



**Norfolk and Waveney System  
Winter Assurance...**

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# Executive Summary

Activity metric	Year on year variance (M1 to M5)	
	#	%
Emergency admissions*	1,131	2.7%
Avoidable emergency admissions**	353	4.9%
A&E attendances	5,856	4.9%
Ambulance call outs	3,940	6.2%
Ambulance conveyances	537	1.3%
% of call outs converted to conveyance	-	-3.1%
111 calls where ambulance dispatched	-905	-5.7%
111 calls where patient recommended to attend A&E	745	7.9%
Walk in Centre attendances	-1,992	-7.3%

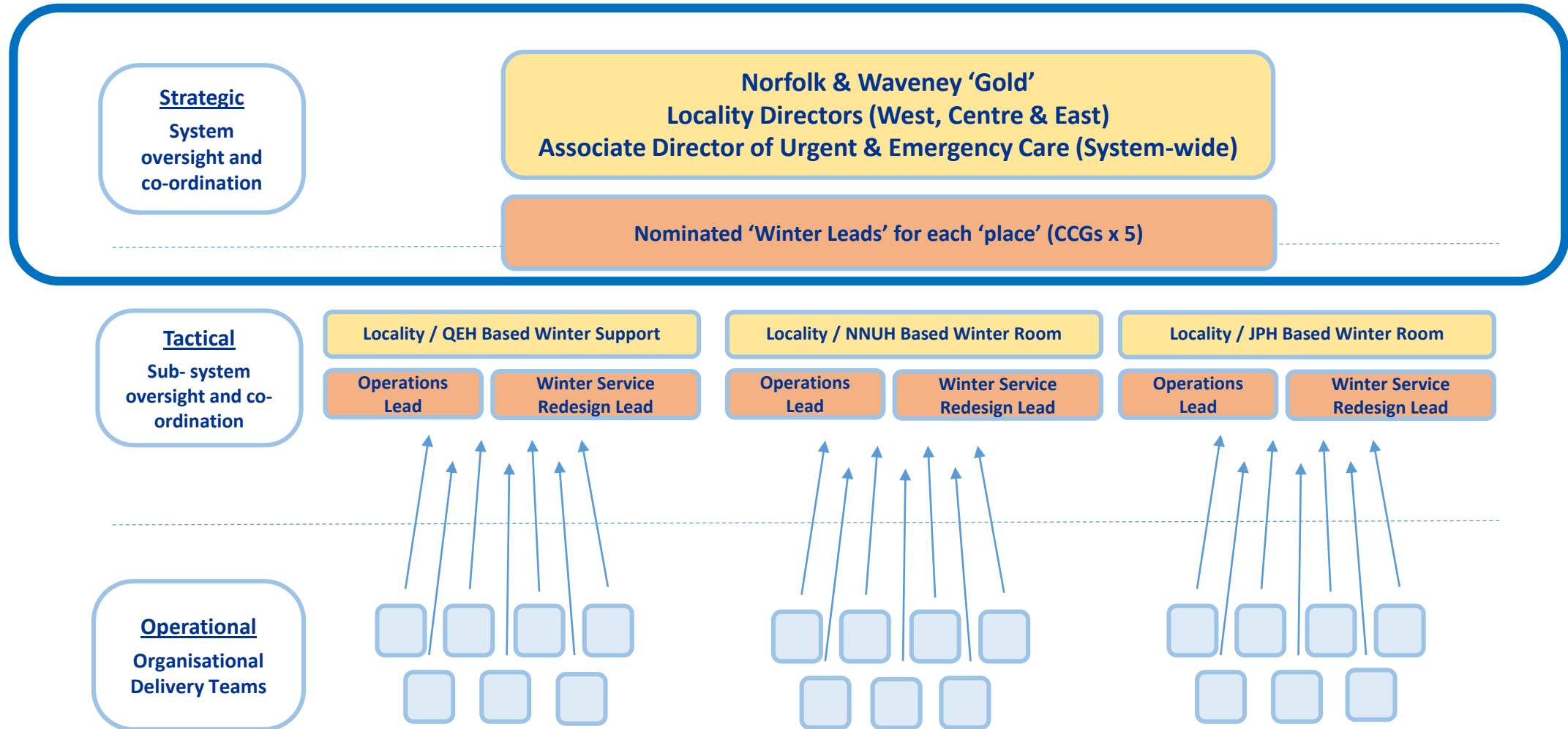
When comparing Apr-18 to Aug-18 with Apr-19 to Aug-19:

- Emergency admissions across the five N&W CCGs have increased by 2.7% - short stay admissions (0-1 day) have risen by 2.8%, compared to a rise of 2.7% for long stays.
- Ambulance call outs have risen by 6.2%, with conveyances increasing by 1.3%.
- 111 calls have risen by 1.6%, calls where an ambulance was dispatched have decreased by -5.7% and calls recommended to attend A&E have risen by 7.9%. Calls where not recommended to attend another service have fallen by -6.2%.
- Despite the increase in other forms of urgent care activity, WIC attendances have dropped by -7.3%.

\*JPUH emergency admissions exclude admissions identified as having been treated within the Ambulatory Care Unit.

\*\*Avoidable Admissions at JPUH have been excluded due to low clinical coding completeness, which shows an artificial reduction.

# An enhanced approach - 2019/20 'Winter Gold' Structure



# Building on 18/19 approach for winter....

## Working well:

- Continued good engagement with all system partners
- Winter resource embedded with NNUH
- Locality SORTs strengthened by the CCG management restructure with all 3 Locality Directors in post
- Continued system oversight of the development and implementation of locally agreed 'winter plans'
- Continued 'lead' interface between the STP system and NHSE/I regarding systems operations and resilience

## More to do:

- Continue to develop effective system wide early warning / resilience monitoring and systems that enhance OPEL reporting that can be shared daily (rollout for other localities of Central Norfolk daily dashboard to LDs, winter Leads and AD UEC)
- Look up and out across Nfk & Waveney and at other systems best practice that can be adopted at system, locality and organisational level
- Improving modelling and evaluation to inform future investment
- Strengthen joint working and joint initiatives with LA partners (High Impact Changes/Discharge Principles)



# What's going well...?

- We continue to see Improved ambulance response times across most of Norfolk and Waveney
- A small reduction in emergency admissions in Norwich
- Continuing to bring forward winter planning schemes in localities to aid implementation, particularly additional out of hospital capacity
- Improving system co-ordination and 'team-work'
- Continuation of daily N&W System Calls for rapid information exchange and identification of system support actions – these are now being enhanced by support from Locality Directors

Category 1 Average Response Time (7 min target)

CCG	Aug-18	Aug-19	YoY % Var	Aug-19 vs target
GY&W	08:32	06:07	-28.2%	-00:53
North	13:22	10:08	-24.2%	03:08
Norwich	06:27	05:54	-8.5%	-01:06
South	12:11	10:31	-13.7%	03:31
West	10:02	08:40	-13.6%	01:40

Category 1T Average Response Time

CCG	Aug-18	Aug-19	YoY % Var
GY&W	14:14	10:00	-29.8%
North	20:36	16:23	-20.4%
Norwich	09:28	08:17	-12.5%
South	17:22	13:56	-19.8%
West	16:17	11:46	-27.8%

Category 2 Average Response Time (18 min target)

CCG	Aug-18	Aug-19	YoY % Var	Aug-19 vs target
GY&W	29:20	20:19	-30.7%	13:19
North	36:10	25:34	-29.3%	18:34
Norwich	26:21	16:40	-36.7%	-01:20
South	33:18	23:20	-29.9%	16:20
West	31:49	27:16	-14.3%	20:16

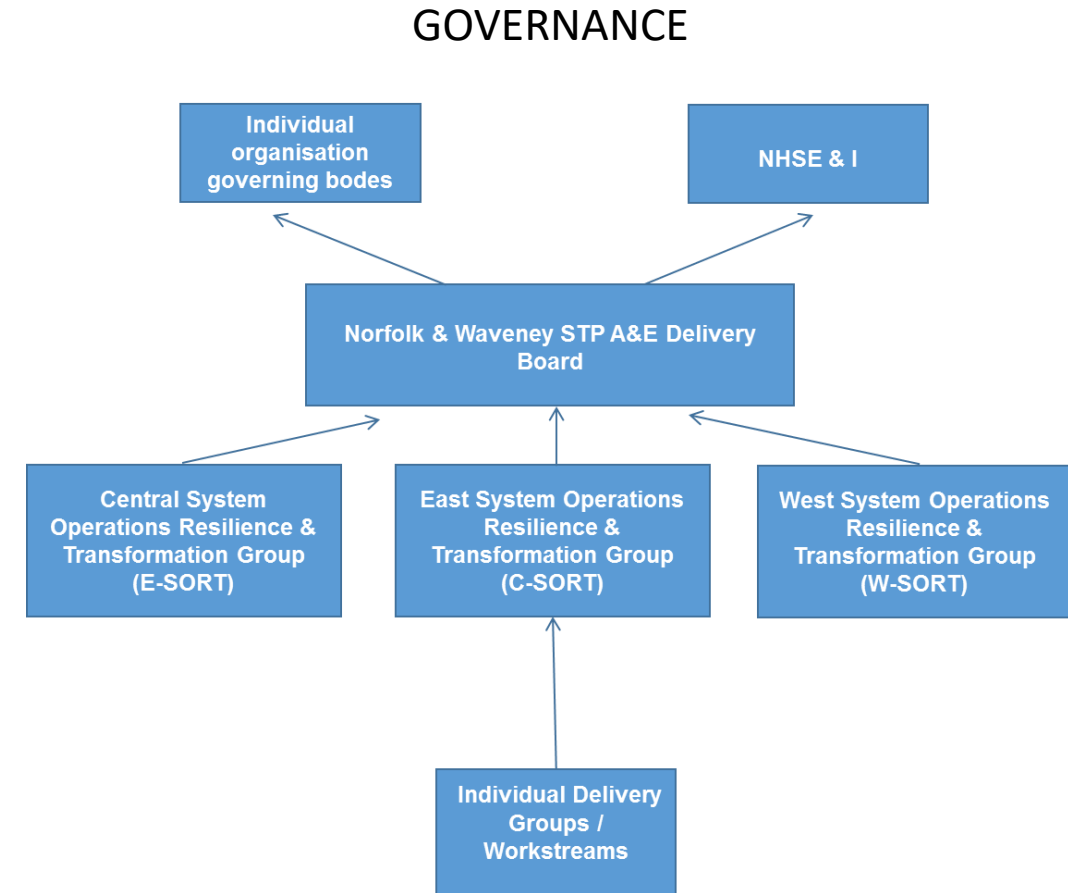
# Where do our challenges remain...?

- All Norfolk acute hospitals remained under significant strain and we do not meet the 95% standard consistently at any of the Norfolk Acute hospitals
- Significant demand increases (A&E attendances and emergency admissions) witnessed at all three acute hospitals
- We are beginning to see a return to significant ambulance handover delays over 60mins which as we head into winter is a risk to patient safety if crews cannot respond to calls in the community
- Mental Health capacity across the system (locally, regionally and nationally) continues to be a concern with availability of inpatient beds not always able to meet the level of demand, resulting in increased number of 12 hour breaches for patients requiring mental health support
- Care home and Domiciliary Care market continues to struggle to cope with the level of demand across the system
- Workforce, workforce and workforce...



# How are we approaching assurance...?

- LOCAL (SORTs) - Each Locality has gone through an assurance process with Providers to test resilience, business continuity and agree use of resources for additional capacity
- SYSTEM - A&E Delivery Board has put in place further check and challenge to assess risk and provide system assurance
  - Regulator “stocktakes”
  - A&E DB Sign Off – 31<sup>st</sup> October
- INVESTMENT - Continued engagement with Localities / SORTs to ensure implementation as planned of schemes in localities and their impact
- RESILIENCE - Review and strengthening system escalation with Locality Directors and AD of UEC for rapid information exchange and identification of system support actions



# What investment are we making...?

HEALTH – c£2m across the 3 Localities, majority of funding targeted at Central and NNUH

- **CENTRAL:**

- Pre-Hospital - Enhance NEAT within EEAST/HomeWard, Consultant Respiratory clinics
- Hospital – Acute Paeds, additional support for front door and discharge
- Post Hospital – District Direct (Housing), Comm Ops Centre

- **EAST:**

- Pre-Hospital – NEAT rollout, High Intensity Users
- Post Hospital – Integrated Discharge team, District Direct (Housing)

- **WEST:**

- Pre- Hospital – NEAT (SW input), High Intensity Users
- Post Hospital – Increasing Comm bed base, District Direct (Housing)

**SOCIAL CARE – c£4m winter pressures grant to Adult Social Care**

- Packages of Care
- Market Capacity
- Home First
- Assistive Technology
- District Direct
- Enhanced Home Support
- Mental Health
- Swifts

# What are the Key Priorities...?

In addition to the national priorities within the Long Term plan we intend to focus on 4 key areas to improve resilience and manage demand through winter to ensure we have a safe and effective urgent and emergency care service to our residents across Norfolk and Waveney:-

1. Consistent Rollout of NEAT – based on the Norwich model this will provide our 2 hour community crisis response by:
  - I. Delivering effective Clinical / Professional Triage (“we never say no”, “we de-escalate to the most appropriate service / support”)
  - II. Rapid deployment of HomeWard / VirtualWard / Supported Care or NFS to stabilise the situation
  - III. Seamless transfer to most appropriate ongoing support with follow up
2. Consistent Rollout of Discharge to Assess by:
  - I. Build on work done in Localities at a high level and converting this into realisable project delivery in acute systems using “NEAT” principles
3. Consistent Rollout of GP Streaming by:
  - I. Working with Localities to define the model appropriate to the acute system – IC24 support in East and West
  - II. Assessing the NNUH Test of change model already being implemented