



Meeting	<i>Public Trust Board</i>
Date of Meeting	<i>1 December 2020</i>
Item Number	<i>Item 6</i>
<b>Chief Executive's Report</b>	
Accountable Director	<i>Chief Executive</i>
Presented by	<i>Andrew Morgan, Chief Executive</i>
Author(s)	<i>Andrew Morgan, Chief Executive</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	
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	<i>N/A</i>
Financial Impact Assessment	<i>N/A</i>
Quality Impact Assessment	<i>N/A</i>
Equality Impact Assessment	<i>N/A</i>
Assurance Level Assessment	<i>Insert assurance level</i> <ul style="list-style-type: none"> <li>• <i>Significant</i></li> </ul>

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

### 1. Introduction

This report is presented in a different format this month. As well as the usual updates from the CEO, there are 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

- Planning is underway across the system for the mobilisation of the COVID vaccination programme. This includes work relating to distribution of the vaccine, identifying mass vaccination sites, local sites, identifying priority groups, confirming the delivery model in terms of who will be giving the vaccinations, recruiting staff, communications, and a NHS staff vaccination programmes. All of this is subject to the vaccine(s) being approved for use.
- Alongside work on the COVID vaccination programme, work is continuing to improve the uptake of the flu vaccination amongst NHS staff. The aim is to get to 90% of front-line staff having been vaccinated by the end of November.
- Much of the focus within the system is on managing Wave 2 of COVID. An update is provided elsewhere in this paper. There is a system winter preparedness review with NHSE/I on the 25<sup>th</sup> November. A verbal update will be provided to the Board at its meeting on 1<sup>st</sup> December.
- There was a positive Acute Services Review (ASR) Panel review meeting with Midlands NHSE/I on 12<sup>th</sup> November. A formal letter is awaited. If NHSE/I are content with the proposals and the Pre-Consultation Business Case, the next stage would be for it to proceed to the National Panel for review and hopefully approval.
- Work continues across the system on preparing for the end of the EU Transition period on 31<sup>st</sup> December. Each organisation has a SRO leading on the implications of the ending of the transition period and the mitigating actions that may be required. These actions will be influenced by whether or not there is a trade agreement with the EU and what is contained in any such agreement.

### 3. CEO Trust Overview

- The Trust has now taken delivery of the Lateral Flow testing kits to enable patient-facing staff to test themselves for COVID twice weekly. These are being distributed to staff along with training and usage instructions. The tests can be done at home in approximately 5 minutes and the results are available within approximately 30 minutes. If a member of staff tests positive, a PCR swab is then arranged to confirm the result, with the member of staff self-isolating in the meantime.
- The Integrated Improvement Plan Big Conversations with staff have now concluded. A video version of the presentation will be made available to those staff who did not book onto one of the live events. A booking

system will be put in place for this video presentation so that there is a record of the proportion of staff who have accessed this information.

- I am pleased to confirm that Simon Evans has been appointed as the substantive Chief Operating Officer for the Trust. This follows the final interview stage of the recruitment process. The post was advertised nationally. Simon has been acting into the role since early 2020.
- The national advert for the Trust’s new Medical Director has now closed. There were 19 applications and the shortlisting process is now underway.

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

On 5<sup>th</sup> November 2020 the NHS returned to a level 4 incident level putting in place 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 has now activated its MANAGE phase plan to respond to the current challenges; its objectives and the associated plans and polices are described below.



##### Objective

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

##### Policies

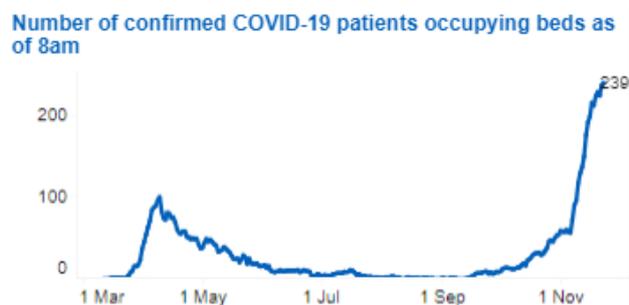
- Pandemic Influenza Plan, and
- Major Incident Plan

##### 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 1 Urgent Care demands were reduced by 60% at times reducing 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.
- Cancer and clinically urgent care appointments/treatments cannot be cancelled or delayed in wave 2. Wait times cannot be extended for these patients as they were in wave 1.
- 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.



- The level of staff absence and reduced agency staff fill rates

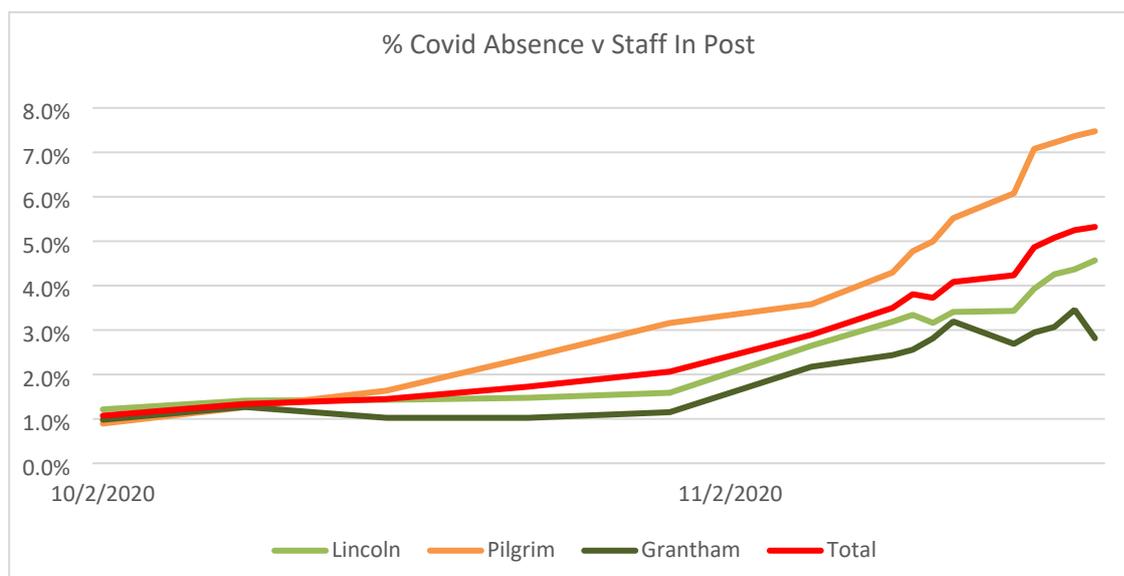
Grantham Green site remains critical to protecting Cancer and clinical urgent care capacity throughout the Wave 2 response. This is more important as Green pathways at LCH and PHB hospitals have not been able to sustain Green pathways because of the level of Covid-19 demands on those sites.

Triggers set for the return to pre Covid-19 configuration at Grantham have not been met in the last month. A critical incident was declared at ULHT on November 13<sup>th</sup> as a result of compromised urgent care provision however a system response was enacted and the Trust stepped down from this within 72 hours.

Models forecasting future demands predict a peak of more than 300 positive Covid-19 patients in our hospitals in early-mid December 2020. Surge plans and associated workforce plans are being developed to maximise capacity available to respond to these increased demands.

### 5. Staff Absence

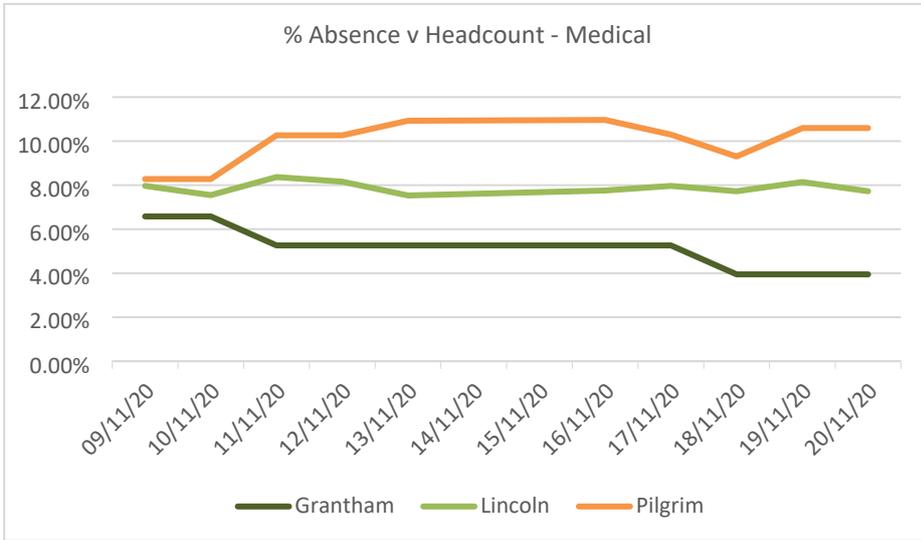
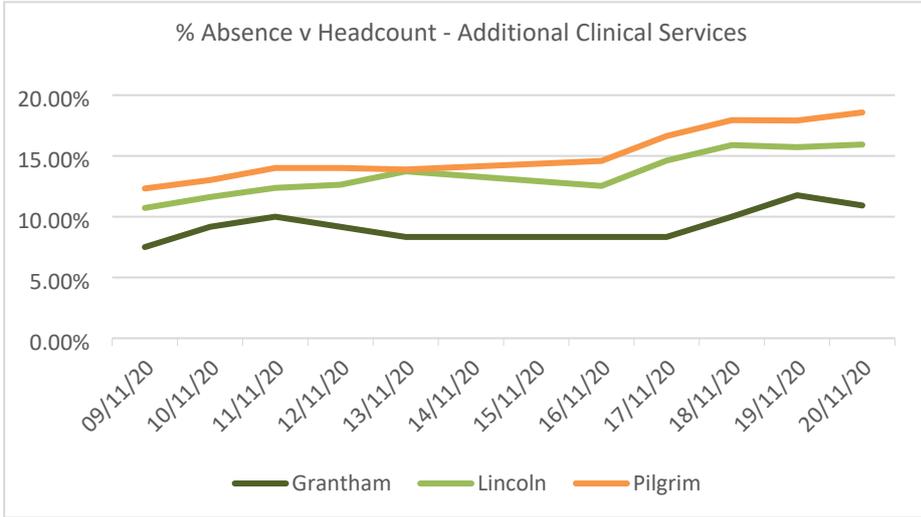
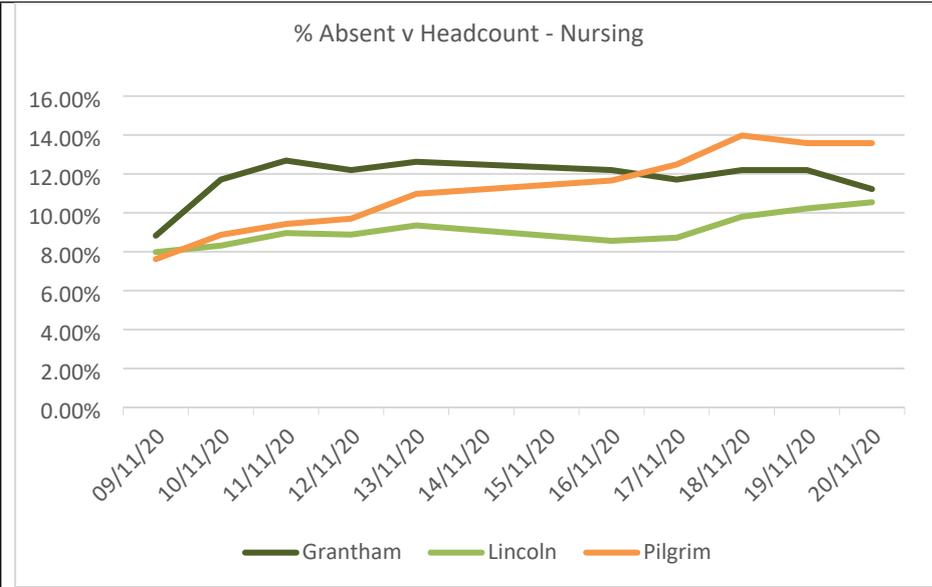
As of 23<sup>rd</sup> November, the overall percentage absence rate was 11%. The chart below shows the COVID percentage absence rate, which has risen significantly since the end of October.

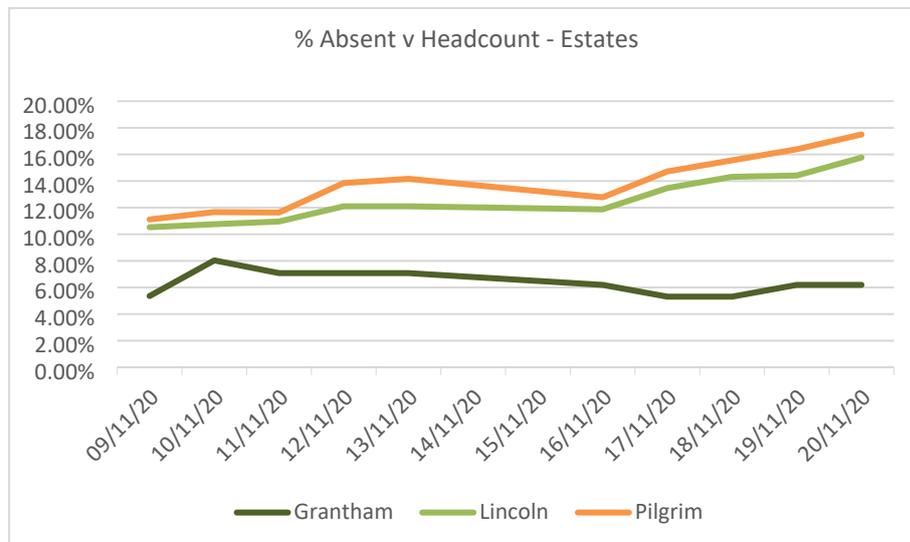


What this table does not show however is the variance between different staff groups. Those staff groups directly involved in patient care have absence rates higher than 11%. The charts below show the specific rates for Medical Staff, Nursing, Additional Clinical Services and estates. Staff absence is having a significant impact on our ability to deliver patient care.

COVID absence covers staff who are ill with COVID, are shielding or are isolating because members of their families are symptomatic.

We have been managing a number of staff clusters.





## 6. Keeping our staff safe

- 96% of our staff have had a COVID risk assessment and adaptations have been made to their working arrangements where necessary e.g. to work on a green pathway. 100% of our BAME staff have had an assessment and that assessment has been amended to reflect latest best practice guidance.
- 43 staff are shielding at home as a consequence of revised Government guidance issued at the start of the second lockdown.
- The twice daily staff well-being checks (including a temperature check), which has been in place since the Grantham Green Site commenced, is being extended to other sites, with the expectation this will be in place by early December.
- Lateral Flow (“Home”) Testing is being rolled out during w/c 23<sup>rd</sup> November to 6600 “frontline staff”
- We are swabbing staff who are symptomatic, get a positive test through Lateral Flow and where we have a cluster of COVID positive staff in any part of the organisation. We also swab any symptomatic relatives of our staff members.
- We have a target to vaccinate against flu 90% of that same staff group by the end of November (before commencing COVID vaccination of staff). As of 23<sup>rd</sup> November, we had vaccinated 65%. We have received a further delivery of vaccines and have re-supplied our peer to peer vaccinators and have set up a number of additional flu clinics, including at the collecting points for the home testing kits.
- Arrangements are being made to commence the vaccination of our staff against COVID 19 at the beginning of December (separate to the community vaccination programme). This is a complex vaccination to deliver
- 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.

## **7. Well-Being**

Our extensive well-being offer has been in place through the COVID pandemic. This is regularly reviewed by our representative Well-Being Team and publicised to our staff (incorporating help-lines, wobble rooms, access to information). We have recently introduced Well-Being Hubs at Pilgrim and Lincoln which offers a “drop-in” facility for staff who need support open for 12 hours per day. We have publicised our broader well-being offer for staff at Grantham and Louth. 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**

Issues around supply and demand are discussed on a daily basis at the Workforce Cell. Issues around nursing supply are exacerbated by a reduction in agency staff available.

The system has responded to requests for mutual aid, when requests have been made. We have also more informally sought to access staff at LPFT and Lincolnshire County Council to bolster our bank numbers.

The following actions have been taken by the Cell to respond to the supply challenges:

- Redeployment of clinical staff on a risk basis to cover the twin challenge of increasing numbers of COVID patients and reduced staff numbers
- Redeployment of support staff into new ward support roles
- The introduction of incentive payments for nursing and cleaning roles to encourage staff to join the bank and offer more shifts
- Reinvigorating the COVID bank so that we can draw down staff to support Estates and Facilities staff in particular
- Other staff have volunteered to undertake cleaning and moving patients when needed.

## **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 7 Financial Headlines**

- In M7 the Trust has delivered a surplus of £145k for the month; this is after planned support from the Lincolnshire system of £11.9m.

- The income position is breakeven for the block and STP planned support with a minor upside on other operating income.
- Expenditure is overall aligned to the plan with an underspend of £0.4m in Pay offset by an over spend of £0.4m in Non-pay.
- The favourable pay movement relates to lower than expected growth in agency costs as part of the Trusts response to the Restore phase of Covid.
- The pressure in Non-Pay relates to higher than forecast energy costs as a result of a breakdown and the associated repairs, this pressure will continue into November and then is anticipated to revert back to forecast levels.
- The Trust incurred £0.7m of additional expenditure in relation to Covid-19 in M7 (£15.2m year to-date) – spend within the forecast levels.
- The Trust incurred £0.6m of additional expenditure in relation to Restore in M7 (£3.3m year to-date) which was £0.7m lower than in Month 6 due to non-recurrent expenditure of £0.7m in Month 6 at Gonerby Road – spend within the forecast levels.
- Capital expenditure for the year to date stands at c£7.3m which is c£10m behind plan. The forecast CRL expenditure remains on track, with the newly formed Capital Delivery Group providing oversight.
- The month end cash balance is £63.2m which is an increase of £49.5m against cash at 31 March, this is driven by the national finance regime.

#### **11. System 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 7 shows a deficit of £16k. This represents a positive variance against plan of £0.5m, a number of factors are driving this position including the ULHT favourable M7 position
- The system-wide forecast position remains in line with plan.