Adult Social Services Winter Action Plan Strategic Overview

October 2021 to March 2022

Health and Wellbeing Board

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Summary Overview: ASS Winter Action Plan

Norfolk's ASS Winter Plan Themes

Challenges in Social Care

In **response** to the increased demands and challenges for winter 2021/22 Adult Social Services have produced a Winter Action Plan for Norfolk.

This plan will set out not only the **unprecedented** challenges faced by Social Services at this time, but the practical solutions being put in place to manage these challenges:

- **Recruitment challenge** and keeping people in the care workforce as a major challenge.
- Increase in **complexity** of cases.
- **Covid** and other respiratory illness.

The significance of the recruitment challenge cannot be underestimated. We know that Care Providers are in direct competition with the hospitality and service industries, in attracting and retaining staff. This is a growing issue and will continue to be a challenge, until the fundamental issue of pay within the care sector can be addressed.

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Adult Social Care Context

- Adult Social Services in Norfolk **support's 18,616** people every year with 109,156 contacts for social care received in a year to Norfolk County Council
- In the period April to October 2021, our front line **SCCE** service received **20,279** calls requesting help
- This unprecedented demand for support continues to rise with 9,400 more people contacting SCCE for support than four years ago
- In the period 1st April to 31st October 2021, Adult Social Services carried out 32,500 **Care Act assessments**
- **Reablement services** from April to October 2021 saw 4,852 referrals with 45% in the 80–90-year-old age bracket.
- Swifts made over 9000 **visits for people in the community** with unplanned urgent needs in the rolling year between 2020 and 2021. There were 7,107 referrals to Swifts in the period April to October 2021.

The plan has been developed with **commissioning and operational colleagues** and focuses on the 'must do' key areas of work that will prepare us for winter. The Winter Plan is summarised into **five key workstreams** with a focus on increasing capacity through winter 2021/22.

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Workstream 1 – Meeting Peoples Needs

We Will:

To ensure we meet people's needs through winter as part of our plan we will maintain and expand capacity to support people at home or, where appropriate, in short term residential settings. We will also explore the use of **Direct Payments** and Personal Assistants to meet people's identified care and support needs. Work is underway to prioritise the care and support needs on the **Interim Care List** through the setting up of a **Multi-Disciplinary Team** to oversee the plan, prioritise care and proactively manage packages of care that have been handed back to the Local Authority. As part of this workstream we will **look to extend current block contracts** with the Home Support market to provide capacity that will support people who need to be discharged from hospital, back home.

We Have:

We have also **re-opened the Home Support Framework**, with more providers being approved for NCC to commission care with. We are also **working with the Voluntary Sector** to understand how provision could be better connected with people who have identified support needs.

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Workstream 2 – Supporting the Provider Market

We Will:

We will **ensure we provide the provider market** with strong support during winter. We will do this by providing wrap around support and **leadership** for care providers, focusing on quality and risk management. We will proactively support care providers and have **reinstated regular calls** with Home Support providers, to understand any issues and support they might need.

We are **expanding the Short-Term Beds team** to provide rapid assessment of people entering a Short-Term Bed, to support people to return home, when they are ready and able to. We will deploy Assistive Technology where appropriate, which will include the use of **Alcove Video Care Phones** within Norfolk First Service (NFS) to provide welfare checks and medication prompts, instead of a face to face visit (where appropriate). This will increase available reablement capacity.

We Have:

We have installed a system called **iStumble** to support people in their homes with falls. The first round of training on iStumble for NFS workers has now been completed, with all North Norfolk based workers trained in the devices and the referral process and they have had the app for actioning video calls downloaded onto their work phones.

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Workstream 3 – Supporting a resilient and functioning system

We Will:

We will ensure our **decision making and processes** enable responsive social care during winter. We will support our workforce and will undertake a **recruitment campaign** to attract more people to work in Social Care.

We will ensure a strong link between the Adult Social Services **brokerage function** and the Discharge Hubs in each of the three hospitals. Ensuring a robust and timely response when referrals for care packages or placements are received. Ensure we have a clear escalation approach that enables **robust risk management** of cases, where there are challenges in sourcing appropriate care and support.

We are committed to supporting our existing workforce and building a future workforce for Norfolk. We will look to do this by extending the **NHS staff bank** to enable deployment and exploring the benefits of a **peripatetic team**.

We Have:

With critical funding from government, we are working on an ambitious recruitment campaign. The **Workforce Recruitment and Retention Fund** will also help us work to support providers to recruit and retain staff. We will launch a **Well-Being service** for new and existing staff, and we will work with local colleges, places of Higher Education, DWP, employability programmes such as the Shaw Trust to establish a **Norfolk Care Academy.**

Workstream 4 – Supporting Norfolk First Response

We will review all areas of activity to aid flow and **improve capacity in NFS**. We will review the reablement care and support being given to people, to ensure that resources will be deployed in the most efficient way to support people.

A number of initiatives are also focused on **reducing the number of Domiciliary Care packages** the service holds, to increase capacity for reablement support.

Workstream 5 – Supporting Mental Health Services

Mental Health services are under considerable strain. We will look at implementing **three new Mental Health Step Down Services**. We will also look to **establish five additional Mental Health residential care discharge beds.**
We will continue to address blockages as a priority. We will also look to extend the **District Direct housing post into the Mental Health Discharge Team**. We will provide **Social Work roles to support timely hospital discharge in Mental Health.**

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Data and impact

Modelling Impact

For each initiative we will be setting clear measures to understand what we hope to achieve. In addition, we will also be modelling the expected impact against the aims of the Winter Plan. Three examples have been provided to illustrate this approach;

- Implement expanded Short Term Beds (STB) team, to provide rapid assessment – reduction in length of stay in spot beds by ≥ 50%
- IStumble deployment – c.26% reduction in non-conveyed attendances for care home falls via iStumble
- New approach through a new NFS ' follow-on' Team (RAP) – c.108 additional cases supported per month via new roles
- .

Strategic KPIs

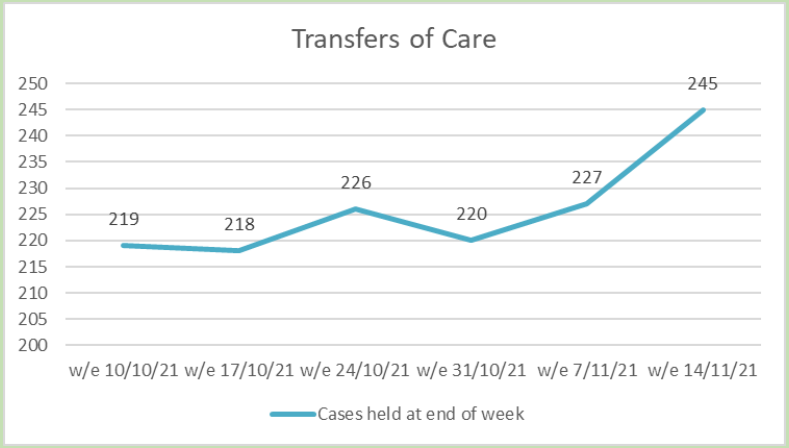
We also have identified six strategic KPIs that will be used by senior managers to understand the collective impact of the various initiatives being put in place. These are detailed on the following slide and are being monitored via the bi-weekly Internal Capacity Meeting which is chaired by the ASSD Director for Commissioning.

These KPIs also link to the newly introduced SCOPEL rating that Social Care now report against on a daily basis. This ensures consistency in the key metrics being used to understand performance.

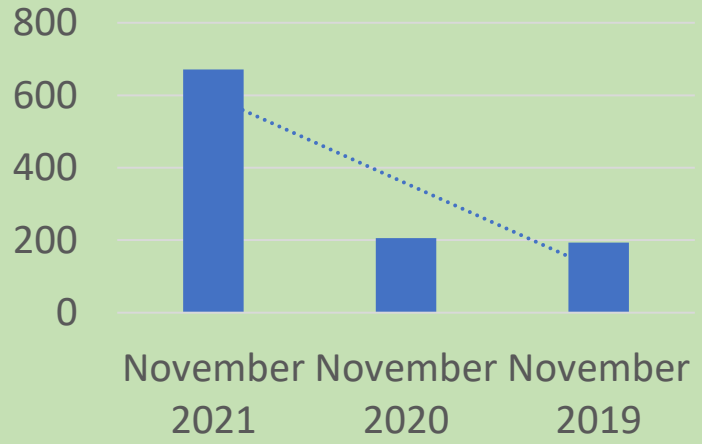
Strategic KPI's template

SCOPEL LEVEL: 3

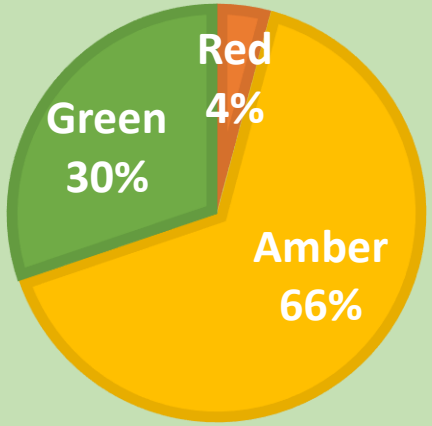
NFS Holds



Interim Care List



Domiciliary Care Capacity

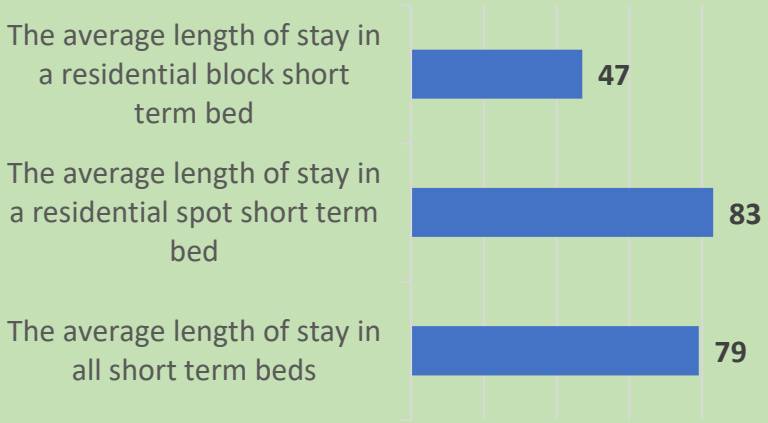


Residential and Nursing Care Capacity

87.4%

(Nov 21)

Length of Stay Short Term Beds



Discharge Pathways

This metric will monitor activity across the Discharge to Assess pathways, a key metric for health and social care.

Norfolk & Waveney – Winter Planning Overview - National Winter Planning Lines

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A National Winter Planning approach has been set out by NHS England for the winter period Nov 2021-April 2022. This approach sets out levels of assurance described as 'Lines of Defence' to ensure robust and well coordinated plans from individual provider through to National level and including assurance for specialist commissioned services.

Line of Defence #1

Provider level assurance

Providers will develop credible plans covering their individual organisations which must be approved by their executive team

.

Line of Defence #2

System level assurance

ICS leaders will provide oversight of preparedness through A&E Delivery Boards and other established processes and produce a coherent system-level plan for their locality

.

Line of Defence #3

Regional level assurance

Each NHS region will oversee strategic preparedness for their area, ensure all system-level plans have been signed off at the appropriate level and provide an assessment of risks and proposed mitigations.

Line of Defence #4

National level assurance

National experts will provide strategic direction for the planning process, review regional assessments and provide peer challenge, support and advice as required

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Line of Defence #5

Bespoke assurance

Some specific areas, such as Paediatric Intensive Care, require specialist assurance processes managed distinctly from, but linking with, wider winter assurance

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Norfolk & Waveney – Resilience Winter Planning – Key Lines of Enquiry (KLOE)

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These Key Lines of Enquiry have been used to provide a structured planning framework to ensure a comprehensive approach.

1. EXTERNAL EVENTS

- Covid 19 & Flu - Infection Prevention and Control Measures.
- Severe Weather Plans.

2. DEMAND

- Forecast modelling to understand demand.
- Initiatives in place to reinforce 999 and 111 call handling capacity to meet surges in demand
- Initiatives to reduce and manage demand through the Urgent and Emergency Care pathways.

3. CAPACITY

- Planning for winter activity levels.
- Escalation capacity to accommodate surges in demand.
- Maintaining activity across elective and non-elective pathways.

4. WORKFORCE

- Mutual aid arrangements.
- Vacancy management and rolling recruitment.
- Temporary worker schemes.
- #WecareTogether – Norfolk and Waveney People Plan to improve attraction and retention of workforce.
- Increased engagement with Voluntary, Community and Social Enterprise sector.

5. EXIT FLOW

- Integrated approach to commissioning care.
- Review of existing resources and realignment to improve impact on patient flow.
- Dedicated care market team to manage capacity and reduce handbacks of care.
- Additional bridging services commissioned to support timely discharge from hospital.
- Improve information exchange to reduce delays in transfer of care.

6. COMMUNICATIONS

- Norfolk and Waveney Keeping Well Winter Campaign – public facing.
- System level inter-organisational communication and coordination of operational activity .

Demand | Capacity | Exit Flow | Worl

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Analysis from the data indicates key areas are points of pressure for the Norfolk and Waveney system -

1. 999 and 111 call volumes are rising and call profile changes are pushing an increasing proportion of the population to seek alternative support via Emergency Departments.
2. Ambulance Handover delays at Emergency Departments have risen, linked to poor hospital flow and with corresponding increase in community risk.
3. Rate of hospital discharge is not matching the rise in the number of patients meeting the ready for discharge criteria.
4. The elective recovery programme is at risk as hospital occupancy rises.
5. A peak of demand for emergency admission is forecast for paediatric and adult beds in March 2022.
6. Surges in Mental Health demand anticipated over the winter period.
7. Sickness rates, turnover and vacancies is putting downward pressure on capacity to meet demand.

N&W Winter Assurance Pack – Capacity – Pre-Hospital Resilience Actions

The following initiatives are being implemented to improve urgent care responses, link services effectively, reduce demand for ambulance conveyance and Emergency Department (ED) attendance.

IC24 / 111	EEAST	Primary Care	Mental Health
Increase Category 3&4 Call validation by IC24 Clinical Assessment Service (CAS) to reduce ambulance dispatch	Increase Hear and Treat to 10% (National ambition threshold)	Winter Access Fund - range of Norfolk and Waveney initiatives at Primary Care Network (PCN) level with targeted intervention at 8 specific practices.	Mental Health Street Triage (AmbuCar), winter pilot commenced – central Locality
CAS advice – accelerate the plan for ten minute access for East of England Ambulance Service (EEAST) Crews on scene to avoid conveyance	Call handling performance to improve to 90th % in 5 seconds with additional call handlers recruited	Increase GP Referrals to the Community Pharmacy Consultation Service (CPCS)	Additional capacity – Mental Health residential care discharge beds on block contracts
CAS / EEAST access to consultant specialist advice using existing workforce	Increase Patient Facing Staff Hours to improve response times	Developing and implementing 'extended access' clinics for younger respiratory patients	Support to younger patients with Neuro Developmental Disorders – reduce crisis events and avoid admission to hospital
Community presence in CAS to increase uptake of Urgent Community Response (UCR) referrals	N&W EEAST System Oversight Cell 7 days week to monitor and smooth ambulance arrival surges	GP Careers Plus scheme - flexible pooling scheme from November 2021 to create a general practice bank staff	'Virtual Decision Unit' – enabling multi-agency decision making about immediate care required when Children and Young People present in crisis.
Increase utilisation of alternative urgent care pathways i.e. Community Pharmacy Consultation Service (CPCS)	Call stack transfer 999 to 111 for low acuity Category 3/4 calls – regional work stream leading digital enablement element (late winter delivery anticipated)	Shared SystmOne module allows PCN level access to patient notes.	Mental Health pre-admission/assessment unit on site at NNUH staffed by NSFT with clinical support from ED - observation and assessment to reduce admissions
Flexible use of GP Out of Hours workforce between CAS, face to face base and home visiting requirements to respond to workload surges	Cohorting team (paramedic and Health Care Assistants) to provide up to 12 hours support at each acute – 7 days/week	East Primary Care Network has established Same Day team and appointment systems to improve response to increased demand	Recovery / Peer Support workers to support patients in ED's – de-escalation, advice, access to services, preventative strategies, safety planning
Measures in place to maximise availability of existing workforce and staffing provision adjusted in line with call volumes			Reducing delayed transfers of care. Direction of Choice / Home Group Patients in appropriate care setting

N&W Winter Assurance Pack – Capacity – Emergency Department Resilience Actions

The approach being adopted is comparable across N&W with individual differences indicated at locality / hospital level

East Locality	Central Locality	West Locality
Capital investment has extended Emergency Department footprint	Introduced Clinically Ready to Proceed and a hard reset of the Safer Better Faster Urgent and Emergency Care (UEC) Improvement Programme	Capital investment to extend Emergency Department footprint
GP streaming pilot undertaken and planned implementation	GP Streaming service in place with remedial action to review criteria and increase footfall	Streaming proposal in place for implementation. Soft launch planned 01.11.2021
Same Day Emergency Care clinics in place and developing additional hot clinics in surgery and Paediatric Assessment Unit (PAU) facilities	Redesign of front door model to default to Same Day Emergency Care (SDEC) & rapid triage to short stay ward / Paediatric Assessment Unit (PAU)	Same Day Emergency Care (SDEC) clinics in place
Surgical Assessment Unit development- work has commenced to provide a 4 person facility at James Paget University Hospital (JPUH).	Ambulance Handover Delay – internal escalation process reviewed with zero tolerance approach	Extended the Rapid Access Frailty Team (RAFT) team at weekends from 14:00 to 18:00 to support discharge from ED and avoid the use of hospital inpatient resource
Ambulance cohorting - space available and cohorting team in place 12hrs/day	Space available for ambulance cohorting	Space available for ambulance cohorting after 18.00
Hospital Ambulance Liaison Officers (HALO) x 12hrs – review of roles for consistent approach	Hospital Ambulance Liaison Officers (HALO) x 24hrs – review of roles for consistent approach	Hospital Ambulance Liaison Officers (HALO) x 12hrs – review of roles for consistent approach
Social distancing Standard Operating Procedures (SOPs) in place to mitigate risks associated with overfull department, with further plans being considered to manage both High-Risk and Medium-Risk patients	Pilot commenced - use of IPads at the front door to navigate patients to the appropriate eservices including 111 and primary care	Revised breach review process implemented including review of Minors patients to reduce non-admitted breaches
Patient welfare and tissue viability measures in place for patients waiting / delayed handovers	Patient welfare and tissue viability measures in place for patients waiting / delayed handovers	Patient welfare and tissue viability measures in place for patients waiting / delayed handovers

N&W Winter Assurance Pack – Capacity – Hospital Flow Resilience Actions

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The approach being adopted is comparable across N&W with individual differences indicated at locality / hospital level

East Locality	Central Locality	West Locality
Escalation beds identified and in use	Dedicated escalation ward with leadership team appointed	Escalation beds identified and in use
Patient Flow Transformation Program in place including 'SAFER Patient Flow Bundle' and Discharge Work streams	'SAFER Patient Flow Bundle' measures in place	'SAFER Patient Flow Bundle' measures in place
Increase site team workforce to manage flow and respond effectively to surges in demand	Consolidating bed and site management services into a singular bed bureau style function to improve patient flow and embed a more robust command and control structure	Review of site team operational processes underway to improve response to surges in demand
Carlton Court- 11 beds for JPUH winter surge and RAAC Plank improvement program decant facility	Introduced Clinically Ready to Proceed and a hard reset of the Safer Better Faster Urgent and Emergency Care Improvement Programme from 01.11.2021	Direction of Choice Letter implementation plan in place and Standard Operating Process (SOP) to be developed to standardise approach
Development of Virtual wards- including cardiac patients to enable patients to be discharged home while awaiting cardiac procedures	Planned expansion of virtual ward model	Review of discharge process (Medication and Discharge Letters) as over 50% of discharges occur after 17.00
Implementation of expanded Discharge Unit for 24/7 discharge lounge facilities for bedded and ambulant patients	Expansion of discharge suite criteria and utilisation	Reviewing + 14 day Long Length Of Stay and use of 'Perfect Week' and Multi Agency Discharge Events (MADE)
Additional support from Primary Care and community teams to facilitate Discharge to Assess Pathway discharge	Additional support from Primary Care and community teams to facilitate Discharge to Assess Pathway discharge	Additional support from Primary Care and community teams to facilitate Discharge to Assess Pathway discharge
Integrated transfer of care form using SystmOne unit reducing duplication and handoffs	Integrated transfer of care form using SystmOne unit reducing duplication and handoffs	Integrated transfer of care form using SystmOne unit reducing duplication and handoffs

N&W Winter Assurance Pack – Exit Flow – Resilience Actions

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The Norfolk and Waveney Health and Care Partnership

Suffolk County Council	Norfolk County Council	Community Providers
Reablement Service capacity increased by 150 hours per week. Plans in place to uplift further.	Extend current block contracts, and Increase further, commissioning of Enhanced Home Support Services (EHSS) to support people in their own home. Use of EHSS to free up reablement capacity.	Surge beds available in intermediate bed stock. Clinical risk assessments would determine whether these are staffed by existing establishment with reduced staffing ratio, or increased staffing.
No Hand Back Policy - packages of care should not be terminated by the Provider without discussion between SCC and Provider to explore all options to continue to support the affected customer.	New approach via an Norfolk First Support (NFS) 'follow-on-team' with staff able to access peripheral stores for urgent equipment delivery, VCSE community support and assistive technology where appropriate.	Inpatient criteria flexed to maximise bed utilisation on a daily basis to maximise hospital discharge or community admission avoidance.
Community Health – exploring potential for additional training for home care providers to speed up response for these providers with specific training such as Peg Feeding, stoma care	Voluntary, Community and Social Enterprise (VCSE) provision to be connected with people who have identified support needs (care packages less than 3 hours and NFS transfers)	Community provider process in place to redeploy staff from planned care services should there be a system requirement and agreement to do so - medium to longer term resilience measure.
Digital Care – Looking to identify people for targeted review with low care packages to introduce alternatives for some activities such as digital or community volunteers.	Project team focusing on identifying people who may benefit from a Direct Payment and Personal Assistant – names to be sourced from the Interim Care List / Transfer of Care list.	Virtual Transfer of Care Hub implemented as part of Ageing Well Program in East Locality, with all principal system partners to access single deployable resource for reablement.
Potential to increase rates in hard to reach areas / incentivisation scheme	Potential to increase rates in hard to reach areas / incentivisation scheme	Relocation of staff to improve Discharge to Assess pathway therapy assessments and reablement support
Integrated transfer form using SystmOne unit reducing duplication and handoffs	Integrated transfer form using SystmOne unit reducing duplication and handoffs	Integrated transfer form using SystmOne unit reducing duplication and handoffs
	Provider Support Team. Ensure enhanced leadership support for identified issues and minimise handbacks of care. Care market engagement.	

N&W Winter Assurance Pack – Workforce – Resilience Actions

System Memorandum of Understanding.
Our Coronavirus 19 Memorandum of Understanding (MOU) is currently being refreshed to ensure that it is fit for purpose and includes all stakeholder organisations in need during the winter months and beyond.
Through the Directors of Nursing and Human Resource Director networks staffing risk will be monitored at a strategic level.
N&W Mutual Aid group has been stood up again from November 2021 to provide operational support for workforce risk areas.

Collaborative bank.
N&W Collaborative bank implemented in October 2021 for all non-medical staff groups. Over 580 people have registered. Initial Go Live services included ED in all three Acutes. Support from Directors of Nursing and Human Resource Directors to extend the collaborative bank to other Emergency Department (ED) roles to increase capacity in ED and allow consultant grade staff to only work to top of licence. Plans in place to progress implementation of Medical Rostering to support the development of a Collaborative Medical Bank.

Recruitment of Medical Support Workers – commencing in post target 1 Nov 21– allocation details below:
- QEHKL has secured 8 Medical Support workers and NNUH has 5.07 in the first cohort – currently aligned to non Urgent and Emergency Care (UEC) areas.
- There is a pipeline of 13 Medical Support Workers as possible mitigation for pressures in UEC - shared with providers.
- Further discussion with doctors refugee organisation to identify further potential candidates.

Collaboration with East of England Procurement Hub (Workforce Alliance).
Agreement through N&W Bank & Agency Collaborative and Director of Nursing forums on 28th October to benchmark and review top areas of agency spend in N&W with East of England. We will meet monthly to review fill rates, demand, and where break glass occurs – this will increase our governance of agency spend and usage.

#WecareTogether – N&W People Plan
We recognise that winter pressures are not exclusive to our year. We will continue to deliver programmes aligned to the #WeCareTogether strategy to ensure N&W is best place to work. This in turn will increase opportunities for attraction and retention by keeping people well and working encouraging them to stay, creating new opportunities, maximising and valuing the skills of our people, and creating a positive and inclusive culture.

Vaccination of Workforce
The workforce Vaccination programme is well under way for both Flu and Covid 19 boosters with 100% offer and 85% ambition for all health and social care workers.

Covid19

All organisations have Covid19 resilience plans and processes in place for staff and patients to manage testing, contact isolation and care of Covid positive patients. Risk identified in relation to high hospital occupancy - overfull acute and community hospitals will struggle to enact procedures in a timely way if decant capacity is not available.

Influenza

Plans are in place to offer vaccination to all health and social care staff with accessible on-site and roving clinics planned. Monitoring procedures are in place across organisations to record progress.

Extreme weather

Adverse weather conditions can hamper community provider access to vulnerable patients and delay staff in remote areas attending for work. All organisations have adverse weather policies and procedures in place. The Norfolk Local Resilience Forum coordinates the Volunteer 4x4 service in the event of heavy snow fall to support workers with time critical health care visits or for key personnel attending work.

Reinforced Autoclaved Aerated Concrete (RAAC) Plank Failure

Adverse weather in winter exacerbates likelihood of RAAC Plank failures. Routine inspection programmes are in place with a continuous programme of work to identify and rectify issues. In the event of unexpected or sudden deterioration well rehearsed plans are in place to report and respond to operational disruption at organisational and system level.

N&W Winter Assurance Pack – Communication Strategy

A system-wide winter prevention campaign has been developed by the CCG with support from NCC Public Health to address the challenges linked to keeping people well over the winter months to prevent excessive demand on hospitals.

All partners will utilise these campaign assets to promote prevention messages throughout the winter to maximise reach and impact through all partners' channels and avoid diluting the message with individual campaigns.

A behaviour change campaign will be used to implement multiple interventions with the overall aim of reducing pressure on hospitals. The campaign is based on the COM-B approach (Capability, Opportunity, Motivation) to enact the Behaviour Change that we're after – that people take care of themselves so they don't have to go to hospital.

Key Winter Campaign strands

The key strands to the winter programme that will be communicated include:

- **Flu vaccination/Covid booster programme**: working in tandem with the Covid-19 vaccination roll-out, the annual flu programme will be encouraging people to take up both vaccinations. This includes health and care workers across Norfolk and Waveney system.
- **Being 'winter well'** – including self-care awareness, handy winter tips, advice and support around mental health services.
- **Relieving pressure on the NHS this winter**: promoting the other alternatives to A&E, where else can you go first rather than using A&E as the default option.

The aims of the winter prevention communications campaign will be to:

- Create an awareness regarding how the public can help protect the NHS and themselves this winter by taking care of their health.
- Drive traffic to the winterwellnorfolkwaveney.co.uk landing page to learn more about the ways they can help themselves stay well.
- Encourage people to have the flu vaccine.
- Encourage people to have their Covid booster when contacted.
- Reduce pressures on the Emergency Departments by encouraging public to visit/use other health resources (MIU, WIC, pharmacy, 111, etc).
- Encourage the public to be winter well (stay warm, keep active, keep prescriptions stocked).
- Support people to look after their mental health.

N&W Winter Assurance Pack – System Resilience – Operational Escalation Framework

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Strategic / Gold
System strategic leadership

Tactical / Silver
System and Locality oversight and co-ordination

Operational / Bronze
Organisational Delivery Teams (Locality Providers)

ESCALATION

Norfolk & Waveney Gold Business Continuity Group

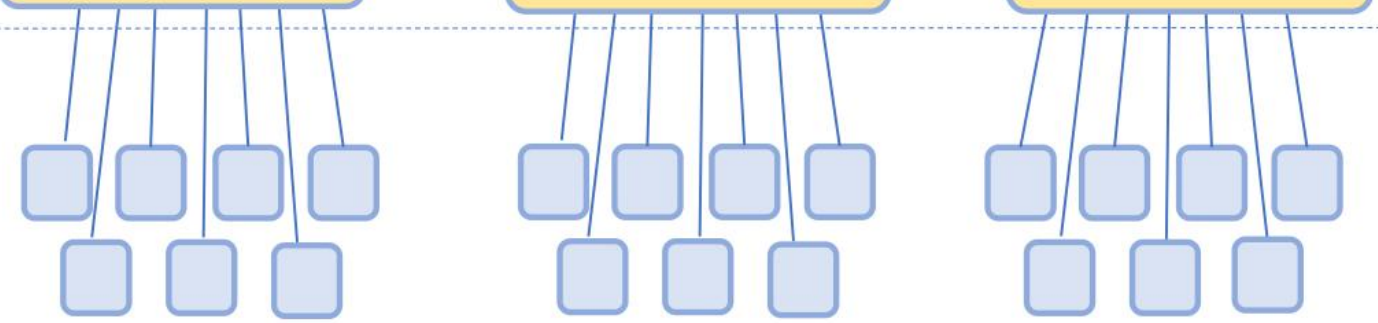
Norfolk & Waveney CCG 'Gold' On-Call
Associate Director of Urgent & Emergency Care (System-wide)

NWCCG UEC System Resilience Room / CCG Silver On-Call
DAILY SYSTEM CALLS TO MANAGE OPERATIONAL PRESSURE

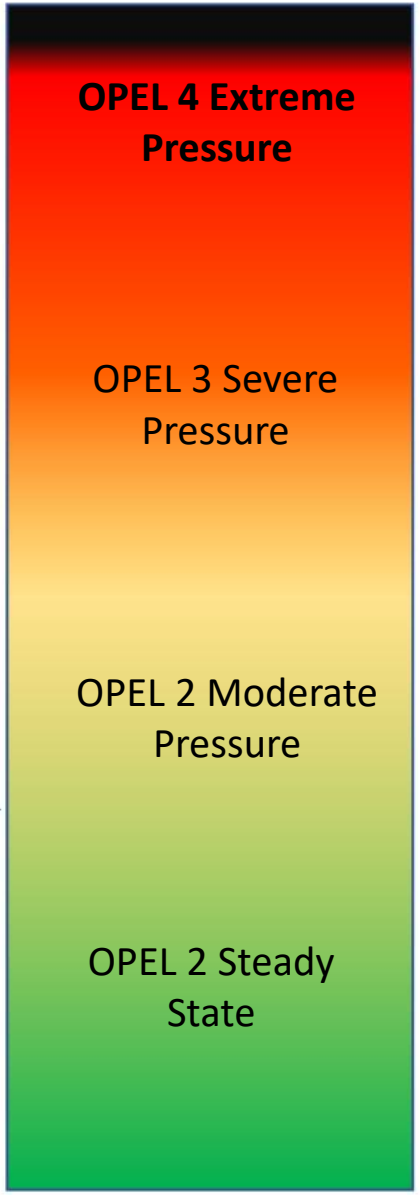
UEC Senior Locality Manager - West

UEC Senior Locality Manager - Central

UEC Senior Locality Manager - East



The N&W Escalation framework maps the communication pathways in place to facilitate a collaborative response to increasing operational pressures.



OPEL – Operational Performance and Escalation Level

N&W Winter Assurance Pack – UEC Strategic Transformation Workstreams

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Transformation workstreams provide structure for an extensive programme of Urgent and Emergency (UEC) work to meet local, regional and national priority areas. The Resilience work stream underpins all other work streams monitoring operational activity and coordinating system escalation

WORKSTREAM 1
SRO John Webster

Think NHS 111 First

- Develop a Norfolk and Waveney MDT CAS.
- Further integration of the 999 and 111 low acuity call queues.
- 24/7 access to CAS for 999 crews and ECAT.
- Increase referrals from 999 and 111 to 2 hour UCR.
- Increase calls to 111
- Primary Care on the day demand.

WORKSTREAM 2
SRO Mark Burgis

UTC / PC Streaming

- Extend Primary Care Streaming
- Develop UTCs
- Digital redirection and streaming tool

WORKSTREAM 3
SRO Denise Smith

Same Day Emergency Care

- Develop consistent, expanded SDEC provision
- Expand hot clinic access
- Review unplanned GP pathways into secondary care

WORKSTREAM 4
SRO Chris Cobb

Reducing Length of Stay

- Reducing LLoS (Trust undertakings and internal transformation plans)
- Implement D2A

WORKSTREAM 5
SRO Marcus Bailey

AMBULANCE

- Review and forward plan for additional NARS support
- Agree optimal pathways (acute and community)
- Norfolk and Waveney Cohorting response

WORKSTREAM 6
SRO (Joanne Segasby)

NHS Resilience
Individually Robust - Collectively Resilient

System Escalation Framework
System Ops Cell – 7 days a week
Planning for surge (winter, summer, holiday periods)

- *The Norfolk and Waveney Winter plan is iterative and will continue to evolve to reflect the volume and scale of improvement work currently underway across our system.*

- *New winter funded initiatives have been approved and will be commencing shortly across a range of primary and secondary care areas.*

- *The winter resilience plans provide short to medium term interventions and will run alongside a wider transformation programme to meet the local, regional and national Urgent and Emergency Care priorities.*

- *The Norfolk and Waveney system is recognised for their strong collaborative approach across a range of health and social care providers and this approach will be fundamental to achieving the full impact of all our winter plans.*