



**Northumbria Healthcare**  
NHS Foundation Trust



**Northumberland**  
Clinical Commissioning Group

# **COVID / Winter Plan**

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# Partnership Planning

- Imperative we take a collective partnership approach to tackle winter
- We started early.....
  - July workshops with partners CCG, CNTW, NHCT, NUTH, NEAS, Primary Care, Social care, GP OOH to agree plan and risk assess preparedness
- Plan shared and discussed with LADB partners
- Plan discussed at September Regional UEC Network System Resilience planning event
- Reporting guidelines expected to be the same as last year in regards to exception reporting

## Premise of the winter escalation plan

- Need to be prepared for a different type of winter
- Offer escalation gearing that recognizes the difference between:
  - **COVID Winter:** A winter plan with social distancing
  - **COVID Surge:** A surge in COVID case numbers
  - **COVID Surge Winter:** Both of the above
- Where possible:
  - Maintain current emergency pathways
  - Preservation of as much elective work as possible

# Primary Care

- Working together to further understand local pressures and service delivery.
- Step up and step down of Primary Care Services which includes
  - Local Authority dashboard - now available at Ward level to monitor COVID impact
  - Revised Practice SITREPs
- Continuation of services fully supported by digital alternatives across all practices
  - Maintaining telephone communication for digitally disadvantaged access
- Refocussed
  - Extended Access appointments to support the delivery of the 'Flu vaccine' programme and winter illness/COVID
  - PPE stocks to ensure recovery of services is maximised
- Continued focus on vulnerable patients and prioritisation
  - Working with Local Authority to ensure consideration is given to re-establishing shielding, if appropriate, at a local level
- Re establishing robust measures for face to face appointments, where necessary, at 'Hot' sites
- Using latest national guidance and SOPs to rehearse our plans early and have key messages drafted for every eventuality

# Primary Care

- 'Northumberland Flu Collaborative Programme' aligned to ICS Flu Board Delivery
- Focus on uptake across health and social care
  - At least 75% uptake for all patients in new and previous at risk groups
- Community Pharmacy Business Continuity Plans – strengthened across providers with additional support through flu programme and 'Flu Collaborative'
- NHS 111 connecting patients with minor illness, or a need for urgent supply of previously prescribed urgent medicines, with a community pharmacy
- 111 First and 119 pivotal - Sign posting to ensure volumes are managed appropriately
- GP Out of Hours resources reviewed including rotas and capacity
- Primary Care integrated into stakeholder escalations and impact monitoring

# Streaming/111 first

- **A key component of our COVID response;**
  - Ability to direct patients to the correct level of care
  - Senior clinician at the front door
  - Signposts people to urgent treatment center's vs The Northumbria - minor injury and illness
  - Protects ED from over-crowding
  - Keeping patients and staff safe
- **Urgent Treatment Centre role**
  - Expectation of same day attendance at UTC
  - Maintained capacity to cope with volumes streamed from NSECH
  - Average weekly figure sits around 50 people streamed to UTC
- **Talk Before You Walk**
  - Opportunity to signpost patients to the correct place first time
  - Aim to disrupt public behavior and encourage a conversation before 'turning up'
  - NHS 111 fundamental to providing correct information
  - Risk of re-triage and patient dissatisfaction



# Hospital Context – pre and post covid

NORTHUMBRIA HEALTHCARE NHS FOUNDATION TRUST  
A&E Attendances - Trust wide  
01/04/2019 - 06/07/2020



18/07/2020

Produced by Information Services - Analysis & Reporting (IV)

Created by Admin and IT Support@htr.nhs.uk

- Pre covid – Trust wide ED attends approx. 600 per day
- During covid – lowest ED attends 226 per day

- Admission numbers have been maintained throughout covid period
- Attendance levels are rising back to pre covid levels
- Performance in Q1 99% and July 99%

## BUT

- Crowding continues to be a concern
- Maintaining flow is essential this winter
- Bed base and discharge arrangements need to be maintained as per during covid

# The next 6 months

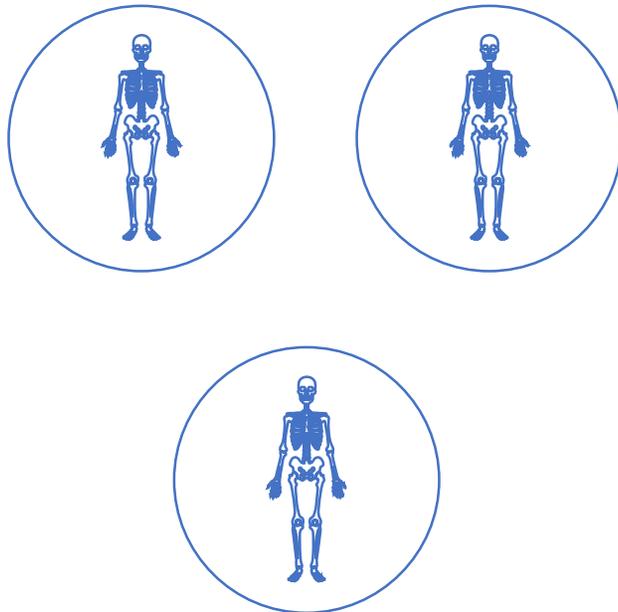
- Well rehearsed winter pressures
- Workforce
- Elective work delivery
- Increased COVID presence and potential level 4 incident
- Infection control and impact on flow
- Primary aim through all our plans is to maintain patient safety
  - Demand at front door
  - Crowding – Emergency Department, ambulatory care and waiting rooms
  - Ambulance corridor
  - Flow including discharge

# Stage 1

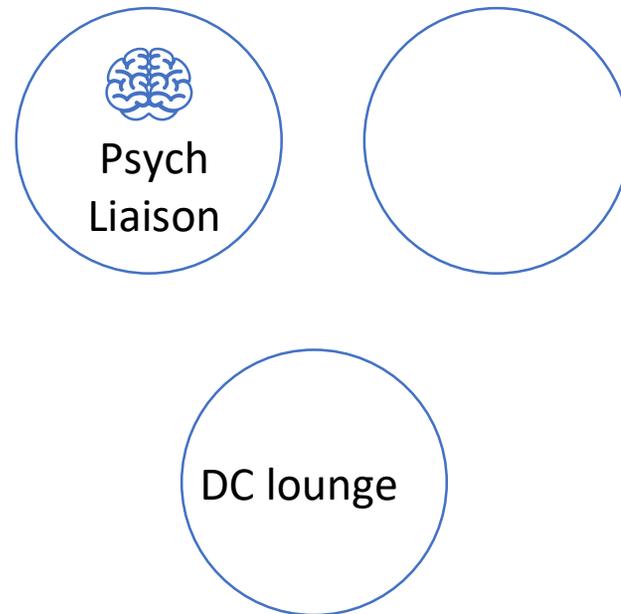
- Strong focus on LOS (Length of Stay) meetings – much improved
- Escalation beds on base sites including those closed for infection control
- Bluebell unit / Discharge to assess beds
- Ward 9 – The Northumbria
- Approx 50 beds to flex into **BUT** it does have an impact on infection control measures
- Above are not sequential – depends on time of day
- Have escalated into these areas on at least 2 occasions already – mix of medicine and surgery

# Business as usual

## The Northumbria Ward 1



## The Northumbria Ward 9

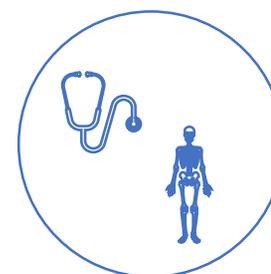
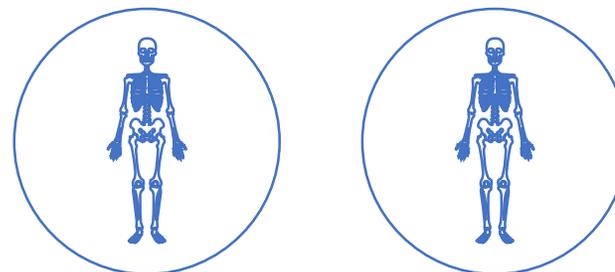


# COVID Winter

**The Northumbria Ward 1**



**The Northumbria Ward 9**

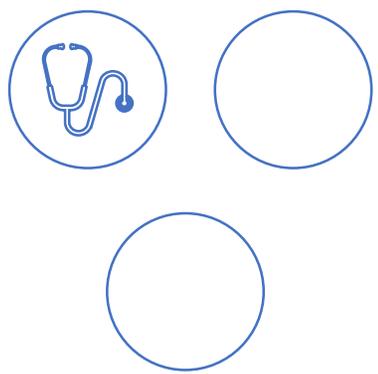


# COVID Surge

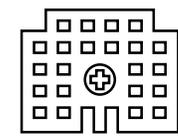
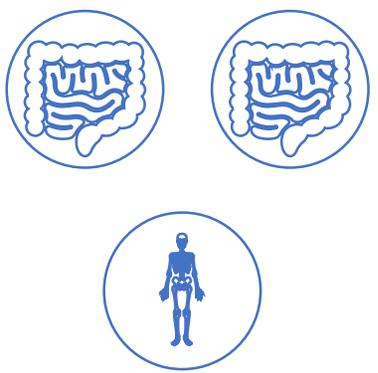
The Northumbria Ward 1



The Northumbria Ward 9

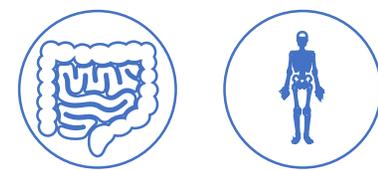


The Northumbria Ward 15



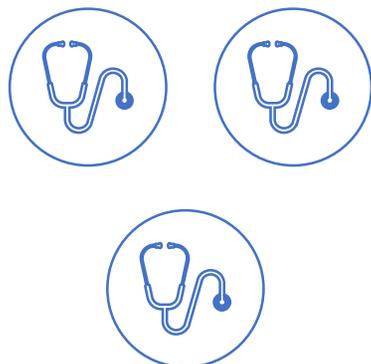
Wansbeck

Ward 8    Ward 10

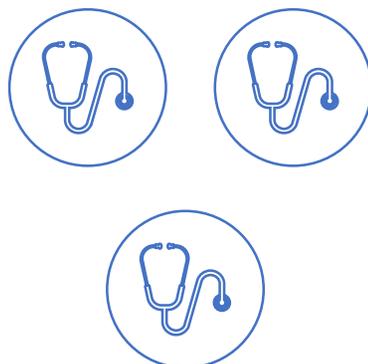


# COVID Surge Winter

**The Northumbria Ward 1**

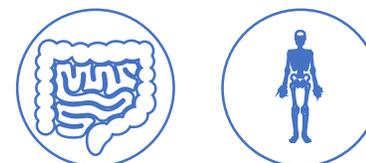


**The Northumbria Ward 9**

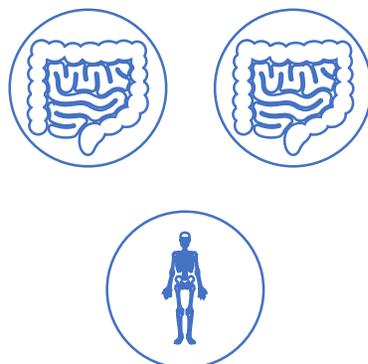


**Wansbeck**

**Ward 8    Ward 10**



**The Northumbria Ward 15**



# Caveats

- Alternative location for discharge lounge and mental health
- Staffing – sickness absence/track and trace impact
- The system (North Integrated Care Partnership) players all play their part in managing winter pressures and impact on beds that covid has had
- 111 impact on talk before you walk and NEAS delivering ‘see and treat, reduced conveyancing’ as per covid
- Primary care are able to maintain their capacity to for both face to face and virtual appointments
- New discharge arrangements - early discharge and delivery of packages of care both in Northumberland and North Tyneside, alternate provision for those patients who are covid positive but medically fit

# Further System Actions – Acute/Discharges

- Increase use of NHS 111 First - Talk Before You Walk
- Increase CAS Capacity to improve access to clinicians
- Manage Ambulance Arrivals across Trusts
- Continue to review DOS – Alternative Dispositions
  - (Linked to Pathfinder and Service Finder)
- Evaluate Pilots
  - PTS Same Day Discharge
  - Berwick Paramedic

# Conclusions

- The plan is better more refined reflecting what we have learnt and the potential different this time
- We are dependent on each other/part of the system delivery its part of the plan
- Work is still to do re some of the details – continues to be a developing picture but good relationships/dialogue
- Impact of system plans – primary care, NEAS North Integrated Care Partnership
- Strong push on communications over the coming weeks for the public to also play their part





**Thank you – any questions?**