



Briefing for all Lincolnshire practices on Covid-19 Response

1st April 2020

- Daily briefing will be issued at 5pm
- Will include latest national guidance, local plans, updates on actions and answers to key questions
- General queries from practices should be emailed to lincsprimary.covid19@nhs.net
Responses will be provided in the daily briefing
- The clinical forum is established, meeting twice a week. Feedback of guidance with regards clinical issues will be provided via the daily briefing.
- Local escalation/issues to be raised directly with your regular primary care team
- Additional names for the daily briefing email should be sent to the generic email address above

In today's briefing:

1. High Importance
2. For Information
3. Communications
4. National Guidance
5. Contact
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1.High Importance

PPE supply during COVID-19

Ordering PPE supplies -process for practices to follow:

1. Practices should be following business as usual processes to access PPE stock (such as ordering from NHS supply chain or your usual wholesaler or distributor).
2. Practices who have an urgent requirement for PPE, and are unable to secure through their business as usual channels, are to contact the **National Supply Disruption Response (NSDR)**. You can contact the NSDR via the 24/7 helpline: 0800 915 9964. The NSDR is focused on fulfilment of emergency orders i.e. orders required in less than 72 hours. They do not have access to the full lines of stock held at other large wholesalers or distributors, but are able to mobilise small priority orders quickly. The document attached provides an outline of the process and FAQs associated with ordering stock.

Whilst there are stocks of PPE items in the supply chain, there have been capacity constraints in the NHS Supply Chain network. To address this, DHSC, NHSE/I, NHS Supply Chain and the Army have worked together to develop a Parallel Supply Chain (PSC) to support the normal supply chain. This is a dedicated PPE channel, and core PPE products for COVID-19 will flow through this.

The PSC will improve speed and reliability of delivery for these items, whilst relieving pressure on the established supply chain to deliver business as usual products.

In the interim period, until this new solution is fully operational, the Department of Health and Social Care in addition to mobilising the NSDR, are working to provide stock of PPE equipment to wholesalers and distributors for pharmacies, GPs, dentists, adult social care providers (such as care homes), and the third sector (such as hospices). This should allow more providers to order PPE through their BAU supply chains.

3. The completion of the Google form shared with practices previously, will assist the CCG in keeping oversight of where stock is not coming through to practices. This will allow for the CCG to push supply chains, but **is not a route of escalation for the ordering of stock**. We have a PPE cell who need oversight of low stock levels across the county and this form assists with that and will enable options for mutual aid to be explored, via local redistribution of supplies to priority local services.

https://docs.google.com/forms/d/e/1FAIpQLSf106q3smjUxyejEtVN1eoldNVZaQd3O8wSOi0iCA7RH4jK9A/viewform?usp=sf_link

PPE requirement – Please continue to follow PHE guidance for the use of PPE. At the moment, this is FRSM, apron and gloves for **symptomatic patients**. Visors should be worn if there is a risk of splashing of bodily fluids.

FFP3 masks, long sleeved gowns, gloves and visors should be worn when carrying out aerosol generating procedures on **symptomatic or positive patients**.

The CCG PPE cell are awaiting guidance from our local PHE team with regards an update on PPE requirements. This will be shared once received.

Fit testing – we can support with fit testing if practices are required to carry out aerosol generating procedures on **symptomatic or positive patients**. This will be managed on a case by case basis.

Please do not be tempted to use PPE that has been produced without clinical testing (ie: outside of

the recommended supply chains for Healthcare) as the efficacy cannot be guaranteed and you will be putting yourself and your staff at risk. We are setting up a contact line for companies/schools etc to make donations of PPE, but it will need to be clinically tested before use as PPE. Please do not use PPE from DIY shops either for the same reason.

If you choose to use PPE sourced as above, you are accepting the clinical responsibility of the wearer.



NSDR Comms_PPE
supply during COVID_

2. FOR INFORMATION

CAS ALERT: Novel Coronavirus Clinical Trials

This letter which has been issued by CAS regarding Novel Coronavirus: Clinical Trial. This alert related to the enrolment of Covid-19 patients in the national priority clinical trials. This letter has been identified as relevant for information to GP Practices.



CEM_CMO_2020_01
2 (4).pdf

FOR INFORMATION

Workforce SitRep Report – Update

Thank you to everyone who has completed the SitRep daily report. We appreciate that all practices are currently adjusting to different ways of working & are already overstretched, therefore we have listened to feedback regarding the daily report & have compiled a new simplified form for practices to complete.

- Instead of asking for daily completion we will now ask for the form to be completed on a weekly basis.
 - The only exception to this will be if the situation within your practice changes, then please submit a new form with the changes
 - The weekly form should be completed each Thursday
- The questions regarding activity have now been removed & practices will be asked to select a green, amber or red status for their service
 - Green - No concerns, expecting challenges but confident contingency plans can be effective
 - Amber - Contingency plans currently adequate however close to not being able to meet essential demands
 - Red - Concerns about being able to meet essential demands safely
- Why this data is important?
 - Please try to complete the report as requested. We know endless requests for information can be very frustrating especially at this unprecedented time, but it is important to know the situation across all practices in the county in order to be able to support practices, localities & networks who are experiencing difficulties.
- If you have any problems completed the weekly return or require any assistance, please contact your Locality Lead.

- The form should be **completed weekly on a Thursday by 12noon as a snapshot of your current position. This should then be updated on a daily basis (again by 12 noon)** when there are exceptions to your weekly report, i.e. a change in circumstances
- The form should be emailed to liwccg.LincsCCGPerformance@nhs.net
- The form has been revised in light of comments received back from practices and developed following discussion with the LMC, a number of practices and PCNs.



SITREP v6.2 -
020401.xlsx

FOR INFORMATION

Upcoming Webinars- NHS England

2nd April 4:30 – 5:00

COVID-19 Helping practice staff make the most of digital services – [register here](#)

This webinar is to help you make the most out of your online services during the COVID-19 pandemic to protect your staff and patients.

If you are unable to attend these events please note that recordings, slide decks and other resources will be held on our FutureNHS workspace [Digital Primary Care](#). This workspace is open to anyone who is registered with Future NHS, but if you need an invitation to get access then please contact england.digitafirstprimarycare@nhs.net with the request.

FOR INFORMATION

FAQs about the ReSPECT process and COVID-19

- Clarification on when, where and how is appropriate to have a ReSPECT conversation with patients with COVID-19
- Guidance on how to update forms remotely
- Guidance for COVID-19 patients with and without ReSPECT forms.
- Links to additional resources for guidance



COVID ReSPECT
FAQs.pdf

FOR INFORMATION

Pausing the NHS Complaints Process

Due to the ongoing COVID19 pandemic NHS England and NHS Improvement are supporting a system wide “pause” of the NHS complaints process which would allow all health care providers in all sectors to concentrate their efforts on the front-line duties and responsiveness to COVID19 this means that:

- All providers should ensure that patients and the public are still able to raise concerns or make a complaint, but that the expectation of an investigation and response in the near

future is managed.

- All providers would continue to acknowledge complaints, log them on their respective systems, triage them for any immediate issues of patient safety, practitioner performance or safeguarding and take immediate action where necessary. All complaints would then remain open until further notice, unless an informal resolution could be achieved, or the complainant chooses to withdraw their complaint.
- In secondary care where PALS offices still operate, they could still provide support by email and telephone and this should be encouraged for patients and the public to engage with the organisation.
- CCGs should ensure that they continue to have open channels of communication with patients and the public.
- we would advise the system that consideration should be given to complainants who, at the time of the “pause”, have already waited excessively long for their response (specifically those who have waited six months or more) these should be reviewed to ascertain if and how these can be resolved to the complainant’s satisfaction.

The initial “pause” period is recommended to be for three months with immediate effect. All health care providers can opt to operate as usual regarding the management of complaints if they wish to do so and this “pause” is not being enforced.

Please note that of 26 March, the Parliamentary and Health Service Ombudsman has stopped accepting new NHS complaints and has stopped work on open cases.

FOR INFORMATION

Key Worker Status

A letter for use by NHS staff as evidence of Key Worker status should staff be required to evidence this.



KeyWorker
Letter.docx

FOR INFORMATION

PCN DES Guidance

- The PCN DES documents have now been published:
<https://www.england.nhs.uk/gp/investment/gp-contract/> (second from bottom)
- A lot has changed since the original contract was agreed and the focus of the PCN DES is now to mainly support practices to increase their workforce and deal with the national emergency of novel coronavirus (COVID-19). The GPC have put together a 2 page summary that is attached.



GPCE - PCN DES
Guidance 2020.pdf

FOR INFORMATION

RCGP Guidance on Workload Prioritisation and HGV Licences

RCGP has produced guidance regarding what works should be prioritised during the Covid-19 crisis. This document advises, amongst other things, to not prioritise DVLA medicals. However for HGV drivers who are delivering essential goods, such as, medicines, medical equipment, and food, this could disrupt the supply chain. This has been escalated by BMA to DVLA, but so far no change has been made to regulations. It is therefore appropriate to continue providing HGV medicals for patients who work delivering essential goods



RCGP guidance on
workload prioritisation

FOR INFORMATION

Further Information from NHSE regarding identifying High Risk patients

You will receive further information about what to do next to identify patients to add or remove from the highest clinical risk registry by the end of this week.

In the meantime, this information covers the main actions you should currently be taking:

- On 21st March 2020 [the Chief medical Officer \(CMO\) and NHS England/Improvement wrote to all practices](#) detailing the process for identifying and supporting patients at highest clinical risk from Coronavirus. We explained that letters would be sent to all patients who could be identified from centrally available data as being in one of these highest clinical risk groups. All [patient letters](#) generated by this central process have now been distributed and should have been received via Royal Mail.
- By now, practices should have received details of patients centrally identified and contacted by a letter from the NHS. These should have been coded in GP clinical systems and you should have received instructions from your GP system supplier on how to run a report from within your system. If you have not received or cannot find this notification, then please inform your system supplier and England.covid-highestrisk@nhs.net team have logged your query with NHS Digital. **Please do not send any lists of patients or other patient identifiable data to this email address.**
- Ensure you have reviewed the centrally generated list of highest clinical risk patients as soon as possible, and identified any changes needed to people's care plans or other types of support they may require.
- As set out in the [CMO letter](#) and subsequent communications from Royal Colleges, there may be other patients, not included in the original CMO cohort, that GPs consider to be in the highest clinical risk category and who should be advised to shield. **Please wait for further information about what to do next to identify patients to add or remove from the highest clinical risk registry, which will be provided by the end of this week.**

FOR INFORMATION

NHS Volunteer Responders – Information from Primary Care Professionals

This guidance offers context to the NHS Volunteers Responders initiative being delivered by NHSE and NHSI in partnership with the Royal Voluntary Service. It details which health and care professionals can make referrals for volunteer support.

Referrals can be made immediately via the NHS Volunteer Responders referrer's portal or by calling 0808 196 3382. The referral process is then outline briefly and supported by a comprehensive list of FAQs.

https://www.england.nhs.uk/coronavirus/wp-content/uploads/sites/52/2020/03/C0112-NHS-Volunteer-Responders-Information-for-Primary-Care-Professionals_31-March-2020.pdf

FOR INFORMATION

EMAS Data Sharing Agreement

Please note that an incorrect version of this data sharing agreement has previously been circulated. These are the correct versions for your information.



Combined GP
Connect EOC ISA - V:Impact Assessment



Data Protection



GP Connect
-Information FINAL.PE

FOR INFORMATION

Zoom

As a result of national concerns regarding the security of the Zoom Video Conferencing Platform there has been a system wide decision to stop using Zoom. There should not be any significant impact as we now have MS Teams up and running.

Any meetings that are in the diary and that would cause major disruption by cancelling, can go ahead but users should be aware that and detail discussed is not secure. Please migrate all future Zoom meetings to Teams asap as access to Zoom will eventually be blocked.

For further details please see DPIA as shared by LPFT



Zoom DPIA (not
approved) for use du

FOR INFORMATION



COVID-19 Primary Care bulletin

31 March 2020

COVID-19: today's round-up for primary care

Dear primary care colleagues,

Thank you for your continuing hard work during this time.

Network Contract DES for 2020/21

Recognising the impact of COVID-19 on practices, and following the [letter sent on 19 March](#) setting out changes to the Network Contract Directed Enhanced Service (DES), NHS England and NHS Improvement has [published the Network Contract DES for 2020/21](#) alongside a cover note and associated guidance.

The cover note provides more detail about the changes to the Network Contract DES for 2020/21 which we have agreed with GPC England to support practices and Primary Care Networks (PCNs) to enhance their capacity and ability to respond to the COVID-19 outbreak.

Practices and PCNs are already playing a vital role in the response to COVID-19 and practices are encouraged to sign up to the Network Contract DES (in line with the process set out in the specification) as soon as possible to ensure a smooth transition onto the new arrangements.

We have also published today the Vaccinations and Immunisations Directed Enhanced Service (DES) and Enhanced Service (ES) specifications for 2020/21. We have only made minor changes to this year's service specifications, mainly to update the dates. We have not made any changes to service delivery.

Documents are available on [our website](#). Please contact england.gpcontracts@nhs.net with any queries.

General practice

Consultations for patients requiring non-spoken and spoken translation

As we move to [Total Triage Model in General Practice](#) and more remote working, we need to ensure the needs of patients requiring non-spoken and spoken translation can still be met. Here are some tips for how this can be done:

- Please ensure your deaf patients have a means to book an appointment – don't assume they can book online or by phone; do assure you have an agreed communication route (which may include online booking, textphone, email, text)
- [Online consultation](#) software used to allow for type based or interpreter led communication (in addition to video consultation) with patients and/or their carer.

- [Microsoft Teams](#) is also available for use by NHSmail accounts and can be used for 3-way video calls between clinicians, interpreters and patients.
- If face to face consultation is required due to the patients' health needs, consider whether an interpreter could still join remotely through laptops/smartphones or use written communication.
- Take the necessary precautions for any COVID-19 patients including use of PPE as per [relevant guidance's](#). Discuss with your commissioner options for including an interpreter for these consultations.
- Remember to check the patients records beforehand to understand their communication needs.

Community pharmacy

We would like to thank pharmacy teams wholeheartedly for stepping up in a truly professional way to the current demands and severe pressures on them.

We have published the [third in a series of regular updates](#) to community pharmacy regarding the emerging COVID-19 situation. This letter sit alongside the [Community Pharmacy Standard Operating Procedure \(SOP\) which as updated on 22 March](#)

Today's letter includes advice on:

- key workers new registrations for NHS CPCS
- NHS Community Pharmacist Consultation Service (CPCS) via NHS 111 Online
- supply chain
- support to maximise use of electronic repeat dispensing (eRD)
- Smart Cards
- care home services

Data Security and Protection Toolkit Submission Deadline extended

It is critically important that we remain resilient to cyber-attacks during this period of COVID-19 response. However, NHSX recognises that it will be difficult for many organisations to fully complete the Data Security and Protection (DSPT) toolkit at this time therefore the final deadline for **DSPT submissions has been pushed back to 30 September 2020**. Organisations can choose to complete DSPT before that date. If they do so, and if they fully meet the standard, those organisations will be awarded 'Standards Met' status, as in previous years.

Where organisations have separate agreements with commissioners or information sharing partners, the existing deadline remains unchanged unless agreed between relevant parties.

Whilst the DSPT submission deadline is being relaxed to account for COVID-19, the cyber security risk remains high. All organisations must continue to maintain their patching regimes. Trusts, CSUs and CCGs must continue to comply with the strict 48hr and 14 day requirements in relation to acknowledgment of, and mitigation for, any High Severity Alerts issued by NHS Digital (allowing for frontline service continuity).

Further advice for organisations completing their Data Security and Protection Toolkit assessment is [available here](#).

Additional information

Easy read resources for people with learning disabilities

Some helpful resources about covid-19 have been produced to support people with a learning disability and their families/carers which you may want to share including:

- Latest [Public Health England \(PHE\) guidance](#)
- [Hand Washing Rap Video](#) guide to handwashing from the Purple All Stars
- [Easy Read information](#) from Photosymbols

Mental health support for staff

We announced last week that we have produced the first in a series of psychological support for all NHS staff during the COVID-19 outbreak, as we recognise it is really important to look after your own health and wellbeing, whilst supporting patients and your family. In just four days since the launch, more than 35,500 downloads had been made by NHS staff. This is huge and really emphasises how important your mental health is. These apps will be available for free until the end of the year, please visit the [NHS Employers website](#) to see how you can access one. Further support will follow in the coming weeks.

NHS 111 online support via text message for people with Covid-19 symptoms

As mentioned yesterday, people self-isolating with suspected coronavirus symptoms will now get regular check-ins from a new NHS 111 online messaging service which launched on Saturday.

Once individuals have been through the online assessment, daily texts will be sent to those who have registered their Covid-19 symptoms and left contact details. Depending on the duration of their isolation, the daily messages will check how people are and ensure that those who need help to get them through that period, receive it.

The text messages are sent from NHS Covid-19. 111.nhs.uk takes you to the NHS 111 Online assessment pages, should you want to signpost people to it and the new service.

Dates for your diary

2 April 4.30-5pm COVID-19 Helping practice staff make the most of digital services – [register here](#)

2 April 5-6pm Regular primary care webinar with Nikki Kanani and Ed Waller – [join MS Teams live event](#)

Nikki and Ed's Link of the Day

[Primary care pathways COVID19 resource centre](#)

Primary Care website

COVID-19 Advice

Subscribe

NHS health and wellbeing support for staff

FOR INFORMATION

Care Act Easements: Guidance for Local Authorities

- Local Authority should only take a decision to begin exercising the Care Act easements when the workforce is significantly depleted, or demand on social care increased, to an extent that it is no longer reasonably practicable for it to comply with its Care Act duties (as they stand prior to amendment by the Coronavirus Act) and where to continue to try to do so is likely to result in urgent or acute needs not being met, potentially risking life. Any change resulting from such a decision should be proportionate to the circumstances in a particular Local Authority.
- Local Authorities will remain under a duty to meet needs where failure to do so would breach an individual's human rights under the European Convention on Human Rights. These include, for example, the right to life under Article 2 of the ECHR, the right to freedom from inhuman and degrading treatment under Article 3 and the right to private and family life under Article 8.

<https://www.gov.uk/government/publications/coronavirus-covid-19-changes-to-the-care-act-2014/care-act-easements-guidance-for-local-authorities>

FOR INFORMATION

NHSE/NHSI COVID-19 NHS Leaders Update

COVID-19 NHS Leaders Update

NHS England and NHS Improvement



An update on COVID-19 from Amanda Pritchard NHS England and NHS Improvement's Chief Operating Officer and NHS Improvement's Chief Executive

Good evening,

You may have seen the [images](#) of the impressive transformation that has taken place to ensure NHS Nightingale Hospital in London is ready to go fully operational later this week.

The facility is the result of an extraordinary team effort on behalf of everyone involved. Our thanks to those who have helped deliver the facility in record time, including colleagues from the Ministry of Defence and NHS organisations across London who have provided their expertise and support. In the coming days, NHS staff preparing to start work at the Nightingale will be supported by additional

recruits including those returning to the profession, volunteers and those from other occupations who have answered the call to support the NHS - including airline staff.

We have announced two further Nightingale Hospital developments; at the NEC in Birmingham and the Manchester Central Complex and are grateful to all those already working to transform them into clinical facilities.

Thank you,
Amanda

Updates

Advice to trusts on maintaining cancer treatment

We have written to Trusts setting out [advice on maintaining cancer treatment during the COVID-19 response](#). The advice is clear that the NHS must ensure that cancer diagnosis, treatment and care continues during this time. This means;

- essential and urgent cancer treatments must continue. Cancer specialists should discuss with their patients whether it is riskier for them to undergo or to delay treatment at this time.
- where referrals or treatment plans depart from normal practice, safety netting must be in place so that patients can be followed up.
- urgent consideration should be given to consolidating cancer surgery in a COVID-free hub, with centralised triage to prioritise patients based on clinical need.

Automatic visa extensions for NHS staff

The Home Office has confirmed today that doctors, nurses and paramedics with visas due to expire before 1 October 2020 will have them automatically extended for one year. The extension will apply to around 2,800 members of staff and their family members. [Read more on the announcement here](#).

PHE guidance on care of the deceased and advice for funerals

PHE has today published [guidance advising how members of the pathology, undertakers and funerals professions need to keep themselves safe when providing care for the deceased](#). The guidance has been developed to ensure that the bodies of those who have died as a result of COVID-19 and the bereaved family are treated with sensitivity, dignity and respect whilst ensuring people who work in these services and mourners are protected from infection.

Slides to accompany coronavirus press conference: 31 March 2020

In today's Government press conference, NHS National Medical Director Professor Stephen Powis warned that whilst we have seen a plateau in the number of new infections in recent days it's still too early to be complacent and urged the public to continue to play their part in protecting the NHS. Professor Powis' [slides to accompany the coronavirus press conference](#) are online.

Useful links

- [Letter on staff testing](#) (29th March)
- [Letter on PPE](#) (28th March)
- [Letter on reducing the burden and releasing capacity at NHS providers and commissioners](#) (28th March)
- [Preparedness letters for general practice](#) (27th March)
- [Guidance on the requirements and funding for patient transport during COVID-19](#) (27th March)
- [Management of palliative care in hospital during the coronavirus pandemic](#) (27th March)

- [List of NHS staff offers](#) (27th March)

3. Communications

LCHS Comms – Message from Dr Yvonne Owen

At this difficult time, it is vitally important that all services are able to access the patient record to provide optimal patient care both in and out of hours, in all care settings.

There are many work streams that are looking at various areas of patient care and communications and outcomes from these groups will be fed through to Primary Care via the Clinical Cell.

In the meantime I would ask that all Practices set up a default to share their registered patient records with immediate effect to enable all services to access records.

Thank you.

Communications

Arden & GEM IT Service Desk

Over the week the Arden & GEM IT service desk continues to receive an unprecedented volume calls from customers requiring support in response to COVID-19 in addition to the usual traffic. The telephones are most busy between 08:00-11:00 and the wait times during this peak period have been in excess of 25 minutes at some points and up to 40 minutes. We are endeavouring to provide assistance to customers as quickly as possible and looking into solutions to improve the service as soon as possible. We would advise avoiding calling between the peak times if your request is non-urgent. Other routes for contacting the service desk are via the self-service portal or email, and we would encourage you to utilise these where possible especially if the query is non-urgent. We would like to thank you for your continued patience and support through these extremely busy times.

4. NATIONAL GUIDANCE

Number of coronavirus (COVID-19) cases and risk in the UK – GOV.UK

- 104 confirmed cases Data from Public Health England at 15:00 BST 31 Mar 2020 in Lincolnshire.
- As of 5pm on 31 March 2020, 2,352 patients in the UK who tested positive for coronavirus (COVID-19) have died.
- The risk to the UK has been raised to high.

https://www.gov.uk/guidance/coronavirus-covid-19-information-for-the-public?utm_source=1502b107-67a7-4090-9c50-f5aac517319e&utm_medium=email&utm_campaign=govuk-notifications&utm_content=immediate

5. Contact

For all general primary care enquiries please contact : lincsprimary.covid19@nhs.net

For all general pharmacy and prescribing enquiries please contact:
leccg.c19.lincsprescribing@nhs.net

6.Appendices

Appendix A:

COVID-19 Preparation – Simulation Case, The Deepings Practice, Market Deeping

31st March 2020



COVID
PREPARATION Simula

Appendix B:

Please see below the update for infectious disease outbreaks in Lincolnshire Care Homes/Schools.
Please note that school numbers will be updated on a weekly basis.

N:B This only applies to Respiratory Outbreaks : following Day 14 homes can reopen to admissions.

Lincolnshire Care Homes-Whole Health Economy Update					
Type of Outbreak	Care Home	Location	Closed Date	Open Date	Comments
Respiratory	Kings Court Residential Home	Grantham	17.03.20	01.04.20	Number of symptomatic residents at conclusion: 8/29 Number of symptomatic staff at conclusion:10 Home open to admissions. Swabbed for COVID-19, results Neg.
Respiratory	Redcote Residential Home	Lincoln	17.03.20		Number of symptomatic residents at conclusion: 3/18 Number of symptomatic staff at conclusion:4 Home open to admissions.

					All residents Neg, 1 staff member Pos.
Respiratory	Greenwood Court	Branston	19.03.20		<p>Number of symptomatic residents to date/ total number of residents: 5</p> <p>Number of symptomatic staff to date/ total number of staff: 0</p> <p>No further cases.</p> <p>Day 13</p> <p>All swab results negative.</p>
Respiratory	Willow Court	Cherry Willingham	19.03.20		<p>Number of symptomatic residents to date/ total number of residents: 3/43</p> <p>Number of symptomatic staff to date/ total number of staff: 1/60</p> <p>Day 12</p> <p>All results Negative.</p> <p>1 admission from hospital pos.</p>
Respiratory	Red Court care home	Grantham	20.03.20		<p>Number of symptomatic residents to date/ total number of residents: 5/41</p> <p>Number of symptomatic staff to date/ total number of staff: 6/52</p> <p>No new cases.</p> <p>Day 12</p> <p>Swab results negative.</p>
Respiratory	Little Brocklesby House	Great Limber	22.03.20		<p>Number of symptomatic residents to date/ total number of residents: 5/19</p> <p>Number of symptomatic staff to date/ total number of staff: 1</p> <p>Day 10</p> <p>Swab results Neg .</p>
Respiratory	Holbeach Hospital	Spalding	23.03.20		<p>Number of symptomatic residents to date/ total number of residents: 4 (2</p>

	and care home				recovered, 2 remain unwell). Number of symptomatic staff to date/ total number of staff: 12 Day 9 3 swabs Covid-19 Pos.
Respiratory	Ermine House	Lincoln	23.03.20		Number of symptomatic residents to date/ total number of residents: 4 Number of symptomatic staff to date/ total number of staff: 1 No new cases. Day 9 Swabs not required.
Respiratory	Abbey Court	Bourne	26.03.20		Number of symptomatic residents to date/ total number of residents: 4 Number of symptomatic staff to date/ total number of staff: 2 No new cases. Day 3 Awaiting swab results .
Respiratory	Ashfield Lodge	Sleaford	17.03.20		Number of symptomatic residents to date/ total number of residents: 10 Number of symptomatic staff to date/ total number of staff: 1/25. Day 14, not to be opened to admissions at present 1 swab result pos, awaiting 4 further results.
Respiratory	Seacroft	Skegness	27.03.20		Number of symptomatic residents to date/ total number of residents: 3/45 (all

				improved) Number of symptomatic staff to date/ total number of staff: 5/47. Day 5 Swab results neg.
Respiratory	St Michaels	Lincoln	30.03.20	Number of symptomatic residents to date/ total number of residents: 6/36 Number of symptomatic staff to date/ total number of staff: 0/30. Day 5 Swabs completed. Awaiting results.
Respiratory	Apple Trees	Grantham	31.03.20	Number of symptomatic residents to date/ total number of residents: 2/59 Number of symptomatic staff to date/ total number of staff: 4/90. Day 2 Swabbing to be completed.
Lincolnshire Schools-Whole Health Economy Update				
				None to report at present