COVID 19
Recovery Plan / Next Phase

Board Meeting on 7th May 2020

Objective

To update the Board on the work to date on our next phase (recovery plan) of continuing to deal with COVID 19 while providing health services for the population of the Borders

Background

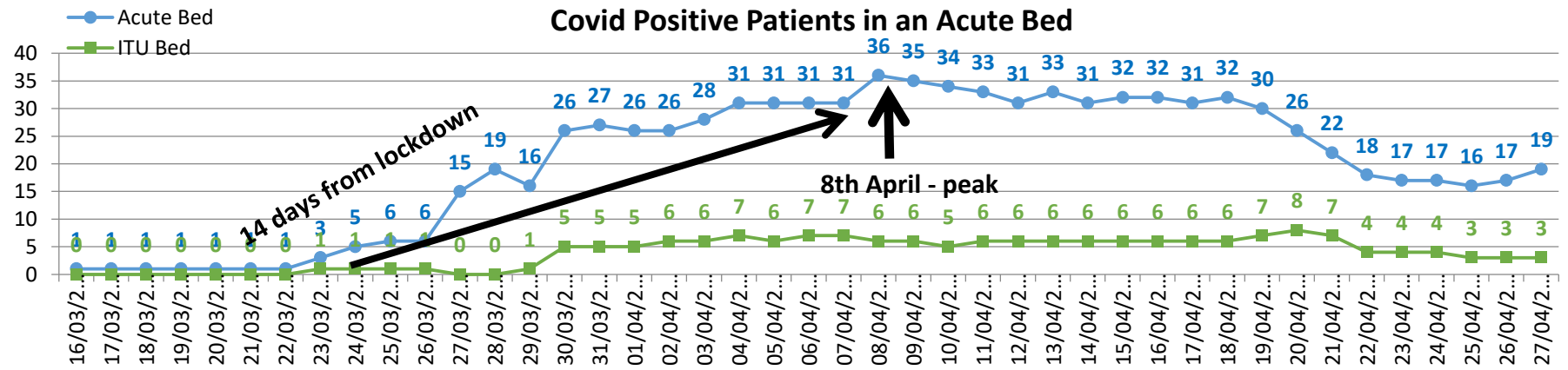
COVID 19 declared a pandemic by the World Health Organisation on 12 March 2020

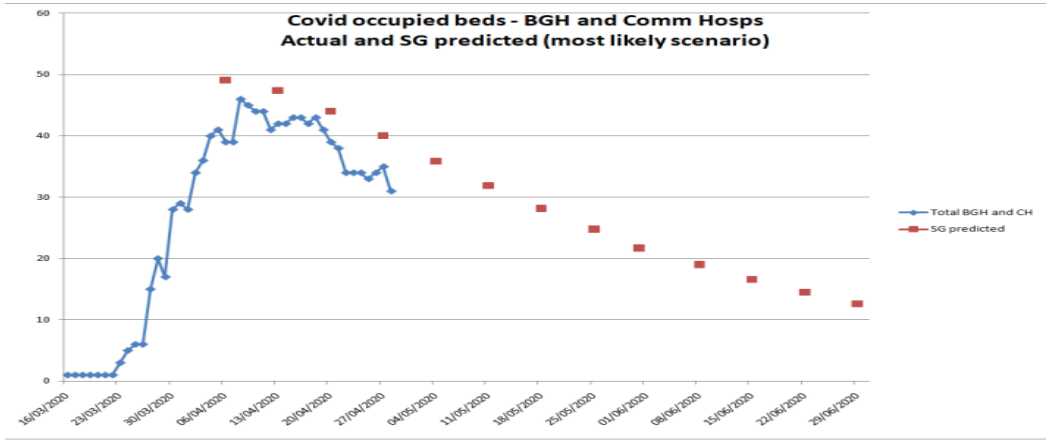
As at 3rd May 2020

	Total Tests	Negative Tests	Positive Tests	Deaths
UK	882,343	695,744	186,599	28,446 (all deaths)
Scotland	60,295	48,198	12,097	2,795 (all deaths) 1,571 (hospital only)
Borders	**1,639**	**1,328**	**277**	**45 (all deaths)** **31 (hospital only)**

NHS Borders COVID activity to date & forecast

- We passed the peak for this wave on 8th April. This is 16 days after lockdown commenced

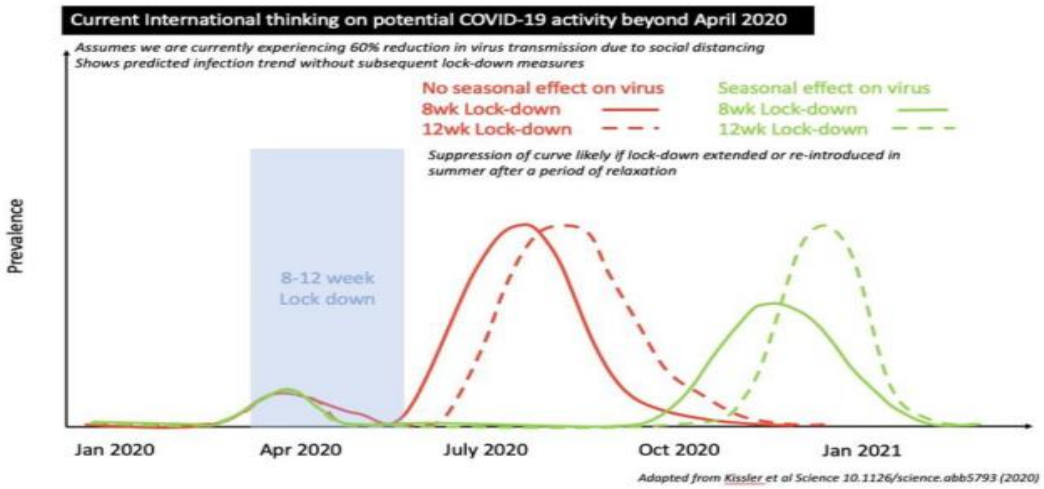


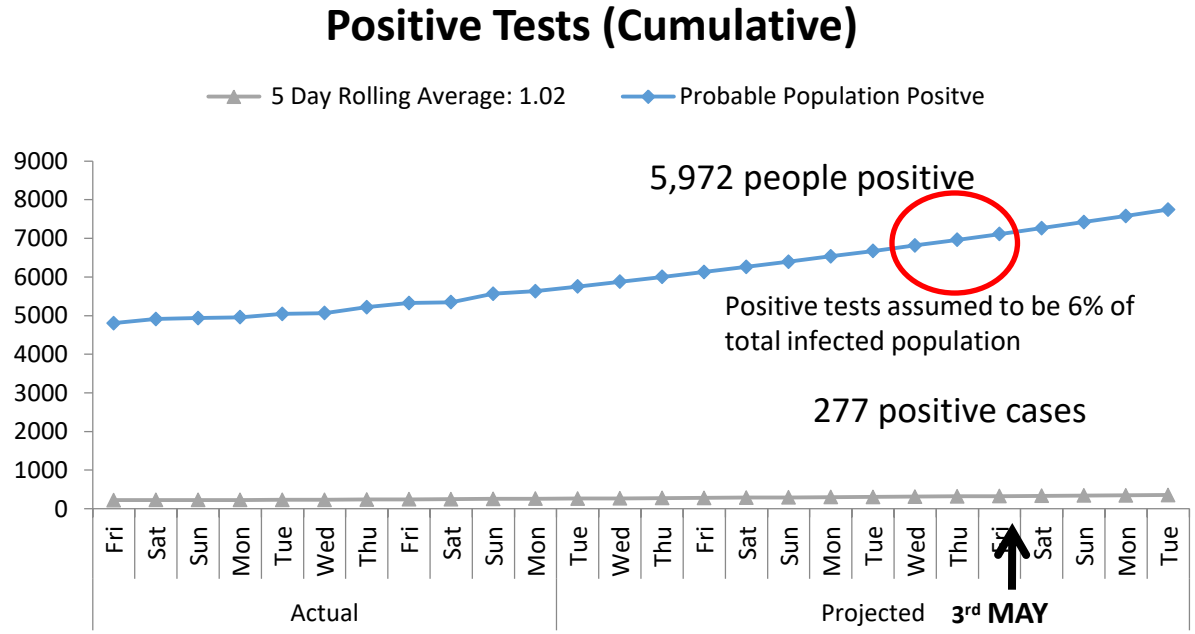


We appear to be on a downward trajectory to an ongoing low level by end of June

Longer-term predictions

By the 3rd May, we estimate only 6% of Borders susceptible population will have been infected (94% still without immunity)



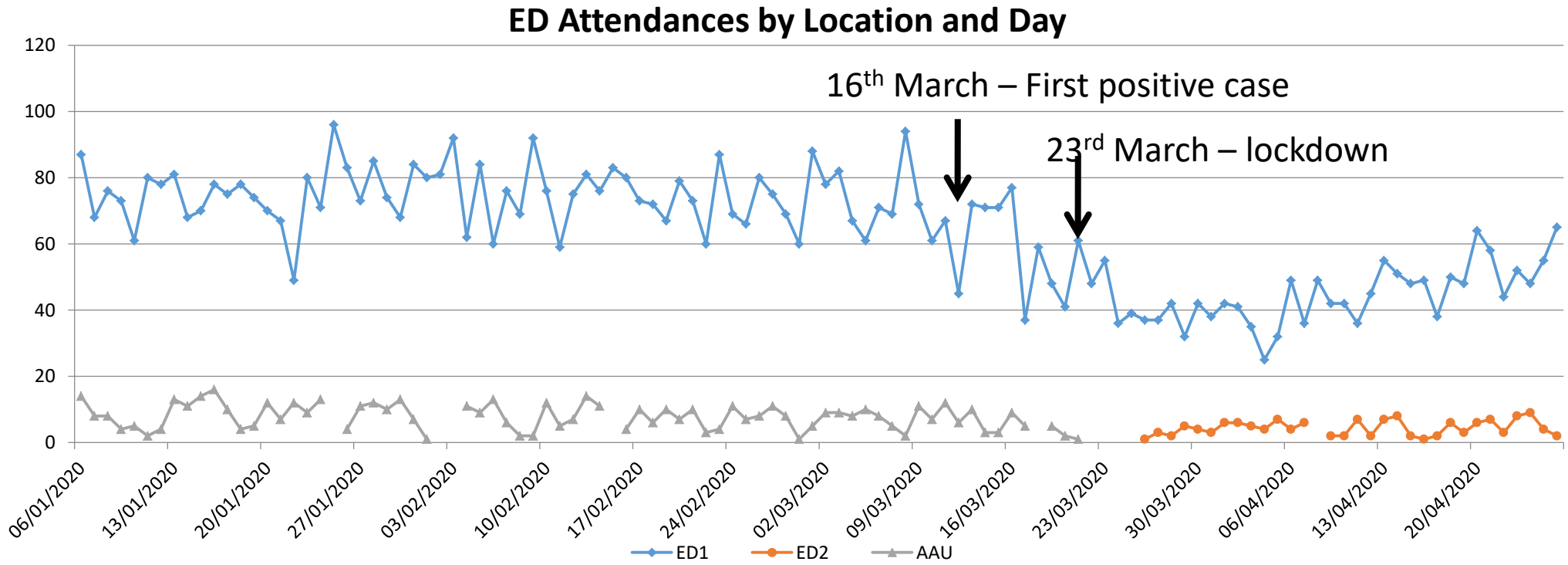


There are likely to be subsequent waves of Covid demand – but the timing and levels of these will be dependent on restriction measures put in place

The impact of COVID 19 on our Services - Examples

- All GP practices providing services at Level 2
- Creation of COVID 19 assessment hub
- Reconfiguration of inpatient footprint
- Essential elective surgery (except sendaways to SPIRE & vertical lists)
- Only urgent outpatients (virtually where possible)
- 42% reduction in ED attendances* see next slide for detail
- Significantly reduced number of delayed discharges & additional nursing/residential/community care
- Suspension of many corporate services & staff redeployed to support COVID 19
- New services linked to COVID 19 – transport hub, dedicated sickness absence line, staff accommodation hub, staff deployment hub

ED Attendance from 6th January 2020



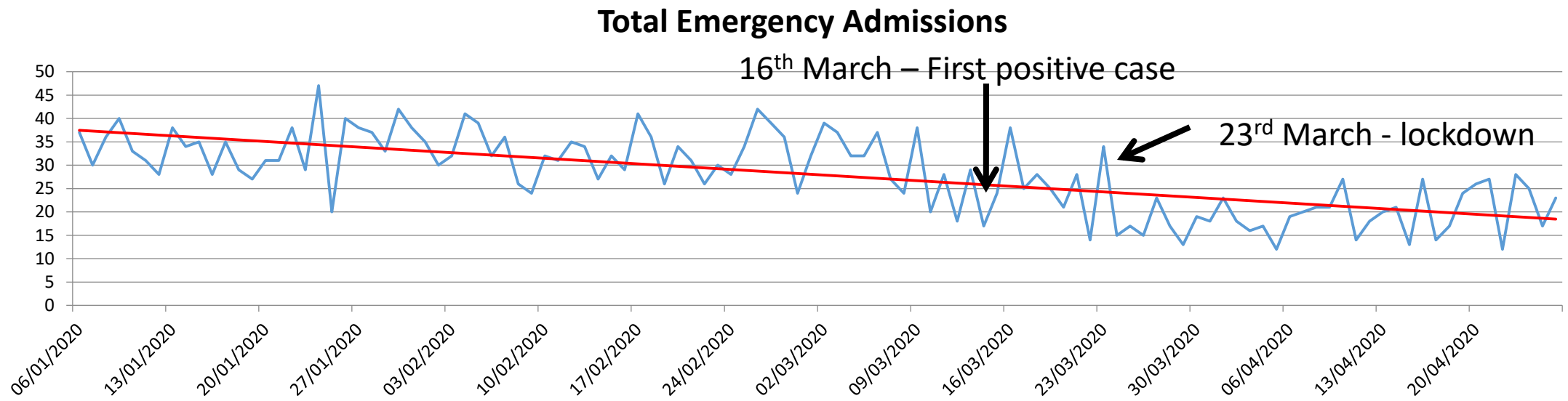
42% reduction in ED attendance since start of Covid 19 response

Diagnosis on admission

→

Average Diagnosis per Day Pre Covid		Average Diagnosis per Day Since Covid		% Change
Abdo Pain Unspecified	2.27	Abdo Pain Unspecified	1.12	-50.7%
Resp Tract Infection	0.91	Resp Tract Infection	1.19	30.2%
Chest Pain	4.33	Chest Pain	2.74	-36.7%
General Med Exam	15.89	General Med Exam	7.74	-51.3%
General Psych Exam	2.21	General Psych Exam	1.26	-43.0%
Sup Head Injury	1.76	Sup Head Injury	0.93	-47.2%
Syncope/Collapse	0.99	Syncope/Collapse	0.55	-44.4%
Urinary Tract Infection	0.87	Urinary Tract Infection	0.62	-29.0%
Cough	0.26	Cough	0.64	150.0%
Covid-19	0.00	Covid-19	1.43	N/A

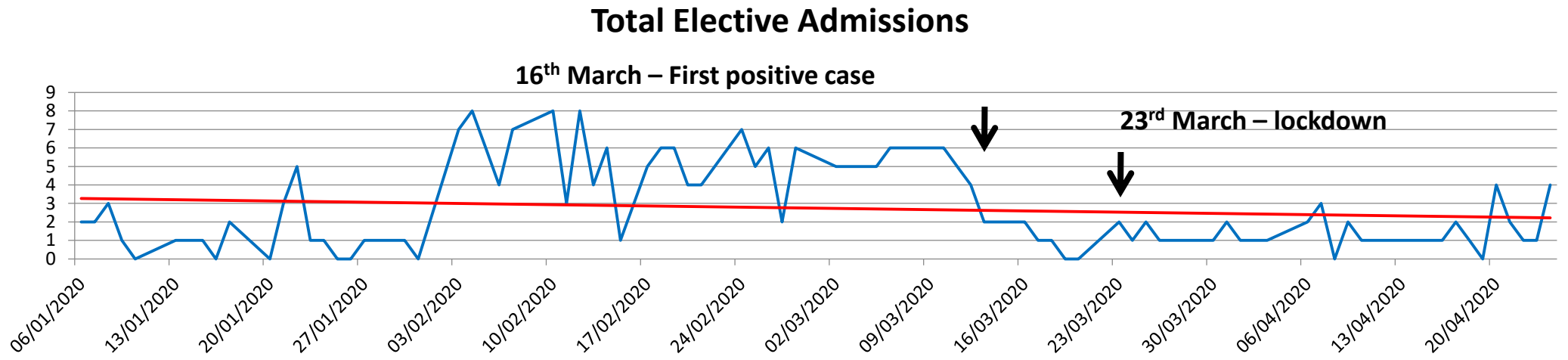
Emergency Admissions



	before	after	% change
16th March	32	20	38%
23rd March	32	19	41%

41% reduction in emergency admissions since lockdown

Electives



Elective admissions have fallen by 70%

*Average Admissions per Day Pre Covid	
Orthopaedics	1.55
Surgical	2.55
Gynaecology	0.74
Total	4.68

Average Admissions per Day Since Covid	
Orthopaedics	0.09
Surgical	0.75
Gynaecology	0.28
Total	1.38

% Reduction
93.9%
70.6%
62.1%
70.6%

* From Start Feb

So what do we need to do next?

What are the issues we need to manage?

Need to safely provide health services (Non COVID 19) while continuing to deal with COVID 19

Building a Viable Future

- **Respond**
  - Our preparedness
  - Our Mobilisation Response
- **Recovery**
  - Our recovery:
    - Pandemic de-escalation – **what to take with us** and what to leave behind
    - Dealing with the 'backlog' going into winter
    - Population Harm / Population Health (COVID 19 vs. NON COVID 19)
    - Prepare for potential peaks
    - Impact of wider determinants of heath as a result of COVID 19 e.g. health and wellbeing harm, disability, education and employment/income
- **Renewal**
  - Our new normal/new paradigms – implications
  - Our new authorising (governance, policy/regulation) and operating environments

Statement of Intent

NHS Borders will agree an organisation wide plan giving clarity of approach, stating key priorities & actions required to provide the right services, working with partners where appropriate, to meet the needs of our population while dealing with the ongoing impact of COVID 19

Assumptions/Ongoing Response to COVID 19

- COVID with us for the next 12 months
- Cannot return to normal (whatever that is)
- Need to maintain an agreed level of COVID 19 capacity & bed configuration (e.g. twice baseline ICU capacity)
- Ability to stand up/down services – need for surge
- Elective patients need to be treated safely
- Physical distancing, shielding, isolation & use of PPE all remain in place for a significant period
- Testing & contract tracing key requirement
- Some services centrally mobilised e.g. transport
- Treat in Turn (but not always possible)
- Wellbeing of our staff

Principles

- System-wide, safe and person centred services
- Clinical prioritisation
- Agile, flexible and responsive system
- Realistic care provided locally, regionally, nationally as clinically appropriate
- Protecting our workforce
- Digitally enabled
- Data enabled

Conditions

- Data Modelling
- Testing Strategy
- Clinical Prioritisation Model & Approach
- Joint working across the whole system
- Development of a Workforce Strategy/Model
- Expansion of the Digital Platforms

Process

- Recovery Plan Group (RPG) established meeting virtually each week with representatives from all business units, public heath & Adult Social Care

- Each business unit has been asked to work with their services answering the following key questions:
    - What should we do now to start the recovery process
    - How do we provide health services while we continue to deal with the COVID 19
    - What has been the impact of COVID 19 on our services
    - What have we learned from the last month on how we provide services and how we deal with major incidents
    - What do we need to do now and in the longer term

Business Units Responses to Date – Key Themes

- Need to stand up & down services quickly
- Impact on Service Demand – review, revisit, reprioritise & forecast based on assumptions/realistic medicine
- New things we need to do – testing, contact tracing
- Impact on service capacity (PPE & testing) – need to prioritise
- What is the ‘new normal’
- System wide prioritisation
- Clinical/Staff empowerment & “improved” decision making
- Need for Infection Control support
- Technology
- Estate/space requirement
- Integrated working to continue across business units & with adult social care
- Impact on Annual Operational Plan/Clinical Strategy /Financial Turnaround
- Further work/time required to make sure we grasp this opportunity

Community and Primary Care (including Independent Contractors)

- Sustaining services
  - Increase in residential, nursing home & community care
  - Support for care homes in particular
  - PPE
  - Pathways into and out of acute
- Stepping up services
  - GP practices at Level 2
  - AHPs
- COVID 19 assessment hub
- Occupancy, LOS & DD
- Use of technology
- Managing demand
- Model for community hospitals
- How we work with independent contractors
- Integrated working – key opportunity

Acute

- “Lost” activity (at 27th April 10,732 OP (review = 6147 / new = 4585) & 500 IP
- Urgent cancer activity
- Bringing back on-line urgent electives and identifying “soon” routine appointments plus existing & new routine appointments
- Understanding the “new normal” & flexing services to meet demand
- Patient testing, social distancing & PPE
- Use of technology
- How do we sustain critical care at “new normal”
- ITU/HDU capacity & pathways
- Work with social care to reduce the likelihood of hospital admission
- LOS & DD
- Workshops underway & 8 workstreams in place

Mental Health

- Range of services/teams response – service plans being developed
- Stand up services
- Review of caseload/triage & increase in business as usual referrals
- Threshold (RAG) for intervention
- Society - wide mental health implications/vulnerable children/domestic abuse/drug & alcohol/increased carer stress
- Staff support
- Physical health of patients
- Use of technology

Learning Disabilities

- Review of caseload & increase in business as usual referrals
- Threshold (RAG) for intervention
- Mental health & carer stress of COVID 19
- Review how we engage with service users – use of technology (although not always possible) v face to face
- Data
- Meetings (purpose & frequency), travel time & home working
- Integrated/flexible working (shared access) with partners & LD Providers
- Psychological support of service users, providers, staff in LD

Corporate Services

- Review areas of work which have ceased to check if they are value adding before resuming
- Assess when to stand down/scale back additional capacity mobilised to support COVID 19 response and what will need to be maintained (including additional bank staff or those redeployed from other departments)
- New requirements – testing & contact tracing
- Consider how to phase back in core work and if timelines normally adhered too would need to be relaxed for a further period
- Review Corporate Services plan against clinical board recovery plans
- PMO review turnaround programme mandates to assess if any have been implemented during COVID 19 response
- Review Board work plan & outstanding actions currently on hold

Other Key Themes

- Staff Wellbeing & Communication
  - Psychological wellness hub
  - Mental/Physical Impact on our staff – time/support to continue & recover
  - Management of annual leave
  - Digital Stories

- Public Engagement & Communication
  - Feedback from public on COVID 19
  - Managing expectation going forward
  - Service Change

Constraints

- Patient attitude, confidence & attendance (shielding)
- Space in order to maintain physical distancing
- Workforce - finite, productivity, absence & wellbeing
- Supply Chain (PPE & high usage items)
- IT capacity, infrastructure & cost
- Testing turnaround & results
- Impact of contact tracing
- Rapidly changing national guidance/requirements
- Financial resources - cost, lost activity & increasing demand, new services, financial turnaround, national funding & Health & Social Care impact

Next Steps

Ongoing

- RPG continue to meet virtually on a weekly basis to progress plans
- Ongoing modeling of COVID 19 & Non COVID 19 activity
- Understanding of all services demand & capacity
- National & regional discussions
- Clinical triage & prioritisation
- Capture lessons learned

TBC May

- APF meeting to discuss with staff

19th May

- Development session with BET & senior managers to review/develop key statements of intent

22nd May

- 4-6 week actions & decisions detailed in the Recovery Plan

30th June

- 1st draft of full recovery plan

Comments & Questions