

Agenda Item 6

		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 Caroline Walker, Chief Executive,
North West Anglia NHS Foundation Trust

Report to	Health Scrutiny Committee for Lincolnshire
Date:	18 January 2023
Subject:	North West Anglia NHS Foundation Trust: Restoration Recovery Update and Progress on Clinical Strategy for Stamford and Rutland Hospital Site

Summary:

This report provides an overview of the Trust's recovery from the pandemic; describing the approach as well as progress to date on restoration and recovery of the services compared to pre-pandemic level. The report also covers the measures taken by the Trust to support staff during and after the pandemic. Included also in the report is the summary of the clinical strategy for Stamford and Rutland Hospital site supporting the recovery of services at the Trust and in particular for the Lincolnshire populations.

Actions Requested:

The Committee is asked to note the contents of the report.

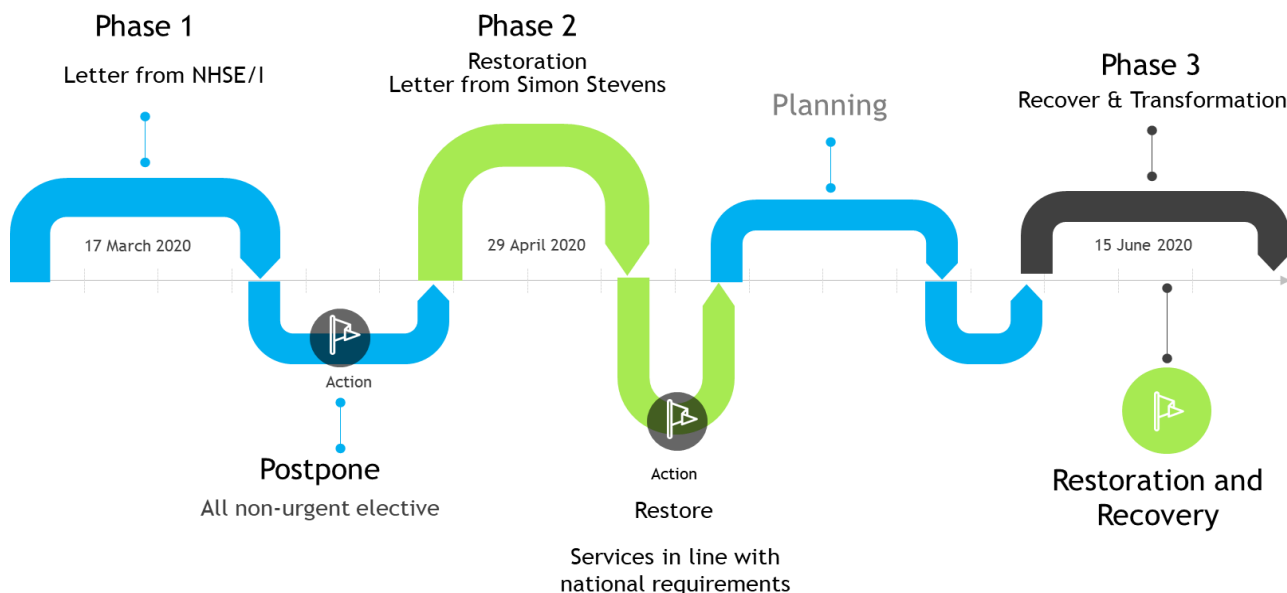
1 Background

- 1.1 North West Anglia NHS Foundation Trust operates across three main hospital sites in Peterborough, Stamford and Huntingdon, and three smaller sites in Doddington, Wisbech and Ely. With over 7,000 substantive staff and a further 800 bank workers spanning across over 300 roles, the Trust is committed to staff promoting and supporting health and wellbeing.

1.2 Around 20% of the total workload for the Trust comes from the NHS Lincolnshire Integrated Care Board (ICB) area. In numbers, for Lincolnshire residents, this means:

- 102,500 outpatient appointments
- 1,000 elective procedures and a further 7,000-day cases
- Around 10,000 non-elective / emergency hospital admissions
- 2,500 maternity events
- 23,500 A&E attendances and about 5,800 Urgent Treatment Centre visits
- Over 800,000 diagnostic events (32% of Trust total)

1.3 In response to national Pandemic, during March 2020 North West Anglia NHS Foundation Trust made changes to the provision of services to support release of capacity to manage Covid-19 presentations. This included reduction in face-to-face outpatients, diagnostics and routine elective work. Nationally, the response to management of Covid-19 led to a three-phased approach in the NHS. The Trust responded effectively to the national approach. The diagram below outlines phased response to the pandemic:



1.4 As part of priorities and operational planning guidance for 2022/23, NHS England and NHS Improvement have set objective to maximise elective activity and reduce long waits. The planning guidance sets the ambitious goal of delivering around 30% more elective activity by 2024/25 than before the pandemic.

1.5 The Covid-19 pandemic impacted all Trust staff including temporary workers. Some staff were redeployed to priority areas or to where staffing gaps required additional support, this continued until March 2022 to varying degrees. Some staff were anxious about working in areas they were unfamiliar with, for example, in Intensive Care or with Continuous Positive Airway Pressure (CPAP) patients.

1.6 The Trust has worked with the former CCG to develop a clear vision to meet the needs of the Lincolnshire population by working with community providers to deliver low complexity care close to home in a calm environment at Stamford and Rutland Hospital alongside a full range of general services at Peterborough City Hospital. The prevalence of cancer, diabetes, coronary heart disease and stroke are higher than the England average and these have been noted in the development of both the Trust Strategy and the Stamford and Rutland Hospital Strategy.

2 Route to Full Restoration of the Services

Restoration and Recovery of services at the Trust was then prioritised in the following order:

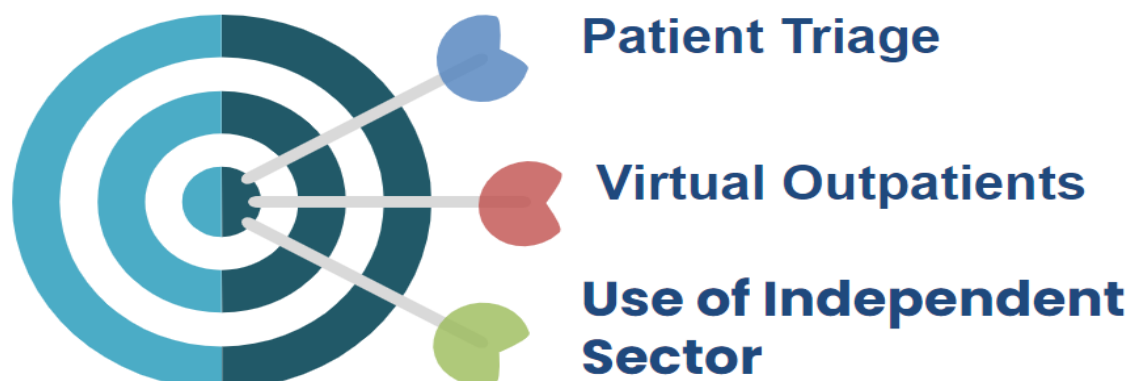


Following the first wave and as a part of recover and transformation, the Trust worked collaboratively with system partners as part of the then North Alliance and now the North Place and set up a system wide outpatient and diagnostics board to explore use of community facilities for services that could be moved from acute site to create more capacity and the use of technology to support restoration of services. The Trust set up services such as spirometry and phlebotomy in the community setting.

The Trust also rapidly developed plan on the restoration of services in conjunction with Covid-19 Infection Control and Prevention (IPC) guidance. The goal of the plan was to deliver 'safe re-start' of services stood down or cancelled to manage Covid-19 spread and infection in our hospitals so that both patients and staff had confidence to continue to use and work in our hospitals.

The plan therefore explored number of initiatives including use of technology, changes in clinical pathway and Virtual, telephone and triage clinics. Implementation of Referral Assessment Service (RAS) and use of independent health sector as a part of national framework.

2.1 Changes to Delivery of Care

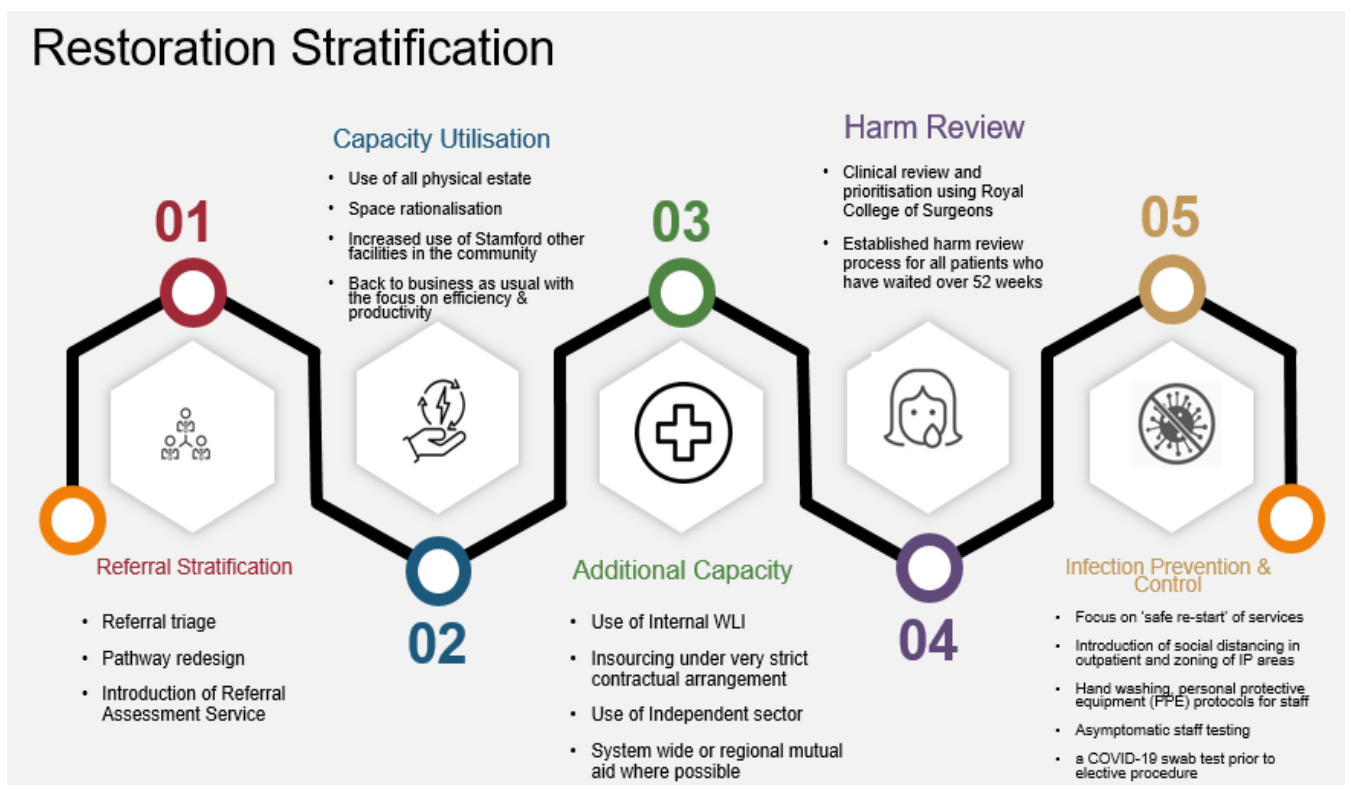


2.2 Restoration Stratification

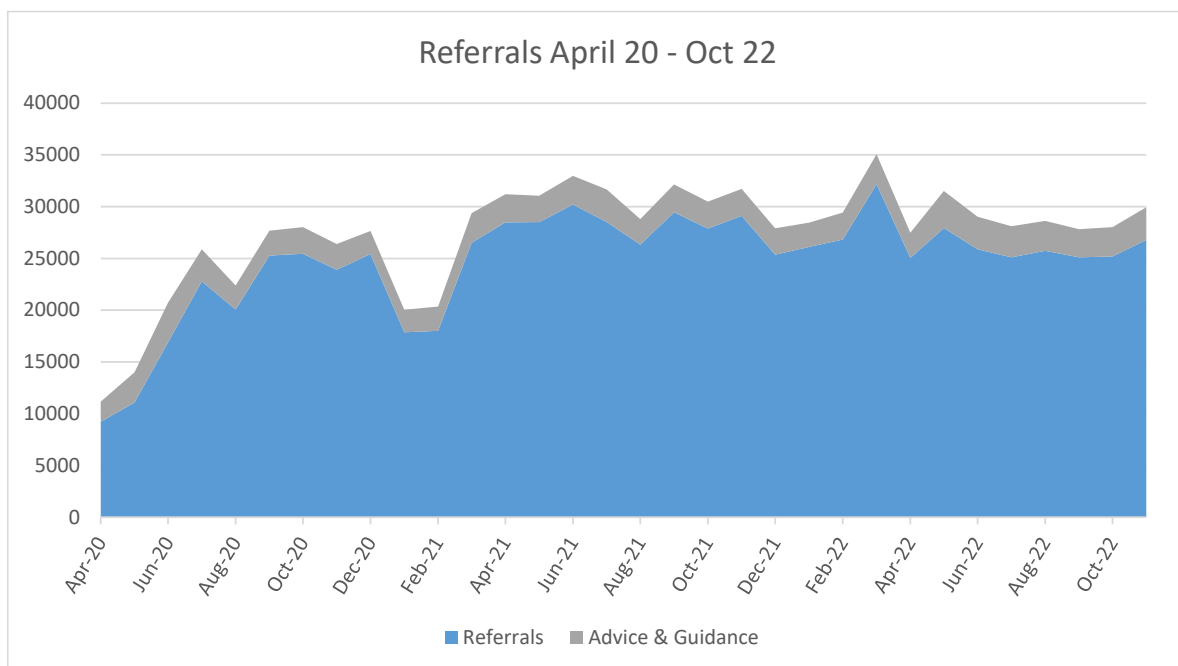
As part of our approach to 'safe re-start' of services, the Trust took a holistic approach including assessment of cumulative backlog as well as appreciation of unmet demand in the community. The Trust also restarted the Minor Injuries Unit at Stamford from 1 October 2021. Since recommencing the service, the unit sees an average of 32 patients a day, compared to 37 a day pre-pandemic.

Rather than a single, point-in-time internal review, the Trust has done a number of in-depth pieces of work/reviews over the last two years focussing on quality of care and coding, including reviewing mortality alerts and clinical deep dives, reviews of coding practices, palliative care reviews, readmissions within 48 hours, and a review focussing on respiratory deaths. None of the reviews we have done have identified significant concerns in the quality of care given to our deceased patients.

We have also identified opportunities for improvements in clinical coding, including improving documentation, education of the doctors and an external review of the coding team and processes. The report of this is being action planned and contains several workstreams including aligning processes between PCH and HH. The peaks of HSMR match the peaks of Covid admissions (similar to many other organisations nationwide) and these have tracked the national picture



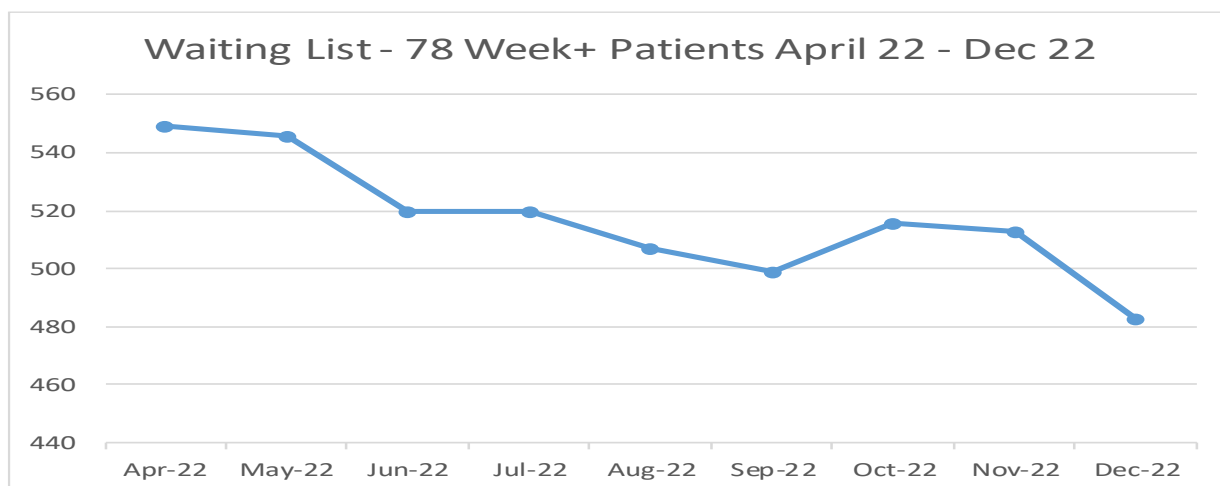
2.3 Demand



- Whilst there were changes in capacity during pandemic, the demand had also been curtailed in some areas.
- Post pandemic the Trust has seen sustained increase in demand for its services over and above the 2019/20 demand levels which together with the Covid-19 activity backlog is placing a significant pressure on our elective services.

2.4 Delayed Treatment

The Trust is one of the best performing for patients waited over two years for an elective surgery nationally. By end of August 2022, the Trust did not have any patient over two years, except for clinical exception or patient choice. The Trust also has a robust plan to start reducing patients waited over 78 weeks for their treatment by March 2023, which is in line with national planning assumptions for 2022/23.



2.5 Harm Reviews

Our organisation was one of the first Trusts to start a process for Harm Review of the longest waiting patients. We started Harm Reviews before the national guidance was rolled out this meant we were ahead in the process. We combined the process with prioritising patients from areas with highest deprivations and known health inequalities to ensure we treat and care for these patients and manage those that do not necessarily access health and care in a timely manner.

2.6 Innovation/ Service Changes

The Trust has led on a number of innovations including different ways of working, use of technology and changes in clinical pathways. The Trust also played crucial role in setting up Integrated Neighbourhoods, in conjunction with community, acute and social care.



3. Staff Health and Wellbeing

- 3.1 Additional support has been provided via mental health first aiders, occupational health, counselling, quiet spaces (wobble rooms), psychologist support and access to a wide range of local and national NHS resources.
- 3.2 As part of the supervision and appraisals processes, staff are entitled to have regular wellbeing conversations with their line managers. Stress risk assessments are completed by staff and managers where someone is demonstrating they are not coping, and a range of supportive action are agreed and put in place.
- 3.3 The Trust has committed to expanding the equality, diversity and inclusion awareness across the Trust to ensure that all staff feel they have a voice and are able to progress effectively in their careers. The Trust has a number of staff networks, which offer additional support to staff.
- 3.4 The Trust employs a dedicated Freedom to Speak Up (FTSU) Guardian who encourages staff to speak up about things they are concerned about, including how they feel they are being treated at work. All issues are considered and/or investigated and actions taken. There are regular updates to the Trust Board. This is another way we try to support staff and improve their experience of working for the Trust.
- 3.5 The Trust continues to use the annual NHS Staff Survey and quarterly surveys to gain feedback and to help prioritise targeted actions to address the issues identified. The Good to Outstanding Programme delivers this through five work streams: Health and Wellbeing, Leadership, People and Culture, Quality and Communication.

4. Stamford and Rutland Hospital Site Strategy

- 4.1 The Stamford and Rutland Hospital (SRH) is an important site in the North West Anglia NHS Foundation Trust, where we provide integrated care for people living mainly in South Lincolnshire, Rutland and Peterborough. The Trust has worked with the clinicians in the Trust to develop a clear vision to meet the needs of the South Lincolnshire and Rutland population by working with community providers to deliver low complexity care close to home in a calm environment. Our strategy is to provide a combination of outreach clinics by teams based at the main Trust sites, a step down ward for patients as part of their inpatient journey, and a minor injuries service.
- 4.2 Stamford Clinical Strategy:
 - The Stamford Clinical Strategy has now been launched.
 - The Clinical Strategy was recently presented and discussed at the Rutland Strategic Health Developments Project Board
 - The aim is to provide more day-case services at Stamford and Rutland Hospital, including cancer treatments, prostate oncology clinics, increase Chemotherapy treatments, and expand diagnostics, new ophthalmology clinics for retinal screening and glaucoma, pain injection services and (eventually) seven-day elective ambulatory care.

4.3 Minor Injuries Unit:

In light of the publication of National Guidance (*Urgent Treatment Centres – Principles and Standards: as updated June 2022*), North West Anglia NHS Foundation Trust has now initiated discussions with NHS Lincolnshire ICB as the relevant commissioners of services at Stamford and Rutland Hospital in order to understand their intention to implement this new guidance and the implications for all our hospital sites including Stamford and Rutland Hospital. We anticipate that relevant commissioners will communicate any decisions once they are taken.

4.4 Stamford Site Land Sale:

In April 2019, the Trust embarked on the disposal of part of the site, however the preferred bidder withdrew before the completion of the process. The Trust has decided to re-market the site. We have now completed the marketing phase and are entering into the bid evaluation stage and looking to complete the sale early in April 2023.

4.5 The sale of the land at the site gives an opportunity for redevelopment of the Stamford and Rutland Hospital (SRH) site, allowing the Trust to evaluate how Stamford can best meet patient needs going forwards. However, Reinforced Autoclaved Aerated Concrete (RAAC) was discovered on site in 2022, which requires on going surveys and fail safe works. This is part of the ongoing work and the Trust will require a Development Control Plan (DCP) to progress the works.

4.6 Our initial focus is on defining the options for the site. We want to ensure a common understanding of how each option works, including:

- The clinical model delivered at SRH
- The population served
- The transformation (including workforce, operational, and digital) required to deliver each option
- The estates implications of each option.

4.7 An extensive exercise has been undertaken to develop options for taking forward the site strategy. As part of this evaluation, the existing site strategy has been considered for alignment to the current project. The development of the DCP must build on this existing work to target investment, reconsider aspects of the existing site strategy that may be now out of date, and consider options to deliver the change envisaged in the site strategy.

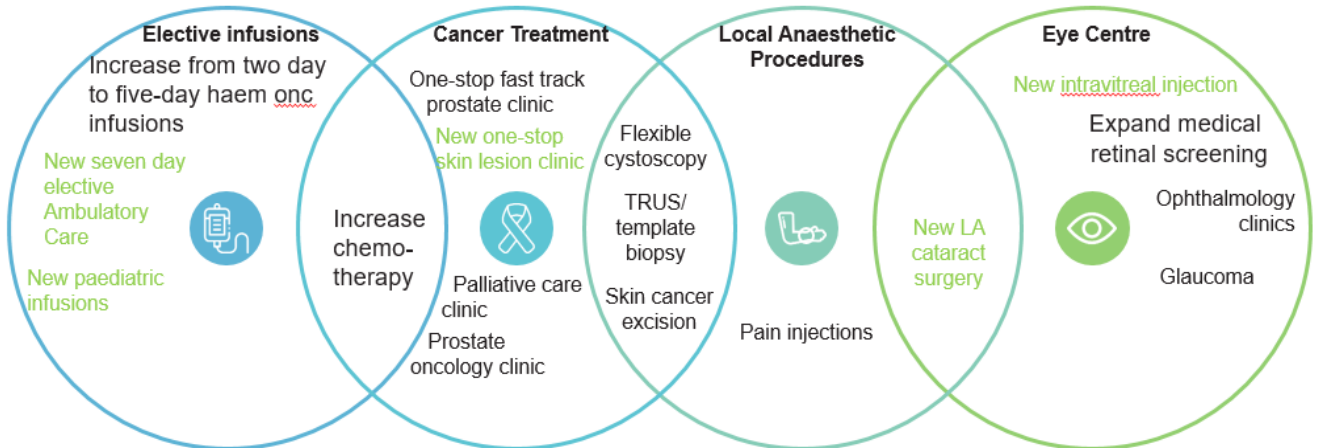
4.8 Next steps for implementing the Clinical Strategy:

- Undertake RAAC remedial works.
- The next level changes that would require some / relatively low levels of investment including more use of the procedure rooms.

- We plan to utilise the £250k funding to take forward the clinical strategy; and build on this to perform a detailed clinical coding exercise to determine the optimal use of the site in line with the clinical strategy.

4.9 Future vision for services

Future vision for services at Stamford and Rutland Hospital



- Outpatient Clinics**
General clinics for local population: Ophthalmology, Urology, ENT, General surgery & Colorectal, Orthopaedics, Pain, Paediatrics, Renal, Respiratory, Cardiology, Rheumatology, Neurology, Maxillo-facial, pre-assessment, COE, Immunology, Gynaecology, Maternity, Endocrine, Diabetes, Gastroenterology, lymphoedema, palliative care, prostate oncology, phlebotomy, hand therapy. Community services including: physiotherapy, continence, diabetes and Parkinson's.
- Diagnostics**
MRI, plain film and US
- Minor Injuries Unit**
Five day 8 hour minor injury service to divert patients from PCH ED
- John Van Geest ward**
23 bed step down facility for elderly patients awaiting complex care in the community but no longer require

Learning and Development **Research Centre**

5 Consultation

This is not a consultation item.

6 Conclusion

The Committee is asked to receive the update on the Trust's recovery from the pandemic; the measures taken by the Trust to support staff during and after the pandemic; and the summary of the clinical strategy for Stamford and Rutland Hospital site supporting the recovery of services at the Trust and in particular for the Lincolnshire populations.

7 Background Papers

No background papers within Section 100D of the Local Government Act 1972 were used in the preparation of this report.

This report was written by Pradip Karanjit, Deputy Chief Operating Officer,
North West Anglia NHS Foundation Trust

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