to Lincoln or Boston Hospitals was considered more difficult for them. However, some also mentioned that for others, travelling to Grantham was in fact further and more difficult. One respondent stated that the extra distance to travel to Grantham was not a problem and that safety was a priority.

Other respondents felt that overall, attending Grantham resulted in a less stressful visit and gave them peace of mind.

Some commented that despite Grantham Hospital being closest to where they live, they still have to travel to other hospitals for treatments that aren't available locally or for follow up appointments and care. However, some also mentioned that whilst Grantham wasn't their local hospital, they travelled there for cancer treatment during the pandemic which wasn't available elsewhere. Despite other hospitals being more convenient for them, they understood why their treatment had been moved to Grantham.

#### Attendance at other hospitals

When asked, 39.4% had attended Lincoln County Hospital, 36.8% hadn't attended any others and 18.2% attended others (such as QMC Nottingham) and 16.5% had attended Pilgrim, Boston. Nearly half of these respondents (45.9%) indicated that they couldn't have attended Grantham Hospital on those occasions as the service isn't available or they were not given Grantham as an option (33.3%).

#### Impact of receiving care and treatment at another hospital

173 respondents to the survey provided 276 comments about the impact of receiving care and treatment at Grantham Hospital rather than another hospital.

Again, the majority of comments focussed on travel, indicating that they had to travel further for their care and treatment, resulting in a long journey, taking more time out of their work or school days and often with additional costs such as fuel and childcare. This meant reliance on family or friends and some felt it had a negative impact on their mental health due to anxiety of travelling. However, for some respondents who lived closer to another hospital, this was more convenient than receiving their treatment at Grantham.

Some felt that their treatment could have taken place at Grantham and others indicated that they felt safer at Grantham due to a feeling that it was more Covid-19 safe than other hospitals.

### Temporary changes to Grantham Hospital due to Covid-19

As a result of the temporary changes at Grantham Hospital due to COVID-19, 26.2% of respondents didn't know if the care or treatment that they would normally receive had changed. However, 38.1% indicated that it had changed to some extent while 35.8% said it hadn't changed.

When asked why they thought it had changed, nearly half (47.1%) said the service they needed had been moved to another location. 29.4% indicated that they did not need treatment or care during this time and 3.3% decided not to access care or treatment during the COVID-19 pandemic. Other examples of change were that they received a remote appointment rather than face to face, it had been suspended or cancelled or they had to wait longer.

### Impact of the temporary changes to Grantham Hospital due to Covid-19

206 respondents to the survey provided 271 comments about the impact of the temporary changes to Grantham Hospital due to Covid-19.

Again, the majority of comments focussed on travel and transport, indicating they had to travel further which took longer, especially with a lack of public transport and concerns were raised about this in an emergency and the impacts on things like mental health, childcare and associated costs.

Comments were also provided from those who had experienced cancellations due to the service no longer being available while others had to wait longer for appointments or to be seen. While some were able to retain their appointments remotely, others felt dissatisfied with the treatment received in this way.

Some respondents didn't feel safe and so didn't attend their appointments, particularly at hospitals other than Grantham.

### Any other comments

194 respondents to the survey provided 323 comments about any other experiences of attending Grantham Hospital for care or treatment.

Many of the respondents felt that the hospital was either excellent, they preferred this hospital, or that they were either happy/felt comfortable/felt safe at this hospital or with the treatment they received and thanked the staff. Some were disappointed that the treatments they required were not available at Grantham Hospital and felt the hospital needed more investment. Specific comments were made suggesting services should be reinstated once the pandemic is over, and in particular the A&E.

This was mostly due to the impacts of longer travel to other hospitals, especially in an emergency, and when public transport is not available and people don't drive this can become extremely costly.

Some respondents also mentioned feeling reassured by having a local hospital in Grantham and that making it a Green Site was a positive decision.

Some respondents provided great feedback about their specific experiences, all of which are available to read in the full report.

## Friends and Family Test

Area	Surveys Sent	Ratings Received	Comments Received	Would Recommend %	Positive Comments Example	Negative Comments Example
Ward 2	789	386	318	93%	Amazing staff, helpful and caring	Poor communication about surgery and post-op advice
Endoscopy	886	389	358	97%	Staff made me feel safe regarding Covid	Poor experience during procedure, felt neglected
Day Ward (Chemo Therapy)	1,134	398	335	94%	Could not have been looked after better. Staffed made me feel confident	Medication sent to wrong hospital, considerably increasing the time my appointment took
Outpatient Department Attendees	5,743	1851	1463	89%	Everyone at Moy park went out of their way to be helpful.	Degree of chaos trying to deliver services on a building site

### Staff Survey:

An initial survey of staff working on the Grantham site has also been undertaken, with 157 responses received. This would represent an approximate 75% response rate from the staff identified within the model retained on site.

It is recognised that understanding the views and differing perceptions of all staff involved in delivering services at Grantham is helpful in both evaluating the impact of service changes and informing the options going forward. Similarly, the Trust has sought to understand the experience and perspectives of those staff relocated from the Grantham site to ensure a balanced picture is developed regarding the experiences of staff to complement patient feedback and assist in informing ongoing development and provision of services.

The development of a more effective and sustainable approach to engaging with staff that have moved from or remain working on the Grantham site has been established, with the development of a HR-led action plan, a live document which will be maintained for the duration of the changes to service at Grantham.

Initial analysis of responses presented mixed levels of confidence in the steps taken to manage risks of Covid-19 at Grantham Hospital. Specific concerns related to the consistent application of IPC standards potentially impacting upon the safety of the environment for patients have been consistently addressed, and the application of the stringent IPC processes has been maintained. The Grantham Green site remains a limited-access site, with prior approval required for staff accessing the 'Green' environment. As expected, at the time, most staff reported 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.

Positive staff feedback recognised the extent to which immediate managers both valued and were interested in individuals' health and wellbeing. However, a clear area for improvement was identified, with an ask for senior managers to strengthen existing levels of engagement and communication with staff, specifically in terms of actions taken in response to feedback received.

In addition to the usual local departmental engagement through the line manager structure, the Executive Leadership Team have maintained direct engagement through weekly meetings with Staffside representatives for all unions.

Recognising that there are groups of staff who work in services that span organisational boundaries, regular meetings take place between LCHS and ULHT teams 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 will be able to 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 and identify the most appropriate actions to be taken. The establishment of the Grantham Green Site Working Group provides a forum to receive operational updates from across the divisions including HR and Staffside attendance.

### **Engagement with Trade Unions**

Following engagement and consultation with TUs in advance of the formal presentation of the Green Site proposals in June, executive representatives have continued to meet weekly with Staffside representatives to ensure their ongoing involvement in evaluating the implementation of the model. TUs have continued throughout to raise the views of their member so that these may be considered alongside the views available from patients and other stakeholders. This level of engagement will continue for the duration of changes implemented at Grantham, to ensure the full impact on staff of any changes are fully understood and to inform ongoing evaluation.

## **3.4. Recognition and Response to Public Concerns**

### **Specific Concerns raised by the public:**

All individual concerns raised to the Trust Board at its extraordinary meeting in June 2020 have been responded to directly and in full either in the meeting or in writing by the CEO. These have subsequently been shared with the wider leadership team, with consideration being given to enable learning from these to influence future actions. These activities supplement the other engagement activities described earlier in section 3.3

A number of concerns raised have led to additional measures being put in place to mitigate risks or concerns in addition to the initial Green Site model published in June 2020. These additions have continued into the second quarter of operating. Some examples of this are;

- 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 have been put in place at the Grantham Green site itself for the most vulnerable patients.
- Additional outpatient services have been restored at the clinical assessment and treatment centre at Gonerby Road in Grantham, reducing the need for patients to travel to services at Pilgrim and Lincoln hospitals.
- Additional theatre capacity has been installed in the form of two Vanguard Modular Theatres, to be fully operational January 2021 to support cancer operating specifically (but not exclusively) breast and gynaecology.

- Children’s services are restarting with Green pathways at Grantham Hospital and additional pathway services are in development at Gonerby Road.
- In addition to Grantham Green Site surgical services, the Independent Sector are supporting the Trust at the BMI facility in Lincoln, Ramsey in Boston and St Hughes in Grimsby.

### Specific Concerns raised by Elected Representatives

Concerns were expressed by local elected representatives that focused upon the impact to residents required to travel to services that were being moved from the Grantham site. The importance of these concerns has been recognised by the Trust, and as previously discussed in this paper a number of developments of several new sites away from the immediate Grantham Hospital site, but within the Grantham locality, have been completed and are in operation.

As previously highlighted in this paper, these developments provide an increasing choice for Lincolnshire patients which to access services in Grantham. In addition, these developments have enabled the Trust to increase local access to services in Grantham above what had been proposed in June 2020.

These developments serve to maintain the highest level of protection and IPC standards on the Green site, enable the Trust to continue to restore services suspended during the manage phase of the epidemic and reduce both patient and staff need to transfer to other hospital sites across Lincolnshire.

Details of the 4 new sites are described below:

#### New Administration Centre



- Aim:** To locate suitable administration centre within the Grantham Town area
- Location:** Administration Centre – SKDC Council Offices, St Peters Hill, Grantham
- Access:** Ground Floor – available from 23 June 2020 – 30 workstations  
Upper Ground Floor – available from 10 July 2020

- Opportunities:**
1. Located in town – close to shops and transport
  2. Secure car parking for 40 – cost met by the Trust.
  3. Modern offices
  4. Tele- consultations offices
  5. Capacity to provide extra workstations



#### Family Health Centre – Grantham



- Aim:** To provide a new Family Health Centre
- Location:** Grantham Healthcare, St Catherines Road, Grantham
- Access:** Ground Floor – available from 29 June 2020 – 3 treatments and 3 offices  
First Floor – available from 29 June 2020 – 15 offices

- Opportunities:**
1. Family Health services on one location
  2. Additional Modular building for up to 5 treatment rooms for Family Health in car park



#### Unit 4 & 5 Hill Court Estate – Grantham



- Aim:** To locate suitable Tele consultation stations within the Grantham Town area
- Location:** Unit 4 & 5 Hill Court Estate, Turnpike Lane, Grantham
- Access:** TVC Hub will be available and operational from 3 July 2020 (subject to tenancy agreement)

- Opportunities:**
1. Tele- consultations up to 12 stations in modern offices
  2. Secure business park
  3. 14 dedicated car park spaces
  4. New IT system and PCs
  5. Located close to shops



#### Clinical Assessment and Treatment Centre – Grantham



- Aim:** To locate suitable clinical assessment and treatment facilities within the Grantham Town area
- Location:** Clinical Assessment and Treatment Centre, The Hatchery, Gonerby Road, Grantham
- Access:** Clinical Assessment and Treatment Centre will be available and operational from 6 July 2020

- Opportunities:**
1. Clinical assessment and treatment centre located in Grantham
  2. Staff facilities
  3. 5 treatment rooms
  4. OPD
  5. Ultrasound
  6. Audiology
  7. Diabetes
  8. Respiratory physiology



### 3.5. Recommendations from 1<sup>st</sup> Quarterly Report

#### Primary Recommendation regarding the Grantham Green site model:

Approval was granted by Trust Board to continue Green Site Model in October 2021.

*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 quarter's 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

In addition to the recommendation to continue the Green site model there were a number of recommendations made in the first quarterly review in October 2020. Each of these recommendations and their subsequent reciprocal action are described below.

1.	<p>Consider strengthening the <b>Operational Management Capacity</b> 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</p> <ul style="list-style-type: none"><li>• routine triangulation of Grantham <b>surgical activity</b> 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.</li><li>• revised <b>OP attendance</b> targets for Grantham</li><li>• an audit of IPC standards on the Grantham site, against the IPC BAF</li></ul>	
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Operational management has been strengthened by the appointment of a dedicated Clinical Site Manager at Grantham hospital. This Matron-level post has day-to-day oversight of operational capacity and acts as a dedicated senior manager to Grantham Hospital. Whilst an early initial appointment was unsuccessful, the vacancy was appointed to in this second quarter and will support the development of the ongoing performance management of Grantham Hospital activity.

The regular presence on site of the Divisional Managing Director for Surgery and Deputy Chief Operating Officer, combined with regular Executive site visits, also provides very senior manager oversight.

Revised outpatient attendance targets were incorporated into this second quarterly review and exceeded.

IPC standards on all sites have been reviewed in the context of the IPC BAF and this will continue to be reviewed. Most notably to date is the efficacy of the measures in place at Grantham which have maintained the ultra-high level of Covid-19 protection for our most vulnerable patients.

2.	<i>Consider establishing a <b>Grantham Green site working group</b> 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 &amp; EIAs previously undertaken. This to include modelling of intended rehabilitation services to be present on the Grantham site from 1<sup>st</sup> 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.</i>	
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The Grantham Green Site Working Group has been established. The group has representation at an Executive level as well as divisional operational representation (clinical and non-Clinical), Human Resources and Staff side representatives. Clear terms of reference have been established and whilst initially meeting fortnightly, it is now moving to a weekly meeting in preparation for changes to services from 1<sup>st</sup> April 2021 in line with current Green Site timescales.

3.	<i>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.</i>	
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Endoscopy service delivery was moderated in line with IPC, JAG and British Association of Gastroenterology guidance. The service made excellent progress in delivering recovery following Wave 1, as discussed in the main body of this paper; the services approach and success being recognised and held as an exemplar at a local, regional and national level.

4.	<i>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.</i>	
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The aims and objectives of the service relating to the development of the Green Site at Grantham have been fully implemented as detailed in the main body of this paper. There has been a clear and obvious transfer of patient services as intended, surpassing initial intentions, whilst retaining services across the wider ULHT footprint to cater for urgent pathway cohort of patients.

5.	<i>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.</i>	
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The responsibility for this sits under the auspices of the Divisional Managing Director for Surgery as delegated by the Divisional Director of Surgery. Performance is reported, monitored and managed through the Trust's operational management structure and reported via the Divisional Performance Review Meetings.

6.	<i>Formally establish with LCHS a collaborative framework for comprehensively evaluating the impact to patients and staff following the closure of Grantham ED, findings to shared monthly with all stakeholders and as part of the next formal quarterly review of the Grantham Green model.</i>	
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A collaborative relationship has been established and further developed throughout the Grantham Green Site model operational delivery. The teams meet monthly as a minimum, but in this second



quarter of the model being operational has increased to fortnightly. The group reviews operational issues covering operational delivery, quality, patient experience including complaints and compliments, and staffing.

**Corporate**

7.	<i>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.</i>	
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8.	<i>Ensure any future need to redeploy staff is based upon clear corporate criteria relating to skills and need, to promote fairness and equality.</i>	
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The wishes and needs of staff are represented and monitored through the Grantham Green Site Working Group. There is both Staffside and HR representation, as well as operational divisional senior representatives ensuring that views of staff reach a broad and influential audience. An action plan has been developed and is led by the HR Business Partner - progress against which is monitored via this group.

Redeployment of staffing across all sites now operates through a single ‘staffing hub’, and as such a consistent approach is applied across all sites. This is overseen by a very senior ‘nurse commander’ to ensure that safety is maintained and that staff are treated fairly and responsibly when being transferred or moved across clinical areas.

9.	<i>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.</i>	
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A collaborative approach has been established with LCHS colleagues through both UTC operational management and delivery teams. At a more senior level, a collaboration of Deputy Chief Operating Officer - Planned Care (ULHT), Associate Director of Communications and Engagement (ULHT), Strategic Engagement Lead (Optum Commissioning Support Services), and the Stakeholder Engagement Manager and Patient Experience Lead (LCHS) has been established to strengthen the relationships between provider stakeholders, and ensure sustained collaborative review of the impact of the change in services upon the ongoing patient experience.

**4. 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 11<sup>th</sup> Extraordinary Trust Board meeting it was agreed the proposed model of care should run temporarily until 31<sup>st</sup> March 2021. Within that same proposal was confirmation that there would be a quarterly review 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 were developed and agreed in the first quarterly review in October 2020. These criteria reflect when circumstances, either within the Trust’s control or outside of its control, would require the model to change or revert back to pre-Covid-19 arrangements.

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 national or local guidance changing.

Under these circumstances the criteria above remain wholly appropriate, with the importance being to continue 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 Trust Board in due course.

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

Trigger	Rationale	Measure or Indicator
<ul style="list-style-type: none"> <li>○ 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</li> </ul>	<p>Whilst working within emergency measures either at national Emergency planning level 3 or 4 the Trust must respond to regional or national directives.</p>	<p>Directive from NHSE/I either via MIDSEAST or national Command Centres/Incident Directors.</p>
<ul style="list-style-type: none"> <li>○ Where Impact on other health organisations results in a request for mutual aid directly relating to the temporary model.</li> </ul>	<p>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.</p>	<p>Formal Aid Request via the Local Resilience Forum.</p>
<ul style="list-style-type: none"> <li>○ Where substantial previously unidentified risk is identified with a threat to life or limb within the existing models of care.</li> </ul>	<p>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</p>	<p>Completed Risk Assessment that indicates an inability to mitigate risk through countermeasures.</p>

	potentially change/cease the current model.	
○ 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 whole system.

These 6 criteria were designed to consider all known scenarios that should lead, initially, to at least a consideration of amendment of the model. This in turn could trigger 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 and out of NHS Midlands Region). 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 national expectation that local intentions to restore elective services would continue for as long as possible reflected a 'window of opportunity' for the Trust to continue providing services for the benefit of all patients across Lincolnshire. This was reinforced by a letter received in September 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. Despite recent developments there has been to date no contrary advice formally issued to the Trust to stand down elective care.

#### 4.1. Evaluation of Current Circumstances:

The following assessment has been revisited in the context of the Quarter 2 position 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 11 <sup>th</sup> 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.  At the end of December 2020  62 day Treatment Standard backlog was at 221 against a trigger of 40 or less  104 day Treatment Standard backlog was 61 against a trigger of 10 or less  Overall waiting list levels remain above pre Covid threshold of 37,762. At the end of December the total waiting list was 43,413.	No
5. Covid-19 alert level reduces to L2	National Covid-19 alert L4	No
6. Activation of the Trusts Full Surge Plan	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 at this time.

## 5. Findings & Recommendations

The aims and intentions upon which the Green Site model was predicated remain sound. Wave 2 and a developing Wave 3 of the Covid 19 pandemic provides the opportunity to revisit the Green Site model arrangements, not least in the context of the current roll-out of the COVID-19 vaccine to staff and defined cohorts of patients.

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. However, this should be viewed within the context of an ever-changing environment and operational demands, and as such a need for an ever-changing tactical approach.

It is clear that the Green Site model has made a significant contribution to supporting the ongoing delivery of care to a group of patients who may otherwise have been more significantly impacted by the Covid 19 pandemic.

There is, in such a changing environment, always opportunity for reflection on the findings from this review to inform future tactical decisions in responding to ongoing need. Not least, the decision required of the Board in relation to a sanctioning of a third quarter of the model through to 31<sup>st</sup> March 2021, and in light of the current ongoing prevalence of the pandemic which had not been predicted, the future of such Green Site model arrangements beyond March 31<sup>st</sup>.

Subject to the decision required below, a further quarterly review will be undertaken for the period January – March 2021 and will be compiled in April for the May 2021 Board meeting.

### Decision Required:

#### Primary Recommendation: -

In the context with the achievements described in this report of the Grantham Green site model and the increased risk of national Covid-19 level 5, and actual challenges faced with the closure of surgical pathways at Lincoln and Pilgrim Hospitals the Trust Board is invited to approve the primary recommendation to continue with the Green site model at Grantham as planned through to 31<sup>st</sup> March 2021.



Meeting	<i>Public Trust Board</i>
Date of Meeting	<i>2<sup>nd</sup> February 2021</i>
Item Number	<i>TBC</i>
<i>Recommendations on the temporary Grantham Green Site operating model, put in place in response to Covid-19, post 31<sup>st</sup> March 2021</i>	
Accountable Director	<i>Simon Evans – Chief Operating Officer</i>
Presented by	<i>Simon Evans – Chief Operating Officer</i>
Author	<i>Simon Evans – Chief Operating Officer</i>
Report previously considered at	<i>N/A</i>

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	<i>4558 – Local Impact of the Global Coronavirus (Covid-19) Pandemic The paper is in direct response to mitigating this risk.</i>
Financial Impact Assessment	<i>The temporary establishment of a Covid-19 Green site at Grantham Hospital was 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.</i>
Quality Impact Assessment	<i>Original Completed June 20 as part of recommendations. A revised QIA will be developed for sign-off prior to any chance</i>
Equality Impact Assessment	<i>Original Completed June 20 as part of recommendations. A revised EIA will be developed for sign-off prior to any chance</i>
Assurance Level Assessment	<i>Significant</i>

Recommendations/ Decision Required	- The Board is asked to review this paper alongside the Grantham Green Site second quarterly review.
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	<p>The Board is asked to review and confirm the 5 recommendations described in this report, one of which will be the review of a subsequent paper for decision at March 2021 board.</p>
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## 1. Purpose

The purpose of this paper is to put forward recommendations to the ULHT Trust Board appertaining to the future operating model at Grantham and District Hospital and other associated services beyond 31st March 2021, following the temporary establishment of a Green site at Grantham in June 2020. This paper is not to replace the second quarterly review which will be presented at February 2021 ULHT Trust Board in line with previous commitments described in the initiation document approved in June 2020.

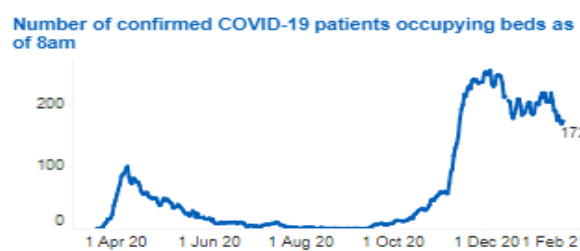
## 2. Introduction and Background

The development of a Green Site at Grantham was one important element of the Trust's Covid-19 Strategy and Recovery Plan, the proposal for which was considered by the Board on 11<sup>th</sup> June 2020, with go live 29<sup>th</sup> June 2020.

The overarching objectives were to support requirements for urgent care in response to Covid-19, whilst simultaneously addressing the need to re-establish and maintain access to elective care, providing a structure upon which the Trust's planning for elective recovery could be based.

Principles agreed in the development of the model in June 2020 included adherence to strict Infection Prevention and Control procedures (IPC Excellence), creating capacity to address backlogs of patients waiting for treatment from Wave 1 and the ability to sustain any new model in the face of future waves of Covid-19 outbreaks. Research available in June 2020 supported the development of 'Green sites', with two major research papers from China and Europe (Italy) demonstrating the positive impact of operating in a Covid-19 -free environment. Whilst a third paper described the impact on patient outcomes of perioperative Covid-19, in particular the substantial increase in fatalities.

On 9<sup>th</sup> November, following a steady increase from mid-October, ULHT case numbers in Wave 2 of the pandemic surpassed Wave 1 peak demands and went on to be 250% of the previous Covid-19 hospitalised cases. This ultimately necessitated the repeated temporary cessation of both the Lincoln County Hospital and Boston Pilgrim Hospital Green pathways and all surgical procedures therein. At the same time Grantham Green site surgery and treatments were able to continue.



Although more detail can be found in the second quarterly review of the Grantham Green Site model, it is important to note that whilst operating this configuration no patient has contracted Covid-19 in Grantham hospital after surgery, despite more than 2,500 patients having received their surgery and more than 5,500 treatments taking place.

## 3. Current position and ability to forecast impact of Covid-19

At the point of production of this report (25<sup>th</sup> January 2021) the national Covid-19 alert level is at level 5, indicating there is a material risk of healthcare services being overwhelmed. It has been at this level since 4<sup>th</sup> January 2021.



In addition to this, the NHS Emergency Preparedness and Response level is also at its maximum Level 4, requiring trusts to work within strict directives from NHSE/I. This response maintains a command-and-control function within the NHS and reduces some local decision making in order to consistently respond to the national Covid-19 pandemic.

A national Covid-19 vaccination programme is underway across all regions. In Lincolnshire this vaccination programme is running in line with national directives with cohorts of high-risk patients/staff being vaccinated first. On 30<sup>th</sup> December 2020 the national Joint Committee on Vaccination and Immunisation (JCVI) announced that as many people on the priority list as possible should be vaccinated with a first dose and that second doses should be 12 weeks and not 4 weeks after the initial dose. This change in approach, whilst increasing the number of people vaccinated with some protection, does reduce the number of people who have the full effect of the vaccination described by the manufacturers Pfizer/BioNTech and AstraZeneca(Oxford).

As of 24<sup>th</sup> January 2021 6315 patients have confirmed Covid-19 in hospitals across the midlands compared to a previous peak of 3,429 on 12<sup>th</sup> April 2020. This substantial increase in hospitalisation of patients with Covid-19 has been explained by a second variant of Covid-19 that is 30%-70% more transmissible than the original variant that presented in wave 1.

In ULHT hospitals on the 24<sup>th</sup> January 2021 139 patients have Covid-19 compared to an initial peak of 100 positive Covid-19 patients on 9<sup>th</sup> April 2020. This has reduced from a new peak that was experienced on 4<sup>th</sup> December when 253 patients had positive Covid-19 status across Pilgrim and Lincoln hospitals.

This transition from Wave 1, through Wave 2 and now to a Wave 3 which is moving across England re-affirms that despite IPC measures and lockdowns at different levels regionally and nationally, Covid-19 still represents a substantial risk to the provision of healthcare services across the country and Lincolnshire specifically.

At the time of production of this report there are no forecasted infection models developed that have high confidence predictions of the future impact of vaccination and/or Covid-19 second variant on Lincolnshire. Models being used that have been developed locally, regionally and nationally have limited time intervals only, providing confident forecasts into February 2021.

There are currently no publications or research papers that describe the impact of vaccination programmes on perioperative mortality in either mixed or Covid-19-free hospitals, largely as a result of the vaccination programme being so recently started.

**Recommendation 1 – Considering the relative lack of evidence about the impact of Covid-19 on services and patients post-April 2021, it is recommended that ULHT commission a review of all available research, preferably with significant contribution from Public Health England and the Director of Public Health. This commission will aim to ascertain the new risk factors of operating mixed Covid-19 free and Covid-19 positive pathways, factoring in all known research about the Covid-19 vaccination programme and new variants of Covid-19.**

**Recommendation 2 – ULHT Trust Board are invited to consider additional recommendations to revert to pre-Covid-19 models of care, or not, at Grantham hospital at the March 2021 board. This will provide time for recommendation 1 to be completed whilst still maintaining sufficient time to operationalise changes in service back to a pre-pandemic model if required.**

As result of the impact of Wave 2, waiting lists for cancer, planned elective care and diagnostics have once again started to grow. It is likely that after 1<sup>st</sup> April the NHS national will move to a recovery phase. This phase will require the large-scale restoration of elective services in order to tackle the backlog of patients waiting for planned care appointments/operations. It will not be possible for this recovery of activity to take place during wave 3, and therefore there is already certainty that additional clinical/physical capacity will be required.

**Recommendation 3 - All areas where additional physical clinical/physical capacity has been put in place as part of the temporary changes to the Grantham Green Site model should remain in place past 1<sup>st</sup> April for at least 3 months, subject to review. Specifically, but not exhaustively this includes:**

- **The additional two theatres at Grantham Hospital**
- **Gonerby Road treatment and diagnostic facilities**
- **Grantham Health Centre facilities and additional clinical rooms**
- **Additional MRI/CT mobile scanners at Lincoln, Pilgrim and Gonerby Road in Grantham**

**The use of Independent Sector capacity will be subject to national contracting developments; however the continued use of independent sector capacity is also recommended where available in this next phase.**

#### **4. Operationalisation of previous models of care**

The development of the original temporary model approved in June 2020 was implemented over a 12 week period into September 2020. Although a number of important changes were put into place in July and August, this operationalisation did not complete until September owing to the complexity of some originally unforeseen consequences of the model. In particular, the transfer of non-clinical services off the Grantham Hospital site to alternative locations in Grantham and other ULHT hospitals.

Having undertaken these and other important changes to deliver the necessary services in response to the Covid-19 pandemic, it is unlikely that the same 12 week window will be required to revert services back to pre-Covid-19 models. However, workforce redeployment and changes of this magnitude would typically require a 6 week window in order to combine both new workforce locations and to ensure patients and the public are informed with sufficient notice.

**Recommendation 4- Considering the necessary lead time to plan services reverting back to pre-Covid-19 models, it is recommended that active planning should start immediately to build rotas and put in place operational plans to restore pre-Covid-19 models of care at Grantham hospital from 1<sup>st</sup> April. By undertaking these planning tasks and engaging with key stakeholders over the next month the implementation time should be reduced down to 2 weeks. Should a decision to revert back be confirmed in March, this planning will ensure the implementation by 1<sup>st</sup> April 2021.**

**Recommendation 5- Staff, Public and patient engagement activities should continue as described in the latest quarterly reviews to ensure strong communication between staff, public and ULHT. This will support active patient involvement in developing and operating safe, effective services going forward. This should as a minimum continue with communication methods already in use, but also actively canvas staff and public opinion about changes made.**

## 5. Summary

The temporary arrangements put in place as part of the Trust's response to Covid-19 and restoration of services that offer protection from Covid-19 were due to continue till 31<sup>st</sup> March 2021.


The decision to revert back or to continue the Green Site model cannot reasonably be made at the current time, considering factors such as the Covid-19 vaccination programme, Covid-19 alert level 5, hospital levels of Covid-19 positive patients at twice the level of wave 1 and new variants emerging.

As such, recommendations have been put forward to gain better understanding of these factors, at the same time as practically preparing to revert back to pre covid-19 model at Grantham hospital, keeping additional clinical capacity where possible for future recovery activities.

A final recommendation on service configuration from 1<sup>st</sup> April should be made after this work has been undertaken in March 2021.

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# Agenda Item 9

 <b>Lincolnshire</b> COUNTY COUNCIL <i>Working for a better future</i>		<b>THE HEALTH SCRUTINY COMMITTEE FOR LINCOLNSHIRE</b>	
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	<b>Health Scrutiny Committee for Lincolnshire</b>
Date:	<b>17 February 2021</b>
Subject:	<b>Health Scrutiny Committee for Lincolnshire - Work Programme</b>

**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: -

17 February 2021 – 10 am		
	<i>Item</i>	<i>Contributor</i>
1	Lincolnshire Partnership NHS Foundation Trust – Update on Child and Adolescent Mental Health Services Intensive Home Treatment Team	Representatives from NHS England and NHS Improvement; and Lincolnshire Partnership NHS Foundation Trust
2	Lincolnshire Partnership NHS Foundation Trust – General Update	Representatives from NHS England and NHS Improvement; and Lincolnshire Partnership NHS Foundation Trust
3	United Lincolnshire Hospitals NHS Trust - General Update	Andrew Morgan, Chief Executive, United Lincolnshire Hospitals NHS Trust Simon Evans, Chief Operating Officer, United Lincolnshire Hospitals NHS Trust
4	United Lincolnshire Hospitals NHS Trust – Second Quarterly Review of Grantham Green Site	Andrew Morgan, Chief Executive, United Lincolnshire Hospitals NHS Trust Simon Evans, Chief Operating Officer, United Lincolnshire Hospitals NHS Trust

## 3. Future Work Programme

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

16 March 2021 – 2pm		
	<i>Item</i>	<i>Contributor</i>
1	Lincolnshire Sustainability and Transformation Partnership Update	Sarah-Jane Mills, Chief Operating Officer, West Locality Lincolnshire Clinical Commissioning Group
2	Community Pain Management Service	Sarah-Jane Mills, Chief Operating Officer, West Locality, Lincolnshire Clinical Commissioning Group Tim Fowler, Assistant Director, Contracting and Performance, Lincolnshire Clinical Commissioning Group
3	Non-Emergency Patient Transport	Sarah-Jane Mills, Chief Operating Officer, West Locality Lincolnshire Clinical Commissioning Group Tim Fowler, Assistant Director, Contracting and Performance, Lincolnshire Clinical Commissioning Group

17 April 2021 – 10am		
	<i>Item</i>	<i>Contributor</i>
1	Lincolnshire Community Health Services NHS Trust Update	Senior Management Representatives from Lincolnshire Community Services NHS Trust

#### Items to be added to the Work Programme

- NHS Continuing Healthcare
- East Midlands Ambulance Service Update
- Urgent Treatment Centres – County Coverage
- Do Not Attempt Cardiopulmonary Resuscitation Forms (*CQC report due sometime in February*)
- ULHT Outpatient Services in Community Services (*later in 2021*)

#### **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.

#### **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 Simon Evans, Health Scrutiny Officer, who can be contacted on 07717 868930 or by e-mail at [Simon.Evans@lincolnshire.gov.uk](mailto:Simon.Evans@lincolnshire.gov.uk)

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

	2017					2018					2019					2020					2021																			
KEY	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	20 Jan	17 Feb	16 Mar			
<div style="display: flex; align-items: center; gap: 5px;"> <div style="width: 10px; height: 10px; background-color: yellow; border: 1px solid black;"></div> Substantive Item  <div style="width: 10px; height: 10px; background-color: lightgrey; border: 1px solid black;"></div> Chairman's Announcement  <div style="width: 10px; height: 10px; background-color: green; border: 1px solid black;"></div> Planned Item                 </div>																																								
<i>Meeting Length - Minutes</i>	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	242	188	140	120					
<b>Breast Screening Restoration</b>																																								
<b>Cancer Care</b>																																								
General Provision																✓										✓														
CT and MRI Scanners																												α												
Midlands Rapid Review																																								
Performance																												α												
Head and Neck Cancers																				α																				
<b>Cardiac Services</b>																																								
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<b>Clinical Commissioning Groups</b>																																								
Annual Assessment																																								
Lincolnshire (from 1-4-20)																																								
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<b>Community Pharmacy</b>																																								
<b>Covid-19 Response</b>																																								
<b>Dental Services</b>																																								
<b>Elections – Impact</b>																																								
<b>Falls Service</b>																																								





	2017					2018					2019					2020					2021																				
KEY	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	20 Jan	17 Feb	16 Mar				
Learning Disability Specialist Care				✓								✓																													
<b>Lincolnshire Sustainability &amp; Transformation Partnership / Healthy Conversation 2019</b>																																									
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																								✓																	
<b>Lincolnshire Partnership NHS Foundation Trust:</b>																																									
General Update / CQC			✓															α																							
Ash Villa – Inpatient Ward for Women																																					α				
CAMHS																											✓								✓		α				
Covid-19 Response																																									
Older Adults Services																											✓														
Psychiatric Clinical Decisions Unit									α																																
<b>LIVES</b>																																									
Lincolnshire Pharmaceutical Needs Assessment																																						α			
Lincolnshire Reablement & Assessment Service																																									
Louth County Hospital														α	✓													α													
Mental Health Promotion Fund																																							α		



	2017					2018					2019					2020					2021																			
KEY	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	20 Jan	17 Feb	16 Mar			
<b>Renal Services</b>																																								
Dialysis Services														✓								α						α		α										
Midlands Rapid Review																																			α					
Quality Accounts	✓								✓											✓		α	α						✓		α									
St Barnabas Hospice																												α												
Skegness Hospital																												α												
<b>United Lincolnshire Hospitals NHS Trust:</b>																																								
A&E Funding																																								
Introduction	✓																																							
Care Quality Commission		✓											α	α	✓						✓	α	✓			✓			✓											
Children/Young People Services											✓	✓	✓	✓		✓				✓	✓				✓				✓											
Covid-19 Restoration of Services																														✓			✓	✓		✓				
Financial Special Measures											✓																													
Five Year Strategy																																								
Grantham A&E																																								
Lincoln Urgent Treatment Centre																																								
Orthopaedics and Trauma																																								
Outpatients at Community Hospitals																																								✓
Smoke Free Policy																																								
Stroke Services																																								
Winter Resilience																																								