

Agenda Item 4

 Lincolnshire COUNTY COUNCIL <i>Working for a better future</i>		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

Report to	Health Scrutiny Committee for Lincolnshire
Date:	13 April 2022
Subject:	Chairman's Announcements

1. Covid-19 Update

On 24 March 2022, the Government announced a spring booster vaccine (either the Pfizer or Moderna vaccine) for:

- people aged 75 years and older;
- residents in care homes for older people; and
- those with weakened immune systems.

As with the previous booster programme, eligibility for a spring booster will be 182 days (six months) after the previous vaccination. The NHS continues to encourage people, who have not received an initial vaccine, or their first booster, to come forward.

On 31 March 2022, the Government announced that antiviral medicines would continue to be supplied free to patients who had tested positive for Covid-19 and who were eligible to receive these treatments via Covid Medicines Delivery Units until 31 March 2023.

On 4 April 2022, the NHS opened up bookings for all 5 to 11 year olds to receive a vaccine against Covid-19, following advice from the Joint Committee on Vaccinations and Immunisations. Most appointments will be offered outside school hours. Prior to this, the NHS had been vaccinating children aged 5 to 11 who had a medical condition that put them at increased risk or who lived with someone with a weakened immune system.

A report is attached at Appendix A, which is based on the weekly briefing for 28 March 2022 prepared by Lincolnshire County Council Public Health.

2. Lincoln County Hospital Major Incident

In the early hours of 29 March 2022, there was a fire in the A&E department at Lincoln County Hospital, following which a major incident was declared. All patients and staff were safely evacuated, and nobody was injured. The fire resulted in extensive damage to the hospital's interventional radiology sterile procedures room, with further damage to the X-ray, CT and MRI imaging suites. United Lincolnshire Hospitals NHS Trust (ULHT) is offering its full support to the Police and Fire and Rescue investigations.

Patients who had been due to attend Lincoln County Hospital for an X-ray, CT or MRI scan on 29, 30 and 31 March, were asked not to attend. Patients were contacted directly and in some cases offered appointments at other hospitals so that the scans can be done as soon as possible. Radiotherapy was unaffected.

From 30 March, most outpatient appointments operated with a small number of exceptions. Affected patients were contacted directly and their appointments rearranged. In addition, any patients who been unable to attend their appointments in the previous days were also contacted to have them rearranged.

On 30 March, the A&E department and the urgent treatment centre re-opened with a reduced service and both were open to all patients from 31 March. On 31 March the major incident was stood down.

3. House of Commons Public Accounts Committee – Report on NHS Backlogs and Waiting Times in England

On 16 March 2022, the House of Commons Committee of Public Accounts published a report: *NHS Backlogs and Waiting Times in England*, in which it made six conclusions and recommendations to the Department of Health and Social Care and NHS England & NHS Improvement (NHSE&I). The full report is available on the Parliament website:

[NHS Backlogs and waiting times \(parliament.uk\)](https://www.parliament.uk/publications/2022/03/nhs-backlogs-and-waiting-times)

A summary of the report's conclusions and recommendations is set out in Appendix B.

4. Health and Care Bill 2021

On 23 March 2022, the Health and Care Bill has completed its third reading in the House of Lords. Following this, on 30 March, the House of Commons considered the amendments made to the House of Lords to the Bill and referred the Bill to the House of Lords with further amendments. These are due to be considered by the House of Lords on 5 April. If these amendments are agreed, the Bill would be ready for Royal Assent.

WEEKLY COVID-19 BRIEFING – 28 MARCH 2022

1. LATEST DATA

Tests (updated: 25 March 2022)

	Total Tests Carried Out	Positive Tests					
		Total	%	Cases	Rate of Cases per 100,000	Positive Cases (Previous Update)	Rate of Cases per 100,000 (Previous Update)
Boston	5,322	867	16.3%	508	717.1	553	780.7
East Lindsey	11,829	1,956	16.5%	1,266	891.4	991	697.7
Lincoln	7,670	1,384	18.0%	851	850.6	829	828.6
North Kesteven	11,297	1,981	17.5%	1,235	1,045.3	1,164	985.2
South Holland	7,504	1,377	18.4%	863	900.3	771	804.3
South Kesteven	12,450	2,330	18.7%	1,483	1,035.4	1,318	920.2
West Lindsey	8,522	1,327	15.6%	821	853.6	837	870.2
Lincolnshire	64,594	11,222	17.4%	7,027	917.0	6,463	843.4

The data in the table above represent a rolling seven day summary of Pillar 1 and Pillar 2 Tests. Data have been extracted from Public Health England daily line lists, which provide data on laboratory confirmed cases and tests captured through their Second Generation Surveillance System. The rates shown are crude rates per 100,000 resident population.

Cases (updated: 25 March 2022)

	Cases in the Last Seven Days	Cases to Date
Boston	508	19,643
East Lindsey	1,266	34,312
Lincoln	851	31,188
North Kesteven	1,235	32,877
South Holland	863	25,721
South Kesteven	1,483	41,510
West Lindsey	821	26,518
Lincolnshire	7,027	211,771

Data on cases are sourced from Second Generation Surveillance System. This is PHE's surveillance system for laboratory confirmed cases. Lab confirmed positive cases of Covid-19 confirmed in the last 24 hours are reported daily by NHS and PHE diagnostic laboratories. This is the most accurate and up to date version of data and as such it will not align with the data that are published nationally due to delays in reporting.

Deaths (updated: 25 March 2022)

Area	Total deaths reported to 24 March 2022	Total deaths in the last 7 days (18 March 2022 – 24 March 2022)
Boston	226	0
East Lindsey	495	1
Lincoln	249	0
North Kesteven	267	1
South Holland	255	0
South Kesteven	328	1
West Lindsey	237	2
Lincolnshire	2,057	5

Total number of deaths since the start of the pandemic of people who have had a positive test result for Covid-19 and died within 28 days of the first positive test. The actual cause of death may not be Covid-19 in all cases. People who died from Covid-19 but had not tested positive are not included and people who died from Covid-19 more than 28 days after their first positive test are not included. Data on Covid-19 associated deaths in England are produced by Public Health England from multiple sources linked to confirmed case data. Deaths newly reported each day cover the 24 hours up to 5pm on the previous day.

Vaccinations (Period Covered 8 December 2020 – 20 March 2022)

Age Group	First Dose	Second Dose	Booster or Third Dose	% who have had at least one dose	% who have had two doses	% who have had a booster or third dose
Under 12/Unknown	2,795	499	83			
12 - 15	23,495	13,061		71.0%	39.5%	
16 - 17	12,771	10,149	2,379	82.6%	65.7%	15.4%
18 - 24	49,667	46,331	28,610	83.1%	77.5%	47.9%
25 - 29	35,362	33,078	21,157	84.8%	79.3%	50.7%
30 - 34	38,345	36,235	24,794	88.5%	83.6%	57.2%
35 – 39	37,923	36,471	27,370	89.0%	85.6%	64.2%
40 – 44	37,869	36,771	29,709	93.6%	90.9%	73.5%
45 – 49	42,063	41,235	35,539	88.8%	87.1%	75.1%
50 – 54	52,377	51,617	46,558	97.3%	95.8%	86.5%
55 – 59	55,611	55,023	50,933	97.7%	96.7%	89.5%
60 – 64	50,502	50,030	47,143	99.5%	98.5%	92.9%
65 – 69	45,339	45,027	43,489	95.1%	94.5%	91.3%
70 – 74	48,016	47,763	46,658	94.5%	94.0%	91.8%
75 – 79	37,299	37,140	36,441	100%*	100%*	99.6%
Over 80	44,111	43,944	42,992	93.4%	93.1%	91.1%

2. DEVELOPMENTS OVER THE PAST WEEK

- In the last 7 days 73.4% of cases in Greater Lincolnshire that were genome sequenced were the Omicron Variant, 23.2% were the Omicron BA.2 Variant and 3.4% were 'Undetermined'.
- According to the latest data from the Office for National Statistics, Covid-19 cases climbed by a million in a week in the UK. Swab tests suggest about one in every 16 people was infected last week.
- The Office for National Statistics has found no evidence of an increased risk of cardiac death in young people following Covid-19 vaccination.

**HOUSE OF COMMONS PUBLIC ACCOUNTS COMMITTEE
REPORT ON NHS BACKLOGS AND WAITING TIMES IN ENGLAND**

Set out below is a summary of the six conclusions and recommendations from the House of Commons Committee of Public Accounts report: *NHS Backlogs and Waiting Times in England*.

- (1) The Department has overseen years of decline in the NHS's cancer and elective care waiting time performance and, even before the pandemic, did not increase capacity sufficiently to meet growing demand.

Recommendation: The Department must strengthen its arrangements for holding NHSE&I to account for its performance against waiting times standards for elective and cancer care. This should include specific expectations for improving waiting time performance in 2022–23. The Department should write to us alongside its Treasury Minute response to set out the specific and measurable performance indicators for elective and cancer care it has put in its 2022–23 mandate to NHSE&I.

- (2) At our evidence session the Department and NHSE&I appeared unwilling to make measurable commitments about what new funding for elective recovery would achieve in terms of additional NHS capacity and reduced patient waiting times.

Recommendation: In implementing its elective recovery plan, NHSE&I should set out clearly:

- timeframes, costs and outputs of the components of the recovery plan covering elective care and cancer care to 2024–25;
- the longer-term investments and plans that are being made now to improve the resilience of elective care and cancer care beyond 2024–25; and
- the national performance levels expected in each year between now and 2024–25.

- (3) The NHS will be less able to deal with backlogs if it does not address longstanding workforce issues and ensure the existing workforce, including in urgent and emergency care and general practice, is well supported.

Recommendation: In implementing its recovery plan NHSE&I's should publish its assessment of how the size of the NHS workforce (GPs, hospital doctors and nurses) will change over the next three years, so that there is transparency about the human resources that the NHS has available to deal with backlogs.

- (4) It will be very challenging for the NHS to focus sufficiently on the needs of patients when it comes to dealing with backlogs, both patients already on waiting lists and those who have avoided seeking or been unable to obtain healthcare in the pandemic.

Recommendation: The Department and NHSE&I must ensure there is a strong focus on patient needs in all their recovery planning, including:

- measuring the success of all initiatives to encourage patients to return to the NHS for diagnosis and treatment;

- creating guidance and tools, and setting aside resources, for meaningful communication with patients who are waiting; and,
- supporting NHS trusts through planning guidance and other means to prioritise patients fairly, so they are able to strike an appropriate balance between clinical urgency and absolute waiting time.

(5) Waiting times for elective and cancer treatment are too dependent on where people live and there is no national plan to address this postcode lottery.

Recommendation: NHSE&I should investigate the causes of variations between its 42 geographic areas and provide additional support for recovery in those that face the biggest challenges. NHSE&I should write to us in December 2022 on the actions it has taken to address geographical disparities in waiting times for cancer and elective care and include a summary of any analysis it has done on differences in health outcomes for elective and cancer care in different parts of the country since the start of the pandemic.

(6) For the next few years, it is likely that waiting time performance for cancer and elective care will remain poor and the waiting list for elective care will continue to grow.

Recommendation: The Department and NHSE&I must be realistic and transparent about what the NHS can achieve with the resources it has and the trade-offs that are needed to reduce waiting lists. In implementing its elective recovery plan, NHSE&I should set out clearly what patients can realistically expect in terms of waiting times for elective and cancer treatment. By the time of the next Spending Review at the latest, the Department and NHSE&I should have a fully costed plan to enable legally binding elective and cancer care performance standards to be met once more.

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