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Northern Care Alliance
NHS Group

Northern Care Alliance Covid 19 Response & Recovery

PAT JHOSC Update

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COVID-19 Response

Context

- As your lead provider of acute and community care, this update provides you with an overview of the work that has been, and continues to be delivered during the pandemic.
- It outlines some of the key areas our teams have been focused on since the start of the outbreak to ensure that our staff and patients remain safe, and in moving towards a new normal, experience minimal disruption to services and that our staff are able to deliver safe, effective care.
- The NCA brings together Salford Royal (SRFT) and Pennine Acute (PAT) Trusts, operating hospitals and community healthcare services in Salford, Oldham, Bury and Rochdale. Since the start of the pandemic we have been operating our Executive Gold and Silver level command and control structure across our hospitals to ensure we are responding to the needs of our staff, our services, and the patients and local communities we serve.
- The North Manchester site is now managed by Manchester Foundation Trust (since April 2020) and is monitored by the recently established Pennine Acute Board until the final transactions are enacted.

COVID-19 Response

As the pandemic unfolded a number of changes were enacted very quickly...

- Gold command established across NCA and across GM
- Expansion in critical care beds to support the sickest patients/cross NCA support
- Discharge of patients from hospital settings – a great response from integrated care teams across Bury, Rochdale, Salford and Oldham
- Successful and sustained procurement of PPE
- NHS staff returned to work at NCA
- Many volunteers recruited
- Donations of gifts received from many local and national organisations and distributed to staff
- Amazing staff response and commitment
- Clinical Advisory Group established that oversaw implementation of new clinical guidelines safely
- Some service moves required to keep patients safe from COVID-19
- National contract with Independent Sector supported capacity (Highfield, Oaklands, Spire and The Alexandra)

COVID-19 Response

Capacity and services

- Nationally, the NHS was asked to postpone all non-urgent elective operations from April 15 for a period of at least three months.
- March - started to free up bed capacity to care for the sickest COVID-19 patients and expand our critical care capacity.
- All non-urgent, non-cancer elective surgery was postponed.
- Outpatient appointments were reviewed with a view to convert these appointments, where safe, to telephone or virtual methods.
- To ensure an optimal number of beds the NCA has worked to ensure that all patients who can be supported out of hospital are discharged from wards. This will in turn reduce a patient's risk of contracting COVID-19, keeping people safe.

COVID-19 Response

Capacity and services

- Significant critical care expansion took place on the Fairfield General Hospital site, and we moved some of our urgent ear, nose and throat surgery off site with paediatrics moved to Royal Oldham Hospital and adults to Rochdale Infirmary.
- Critical care capacity was also expanded at The Royal Oldham Hospital and Salford Royal Hospital as part of GM system plans.
- Our Rochdale Infirmary site has been temporarily reconfigured as a cold surgical site for cancer and emergency surgery, taking patients from across Greater Manchester.
- Any changes which have been implemented have been made to ensure patient safety, continuity of delivery and the protection of vulnerable patients. We will continue to keep you aware of any further changes

COVID-19 Response

Women & Children's Care

- During this period the NCA continues to offer a range of choices and services for women due to give birth, in hospital, community and home settings. We understand that women in this situation are worried about what Coronavirus means for them and their baby, and we are doing all we can to keep them safe.
- We are continuing to offer antenatal appointments with telephone and face to face appointments, ensuring the appropriate checks and prevention advice is in place. Growth scans continue to be offered, and obstetrician appointments will still be made available where needed.
- Our childrens' services also continue to operate, with inpatients at The Royal Oldham and Salford Royal delivering care to patients, and our children's community nursing teams continuing to offer their services to families who need care and support during this time.

COVID-19 Response

Testing

- Over 11,000 staff and household members across our workforce for COVID-19. Colleagues at our labs in Salford and Oldham continue to work hard to ensure a quick turnaround so that staff get their results and can return to work quickly where possible.
- Our nursing, admin and colleagues from our clinical audit teams have been supporting staff with their results and what that means for them and their households.
- Swab testing allows us to understand who currently has the virus so that plans can be actioned to appropriately treat our patients and support staff.

Antibody Testing

- National Antibody testing programme launched to provide information on the prevalence of COVID-19 and help better understand how the disease spreads.
- NCA testing cell has produced a testing strategy and commenced our antibody testing programme for both patients and staff. This will work alongside PCR swab testing which confirms whether or not someone currently has the virus.

COVID-19 Response

Antibody Testing

- COVID-19 antibody testing for patients rolled out on 1 June 2020. This is available for our clinicians to use in their routine management of patients as appropriate. Once test results are available clinicians will inform the patient and that a positive test does not indicate immunity to COVID-19.
- Antibody tests for all of our Care Organisations are being processed through our Biochemistry department at The Royal Oldham Hospital, initially. Testing will also be introduced at Salford Royal laboratory soon. The turnaround times for antibody testing are approx. 24 hours from receipt of the sample.
- 9 June staff antibody testing programme rolled out, with test available to all staff. Two separate booking lines set up for staff (NES and Salford). The testing clinics are run by our own staff and clinics are taking place at all of our Care Organisations.

COVID-19 Response

PPE and Face Masks

- We continue to focus on the supply and use of PPE in line with Public Health England and WHO guidelines, which make clear what kit is required in which situations.
- We regularly update our staff on changes, improvements and recommendations via our dedicated PPE area of the intranet and through regular Covid briefings.
- This is an area where we continue to excel and that we will continue to work tirelessly to make sure that we source the right type and quantity of PPE to keep our patients and staff protected.
- From 9 June all staff, patient, external suppliers and visitors have been provided with reusable social level face masks to be worn in the indoor public areas of our buildings. This includes any non-clinical areas on our hospital sites and community buildings, and on corridors, public staircases, in on-site shopping and restaurant facilities.

COVID-19 Response

Infection Prevention and Control – Safe, Secure, Here for You

- Implemented a range of new, stringent bio security and infection control measures designed to help keep infection rates down.
- Separate entrance points for our patients, visitors and staff at all of our hospitals, manned by security, to make sure both groups are protected from potential exposure to COVID-19. Smaller entrances on hospital sites locked down, all staff to produce ID on entry.
- Some staff will be asked to wear the level of PPE recommended for their role, before entering any of our clinical areas.
- Signage informing staff, patients and visitors of these new measures has been rolled out at all of our hospital sites, as well as a public facing campaign to inform local communities of the changes and support them in adhering to the new guidelines.
- Key part of our stabilisation strategy, enabling us to build out from this strong foundation to develop a safer, even more secure offer to patients, staff and families.

COVID-19 Recovery

Recovery and Learning:

Some new good practice has emerged throughout the pandemic

- Cross site working (eg critical care, cancer)
- Integrated care systems really stepped up and took pressure of acute system, in particular primary care hubs, end of life pathways
- Virtual hospital where specialist clinicians worked with primary care and MDTs to support people at home and in care homes
- GM mutual aid support (for PPE, etc)
- Use of digital technology to reduce need for outpatient attendances
- Clinical engagement key to safe delivery
- Sharing of lessons learned from localities

COVID-19 Recovery

Recovery – Key areas of Focus

- § Home First - people should receive care in home and only go to hospital when they need to
- § No Overcrowding – reduced face to face consultations, bookable A&E appointments
- § Social Distancing is followed – masks worn by all staff
- § Zoning is set and followed – designated areas for care – COVID and non COVID
- § Priority for treatment will be by clinical urgency
- § Will work to ensure resource is where the need is (including supporting home first)
- § We will reduce staff exposure as far as possible
- § We will continue to deliver our testing strategy to ensure optimum use of resource
- § We will optimise Infection Prevention and Control standards

COVID-19 Recovery

Recovery – Key areas of Focus

- Waiting lists have increased and nationally we are focussing on priority patients – clinicians continuing reviewing lists
- Some patients are opting not to have treatment at this time
- Capacity will reduce due to IPC guidance (cleaning between patients, donning and doffing)
- More people working from home – currently being reviewed through our SPACE programme
- GM Gold will remain in place during 2020/21 to ensure GM health and care system can respond to patients
- Zoning will mean more consolidated service provision/patients may have to travel
- Continue to use the Independent Sector to reduce waiting lists
- Further understand and define new models of care for non-Covid patients and vulnerable groups
- Understanding virtual/digital offers in localities to support admission avoidance and safe discharge

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Thank you
Questions

