

Agenda Item 7

		THE HEALTH SCRUTINY COMMITTEE FOR LINCOLNSHIRE	
Boston Borough Council	East Lindsey District Council	City of Lincoln Council	Lincolnshire County Council
North Kesteven District Council	South Holland District Council	South Kesteven District Council	West Lindsey District Council

Open Report on behalf of Andrew Crookham
Executive Director - Resources

Report to	Health Scrutiny Committee for Lincolnshire
Date:	23 June 2021
Subject:	United Lincolnshire Hospitals NHS Trust – General Update

Summary

This item enables the Health Scrutiny Committee for Lincolnshire to consider a general update from United Lincolnshire Hospitals NHS Trust (ULHT). The information submitted to the Committee comprises reports to the ULHT Board on 1 June 2021.

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

Mark Brassington, Deputy Chief Executive and Director of Improvement and Integration ULHT, and Simon Evans, Chief Operating Officer, ULHT, are due to attend the meeting to present the information and respond to questions.

Actions Requested

- (1) To consider the information presented by United Lincolnshire Hospitals NHS Trust as part of a general update.
- (2) To consider whether to continue to receive general updates from the United Lincolnshire Hospitals NHS Trust or to focus on specific service areas, for example, cancer care.

1. Previous Committee Consideration

Over the last year, the Health Scrutiny Committee for Lincolnshire has considered general updates from United Lincolnshire Hospitals NHS Trust (ULHT). The focus of these updates, which the Committee considered on 17 June, 16 September, 16 December 2020 and 17 February 2021, was the response of ULHT to the Covid-19 pandemic, including the temporary arrangements put in place, as well as the restoration of other services.

2. Latest Information

The information submitted to the Committee at this meeting comprises reports to the ULHT Board of Directors on 1 June 2021, which are attached at Appendices 1 and 2.

3. Consultation

This is not a direct consultation item.

4. Conclusion

The Committee is invited to consider the information presented by United Lincolnshire Hospitals NHS Trust.

5. Appendices

These are listed below and attached to this report: -

Appendix 1	Chief Executive's Report to United Lincolnshire Hospitals NHS Trust Board of Directors (1 June 2021)
Appendix 2	Report to United Lincolnshire Hospitals NHS Trust Board of Directors (1 June 2021) on Restoration of Services to Grantham Final Phase and Progress

6. Background Papers

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

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

**REPORT OF THE CHIEF EXECUTIVE TO THE UNITED LINCOLNSHIRE HOSPITALS
BOARD OF DIRECTORS
1 JUNE 2021**

Executive Summary

System Overview

- a) The system has submitted a balanced financial plan for the first half of 2021/22 (H1), albeit with identified risks. Further work is underway on mitigating the risks and on planning for the second half of the year (H2). It is anticipated that the NHS will return to a more normal financial regime in H2 following the revised financial arrangements put in place during the COVID pandemic. The return to the more normal financial regime will bring with it increased financial risk.
- b) The Pre-Consultation Business Case (PCBC) for the Acute Services Review (ASR) is still in the national approval process. A decision is imminent. Approval of the PCBC would allow the CCG to put in place arrangements for public consultation to begin.
- c) Work is continuing across the Health and Care system around the development of the Lincolnshire Integrated Care System (ICS), pending the passing of the necessary legislation set out in the White Paper. Planning is still based on the ICS assuming statutory status in April 2022. It now looks likely that the second reading of the Bill in Parliament will not take place until July 2021.
- d) Interviews are currently taking place for the System Improvement Director (SID) for Lincolnshire. This fixed-term post, for approximately one year, is part of the national Recovery Support Programme that the NHS in Lincolnshire has entered into. The SID will focus on the system priority areas of care close to home: workforce planning and redesign; and the flow of patients through the system. Work is also being done to identify the key metrics for the Recovery Support Programme, including the exit criteria.
- e) A positive Quarterly System Review Meeting was held with NHSE/I in the Midlands on 19th May. Good progress was noted in a number of areas and Lincolnshire was also commended for its good system working, including with local authorities. The need to continue the effective working that was developed during the pandemic was highlighted, as was the need for continued work on elective recovery and the financial position.

Trust Overview

- a) As part of the system financial plan mentioned above, the Trust has also submitted a balanced financial plan for H1, again with identified risks. The position in H2 will be particularly challenging bearing in mind the Trust's underlying deficit. Potential income from the Elective Recovery Fund has yet to be factored in to the Trust's position. This is being worked through with colleagues across Lincolnshire and NHS Midlands.
- b) The Trust had a very positive Well Led domain review with the CQC on 6th May. This was part of the CQC's Transitional Monitoring Approach (TMA) that has been in place during the pandemic. A number of different TMA reviews have been held with the Trust, on matters such as Infection Prevention and Control, Children and Young Peoples services and diabetes. All of these TMAs and the regular engagement that takes place with the CQC should position the Trust well for when the CQC carries out its next inspection of the Trust. The date for this is not known.
- c) The Trust was pleased to be able to open the new Urgent Treatment Centre at Lincoln County Hospital on 5th May. This new £3.5m facility includes a new reception and waiting area that complies with the latest social distancing guidance, 10 treatment rooms, a new X-ray and dedicated triage areas. The UTC has been built adjacent to the A&E department, allowing patients to be booked in at reception, assessed and treated in the right place for their needs. This service is a partnership with Lincolnshire Community Health Services NHS Trust who manage the UTC.
- d) The Trust's new Medical Director, Dr Colin Farquharson, will start with the Trust on 2nd August 2021. Colin is currently employed as a Consultant Cardiologist and Deputy Medical Director at Northern Lincolnshire and Goole NHS Foundation Trust. In the meantime, Dr Neill Hepburn has kindly agreed to remain in post as Medical Director, prior to returning to full time clinical practice in the Trust.
- e) The Trust has engaged the services of the Executive Search firm Odgers Berndtson to assist in the recruitment of the new Director of People and Organisational Development. The current post holder Martin Rayson is leaving the Trust at the end of July 2021.

**REPORT TO THE UNITED LINCOLNSHIRE HOSPITALS
BOARD OF DIRECTORS ON RESTORATION OF SERVICES TO GRANTHAM
FINAL PHASE AND PROGRESS
1 JUNE 2021**

Executive Summary

On 16th March 2021 the Trust Board agreed with recommendations to restore in full the June 2020 operating model to Grantham and District Hospital.

Having completed the first three phases of restoration of services to Grantham and District Hospital and other Trust sites in line with the recommendations, nearly all outpatient services, including therapies, diagnostics and sexual health services, have been successfully restored to the relevant site.

During the phases of restoration, significant enhancements of the physical site and services have been made compared to June 2020. This sets the Grantham hospital site up strongly as a core part of NHS services in Lincolnshire now and for the future.

Trust Board members are asked to endorse their decision of March 16th 2021 to restore the emergency pathway and medical beds to Grantham with a commencement date of 30th June. If approved, this decision will not only honour the decision made on 16th March 2021 but also the commitment made on June 11th 2020 that changes made during the height of Covid-19 were temporary in nature.

Assurances described within this report indicate that this can now be safely delivered, both in terms of Public Health and staffing considerations. As with any complex operational implementation, final decisions on exact timing will be taken by executive directors subject to assurances on safety and certainty of delivery prior to formal reopening.

In addition to restoration of the full emergency pathway at Grantham and District Hospital, Trust Board members are asked to note that the site will move to adopt the same infection, prevention and control principles as the other Trust sites. This will enable the reopening of the remaining services in the Emerald Suite, including on-site breast screening and clinics, as well as a gradual resumption of hydrotherapy services and the return of the remaining administration staff to site.

The decision to establish a Grantham Green Site in 2020 to ensure patient safety and services through the worst pandemic in living memory has been highly successful, as evidenced by the outstanding outcomes, particularly the fact that there was not a single post-operative case of Covid-19 in patients. With the substantial easing of the pandemic, it is now time to confirm the full redeployment of the site and its services to support our patients and population.

Trust Board Assurance

In approving the staged restoration of services in the Trust, Trust Board members asked for further assurance before committing to the restoration of the emergency medical pathway at Grantham hospital. This was to reflect a further review of the clinical evidence, together with an update on safe staffing for the wards and emergency pathway. In addition to this, the Trust has looked to deliver additional capital enhancements to vacated areas, which are being factored into the timing of some moves.

Public Health Evidence

We have received an updated review of clinical evidence from colleagues in Public Health, Lincolnshire. They reviewed the most recent publicly-available evidence on the effect of vaccination on the pandemic and also looked at recent modelling data to show the likely future progression of the pandemic this summer.

At the time of the March 16th 2021 Trust Board meeting, the evidence on the efficacy of the vaccine for large scale populations was still at an early stage.

By early May 2021 there is now a large (and still growing) body of evidence supporting the efficacy of the vaccines deployed, both in terms of 1st and 2nd dose.

This efficacy is proven in terms of sharp reductions in transmission, hospitalisation and death. As at 20th May 2021:

- Over 70% of all adults (and over 90% of all those in the first 9 cohorts) in Lincolnshire have had a 1st dose vaccination
- Over 40% of all adults (and over 60% of all those in the first 9 cohorts) in Lincolnshire have had a 2nd dose vaccination.

The Lincolnshire system is well on track to meet the national target for all adults to have been offered a 1st dose vaccine by the end of July 2021, and has recently accelerated the programme of 2nd dose vaccinations in those in the first 9 cohorts.

The level of confidence in almost universal adult coverage of the adult population in Lincolnshire is important, because a key element in the decision of the Trust to create the original Grantham Green Site was to minimise the risk of transmission to those undergoing elective treatment, whether endoscopy, surgery or chemotherapy, because of their particular vulnerability.

By 30th June 2021 virtually all adults undergoing surgery at Grantham will have had the opportunity to receive at least one dose of a vaccine and all of the more vulnerable cohorts, meaning those over the age of 50 and any adult classified as clinically extremely vulnerable, will have had the opportunity to receive both doses.

While this does not completely eradicate the risk of receiving, or suffering from, Covid19, the risks will have been greatly reduced, and all higher risk patients will have had the opportunity to exercise a choice as to whether they receive a vaccination prior to admission for a procedure.

Since the easing of restrictions was announced on 22nd February 2021, the modelling has suggested that there is likely to be a 3rd wave in the pandemic around August. The scenarios for this show a large degree of variation, but with a peak below that of the 2nd wave, not least due to the extent of antibodies which have built up in the population. The national, and NHS, alert levels for the Covid-19 pandemic are both now at level 3.

Variants to the virus remain a significant cause for concern, partly due to the pace of transmission some variants cause but also because the efficacy of the vaccine initially is uncertain until there is further evidence.

The Public Health review of evidence highlights the need for continued high standards of infection prevention and control measures to be observed by all of the population to reduce the risk of transmission.

Infection Prevention and Control Advice

Following the Trust Board's approval of recommendations to restore previously-run services to Grantham and District Hospital, the Trust has successfully managed a controlled, staged, return of services since the beginning of April, not just to Grantham but, as in the case of chemotherapy, to our other main sites.

As part of a measured approach, given the absence of strong clinical evidence available and the limited roll out of the vaccine programme at the time, the Trust has kept a segregated area in the centre of the hospital for patients at particular risk, such as patients attending for an elective procedure, endoscopy or chemotherapy. This has been well observed by staff, patients and the public.

In addition, all front line staff continue to take twice weekly lateral flow tests and have had daily temperature checks on site. Patients being treated in the low risk elective area are all swabbed and tested in advance of their attendance.

A Trust wide approach to management of low, medium and high risk areas has been rolled out, supported by clear signage and instructions on the precautions required.

Social distancing, commitment to 'hands, face, space and ventilation', as well as minimising the number of people in clinical and operational areas, have all helped reduce risk of transmission.

The number of patients in hospital in the Trust with Covid-19 varies on a daily basis but is (mid-May) fewer than 10, compared to more than 70 in March and a peak of over 250 in January 2021. There have been no known cases of Covid-19 infection for elective patients at Grantham and District Hospital.

The Trust is now in a position to recommend that the measures in place at other Trust sites can be replicated at Grantham with effect from 21st June. This will align to the national easing of lockdown measures and will mean that preparations can be made for the restoration of all remaining services. At this point, the formal segregation of low and medium risk areas, such as corridor restrictions and use of the restaurant, will stop.

All staff, patients and public will be required to continue to maintain the enhanced infection prevention and control measures appropriate for a pandemic. Good practice, such as the limited access to certain clinical areas, will be maintained as advised by the IPC team in conjunction with specific services.

Restoration of the Emergency and Inpatient Pathway and Assurance on Safe Staffing

Plans are well advanced for a safe restoration of the emergency pathway to the operating model which existed in June 2020 prior to the changes to the Grantham site.

The opportunity has been taken not just to restore the services, including numbers of beds, but to enhance the model, and make it more robust in relation to the pandemic.

This has meant appropriate segregation of elective and emergency pathways as well as enhancement of ward and other areas to incorporate improved levels of infection prevention and control. This will enable us to support the reduction of elective surgery waiting lists while retaining a full emergency pathway.

The main elements are:

- Accident and Emergency department 8am to 6.30pm with integrated support from the community in-reach and psychiatry teams.
- Out of Hours service, with walk in service to 10pm.
- Acute Assessment Centre [AAC]
- Emergency Admission Unit [EAU], incorporating up to 4 level 1 beds for Medical patients
- Two further Medical wards, in addition to the EAU, with the second ward reintroduced at the end June in line with the emergency pathway, and the third ward reintroduced on completion of enhancements to the ward and in time for the growth in emergency pressures in the autumn.
- Integrated surgical unit (Wards 1 and 2) incorporating day case and up to 4 level 1 beds.

Patients presenting with, or developing, symptoms of Covid-19 will not be admitted to, or managed at, Grantham and District Hospital. This is because the facilities, and support infrastructure such as rapid access to intensive care in case of deterioration, are not all available on site. Patients with Covid-19 symptoms will be admitted to either Lincoln County Hospital or Pilgrim Hospital Boston.

The decision to implement a dedicated rehabilitation ward at Grantham will not be followed through at this time. Priority has been given to restoration of the emergency pathway, with all inpatient wards being required for this purpose.

Ward Staffing

A thorough review of all of the Grantham ward establishments has taken place, to ensure that staffing is matched to patient acuity and demand. All staff have been offered a 1:1 discussion to check their intentions as part of the return of a full service. We are now matching staff to the relevant roles, and recruiting as required.

Following a long period of service suspension, a significant number of nursing vacancies developed at Grantham, partly due to turnover but also due to other opportunities which arose over that period within the Trust. A Trust-wide task group led by the Deputy Director of Nursing is working to fill these vacancies within surgical and medical wards.

The surgical service is already functioning well and vacancies can be filled gradually to match the steady increase in volumes of surgery.

The medical service requires the greater level of focus and there will be a need for short term measures to support the initial service as we build a fully substantive workforce.

The Trust has been successful in implementing a large-scale recruitment process for the Trust as a whole and this learning is being drawn upon to support the filling of these posts.

As part of the overall approach, recruitment will also be initiated for the third medical ward, which will open once enhancement works have been undertaken, in time for the expected growth in emergency pressures in the autumn.

This position is developing by the day and further updates can be provided as required at the Trust Board meeting.

Medical Staffing

Substantive consultants who were in post before the pandemic will return to their original posts in line with their job plans. A small number have left the Trust or will not return, and these will be replaced initially by locum consultants until substantive recruitment is in place.

Middle grade and other junior medical staff in post, who are either still on the Grantham site or working elsewhere, will return to Grantham.

Draft rotas indicate a small number of gaps across the sub-consultant level teams, which will be covered with temporary and agency staff.

The Deanery has been approached to ask for indications as to the level of staffing which will be provided in the next group of staff from the August rotation onwards. Confirmation of this is awaited.

Medical specialities to cover A&E, AAC, EAU and the wards will include Urgent and Emergency Medicine, Care of the Elderly, Respiratory Medicine and Gastroenterology.

Capital and estates works and enhancements The Trust has completed several enhancements to the site already and has decided to commit to additional enhancements while there is the opportunity of vacant space. There have also been some substantial investments relating to improvements in services and capacity on site during the last 12 months.

- Installation of new MRI and CT with improved patient facilities
- Installation of two temporary theatres
- Substantial improvements to core infrastructure such as radiator covers, fire doors and some replacement water services have been made
- Enhancements to the Emergency Admissions Unit
- Redecoration and upgrade of the women's outpatient and ante-natal area
- Redecoration of the general outpatient area
- Part of the Kingfisher Unit (children's outpatients) is being upgraded
- The Imaging department general patient areas have been redecorated
- The main administration centre (formerly Ward 7) is being refloored and redecorated prior to the return of staff from the South Kesteven District Council offices. Plans to upgrade the top floor of the tower block into additional offices have therefore been discontinued for the time being, as there is currently sufficient administration space.
- Ward 6 is receiving a significant enhancement to meet updated Health and Safety and IPC compliance as well as improving the environment.
- Plans are being worked through to undertake a similar enhancement exercise for the Day Case Unit to make it appropriate for permanent use as an inpatient ward.

Due to some challenge with specific lead times, while the date for restoration of the emergency pathway will remain unchanged at 30th June 2021, Ward 6 enhancements will not be completed for a further month. The Day Case Unit will therefore be adapted for short-term inpatient use by 30th June to ensure availability of the second acute ward. Funding for enhancement of the day case unit (3rd medical ward) is still subject to formal approval in the context of the overall ward improvement budget for the Trust.

Considerations are ongoing about the medium-term future use of the Gonerby Road facility, which very successfully supported the delivery of outpatient, therapy and diagnostic services during the pandemic. At present the site is still being well used as a site for diabetic retinopathy and aortic aneurysm screening.

All other leased and rented sites will no longer be required from 1st July 2021

This paper is an opportunity for the Trust to formally acknowledge its thanks to all of the partners in Grantham who made available their facilities at short notice in 2020. They have been very welcoming to our staff and patients and have supported the continued provision of services throughout the pandemic.

Patient and Public Engagement

An extensive patient experience gathering exercise was carried out around the creation and ongoing monitoring of the Grantham Green Site model, between December 2020 and March 2021. In total, more than 1,300 local people shared their experiences as patients using hospital services provided to the people of Grantham and surrounding areas over the previous year.

The exercise is part of the system's ongoing patient and public involvement work that informs the development of services offered to the local population, and was made up of a patient survey and one-to-one patient interviews.

The themes and key messages that emerged from analysis of the interviews and survey responses are reported in the full report, which can be accessed on our website at: <https://www.ulh.nhs.uk/about/have-your-say/sharing-your-views/publicengagement-outcomes/>

Themes:

Travel, choice and location - Getting to any hospital is a concern for many. Patients highlighted concerns (additional distance, length of time taken, additional cost) when attending a hospital other than Grantham. Patients from across the area described similar concerns (cost, poor public transport, reliance on others) in accessing Grantham Hospital.

Satisfaction - Overall, patients expressed high levels of satisfaction with services at Grantham Hospital and Gonerby Road, saying there was nothing to improve, they were treated well, or they had a positive experience with the staff. Only a small number indicated dissatisfaction of any kind. Patients in general felt that communication with patients was generally good.

Impact of green site protocols - Patients said attending Grantham resulted in a less stressful visit, less anxiety, being given peace of mind, or had a positive impact on their general wellbeing. A small number of people found the changes stressful or concerning.

Patients said the COVID-19 measures, testing, self-isolating, social distancing and green site status meant they felt safe when attending Grantham Hospital (including A&E/urgent care) and Gonerby Road.

Concerns over traveling for urgent care were expressed throughout the survey. Patients also said they had to attend their appointments remotely. Some survey responses reported poor experiences of remote appointments with others suggesting they are inappropriate, and some patients encountered technical problems, preventing them from attending.

Patients also took the opportunity to praise staff.

The full engagement findings have been shared with the service managers and clinical leads within the Trust for further consideration, to ensure that any key issues identified can be reviewed and action taken.

The results have also been shared with the patient experience team, for further analysis, trend-identification and action where required.

We continue with ongoing patient experience gathering around all of our services as they return to the Grantham site, including FFT, Patient Opinion and surveys and will continue to feed these findings into further service development.

Communications activities continue around the Green site changes and restoration of services to the Grantham site, for staff, stakeholder and public audiences, to ensure clarity on the location of services and when any changes are made.

A Quality Impact Assessment [QIA] and Equality Impact Assessment [EIA] were submitted with the Trust Board papers in March 2021. There is no change to the EIA as it covered all restored services. An updated QIA has however been submitted in relation to the information and actions for this paper.

Staff Engagement

There has been a high level of staff engagement and support for staff at the different Grantham sites throughout the planning and implementation of the restoration of services.

There have been:

- Trust and site-wide communications through Executive Director live sessions on Teams.
- Regular newsletters specifically in relation to Grantham service restoration as well as updates as part of general Trust communications
- Face to face and Teams meetings with individual staff and teams to plan their own service and be involved in the timing and nature of return
- Full engagement of every department in the implementation of enhanced infection prevention and control measures required as a condition of the return of services to site
- Staff welfare and wellbeing support provided face to face and remotely, as required
- Full engagement of staff side members in all core aspects of the restoration. Staff side members have also been instrumental in ensuring feedback and advice is received relating to plans, actions and communications
- Weekly team leader brief and question and answer sessions
- Specific meetings for all SKDC teams to update on progress and plan for return
- The significant enhancements to the site have been planned together with relevant department teams and leads.

Summary and Recommendations

Trust Board members have already approved the restoration of the June 2020 operating model to Grantham and District Hospital at their meeting on 16th March 2021.

Since March 16th, the number of patients with Covid-19 has reduced considerably both in hospital and in the community and the national pandemic alert has reduced to Level 3. This still means that the epidemic is in general circulation.

Trust Board members are asked to note the progress made to date in delivering restoration, and are asked to note and support the following elements of assurance to reintroduce the emergency pathway and to support the elective pathway:

1. The Public Health review of clinical evidence points to a high level of efficacy in the Covid-19 vaccines, and widespread uptake. By the end of July 2021 all adults attending for a procedure will have been offered the opportunity of a vaccine. Even if, as expected, there is a spike in transmission in the summer, this is very likely to be much lower than the 2nd wave and to have a much lower impact on hospitalisation.
2. The Trust, as well as the wider NHS and society, has learned a great deal about the transmission of Covid-19 and the efficacy of infection prevention and control measures. The prevention measures, such as lateral flow tests for staff and swabbing of at risk patients, will continue, as will the core measures in place across all of the Trust. The separate elective and emergency pathways will be maintained, but there will no longer be a formal segregation of low and medium risk parts of the site.
3. Ward staffing will be up to a level to safely maintain elective pathways and to restore the first two medical wards on 30th June, with further work being undertaken to recruit to the third ward in line with the planned ward enhancements.
4. Medical staffing will be up to a level to safely staff the emergency pathway on 30th June.
5. The enhancement of Ward 6 will support the reintroduction of the June 2020 operating model, which will be reintroduced on 30th June 2021. The third medical ward will be reintroduced in time for anticipated winter pressures.

The Trust, staff, patients and public of Grantham and Lincolnshire can look forward with confidence to a strong future for the Grantham and District Hospital site and services.

Updated Quality Impact Assessment

Quality Impact Assessment										
	Yes / No (If yes complete the following)	Risk Description	Initial Assessment Impact	Initial Assessment			Post Mitigation			
				Likelihood	Consequence	Rating	Mitigation	Likelihood	Consequence	Rating
Impact on Duty of Quality (CQC/ Constitutional Standards)?	Yes / Positive	Move back to Grantham will increase capacity of clinics diagnostics and other services. CQC Registrations may also require updating as services restore and change locations.	Waiting times including constitutional standards (cancer 18 and 52 week waits) positively impacted.	1	1	1	Additional capacity will be maintained at Gonerby Road to add flexibility around capacity if required, especially for screening services.	0	0	0
Impact on Patient Safety?	Yes / positive impact	N/A Positive impact	This will reduce pressure on inpatient beds at Lincoln or Pilgrim Hospitals, and on the beds of out of county providers.	0	0	0		0	0	0
Impact on Clinical Outcomes?	Yes / positive impact	The number of patients receiving elective surgery will not decrease, but outpatient services and diagnostic services will increase numbers also.	Cancer patients and those deemed clinically urgent will be able to receive the diagnosis / treatment they require which would impact positively on their outcomes & morbidity and mortality rates	0	0	0	N/A	0	0	0
Impact on Clinical Outcomes?	Yes – potential for adverse impact	Potential for closure of elective services if an outbreak or peri-operative Covid-19 patient occurs. Resulting in much larger reduction in operating capacity	Much larger reduction in elective services if an outbreak occurs or patients contract Covid-19 on elective pathways.	3	5	15	Maintenance of strict adherence to IPC guidance will positively mitigate this risk, including swabbing of patients and lateral flow tests for staff.	2	4	8
Impact on Patient Experience?	Yes – Positive impact	Patients previously unwilling to travel and/or travelling for services who had a poorer experience now have services closer to home	Introduction of greater range of local services so patients may now choose to attend hospital, and those already travelling will have a reduced travel burden.	0	0	0		0	0	0
Impact on Patient Experience?	Yes - Negative	Patients' confidence in services being both low and medium risk on a site may reduce. Previously high confidence for patients that appreciated a 'Green site'	Patients may choose not to attend hospital if confidence reduces	2	4	8		1	4	4
Impact on Staff Experience?	Yes	Return of impatient medical wards may require additional recruitment and establishment of new teams and acquisition of skills.	Insufficient staffing and or unhappy staff because of movements again.	1	4	4	Staff engagement activities and drop in sessions, together with risk assessments where concerned about mixture of services. Continued IPC Excellence and use of PPE	1	3	3