Bundle Trust Board Meeting in Public Session 16 March 2021

PLEASE NOTE THAT ALL OF THE AGENDA TIMES ARE APPROXIMATE AND SUBJECT TO CHANGE

1 Introduction, Welcome and Chair's Opening Remarks
Chair

2 Public Questions
Chair

3 Apologies for Absence
Chair

4 Declarations of Interest
Chair

5 Recommendations on Restoration Operating Model
Trust and Grantham Operating Model from April 2021 v15.docx

6 Any Other Notified Items of Urgent Business

7 The next meeting will be held on Tuesday 6 April 2021

EXCLUSION OF THE PUBLIC
In accordance with Standing Order 3:1 and Section 1(2) of the Public Bodies (Admission to Meetings) Act 1960: To resolve that representatives of the press and other members of the public be excluded from this part of the meeting having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest.

Meeting	*Trust Board*
Date of Meeting	*16 March 2021*
Item Number	*Item*
Recommendations on restoration of the Grantham District Hospital site operating model after 31st March 2021	
Accountable Director	*Simon Evans – Chief Operating Officer*
Presented by	*Simon Evans – Chief Operating Officer*
Author(s)	*Angus Maitland – Deputy Chief Operating Officer*
Report previously considered at	*N/A*

How the report supports the delivery of the priorities within the Board Assurance Framework	
1a Deliver harm free care	*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	*X*
3b Efficient use of resources	*X*
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	*4558 – Local Impact of the Global Coronavirus (Covid-19) Pandemic*
Financial Impact Assessment	*N/A*
Quality Impact Assessment	*See Appendix A*
Equality Impact Assessment	*See Appendix B*
Assurance Level Assessment	*Insert assurance level* • *Significant*

Recommendations/ Decision Required	• The Board is asked to review this paper, including the assessment of national clinical evidence in relation to the Covid-19 pandemic • The Board is asked to consider the recommendations to restore services to the Grantham site, which are commensurate with the assessment of safety risk and the operational and logistical requirements to provide a high quality service for patients.

1. Introduction

Temporary arrangements have been introduced across our hospital sites during the pandemic. The largest of these was the temporary introduction at Grantham of a Green Site plus an Urgent Treatment Centre. The presumption was always that these were temporary up to the 31st March 2021 and isolated from any discussions with regard to the future of services on any of our hospital sites. This paper describes how we intend to fulfil our commitment to restore services back to previous substantive models of care.

Work has been underway on restoring services to the pre-June position as close to the 1st April 2021 as possible taking into account the continuing pandemic. Feedback has been sought from our colleagues and the public about the restoration of the affected services. An assessment of the current evidence and thinking in relation to the pandemic has also been conducted.

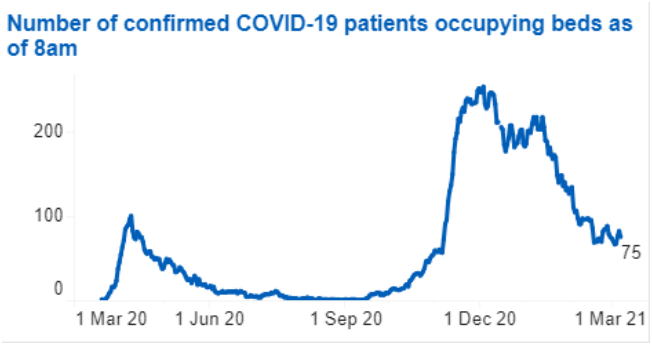
2. Background

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 changes implemented from the end of June.

The 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'.

On 9th November ULHT Covid-19 case numbers, in wave 2, surpassed our previous peak in wave 1. They went on to be more than 250% than experienced in wave 1. This required both the Lincoln County Hospital and Boston Pilgrim Hospital Green pathways to be regularly suspended. At the same time, Grantham Green site surgery and treatments were able to continue.

The numbers of Covid-19 inpatients in the Trust has declined considerably from the peaks experienced in December 2020 and January 2021. However, the numbers remain higher than at the time the decision was made to create the Grantham Green site.



In the second quarterly review of the Grantham Green site model, presented at the Trust Board in February 2021, it was noted 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.

At the February Trust Board the future of the Green Site at Grantham was considered. The following 5 recommendations were agreed;

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.

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.

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.

3. Public Health review of evidence

On 2nd February 2021 the Trust Board agreed the recommendation, *"to commission a review of all available research, preferably with significant contribution from Public Health England and the Director of Public Health."*

At the time of the request the national Covid-19 alert level was at level 5 but has since reduced to level 4. 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.

Since 8th December 2020 the national Covid-19 vaccination programme has provided over 22 million people with their first dose. At the time of writing vaccinations were being offered to people 56-60 years old. All eligible health and care staff have been offered the vaccine with circa 90% of ULHT staff having received their first vaccination. The programme of second doses is underway and will be completed before the end of April, by which time all of the first four priority population groups should also have received their second dose.

The commissioned review considered evidence available up to 28th February 2021. It is recognised that the pandemic itself, together with its overall management and the published evidence into both, is constantly developing.
A detailed literature search was undertaken to identify current published research and consensus statements on the following three questions:

1. Forecasting the pandemic and hospitalisation due to Covid-19 at April 2021 and beyond
2. Operating Covid-19 positive and Covid-19 free patient pathways on a single secondary care site
3. Point of care / near-patient testing

In respect of the three areas considered by the Public Health review of evidence, the following issues emerge:

- The range of uncertainties at present do not indicate that there is evidence, based on anticipated population need, to plan to alter the way services are currently configured in the short term.
- Separation of pathways based on Covid-19 infection risk was necessary during the initial surge of cases around the world and remains a priority for recovery in order to enable urgent and elective care to resume and continue safely.
- No test is able to identify a person after exposure who is still incubating the virus, highlighting the importance of understanding any timeline of potential exposure.

While there is emerging and justifiable optimism, the pandemic is still at national level 4 and case rates may increase as lockdown measures reduce. The vaccine programme is encouraging, especially in relation to reducing hospitalisations, but further evidence is required. In addition, evidence on transmission is still at its early stages and the risks in relation to surgery remain. Testing has significantly improved with regard to turnaround times but cannot as yet identify those who are incubating, which has particular implications for the emergency admission pathway.
If considering only the objective review of evidence, the Board might conclude that the fundamentals which led to the decision to establish a Green site at Grantham have not altered sufficiently. Despite infection prevention and control measures Covid-19 still represents a substantial risk to the provision of healthcare services.

4. Restoration of services

Recommendations 2 and 4 in the February Board paper required that we consider the models of care which may be restored across our hospital sites and agreed that implementation planning should be put in train to achieve this from early April pending further work and consideration at an extra-ordinary board on 16th March 2021.

The development of the original temporary model approved in June 2020 was implemented over a 12 week period into September 2020 owing to the complexity of some originally unforeseen consequences of the model.

As a result of the ongoing pandemic, proposed plans are suggesting that, in this first stage, we do not return non-patient facing services to the site unless their presence is essential to the successful running of those clinical services. This should help to ensure that the footfall on the site continues at a reduced level and the separation of services can be maintained as described below. We are also taking this opportunity to review the standard of many of the non-clinical areas and to make improvements where necessary and affordable.

4.1 Supporting reasons to recommend restoration

4.1.1 Learning and Experience

During the pandemic we have established comprehensive and robust approaches to infection, prevention and control. These are approaches have developed considerably over the past 12 months. We have successfully maintained the higher risk urgent care pathway in isolation from the Green pathways at Grantham. We have also maintained green pathways for significantly smaller numbers of elective and diagnostic patients at our other 'mixed' sites.

4.1.2 Risk for non Covid-19 patients

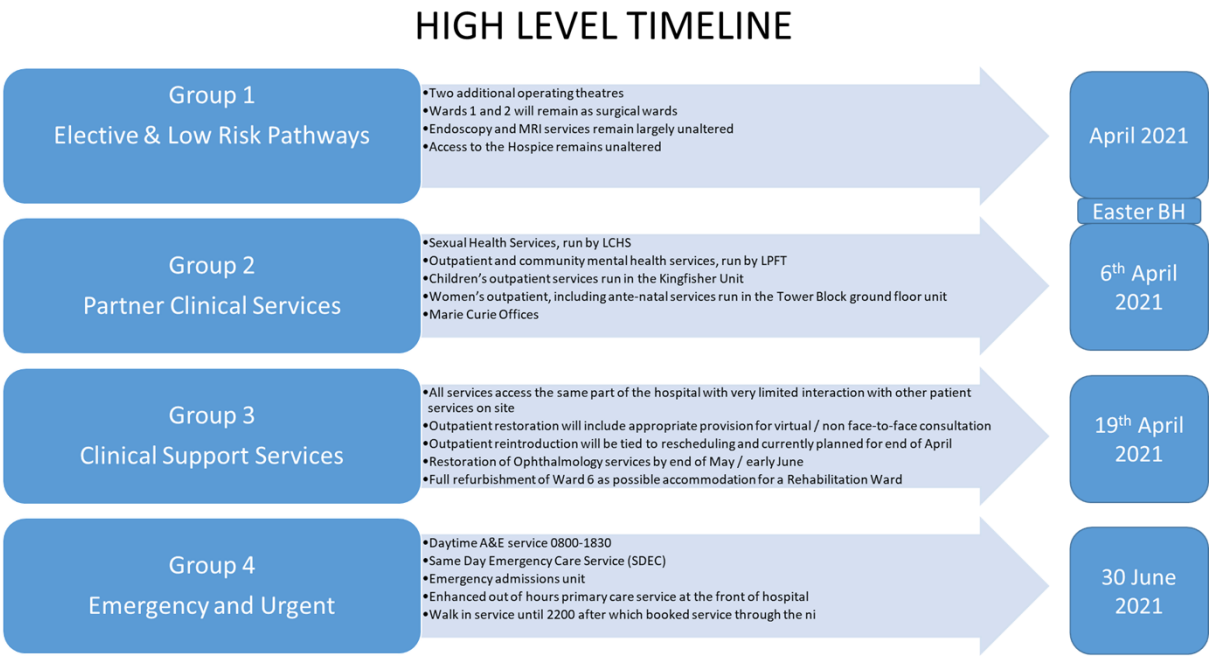
We are acutely aware that the NHS has a responsibility to provide a comprehensive range of services far wider than just Covid-19. We appreciate that some of the temporary changes for some patients has added additional strain and difficulties. As one example, the oncology and haematology day case services has operated successfully from Grantham during the second wave of the pandemic protecting our most vulnerable patients. However national changes in treatment regimes means that there is also a requirement to increase treatment frequency, which we will not be able to manage to the same extent from Grantham hospital alone.

4.1.3 Advance of evidence

Whilst the Public Health review identifies a lack of sufficient evidence to change our current approach of maximising the separation of the elective 'Green' services, we believe that we can maintain with a degree of confidence appropriate infection, prevention and control measures within mixed sites and with higher volumes of elective patients. This is because we have a range of actions in place to identify staff and patients who are positive with the introduction of regular rapid testing and temperature checks for all staff and patients, separation of responsibilities for staff on the 'Green' pathways, and vaccinations for patients and staff. This has led us to propose a model which, during the current pandemic status, remains cautious but progressive, with the opportunity to continually review the available evidence.

4.2 Proposed timeline for restoration

To support a safe and effective restoration of services predominantly at Grantham the following timeline and approach has been proposed. Services with similar characteristics have been grouped together to simplify the process of restoration. In making these proposals, we must also consider those services which have been temporarily moved to Grantham or other sites, such as Louth, as there will be an equal need to restore these operational services, as safety considerations permit.



4.2.1 Group 1 – Existing services on the Grantham Green site

Existing services on the Grantham site will remain. In the case of surgical operating, we have added two modular theatres, so there will be more operating next year than previously. We will also be retaining some chemotherapy day services. Both of these represent service enhancements.

In order to ensure both the appropriate capacity and the safest model to minimise footfall and transmission risk, Wards 1 and 2 in the Tower Block will stay as the surgical wards, and will retain the step up (Level 1) service for Surgery on the ward.

The case mix of patient operating will continue in the short term to prioritise the most urgent surgical cases to ensure that patients across the county in the greatest need are operated on first, especially while there can still only be limited non-emergency operating at Lincoln and Boston. For this reason, the Trust intends, subject to the same timescales for decision making as for other sites, to continue its elective eye surgery at Louth Hospital.
Endoscopy and MRI services will remain largely unaltered, as will the hospice area, which has its own entrance.

Day case cancer services such as chemotherapy were temporarily suspended at Lincoln and Boston and moved to Grantham to protect our most vulnerable patients. We are keen to restore chemotherapy services at Lincoln and Pilgrim from April. The service at Lincoln County Hospital has its own separate entrance and can be managed as a low risk pathway. Patients will continue to be swabbed in advance. The restoration of the chemotherapy service at Pilgrim has been carefully considered, and can be safely delivered through access via the main entrance and immediate entry to the chemotherapy area. This is a pathway already safely deployed for specific cases on the site. The intention is to retain a chemotherapy day case service at Grantham, which will be an additional service to that previously in place.
The oral and maxillo-facial outpatient services, including orthodontics, are referred to in Group 3 below.

The urgent care services already on site are referred to below under Group 4.

Patient and public opinion received with regard to this proposal has been overwhelmingly supportive, with comments particularly focussing on making the best use of theatres at Grantham and support for the return to chemotherapy being delivered across three trust hospital sites.

A number of respondents said they were pleased to hear that current services will remain (Surgery & Chemotherapy), along with the ward provision, as it is felt that this will have a positive impact on patients in Grantham.
This included comments from a patient who has had to travel to Grantham for chemotherapy since June 2020 and would like to see the service reinstated closer to their home. They feel that travelling for treatment has impacted upon their physical and mental health.

Recommendation 1 to the Trust Board is that the restoration of services in Group 1 should be supported for implementation in April for completion by 30th April.

4.2.2 Group 2 – Specific, separately accessed, services

Services run by several different partners on the Grantham site can return and operate almost independently of the core hospital services with separate entrances and facilities. These services have, to different degrees, functioned less effectively in their current locations and will benefit from bringing together their services back in the Grantham facilities.

- Sexual health services, run by LCHS
- Outpatient and community mental health services, run by LPFT
- Children's outpatient services run in the Kingfisher Unit
- Women's outpatient, including ante-natal, services
- Marie Curie offices

It is proposed that there will be no patient, public or staff access into the remainder of the hospital site from these services. This proposal if supported would be kept under review.
To support this car parking, signage, letters and access will be carefully managed to ensure patients can find their way easily to the correct service entrance. From our learning of maintaining separation of the Urgent Treatment Centre and Same Day Emergency Care services from the Green site at Grantham we will be able to maintain these services on the site. Although it must be noted that any increase footfall will increase the potential risk of Covid-19.

Responses to this proposal in the patient engagement exercise were again mostly positive, with people reacting positively to the return of women's outpatient and children's services to the Grantham hospital site in particular. The focus was on ease of access to services and quoted issues with transport as causing difficulties for those needing to travel outside of Grantham for care.

One respondent said: "I consider it would be a very positive outcome for women's outpatient services to be returned to Grantham Hospital." And another "We would love to see Kingfisher ward re-opened in a safe way."

Recommendation 2 to the Trust Board is that the services in Group 2 should be restored to the Grantham site as described starting from the week of 6th April for completion by 30th April 2021.

4.2.3 Group 3 – Outpatients, diagnostics, therapies and pharmacy

The scale of services provided in Grantham as a whole makes it more effective to bring these services back in one grouping. All of these services can access the same part of the hospital

with only very limited need for any interaction with the other patient services on site. There will be clear staff restrictions also during the period of the pandemic to minimise the need to link in with the Green part of the hospital, for example the separation of therapy staff working in the outpatient and elective surgical parts of the hospital.

The nature of provision of outpatient-type patient services is changing rapidly, and this change has accelerated during the pandemic. This means that the restoration of the operating model will include appropriate provision for virtual / non face-to-face consultation. While the initial focus will be on restoration, we will aim to integrate these virtual services into the overall operating model over time.

We propose to reintroduce these services from 19th April to the 30th April 2021, but with the pace of reintroduction of these services tied to the rescheduling of bookings and available logistics. This should minimise inconvenience to patients and make the administration of this manageable, because any rearrangements will not take place unless there is a Trust Board decision, and the initial intention is only to change venue, not the date or time of the early appointments.

We have a small number of higher volume, more mobile, diagnostic services, not directly linked to outpatient consultations, where social distancing requirements mean we may need to retain these services elsewhere in Grantham in the short term if we cannot provide sufficient volume as a consequence of a return to site. We will have clear answers for these services before the end of March.

Exceptionally ophthalmology outpatient services, including injections, are suggested to return to Grantham towards the end of May / early June. This service is located separately on the site to the general outpatients area. A decision on the date for elective eye surgery across the county will be taken separately to this paper (see Group 1 comments above) as it depends on the overall county position.

Within Group 3, we will also be able to include a dedicated medical and surgical rehabilitation ward for the Grantham local population, which will include a faster local step down from specialist services in Lincoln and Boston as well as serving the inpatients at Grantham. This will be considered part of the low risk footprint within the hospital site. A full refurbishment of Ward 6 has been initiated to support this and the aim is to complete by the end of April 2021. Response to this proposal from the patient engagement exercise was limited, but was again positive. Respondents welcomed the idea of diagnostic and outpatient services returning to the Grantham hospital site, citing ease of access as the main driver.

One comment said: “Outpatient, diagnostic, and therapy services as well as community mental health services, children’s and women’s outpatients and dental services are things that we need to access locally and more easily than we have been over the last few years.”

Recommendation 3 to the Trust Board is that the services in Group 3 should be restored to the Grantham site from 19th April and completed by 30th April 2021.

4.2.4 Group 4 – Emergency care pathway

Group 4 concerns the emergency care service. It is important to state that any proposals or subsequent decisions made in relation to the restoration of emergency care services at Grantham are not related to any ongoing discussions with regard to the longer term Acute Service Review (ASR) proposals. There is a separate process underway that will involve public consultation.
The restoration of emergency care services will restore the daytime (previously 8am to 6.30pm) A&E, a same day emergency care unit, emergency admissions unit, wards, access

to all relevant diagnostic services and integrated support from the community teams. This will be supported by an enhanced out of hours primary care service at the front of the hospital, including walk-in services until 10pm and a booked service through the night. Patients needing active rehabilitation will be eligible to use the rehabilitation ward.

There are two material challenges with regard to restoring the emergency care pathway, which have driven the recommended timescale.

Firstly, the emergency pathway provides the greatest risk for admitting Covid-19 positive patients onto the site. It is not possible to separate all support services, patients and staff between a full emergency pathway and green pathway on the Grantham site. There would be shared facilities in theatres, in X-ray, CT / MRI scanners as examples.
Therefore, to restore services with confidence much consideration is required to operationalising distinct zones of care and separating staff to the greatest level possible. The review of evidence reminds us that, even with much improved testing regimes, we cannot fully prevent the risk that someone could be incubating Covid-19 at the time of admission. The recommended June timescale will therefore provide for greater confidence in line with nationally optimistic levels of Covid-19 in the community alongside far greater levels of protection from the majority of our population being vaccinated.

The second challenge relates to ensuring we have safe staffing for the emergency pathway. This relates particularly to the 24/7 medical cover for the inpatient services. The pandemic has stretched all medical services across the Trust with a need to work differently due to the challenges posed by the pandemic. In addition to this our staffing position across the Trust across a number of professional groups has worsened. There also remains ongoing challenges to secure the volume of locums required to ensure all rotas are appropriately and safely filled.

The proposed June timescale will provide sufficient opportunity to further recruit to both permanent and temporary staff where there are critical gaps, as well as to redistribute teams from across all of our urgent and emergency care services.

The response to this proposal was mixed, with some respondents feeling very strongly that the current 24/7 UTC should be retained, and others welcoming the return to an A&E. Others feel that a Level 1 A&E should be established at the Grantham site, running 24/7. Almost everyone who commented on this proposal wanted to see the service provision, at whatever level, to be 24/7.

One respondent said: “I have found the emergency care services at Grantham very helpful, it is a shorter journey and that is important for me as one in my household struggles with anxiety and another is quite young.”
Another said: “The UTC which we have at the moment has worked 100% everyone that has used it have given it 10/10 even myself and other family members. So I believe we should keep it if we can’t have our A&E for 24/7.
Another said: “We need a 24 hour A&E service, it’s absolutely criminal we have lost our service, Grantham have made it abundantly clear. We need this service to resume ASAP.”

Recommendation 4 to the Trust Board is that we should restore the June 2020 operating model for the emergency care pathway by 30th June 2021.

This will be in line with the national roadmap for the easing of lockdown and further progress in the vaccination programme to be made. Although more importantly it will allow time for more evidence to emerge and be reviewed on the relative safety of mixed sites and the effectiveness of the vaccine on transmission rates. This will also enable work with the clinical teams to design compliant rotas and for the proposed changes in Groups 1,2,3 to be embedded.

5. Estates and Facilities Improvements

The Trust has invested approximately £18m to support improved infection, prevention and control measures and the management of patient services during the pandemic, and this will be enhanced further to support the restoration of services. Examples include;

- Ward enhancement programme that has included automatic doors fitted at the end of bays
- Substantial ward upgrades on Dixon ward (Lincoln - completed), Ward 6 (Grantham - underway) and Ward 8a (Pilgrim - planned)
- Facilities at Gonerby Road Health centre which include consulting, diagnostic and treatment rooms. Mobile units can be either kept on site for the term of the lease or at other locations to be agreed.
- Two temporary operating theatres at Grantham, which is part of a longer term investment plan at Grantham to upgrade and expand the Trust's operating capacity on site.
- Additional and replacement diagnostic equipment such as MRIs, CT scanners and digital X-ray equipment
- The Emergency Assessment Unit has been upgraded
- Common parts of the main outpatients areas are in the process of being redecorated.
- Estates enhancements for administration areas including a new admin floor in the Tower Block for extra capacity of 50 desks
- Expansion of capacity for Emerald Suite Cancer services
- Parts of the Kingfisher Unit and Women's outpatients will be redecorated to embrace the Trust's Children's Service branding and to incorporate enhanced infection prevention measures.
- There will be investment in external signage and car park repairs.

6. Summary and recommendations

The Trust Board approved the development of a Green site at Grantham in June 2020 to ensure patient safety during a novel Pandemic. The measures taken have successfully delivered on this intention. The recommendations in this paper reflect the changing and evolving context but stay true to that overriding requirement of safety.

Full consideration has been given to the balance between the review of evidence by Public Health colleagues and the development in our understanding, and management, of Covid-19 in our hospitals. We have also considered where the volume of services needs to be built back up again in the best interests of the wider health of the population. Our engagement activity has been taken in to account in designing the presented proposals.

The recommendations made within this report will enable a swift, phased, safe restoration of services to Grantham and District Hospital as well as to Boston and Lincoln, but with regular review to ensure safe and successful implementation.

The Board is asked to approve;

Recommendation 1 Restoration of services in Group 1 should be supported for implementation in April to be completed by 30th April 2021.

Recommendation 2 Services in Group 2 should be restored as described starting from the week of 6th April until 16th April 2021.

Recommendation 3 Services in Group 3 should be restored from 19th April and by 30th April 2021.

Recommendation 4 Restoration of the June 2020 operating model for the emergency care pathway should be implemented by the 30th June 2021.

7. Appendix A Machinery for public and service user involvement and participation in restoration of services at our hospitals

Machinery for public and service user involvement and participation in restoration of services at our Hospitals The Covid-19 pandemic has required the Trust to rapidly reconfigure services and provide care in new and different ways. During the initial emergency response quick decision making was needed to increase capacity and maintain essential services and the urgency of the situation meant that the process to involve or engage the public was necessarily abbreviated.

During the next stage of the pandemic through restoration there is an opportunity to understand the impact and build on the benefits brought by changes during the initial phase and for this work to be informed by people who are using the services.

This paper describes the machinery through which the Trust will demonstrate how engagement with service users informs its restoration plans. The governance arrangements for the restoration programme should:

- Cover the geographical area affected
- Take account of the range of services under consideration and interdependencies
- Reflect the responsibilities of the service provider
- Support decision makers to be open minded on proposals

Understanding Impact

The Trust has considered the impact of the restoration of services to our hospitals. To allow service users and the public to influence the restoration plans specific involvement processes have been put in place. These plans will build on the engagement process which has been run by the Trust to inform each quarterly review of the 11th June decision details of which can be found at https://www.ulh.nhs.uk/content/uploads/2021/01/Agenda-bundle-1.pdf

We will also continue to be informed and build on patient experiences through regular engagement meetings with patient experts.

Communicating Clearly

A briefing note describing the restore proposals for services will be shared publicly and with all stakeholders on 5th March 2021. Details will be available on the public website, through social media and views will be gathered through the Grantham restore email address.

Using Feedback

All responses received by midday on 9th March 2021 will be considered independently and fairly reported to allow them to influence the proposal which will be put before the Trust Board meeting on 16th March 2021. Feedback will continue to be collected after this date and will be used to inform future plans and methods of implementation. The public are also able to raise questions arising from the paper at the meeting on the 16th March 2021.

Agree Approach

The Trust Board will be asked to make a decision on restoration of services at its meeting on 16th March 2021. This will be a public meeting which can be joined through the link on our website. Public questions for this meeting can be submitted up to midday on the 15th March to the Trust Secretary at Jayne.warner@ulh.nhs.uk

8. Appendix B Quality Impact Assessment for the Restoration of Services Clinical Model Described within this paper

Quality Impact Assessment										
	Yes/No (If Yes complete the following)	Risk Description	Initial Assessment				Post Mitigation			
			Impact	Likelihood	Consequence	Rating	Mitigations	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	Maintaining additional capacity at Gonerby Road and other sites will further support capacity for. cancer patients and those defined as 'urgent' by the Royal College of Surgeons will be included in this	0	0	0
Impact on Patient Safety?	Yes	*There may be insufficient equipment, space and staff resulting in movement of staff, patient and equipment between 'Green' and 'Blue' areas. Peri-operative Covid-19 has severe impact on mortality.	The patient group being targeted for Green admission are already more vulnerable and compromised due to their clinical condition.	4	4	16	*Assessment of space has been undertaken and advice sought from Infection Prevention and Control - area identified which is contained with minimal amount of cross over into 'blue' areas *Zoning of site will reduce likelihood. Building on the experience from the last year at other sites. * Rapid testing available will reduce both staff and patient Covid-19 in hospitals.	2	4	8
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 Green elective services if an outbreak or peri-operative Covid-19 patient occurs. Resulting in much larger reduction in operating capacity	Much larger reduction in Green services if an outbreak occurs or patients contract Covid-19 on Green pathways.	3	5	15	Maintenance of strict adherence to IPC guidance. Separation physically of Green and Blue areas and the staged introduction of services to control the movement of staff will positively mitigate this risk.	2	4	8
Impact on Patient Experience?	Yes - positive imp	Patients previously unwilling to travel and/or travelling for services who had a poorer experience no have services closer to home	Introduction of greater range of local services may now chose 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 'Blue' and 'Green' on a site may reduce. Previously high confidence for patients that appreciated a 'Green site'	Patients may chose not to attend hospital if confidence reduces	2	4	8	Public messaging, signage in hospitals and zoning of areas together with the availability of PPE and maintenance of IPC excellence will help reduce risk	1	4	4
Impact on Staff Experience?	Yes	*Staff unwilling to return to work within the mixed 'green ' and 'blue' site Restoration will also mean the transfer of staff across sites	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

9. Appendix C Equality Impact Assessment for the Restoration of Services Clinical Model Described within this paper

Rapid Service or Workforce Change Equality Impact Assessment Tool

This tool has been developed in response to the COVID-19 pandemic and the need for the NHS to respond by rapidly changing delivery of services or to the workforce by Silver / Gold commands whilst also maintaining our public sector equality duty under the Equality Act 2010 to show due regard for equality in decision making. Please complete all sections below. Instructions are in ***italics***. Email for all correspondence: email to tim.couchman@ulh.nhs.uk

A. Rapid Service or Workforce Change Details	
1. Description of change	The Trust intends to fully restore services to the Operating Model which existed prior to the agreement to instigate a Green Site at Grantham in June 2020. This will also involve the restoration of services such as day case chemotherapy back to Lincoln County Hospital and Pilgrim Hospital Boston from the Grantham site. An extensive Equality Impact Assessment (EIA) was conducted in June 2020 in relation to the **change** in services. This EIA is briefer because it is a restoration to a previous model, and therefore highlights only material issues arising either from public, patients and staff engagement or where there has been a material change in circumstance, either generally or specifically in relation to the pandemic.
2. Type of change	Restoration of previous operating models
3. Form completed by	Angus Maitland, Deputy Chief Operating Officer Tim Couchman, Equality, Diversity and Inclusion Lead
4. Date proposal discussed & agreed	Tuesday 9th March 2021
B. Equality Impact Assessment	
Complete the following to show equality impact assessment considerations of the decision making to ensure equity of access and to eliminate harm or discrimination for any of the Protected characteristics: age, disability, gender reassignment, pregnancy and maternity, race, religion or belief, sex, sexual orientation ? Or other groups which can include, but not be limited to, people who are; carers, homeless, living in poverty, asylum seekers/refugees, in stigmatised occupations (e.g. sex workers), use substances, geographically isolated (e.g. rural) and surviving abuse	
1. How does this decision impact on protected or vulnerable groups? eg. their ability to access services and understand any changes?	Patients and Services Users: Age • As this is a restoration of services locally, which will enable us also to steadily increase volumes over time, this will positively impact equally on all ages. It is recognised that due consideration will need to be given to different cohorts of the population based on factors such as vulnerability to infection, ability to travel, covid vaccination status. This list is not exhaustive Mental Health: • The mental health impact of more local service restoration, as well as increased volumes, leading gradually to better waiting times, will

	positively impact on patients and public. Decisions on visiting and social distancing are pandemic related and not directly part of the restoration. • Having a continued higher volume of elective surgery provided on site at Grantham will provide increased likelihood for a positive outcome for this vulnerable patient group using the service. Set against this, some patients from other parts of the county may be required to travel further for this intervention than prior to the increase. Ophthalmology operating at Louth will continue during the Pandemic which will have a similar outcome. Disability: • People with some long-term conditions (which would be classed as disability under the Equality Act 2010) are more likely to develop serious ill health if they contract COVID-19. • Emerging data indicates that some disabled people are disproportionately impacted by COVID-19. • People with Covid19 symptoms requiring admission to acute hospital will be diverted to one of the other ULHT hospital sites, Lincoln or Pilgrim both of which have higher intensive care facilities to treat patients with a higher acuity illness if required. This will increase likelihood of a positive outcome for this vulnerable group of people • The communication needs of people need to be assured in relation to access to the restored pathways. • Disabled people are more likely to access emergency services, out-patient clinics and the Kingfisher Unit. Therefore the restoration of these services from Grantham Hospital should be a positive step. Gender reassignment: • As the Trust does not provide gender reassignment surgery or services, a neutral impact is envisaged. • Trans patients will continue to be cared for in their chosen gender identity, in line with national NHS England Same Sex Accommodation policy. Marriage and Civil Partnership: • A neutral impact is envisaged for this protected characteristic. Pregnancy and Maternity: • Services will be restored to the previous operating model, subject to the continuing requirements relating to Covid-19. Race: • Emerging data and research indicates that people from Black, Asian and Minority Ethnic backgrounds are disproportionately affected by COVID-19. • Whilst Lincolnshire does not have the large BAME communities as other urban areas in the Midlands and England, all BAME groups are still represented in the county. • People with Covid19 symptoms requiring admission to acute hospital will be diverted to one of the other ULHT hospital sites, Lincoln or Pilgrim both of which have higher intensive care facilities to treat patients with a higher acuity illness if required. This will increase likelihood of a positive outcome for this vulnerable group of people

	• People for whom English is not the first language may have less access to information about changes in service delivery, including when restoring services. Religion or belief: • A neutral impact is envisaged for this protected characteristic. Sex: • Emerging data and research indicates that men are disproportionately affected by COVID-19. People with Covid19 symptoms requiring admission to acute hospital will be diverted to one of the other ULHT hospital sites, Lincoln or Pilgrim both of which have higher intensive care facilities to treat patients with a higher acuity illness if required. Sexual orientation: • A neutral impact is envisaged for this protected characteristic group. • However, the mental health impact of 'social distancing' on LGBT+ people, who have a greater reliance on external contacts for advocacy and social contact in care settings needs to be understood and considered, alongside the Trusts current restrictions on visitors. Carers: • The mental health impact of 'social distancing' compounded by patients potentially being further away from their household needs to be considered, alongside the Trusts current restrictions on visitors. Geographical isolation: • Some people might have additional challenges in relation to transport, if elective surgery is moved away from their local hospital. As this proposal is mainly to restore services, the impact is largely neutral for the people of Grantham, but there will be some continuing impact on further populations in the county while the pandemic persists as a greater proportion of the elective care will be provided at Grantham and Louth until the services at Lincoln and Boston can fully reopen. • The mental health impact of 'social distancing' compounded by patients potentially being further away from their household needs to be considered, alongside the Trust's current restrictions on visitors. Socially / economically deprived: • Some people might have additional challenges in relation to finances, if elective surgery remains away from their local hospital. • The mental health impact of 'social distancing' compounded by patients potentially being further away from their household needs to be considered, alongside the Trust's current restrictions on visitors, particularly for people experiencing social and / or economic deprivation. Domestic abuse: • It is recognised that people affected by domestic abuse are more likely to access help through locally provided services.

	• Therefore, the restoration of services will positively impact on this group. <u>Staff:</u> • The emerging data and research, highlighted above, in relation to population groups disproportionately impacted by COVID-19 apply also to our staff groups. People from BAME backgrounds (race), older people (age), men (sex) and people with co-morbidities (disability) are being disproportionately affected by COVID-19. Through the risk assessment process have been working at Grantham.A small number of staff deemed at higher risk There has been considerable progress in recent months in terms of the safety measures for staff, including twice weekly lateral flow testing and the offer of a vaccine, with the second dose programme due to complete before the end of April. For some staff, shielding principles will continue to apply. • Due to the length of time the changes have been in place, there has been considerable staff change and there will be a need to manage the reintegration of staff into previous models. This will require high levels of support. Further to the above, the following potential impacts need to be considered: Age: • The Trust has an ageing workforce profile. Therefore, older staff are likely to be impacted by change. Sex: • The Trust's workforce profile demonstrates that 80% of the workforce are women and 20% are men. Therefore, from a statistical perspective, women will be more impacted by change than men. • Women are more likely than men to be in part-time employment, where potential changes to work patterns / bases could potentially have a negative impact on them. • Women are more likely than men to have caring responsibilities, where potential changes to work patterns / bases could potentially have a negative impact on them. Carers: • All staff with caring responsibilities could potentially be negatively impacted if work patterns / bases are changed. In general this will be a positive move if services are being restored to the original location, but the change element could still have an impact. Economic: • There is potential that lower paid staff could be disproportionately impacted by changes that have a significant economic impact on them. The level of displacement will significantly reduce with the restoration of services. The proposal maintains a benefit to all patient groups through providing the ability to continue with elective care in a safe and controlled manner, to

	stabilise, and avoid the patient waiting list for elective treatments growing whilst we continue to manage the Covid19 situation.
2. Patients who will be displaced	As this is a restoration of the previous operating model, patients will be returning to the previous locations. In the case of elective operating, there will be proportionately more movement to the Grantham site during the pandemic period.
C. Risks and Mitigations	
1. What actions can be taken to reduce/mitigate any negative impacts? (If none please state so)	<u>Patients and Service Users:</u> For all groups: • Review hospital transport policy for people impacted by the restoration • Proactive promotion of the Patient Support Service (led by Patient Experience Team) for people impacted by any change • Enhanced communication through the NHS Lincolnshire system in relation to the restoration changes, with particular focus on accessible communication for vulnerable groups. • Transport will continue to be provided for those patients that require it, and this should mitigate many of the anxieties rising from the service changes <u>Staff:</u> For all groups: • Effective use and reevaluation of Risk Assessment for staff potentially impacted by change. • Effective and consistent implementation of the Trust's Management of Change Policy. • Effective engagement with Staff-side and all staff • One to ones for staff in more vulnerable groups, where requested or required
2. What data/ information do you have to monitor the impact of the decision?	<u>Patients and Service Users:</u> • Monitor activity levels of people accessing Emergency Services • Monitor patient activity and performance levels for all services • Monitor EMAS service responses • Patient engagement responses and comments supported by regular events and communications • Monitor Datix reports <u>Staff:</u> • ESR data • Employee relations data • Staff Survey data (longer term)
D. Proposal Sign Off/Accountable Persons	
1. Agreement to proceed?	Yes to proceed to Trust Board for review and decision

2. Any further actions required?	No, other than as identified above
3. Name & job title accountable decision makers	Karen Dunderdale, Director of Nursing and DIPC Simon Evans, Chief Operating Officer Andrew Simpson, Deputy Medical Director
4. Date of decision	10th March 2021

10. Appendix D Summary of Public Feedback Responses Incorporated Into proposals within this paper

One of the key recommendations in the February Trust Board paper was to continue the process of engagement as described in the quarterly reviews. In addition, to this further action has been taken to actively canvas staff and public opinion about changes made and the possible solutions to restoration of services.

While the timescales to mobilise actions since the February meeting have been tight, and in this case have been largely about the restoration of a known operating model rather than new service developments, we have been pleased with the level of interest and involvement of colleagues and public alike.

The public survey around patient experience has remained open and has attracted an additional 720 responses since the February Board report. In addition, 15 comprehensive patient interviews have been carried out to obtain additional useful patient experience intelligence.

In addition to the formal governance arrangements in the Trust which have covered this restoration programme, the Trust has established a staff engagement group to steer activities to involve and communicate with our staff stakeholders. We have provided regular updates through the Chief Executive weekly blog, Trust SBAR and dedicated Grantham updates.

We have also had, to date, two Grantham Live events, where staff members can ask questions directly of senior leaders, union representatives and those involved in the restoration work. These have been very well attended and have sparked plenty of questions, challenge and suggestions, all of which are welcome. These discussions have already been instrumental in shaping some of the capital investment proposals, have improved the proposals for managing safe separation of services on site and have influenced the way in which we will manage future communications and engagement.

All stakeholders, including staff, patients and public, have been involved in a wider engagement exercise, including the sharing of a general explanation of the proposed service restoration, accompanied by the opportunity to comment and suggest changes.

Up to 12:00 9th March 2021, 107 responses have been received to this engagement exercise and of those:

- 92 (86%) of respondents feel the restoration of services at Grantham will have a POSITIVE impact
- 5 (4%) of respondents feel the restoration of services at Grantham will have a NEGATIVE impact
- 8 (8%) of respondents feel the restoration of services at Grantham will have a NEUTRAL impact
- 2 (2%) of respondents DON'T KNOW how the restoration of services will have an impact

Key themes identified by those who feel the restoration of services will have a **positive** impact include (multiple topics discussed in individual responses from members of the public):

- 56 (61%) Getting transport to Lincoln and Boston has been challenging and expensive (reluctant to use public transport during pandemic)
- 34 (37%) serving Grantham's growing population/ benefits to the local economy
- 28 (31%) Want to see a 24/7 Level 1 A&E department restored
- 15 (16%) Restoring services at Grantham will ease pressures on Lincoln and Boston, when they are currently struggling to cope with demand
- 4 (4%) would like to see services restored, but retain the current 24/7 UTC service as opposed to 8am-6.30pm A&E

Key themes identified by those who feel the restoration of services will have a **negative** impact include (multiple topics discussed in individual responses from members of the public):

- 4 (80%) Support to retain the current 24/7 UTC service as opposed to the 8am-6.30pm A&E
- 2 (40%) Travelling distance to other hospitals for treatment overnight is too far (time is of the essence when in an emergency)

Key themes identified by those who feel the restoration of services will have a **neutral** impact include (multiple topics discussed in individual responses from members of the public):

- 2 (22%) Preferential to visit a more specialised, COVID secure site
- 1 (10%) NHS 111 inefficiency - must direct local population to the UTC and not Lincoln or Boston (skewing result)
- 4 (60%) A&E needs to be fully reinstated to Level 1 24/7
- 2 (22%) Travelling distance to other hospitals for treatment overnight is too far (time is of the essence when in an emergency)
- 1 (10%) Staffing issues must be resolved if restoration is going to work
- 2 (22%) Transport to and from Lincoln and Boston hospital is difficult and costly
- 1 (10%) Support to retain the current 24/7 UTC service as opposed to the 8am-6.30pm A&E
- 1 (10%) serving Grantham's growing population

Additional comments were made and will be considered under the broad themes of transport, population of Grantham/economy, surrounding hospital services and urgent and emergency services.

In addition, an extraordinary Patient Panel meeting has been held, where discussions focused on the information going to Board on the restoration of services. The 15 patient representatives present were positive about the restoration of services across the Trust, with questions raised about staffing, volunteers and visiting, as well as discussions about the distances patients were currently having to travel and the location of services in Grantham.

All feedback received through the above mechanisms will be considered as part of the restoration plans, and those received by 12:00 9th March 2021 have already been incorporated in proposals made in this report.