

Winter Update – April 2019

Siobhan Brown, Chief Operating Officer, NHS Northumberland CCG Helen Ray, Chief Operating Officer, Northumbria Healthcare NHS Foundation Trust

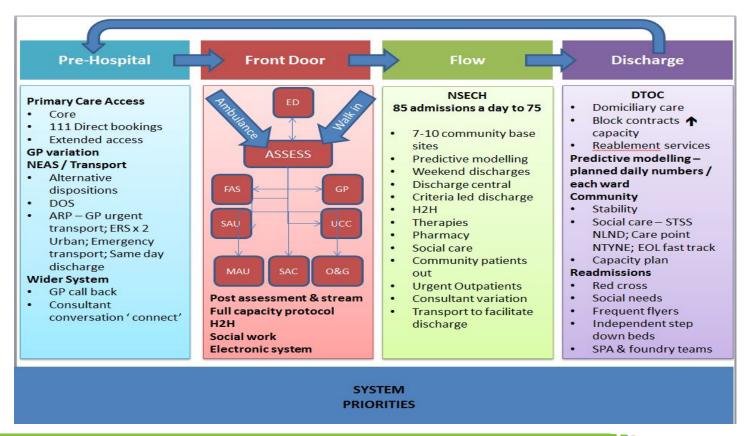


Winter Plan 18/19

- Plan reviewed by Executive LADB 21 August 2018
- Plan tested at CNE System Resilience workshop 18 September 2018
- Plan reviewed at Operational LADB 25 September 2018
- Plan reviewed at table top exercise 27 October 2018 and 26 November – system wide attendance, tested resilience of plans, informed development of action cards for OPEL levels
- Winter room leadership from 1 December 2018
- Reset Days December 2018 and January 2019

Winter Plan 18/19

 Reviewed whole pathway to ensure appropriate initiatives in place and partners working collaboratively to support, including North Tyneside



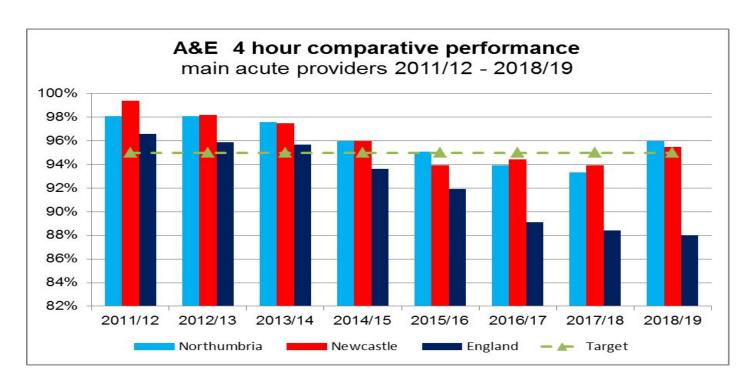


Priority areas of focus

- Frail elderly
- Children <2 and ailments through A&E communications strategy
- Flu uptake
- Point of care testing for D&V and Norovirus
- Ensure continuity in transition to new 111 service provision
- Increased capacity in primary care and use of hubs
- Increased discharge vehicles

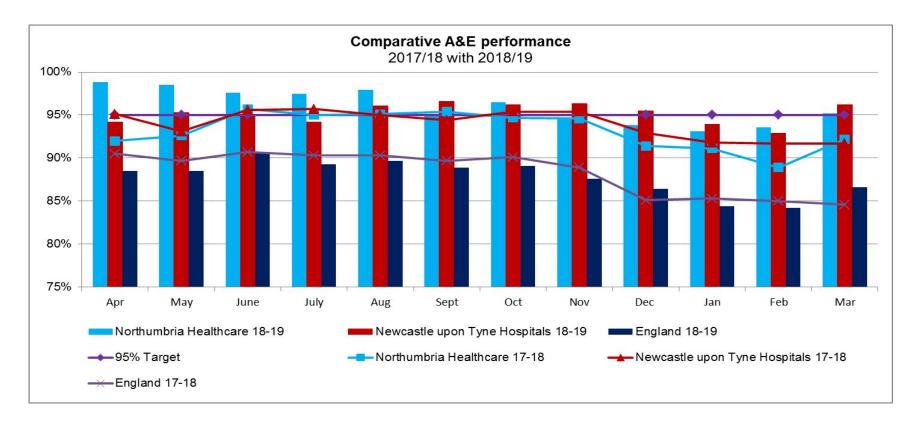
Winter Performance 18/19

 In 2018/ 19 local performance is much stronger than previous years and both providers have achieved the 95% target overall over the year



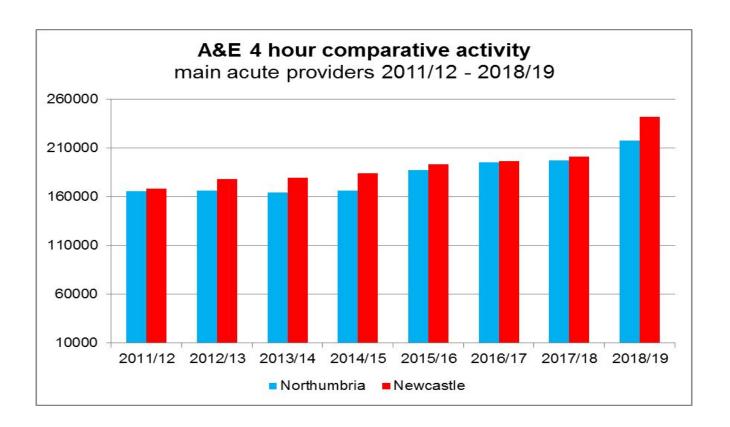
Winter Performance 18/19

 The local provider performance is much stronger than the national average

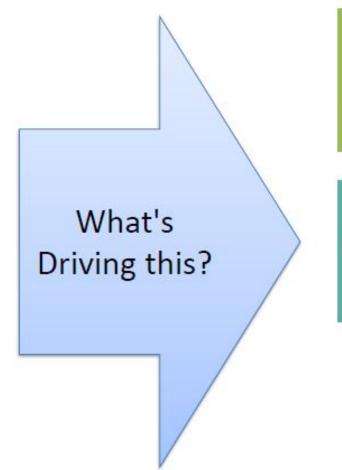


Winter Performance 18/19

 Acknowledging the strong performance in 2018/19 also note the increase in activity year on year.



This Winter has felt better than 17/18



Good quality plans produced by LADBs with actions and learning from last year

Positive work by all boards on Hospital flow/reduction in bed occupancy

Reductions in LOS and DTOC

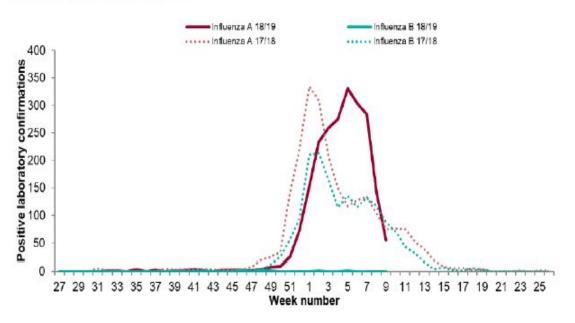
Positive work by all boards Integration, community services and primary care

Examples good practice - NSECH Reset, system work in Cumbria etc, etc

Have we been fortunate?

- Levels of influenza A similar to last year, however, levels of influenza B significantly lower
- Severe weather plans in place but no 'Beast from the East'

Figure 1: Laboratory confirmed reports of influenza A and B, North East region, current (2018/19) and previous season (2017/18)





Risks and how we mitigated

| Risks identified by LADB | Mitigating Actions undertaken |
|--|--|
| Workforce to deliver bed capacity plans and community support – skills, recruitment and impact of sickness | Rolling recruitment Daily assessment of safe staffing and prospective view of staffing. Robust flu vaccination programme |
| Unpredictable surges /acuity of patients – activity exceeds predictions | All available physical bed capacity and staffing identified OPEL escalation processes in place |
| Specific activity pressures leading to increased handover delays, A&E 4 hour wait breaches | Local escalation processes in place via the LADB Regional surge management team in place to support |
| Specific activity pressures due to infection (e.g. flu outbreak, norovirus) | Robust plans in place to manager outbreaks in acute providers Community flu pathway in place |
| Care Home and Domiciliary capacity, and capability to deal with escalating health care needs | Increase d staffing in internal Carers Support service to support short term capacity issues Planned work with Care Home and Domiciliary care providers |
| Primary Care capacity | Worked with Practices, VoCare and wider partners to increase support and use skill mix to reduce impact on GPs |
| Impact of cancellation of elective activity | Plan sought to minimise impact on elective activity including re-set days and increase in bed capacity as required |
| 111 advertising campaigns increase demand | Working with regional and national communications teams to manage messages to local populations |