



South Tyneside and Sunderland
NHS Foundation Trust

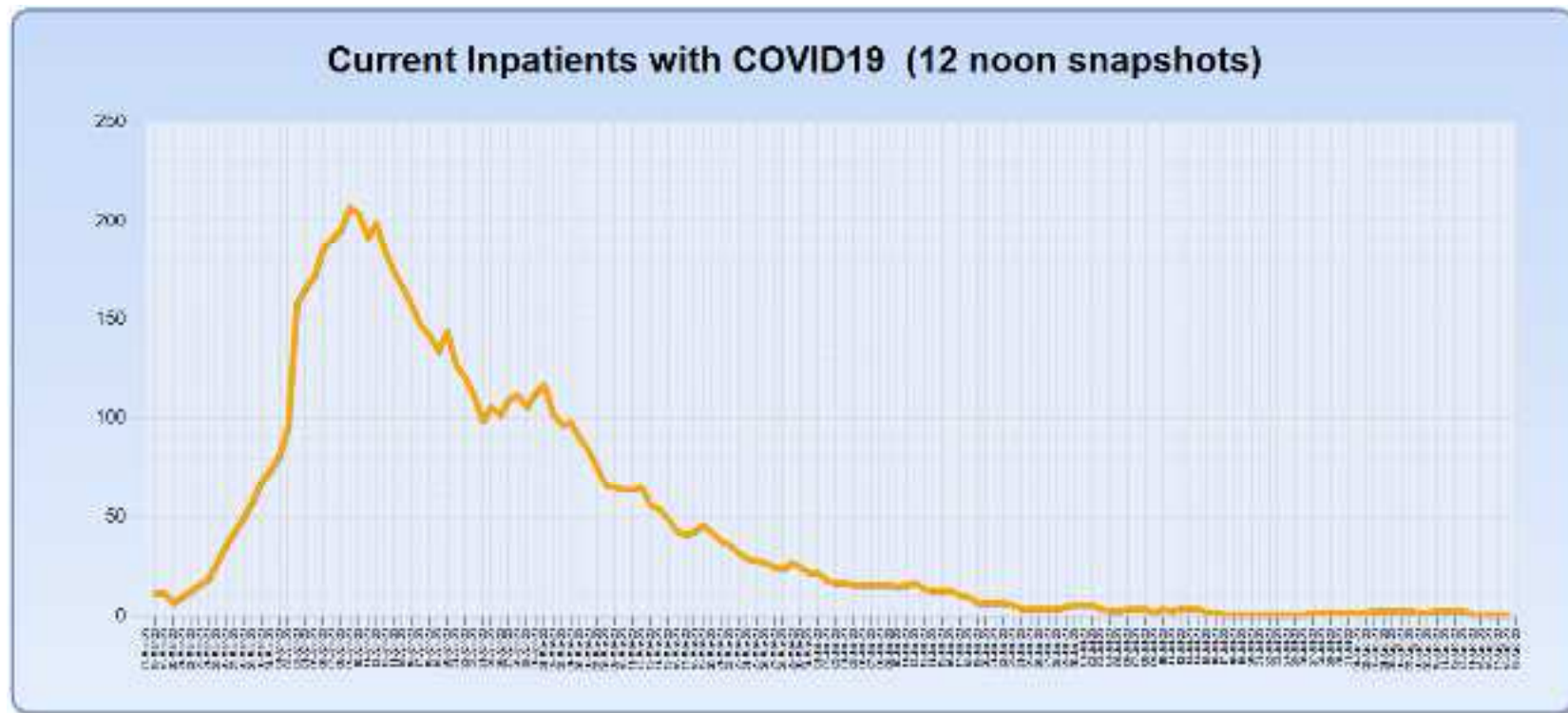
COVID-19

Peter Sutton
Accountable Emergency Officer

The path to
excellence

Inpatient activity

(March-August 2020)



Overall picture - headline figures

	No.
Total admitted with COVID	894
Total discharged	565
Discharged to usual home	371
Discharged to Care Home	145
Discharges to other locations	49
Deaths (COVID+)	329
Current number positive COVID inpatients	1
Current number positive COVID inpatients in critical care beds	0
Number of staff PCR tested (20 March – 18 August)	2990 (815 tested positive)



Command, Control & Communication

**Currently National Level 3 incident
(stepped down from Level 4 in August)**

- National incident response – multi-agency command and control established through Local Resilience Forums (LRFs)
- NHS national/regional command and control in place via NHS England/Improvement – Regional Incident Coordination Centre meeting twice weekly (Monday and Thursday)
- ICS/ICP command and control in place
- Trust Tactical (Silver) and Operational (Bronze) command teams in place - initially daily (7 days) – now twice weekly (wef 17/08)
- Communications - COVID specific staff briefings commenced at outset plus specific stakeholder briefings
- Rapid Clinical Advisory Group – created to review all new guidance and make recommendations to Tactical (Silver)



Staff

- Keeping staff personally resilient/supported
 - Psychological & Well-being Support Team established
- Shielded staff (159) – undergoing case by case assessment for return to work
- Staff antibody testing completed June/July
- Home working expanded

Overall our staff have been truly amazing – calm, caring and professional



Social Distancing

- Embedding of social distancing requirements - risk assessments undertaken across Trust. COVID and non-COVID zones established
- Difficult to achieve in some areas – eg ED waiting rooms
- Staff wear face covering on way to work through hospital buildings and don appropriate PPE once at place of work
- Hygiene stations installed at key points around Trust
- Appropriate signage in place



Supplies and PPE

- Centralised Trust procurement
- Local / centralised national logistics
- Personal Protective Equipment (PPE) – good supplies
- Innovation – Barbour, Nissan etc.
- National Loan Equipment initiative – much of the equipment available is considered clinically unsuitable for various reasons (unfamiliar to staff, of unknown provenance / evaluation), some CPAP machines acceptable



Trust Response - now and looking forward

- Safely recover maximum elective activity - aiming to return to 90% of 'normal' pre-COVID by October
- Restore full operation of all cancer services
- Ability to rapidly step up COVID capacity again if required – 2nd wave, winter + flu season
- Continuing dynamic assessment of ways of working-which will be maintained, changed and which will revert to pre-COVID
- Continue to review impact of changes, virtual encounters established eg.virtual meetings, on-line training, virtual clinics, workplace - home/'hot desking', digital administrative solutions (dictation etc), extended working week etc.
- Reviewing IT and Estates strategies and capital programme (digital and oxygen)
- Ongoing psychological and well-being support for staff



Key Risks in the next 3-6 months

- A 2nd spike of COVID-19 (particularly if coincides with flu, plus a bad winter) -ability to rapidly step up COVID-19 capacity again
- Impact of social distancing on patient activity/flow
- Flu vaccination - challenges in light of increased scope (>50s etc.)
- A no-deal EU-Exit (unknown impact on procurement etc. especially in the case of a second spike of COVID-19)
- Another major incident – especially a cyber attack as we are all more dependent than ever on our IT systems
- Maintenance of staff resilience in the medium to longer term
- Ability to recover 'routine' services – waiting times, demand and capacity



Questions