



Meeting	Public Trust Board
Date of Meeting	2 February 2021
Item Number	Item 6
Chief Executive's Report	
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"> Significant

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

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 12th 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 8th 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 (4th Dec)

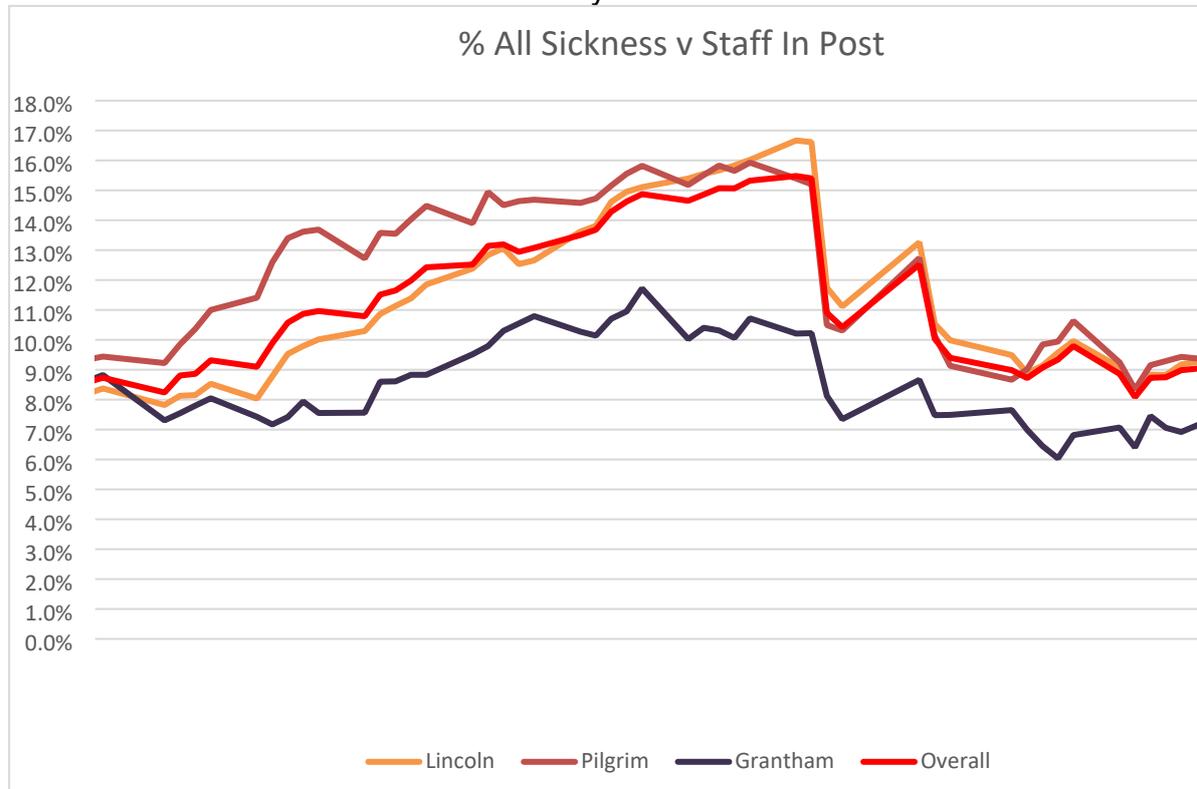
Number of confirmed COVID-19 patients occupying beds as of 8am



- 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.

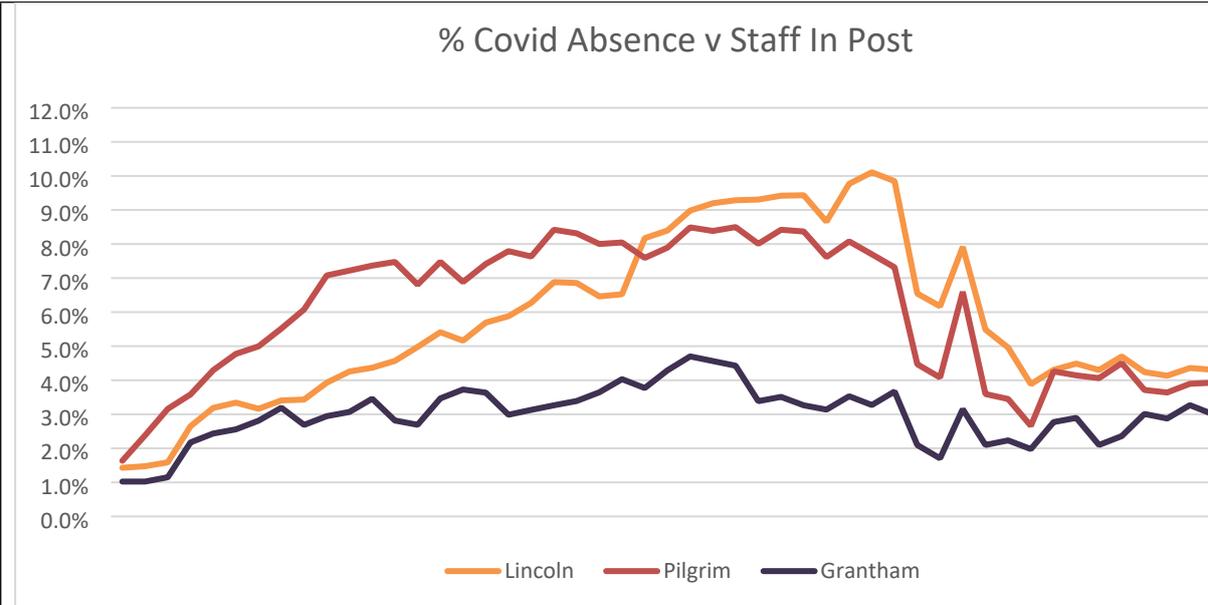
5. Staff Absence

As of 25th 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.