



Meeting	<i>Public Trust Board</i>
Date of Meeting	<i>2nd February 2021</i>
Item Number	<i>Item number allocated by admin</i>
<i>2nd 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"> <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>
---------------------------------------	---

- | | |
|--|--|
| | <ul style="list-style-type: none">• <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> |
|--|--|

Contents

- 1. Executive Summary.....3
- 2. Purpose6
- 3. Assessment of Service Delivery.....7
 - 3.1. Operational Delivery8
 - 3.1.1. Planned Surgical activity:8
 - 3.1.2. Cancer Surgical activity:12
 - 3.1.3. Chemotherapy activity:14
 - 3.1.4. Outpatient performance:16
 - 3.1.5. Urgent Diagnostic Endoscopy performance:20
 - 3.1.6. UTC performance:22
 - 3.2. Quality & Safety25
 - 3.3. Patient & Staff Experience26
 - 3.4. Recognition and Response to Public Concerns32
 - 3.5. Recommendations from 1st Quarterly Report34
- 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:.....36
 - 4.1. Evaluation of Current Circumstances:.....39
- 5. Findings & Recommendations40

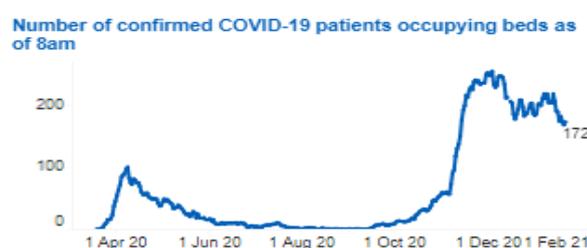
1. Executive Summary

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 11th June 2020, with go live 29th 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 21st 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 4th 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 2nd quarter of the Green Site model. On 9th 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 11th 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 1st 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 2nd 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.

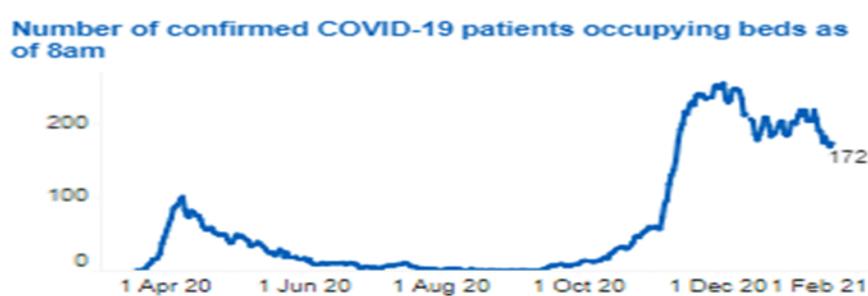
However, it is clear the Grantham Green site model continues to provide a significant contribution to the Trust's delivery of urgent, elective and diagnostic care, in the face of an ongoing Wave 2 and increasing numbers of Covid +ve patients, whilst also preparing for a predicted Wave 3. The ability 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 29th June 2020, and against the findings of the 1st 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 1st 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 2nd quarterly review will continue to review the current model in a similar way to the 1st 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 31st March 2021.

3. Assessment of Service Delivery

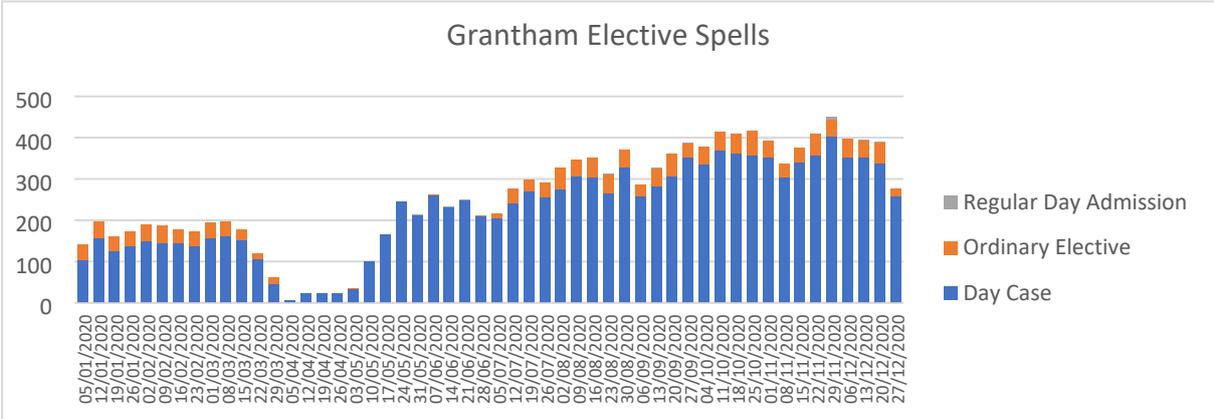
The development of the proposal for the Trust Board on 11th June and going live with a Green Site model from 29th June was recognised as a significant achievement for the Trust. The pace with which the complex proposal was required to be taken forward was only achieved through the significant efforts 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 2nd 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.

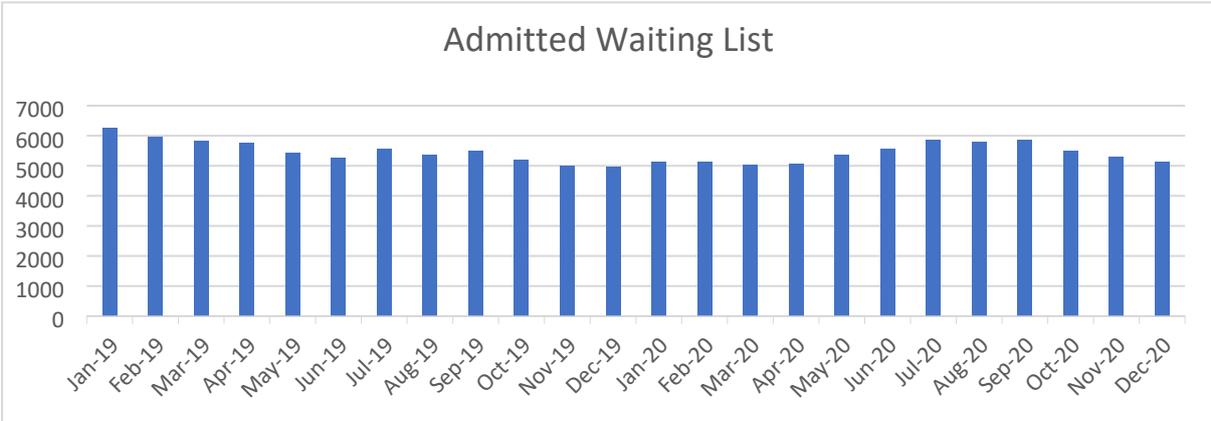
There is no doubt that establishment of a Green Site has resulted in several new specialties now operating from Grantham, with indications that there is potential for this surgical activity to increase further (e.g. via the introduction of modular theatres from January 2021). The strengthening of the 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>RAG</p>
---	-------------------

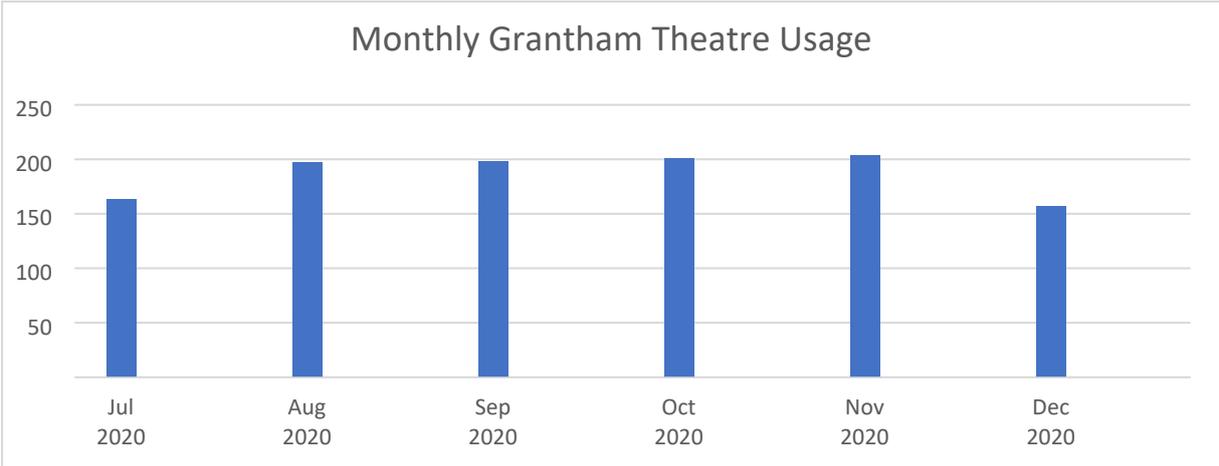
The two surgical wards at Grantham supported by the fully functioning theatres have enabled further progress in managing a range of new specialties at Grantham, with the trend of incremental increases being achieved most weeks until the advent of Wave 2.

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.

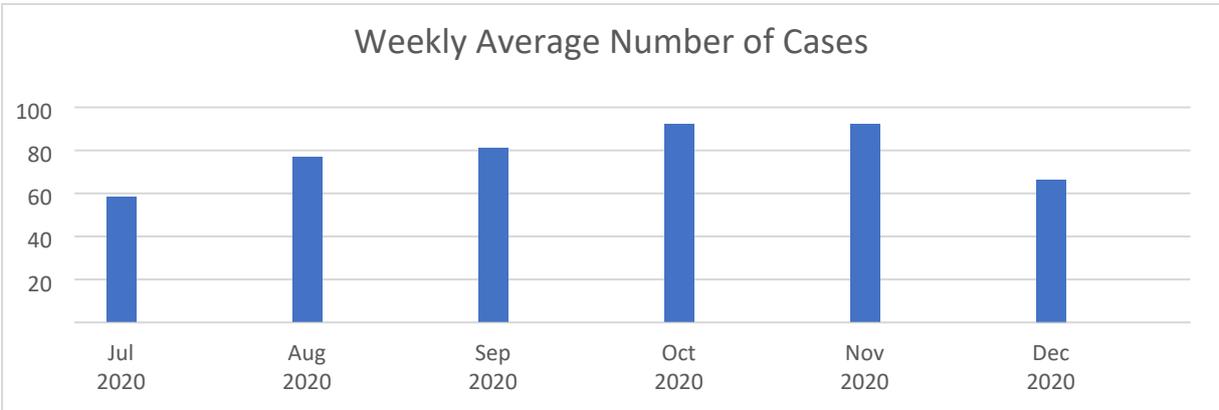


Monthly session utilisation has increased since the establishment of the Grantham Green Site and has, despite the challenges of Covid-19 Wave 2, remained consistent up until December 20, whilst noting an expected reduction in utilisation during planned closures during the Christmas period.

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.

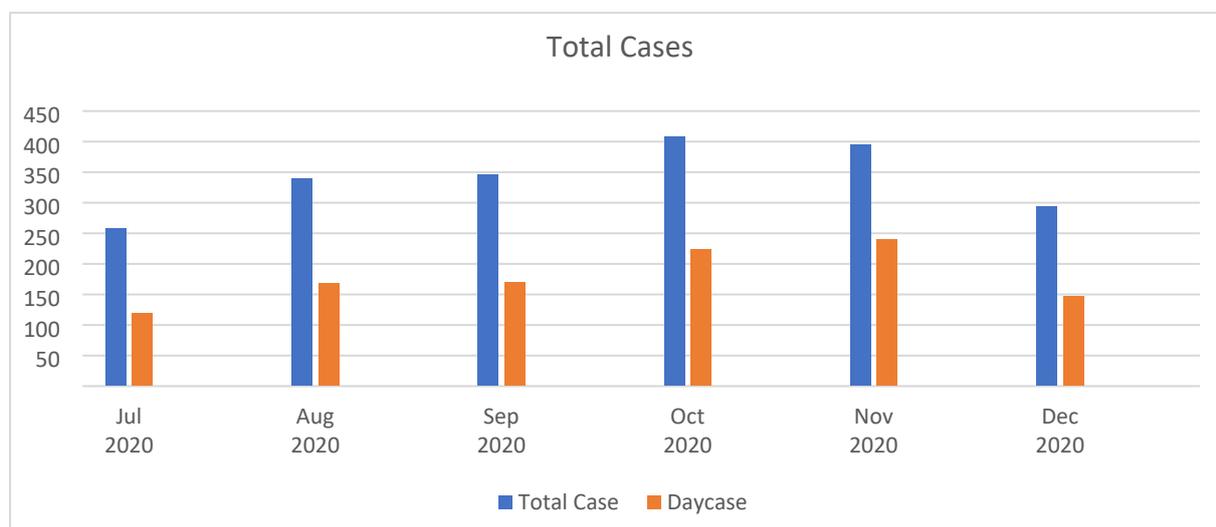
Average number of admissions per week is contained in the chart below.



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)

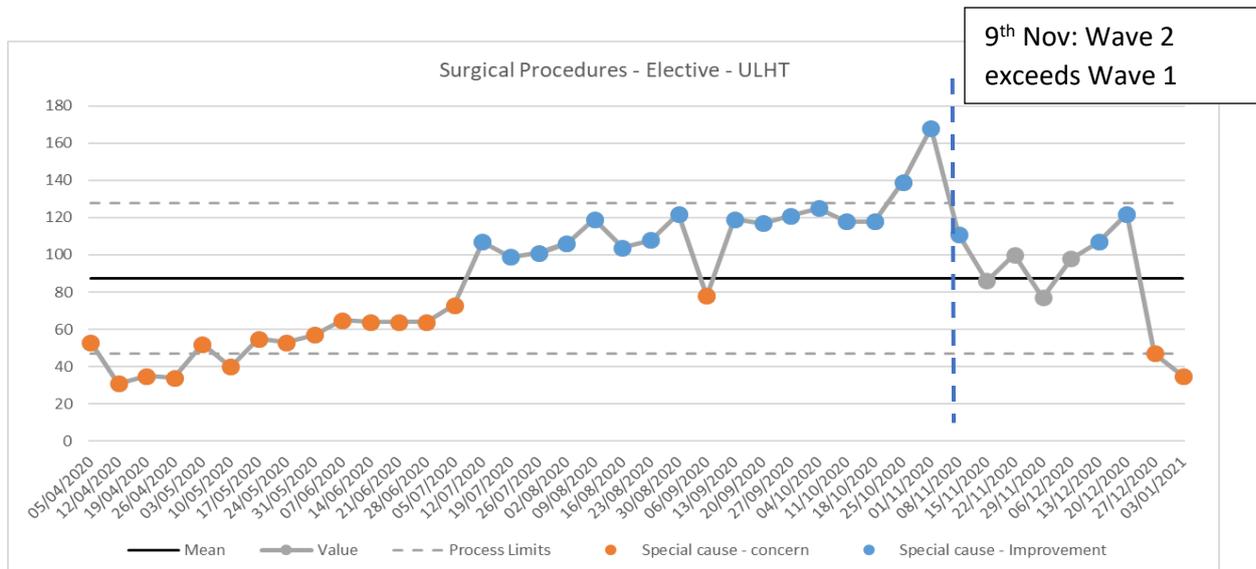
Specialty	Pre-Covid Cases (w/e 12th Jan - w/e 15th Mar)	Qtr 1 Cases (w/e 12th Jul - w/e 13th Sept)	% Change	Recent Case (w/e 20th Sept – w/e 27th Dec)	% Change (from Qtr 1 review)
100 - General Surgery	396	192	-52%	310	61.5
101 - Urology	121	259	114%	365	40.9
103 - Breast Surgery	31	125	303%	145	16.0
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

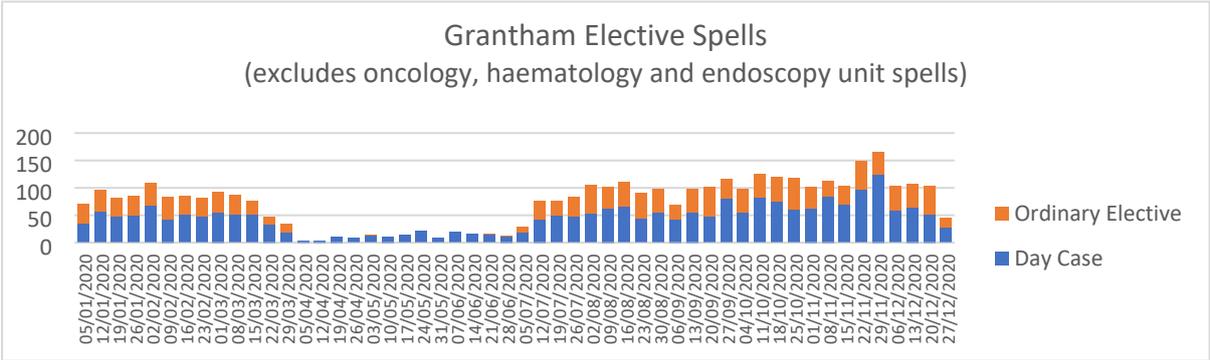
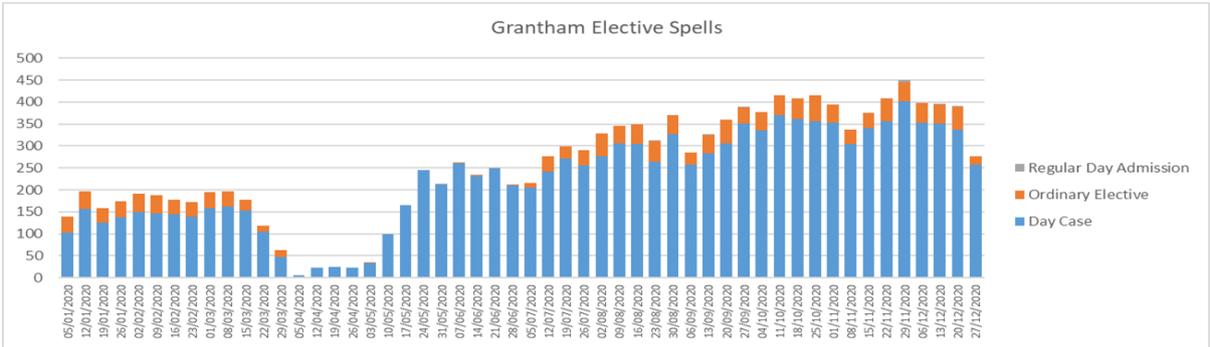
The activity levels highlighted in the first quarterly review, and shown in the table above, reflect the expected increases in specialties moved to the Green Site with three notable exceptions; orthopaedics which has reduced by 80%, general surgery by 52% and colorectal surgery by 100%. However, since the 1st 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

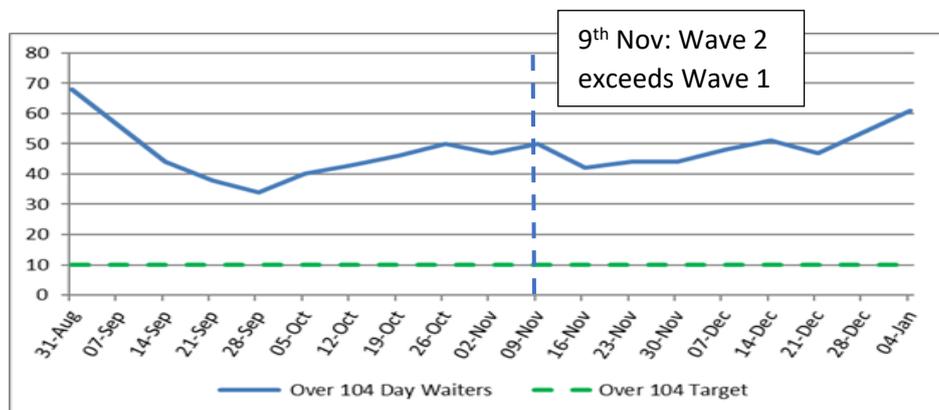
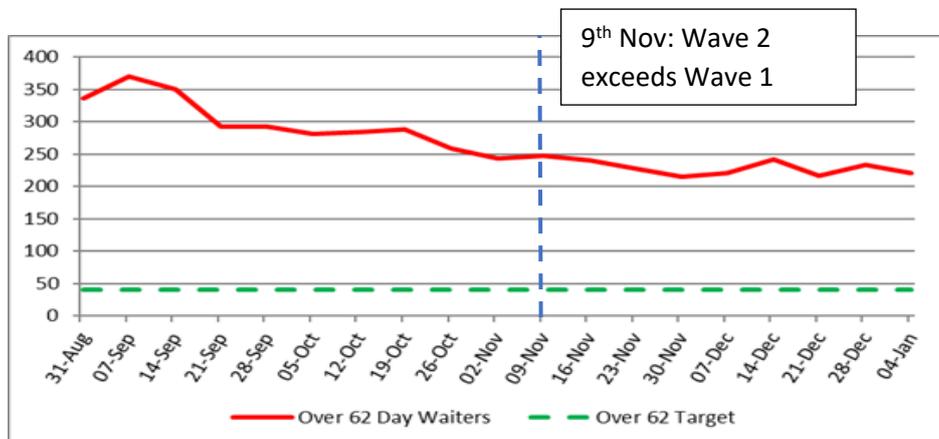
This aim has been partially achieved but has been significantly impacted by Wave 2 and the developing Wave 3 of the Covid 19 pandemic.

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:

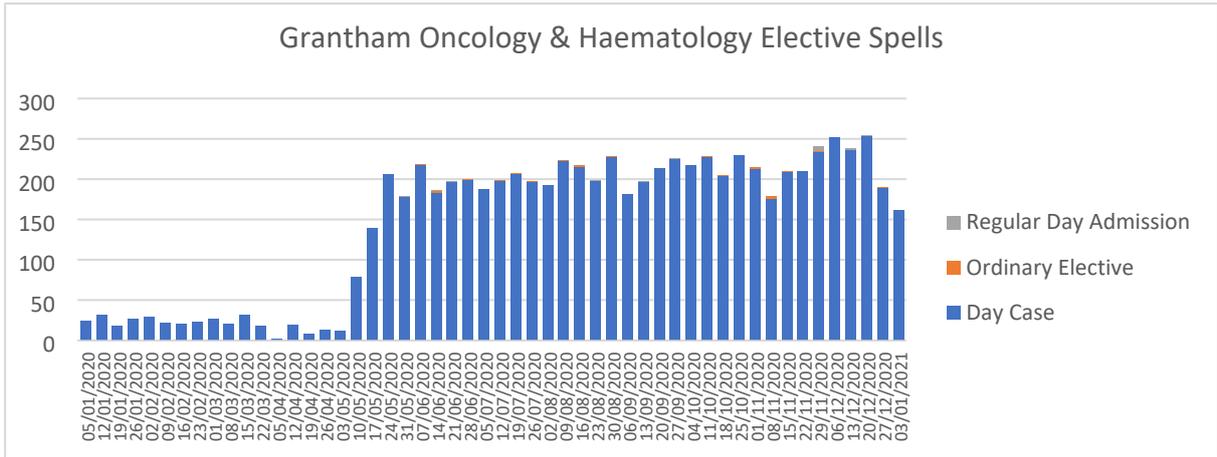
The aim of the Grantham Green Site model was to continue to treat the 80 patients historically receiving chemotherapy at Grantham, whilst transferring the treatment of 1932 patients from Lincoln and Pilgrim.	RAG
---	------------

The aim of the Grantham Green Site model was to 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%

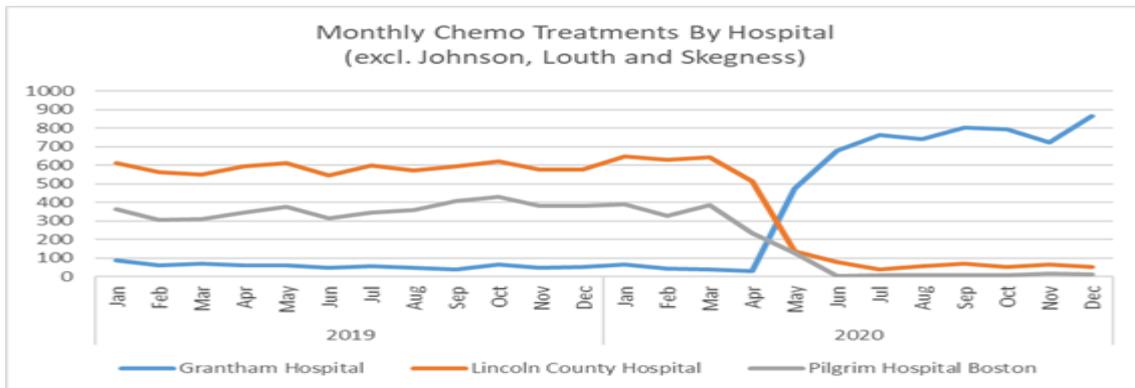
The graph below evidences the significant increase in chemotherapy activity undertaken at Grantham since mid-May (in episodes of care). The timing of this increase in activity reflects the Trust Board’s endorsement of the Recovery plan for the Trust and the immediate opportunities taken within oncology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



Inpatient Admissions For Chemotherapy - By Hospital

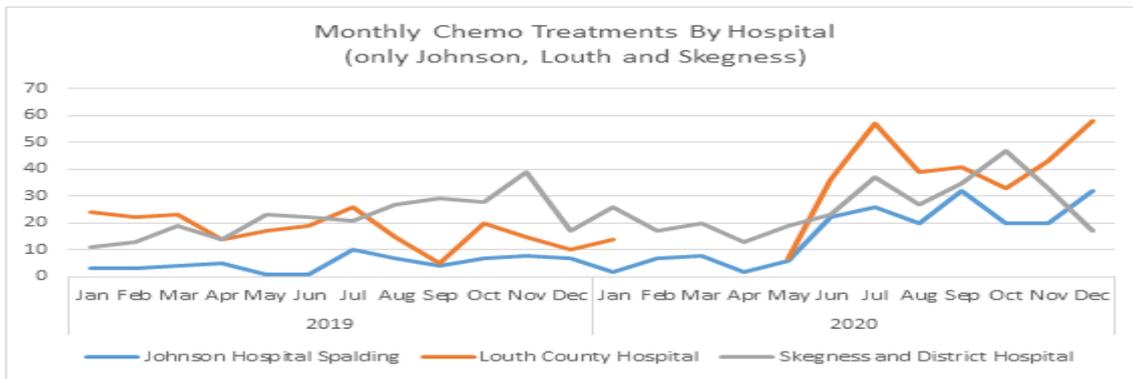
Year	2019												2020											
	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Grantham Hospital	85	62	67	61	60	46	57	47	37	63	46	50	65	41	38	28	475	678	765	743	803	793	724	867
Johnson Hospital Spald	3	3	4	5	1	1	10	7	4	7	8	7	2	7	8	2	6	22	26	20	32	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 17th August and 14th September, a total of 2500 outpatient appointments were attended at Grantham, 726 of which were new 1st 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 2nd 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
Dermatology	Service Commenced					
Diabetes	Service Commenced					
Endocrine	Service Commenced					
Gastroenterology	Service Commenced					
Neurology	Service Commenced					
Orthopaedics	Service Commenced					
Respiratory	Service Commenced					
Rheumatology	Service Commenced					
General Surgery	Service Commenced					
Vascular	Service Commenced					

Face to face Green pathway (Grantham Hospital Site)

	July 20	August	September	October	November	December 20
General Surgery	Service Commenced					
OMF	Service Commenced					
Physiotherapy	Service Commenced					
Haematology	Service Commenced					
Gynaecology				Service Commenced		

Face to face Blue pathway (Vine Street)

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

Face to face Blue pathway (Gonerby Road)

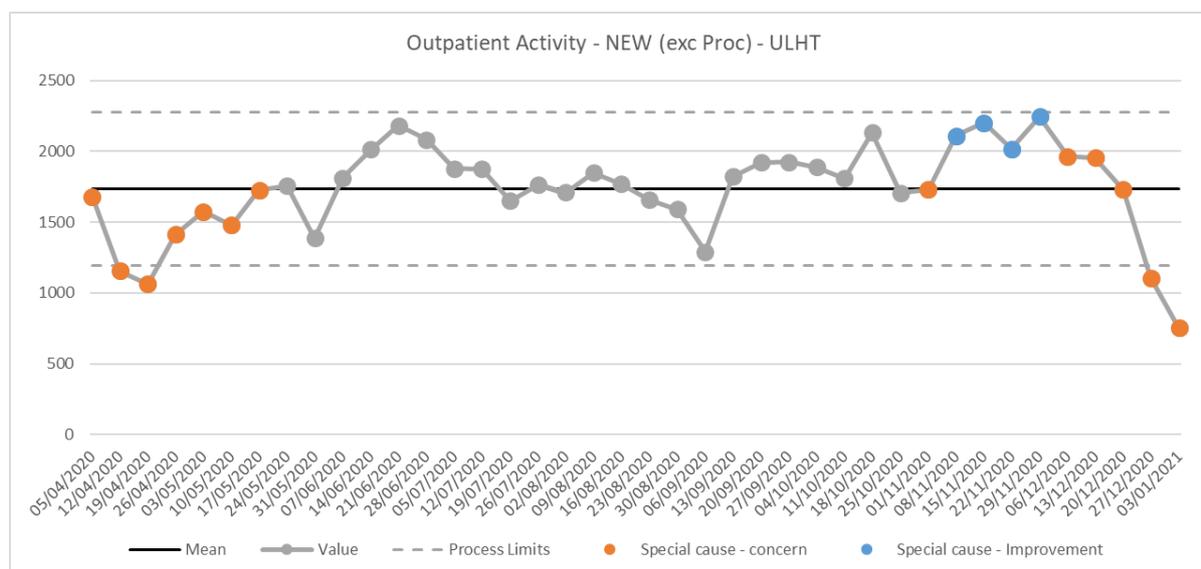
	July 20	August	September	October	November	December 20
Cardiac Phys			Service Commenced			
Cardiology			Service Commenced			
Diabetes				Service Commenced		
Endocrine				Service Commenced		
Orthoptist	Service Commenced					
Gastro	Service Commenced					
Haematology			Service Commenced			
Nephrology	Service 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.

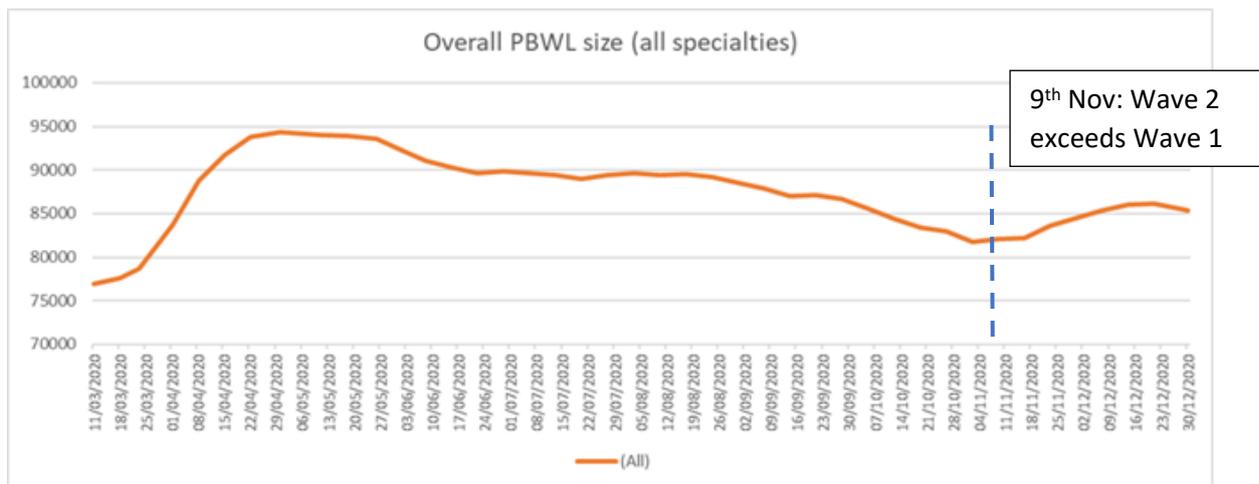
Service	Site	Sept	Oct	Nov	Dec	Total	Comments
Outpatients	Gonerby Road	499	536	781	794	2610	Face to face activity
Outpatients	Turnpike Close	438	451	534	450	1873	VC and telephone clinics
Outpatients - Dermatology	Vine Street Surgery	228	187	206	159	780	
Diabetic eye screening	Gonerby Road		80	240	225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

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

The graph below demonstrates that the Trust's over level of outpatient 1st 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 2nd 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 23rd 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 1st 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 1st July as staff were returning from redeployment.

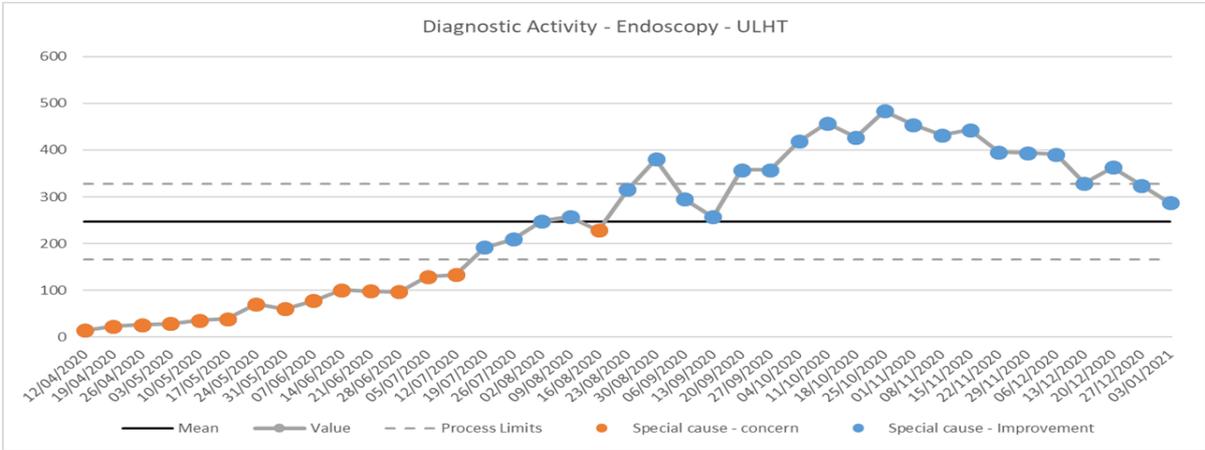
The Louth decontamination unit replacement was completed in September (£230k of investment).

The regional ask was for the diagnostics services to clear their 104+ day cancer backlog by 21st August and reduce the over-62 day by 20%. ULHT endoscopy service cleared all 104+ days and 62-104 day waiters by 17th 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:

<p>The aim of the Grantham Green Site model was to provide UTC services 24/7 to most patients who attended ED – 20,014 attendances.</p>	<p>RAG</p>
---	-------------------

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 1st 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 nd Quarter	c.100	138

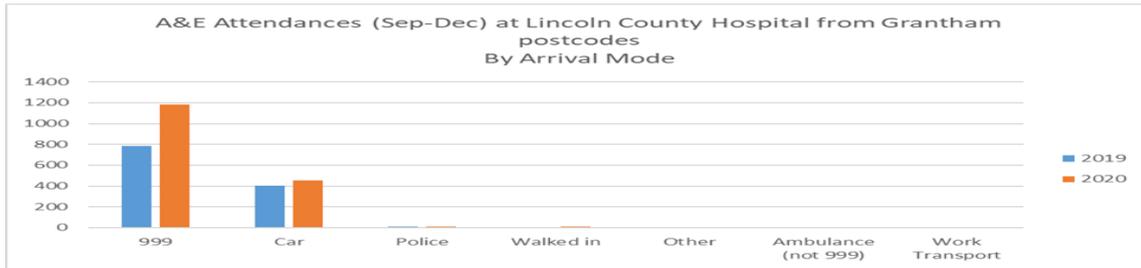
GDH Postcodes admitted in LCH/PHB EDs	Predicted increase	Actual increase
Monthly average 2 nd Quarter	c.106	87

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.

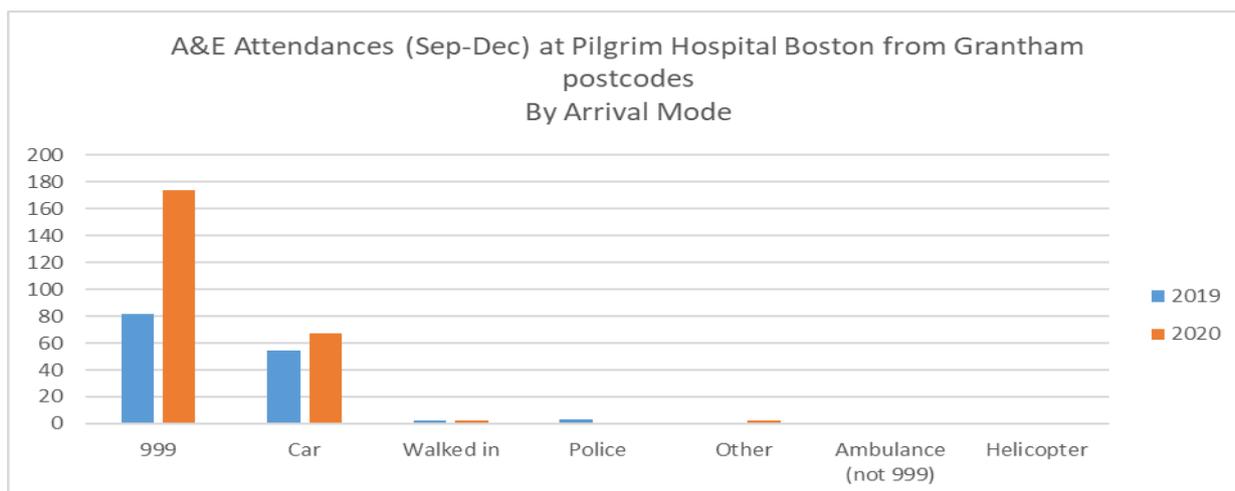
Total GDH Postcodes "Admitted" in Lincoln

	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 7th 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 1st 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 Operational Management Capacity to provide oversight to the delivery of the Green site model at Grantham, to last for the duration of Covid-19. This capacity to ensure the establishment of a comprehensive performance management framework so that ongoing evaluation and routine reporting of the impact of these arrangements may be made. This to include</p> <ul style="list-style-type: none">• routine triangulation of Grantham surgical activity data pertaining to patient activity, theatre and bed utilisation to identify opportunities for further improvement of operational performance and update original modelled activity projections within the context of overall Trust activity.• revised OP attendance targets for Grantham• an audit of IPC standards on the Grantham site, against the IPC BAF	
----	---	--

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 Grantham Green site working group with clear terms of reference to undertake a review the existing Clinical Model with a view to further optimising capacity at Grantham and formally refresh the activity modelling, activity targets and QIAs & EIAs previously undertaken. This to include modelling of intended rehabilitation services to be present on the Grantham site from 1st November identifies clear activity and performance targets, the monitoring of which may be included in the ongoing Grantham wide evaluation and next formal review and as part of the Trusts overall performance reporting.</i>	
----	--	--

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 1st 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>	
----	--	--

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>	
----	---	--

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>	
----	--	--

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>	
----	---	--

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>	
----	---	--

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>	
----	---	--

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>	
----	--	--

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 11th Extraordinary Trust Board meeting it was agreed the proposed model of care should run temporarily until 31st 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"> ○ 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 	<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"> ○ Where Impact on other health organisations results in a request for mutual aid directly relating to the temporary model. 	<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"> ○ Where substantial previously unidentified risk is identified with a threat to life or limb within the existing models of care. 	<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 th 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 31st 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 31st.

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 31st March 2021.



Meeting	<i>Public Trust Board</i>
Date of Meeting	<i>2nd 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 31st 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.
------------------------------------	--

	<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>
--	---

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.

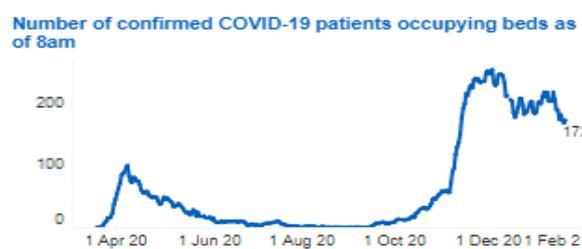
2. Introduction and Background

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 11th June 2020, with go live 29th 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 9th 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 (25th 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 4th 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 30th 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 24th January 2021 6315 patients have confirmed Covid-19 in hospitals across the midlands compared to a previous peak of 3,429 on 12th 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 24th January 2021 139 patients have Covid-19 compared to an initial peak of 100 positive Covid-19 patients on 9th April 2020. This has reduced from a new peak that was experienced on 4th 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 1st 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 1st 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 1st 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 1st 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 31st 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 1st April should be made after this work has been undertaken in March 2021.

This page is intentionally left blank