NHS
Norfolk and Waveney
Clinical Commissioning Group

System pressures: urgent and emergency care

Mark Burgis, Director of Primary and Community Care, NHS Norfolk and Waveney CCG
Cath Byford, Chief Nurse, NHS Norfolk and Waveney CCG

Summary

NHS
Norfolk and Waveney
Clinical Commissioning Group

- Norfolk and Waveney's health and care system remains in a 'Level 2 Critical Incident' following sustained and unprecedented pressure on services.
- Staff are going above and beyond, day-in and day-out to care for patients, service users and their families.
- On 24 January 2022 there were over 160 people in hospital with COVID-19 but none in an Intensive Care Unit (ICU), compared to 800 people in hospital in January 2021, when over 60 were in ICU.
- One significant difference this winter is the huge impact the omicron variant has had on our workforce, with many staff either ill with the virus or isolating because of it. The NHS is also continuing to provide more elective care than last winter.
- Health and care services are working together to manage the situation and we have made progress is some areas, particularly around managing demand for services. For example, ambulance activity, attendances at Emergency Departments and emergency admissions to hospital are all decreasing.
- However, we still need to do more to improve the discharge of patients and flow through our hospitals, and this remains our number one focus.

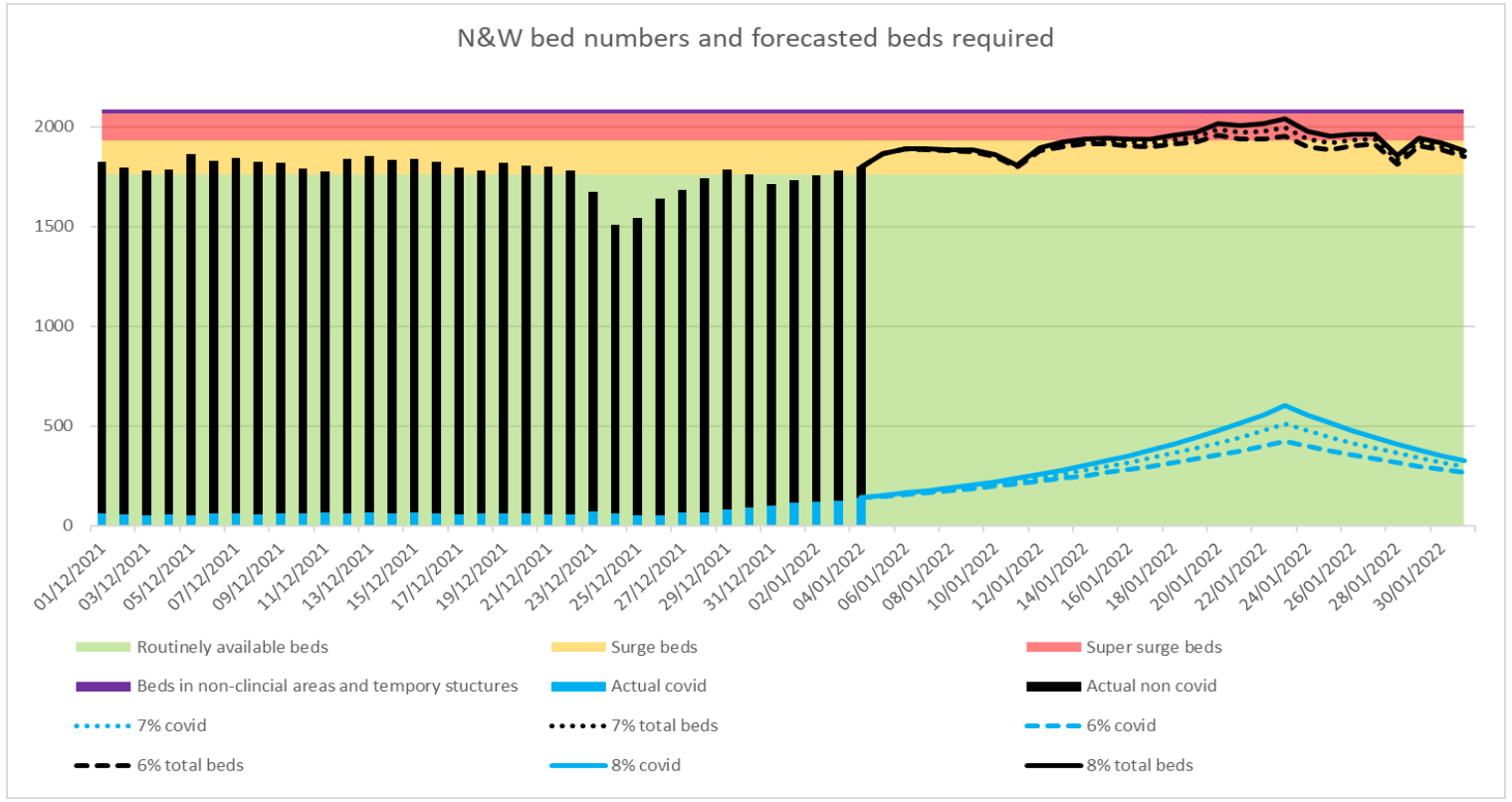
Introduction

Analysis and forecasting undertaken by NHS-England in early January suggests Covid hospital admissions may peak by 23 January.

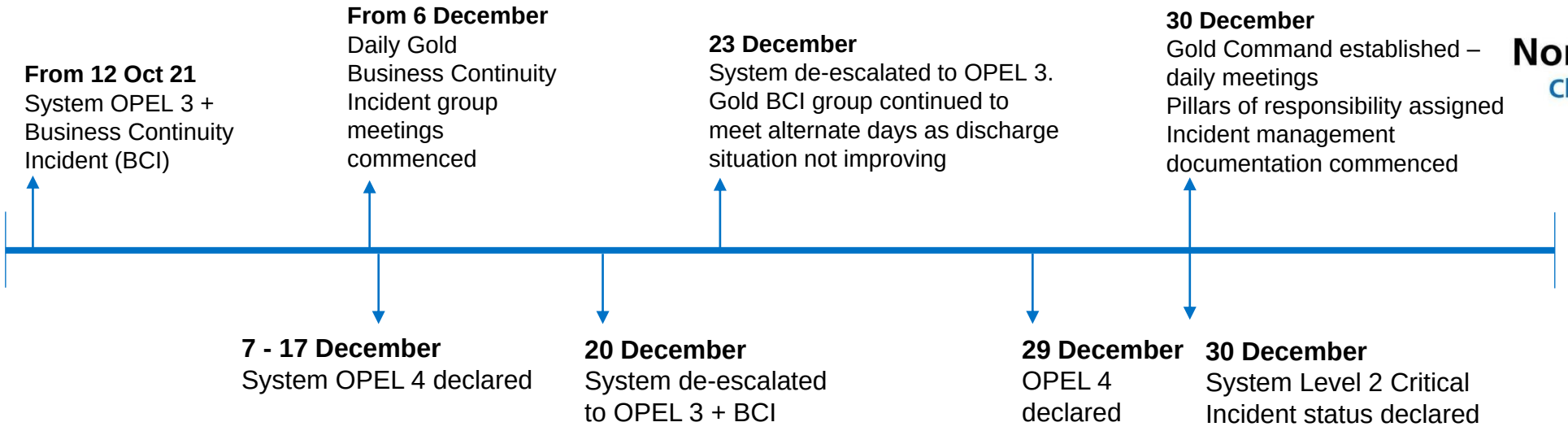
Covid bed demand is expected to be between 6 - 8% of available beds. The data suggests that the Norfolk and Waveney surge and supersurge bed capacity bed stock would be sufficient to meet anticipated demand.

Bed flow is another important factor in availability of hospital beds and the current high number of patients that remain in acute and community hospital settings without meeting the Criteria to Reside is concerning and requires system wide focused intervention.

NHS
Norfolk and Waveney
Clinical Commissioning Group



Critical incident management



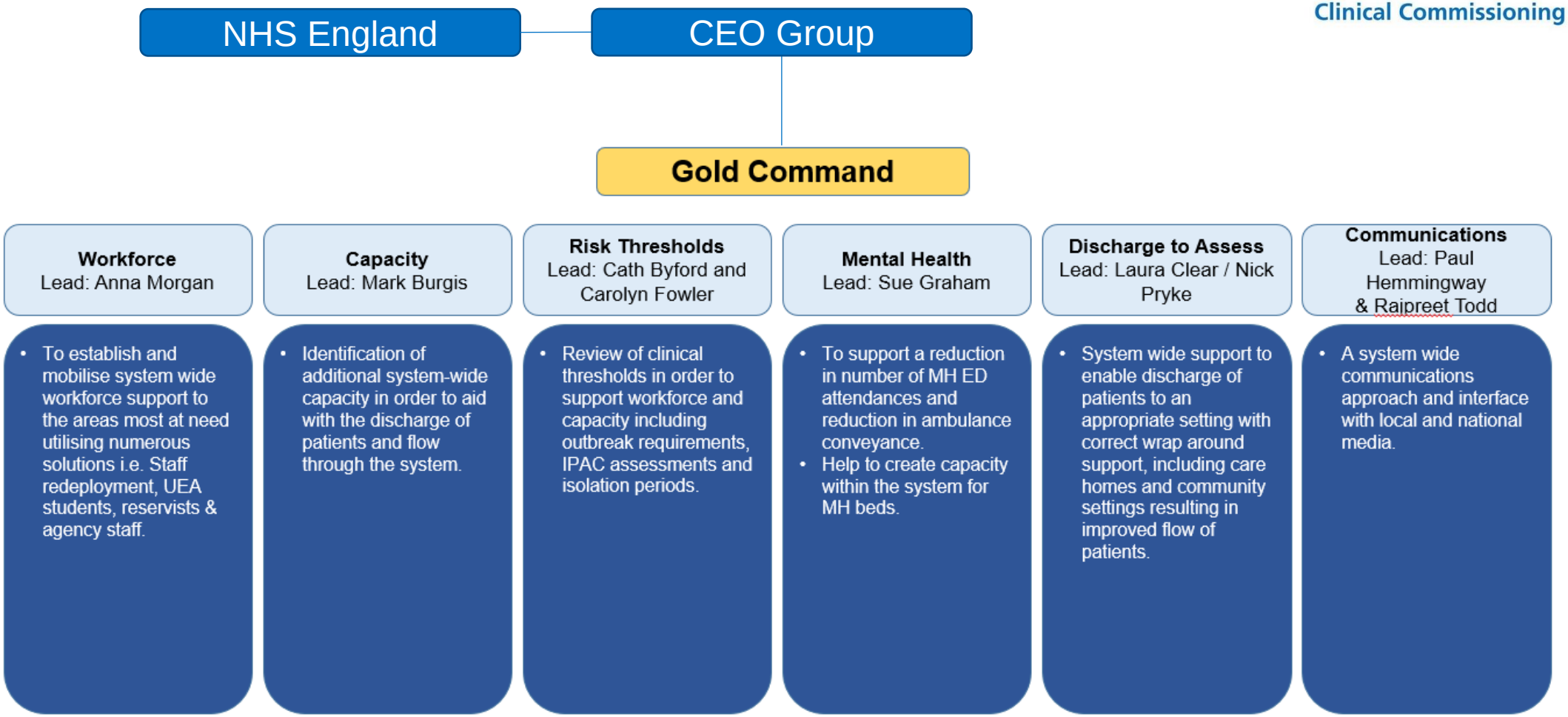
NHS
Norfolk and Waveney
Clinical Commissioning Group

N&W System Critical Incident Management

Strategic aim – To save lives and reduce harm	
Key system risks	**Thresholds for de-escalation**
Clinical risk to patients due to delayed ambulance response times	No hospital ambulance handover delays >2 hours sustained for 48 hours
Poor hospital flow resulting in restricted bed availability and high occupancy	Non Criteria to Reside (non-CTR) patients reduced by 30% in acute and community hospital settings
Lost capacity due to infection, prevention and control (IPAC) restrictions in hospitals and care homes	IPAC restrictions reducing – <10% of acute and community bed stock impacted
High workforce absence rates	NHS Sickness absence rates reduced to pre-covid rates – <6%

Norfolk and Waveney Incident Response

Norfolk and Waveney Clinical Commissioning Group



Critical Incident Response Pillar Structure - Workforce

NHS
Norfolk and Waveney
Clinical Commissioning Group

Pillar Aim - To establish and mobilise system wide workforce support to areas most in need

System identification of workforce priority areas	System agreement and support, robust assessment of priority areas
Provision of additional clinical support to top 20 care home with highest ambulance requests via HIU & ACP staff supported by additional GPs	Significantly reduced 999 contacts and ED attendances
Additional support secured to bolster Primary Care Streaming at all three acute sites.	Reduced ED attendances
Mobilisation of support staff – aiming to support discharge pathways (NFS) with reservist clinicians and student medics and nurses	Increases in workforce capacity in discharge pathways – biggest area of need
Additional support to 999 services including GP support to AOC control centre, GP manned dedicated advice line for crews with priority answer times and reinforcement of the frailty advice line using isolating consultants.	Reduced conveyances to ED, crews supported with appropriate risk taking

Critical Incident Response Pillar Structure – Capacity

NHS
Norfolk and Waveney
Clinical Commissioning Group

Pillar Aim – identification of additional system-wide capacity in order to aid with the discharge of patients and flow through the system

Review and stand down of non critical community services across both Norfolk and Waveney community providers for parity of service for patients across the area	Workforce capacity gains
Increase in medical staffing in community units to reduce admissions to hospital	Reduced ED attendances and admissions
Additional cohorting spaces and cohorting paramedic teams in situ at each acute	Maximise number of 999 vehicles able to respond to emergency calls
Utilisation of clinical and non clinical spaces to increase capacity – across acute, community and mental health providers.	Physical space increases
Extended operational delivery of EEAST Street Triage Mental Health Car	Alternative pathway for mental health presentations

Critical Incident Response Pillar Structure – Communications

NHS
Norfolk and Waveney
Clinical Commissioning Group

Pillar Aim – A system wide communications approach and interface with local and national media

Public facing comms campaign detailing status of local health system	Set expectation and aided 'right choice' message
Internal messaging to staff that is consistent across all organisations	Consistent awareness of pressures to all staff, consistent focus on wellbeing message
Coordinated external reporting	Same message to stakeholders, single coordinated plan, lack of confusion
System approach to comms – joint messaging across health and social care, both internal and external	A consistent reporting picture reflective of organisations across the system

Critical Incident Response Pillar Structure – Risk thresholds

NHS
Norfolk and Waveney
Clinical Commissioning Group

Pillar Aim – review of clinical thresholds in order to support workforce and capacity

Increase in PCR testing capacity for health and social care staff	Faster return to work
Review IPAC guidance staff with asymptomatic contacts to enable faster return to work	Faster return to work
Stand down of routine IMT reporting in acute hospitals	Reduced admin burden, hours released to support other clinical tasks
Review of isolation period for asymptomatic patients in acute hospitals	Reduced length of stay in isolation zones / red areas

Critical Incident Response Pillar Structure – Discharge to assess (D2A)

Pillar Aim – system wide support to enable discharge of patients to an appropriate setting with correct wrap around support

NHS
Norfolk and Waveney
Clinical Commissioning Group

Interim use of short-term beds for Pathway 1	• Agreed and implemented for acute and community hospitals until 14/1/21.
Explore potential for providers to take patients more quickly	• Incentive payments in place, 19 achieved to date. Increase in pay rates being explored and inflation pay increase bought forward. Bi-weekly communication with provider market.
Provision of additional support to care homes, including weekly rounds with community matrons	• Targeted work with Care Homes via Primary Care with PCN support. • Positive feedback from HIU & ACP weekend work with rollover into future weekends. • Vaccine staff redeployed to IPAC and Community Teams.
Additional funding for family carers	• Process in place with minimal uptake. • Communications planned for discharge hubs. • New fast track process lead identified.
Personal Health Budget process explored	• Interim process implemented with planning of permanent solution underway.
Live in care arrangements and double up visits expedited	• Specification drafted and interim spot arrangements agreed. Capacity building from 6/12/21. • H2 HDO funding has been used to commission 910 hours of rounds in Central and West Norfolk.

Supporting improvements in discharge

NHS
Norfolk and Waveney
Clinical Commissioning Group

- Additional surge beds will be in place between November 2021 – April 2022 as part of winter planning measures
- Additional 'super-surge' beds have been identified and were available across Norfolk and Waveney in acute and community settings through December 2021 and January 2022
- NHS England set a Non-Criteria to Reside target reduction of 30% to be achieved by 31st January
- A Multi-Agency Discharge Event was undertaken in the week commencing 17.01.2022

  A Multi Agency Discharge Event (MADE) brings together the local health system to:

  - support improved patient flow across the system
  - recognise and unblock delays
  - challenge, improve and simplify complex discharge processes

  Participants form a number of teams, each of which focuses on one or two wards. Teams visit their allocated wards to join both the morning and afternoon board rounds and/or multi-disciplinary team meetings, to:

  - capture the progress of each patient along their agreed care pathway.
  - highlight, challenge and unblock delays (internal and external waits).
  - support safe and timely discharges.

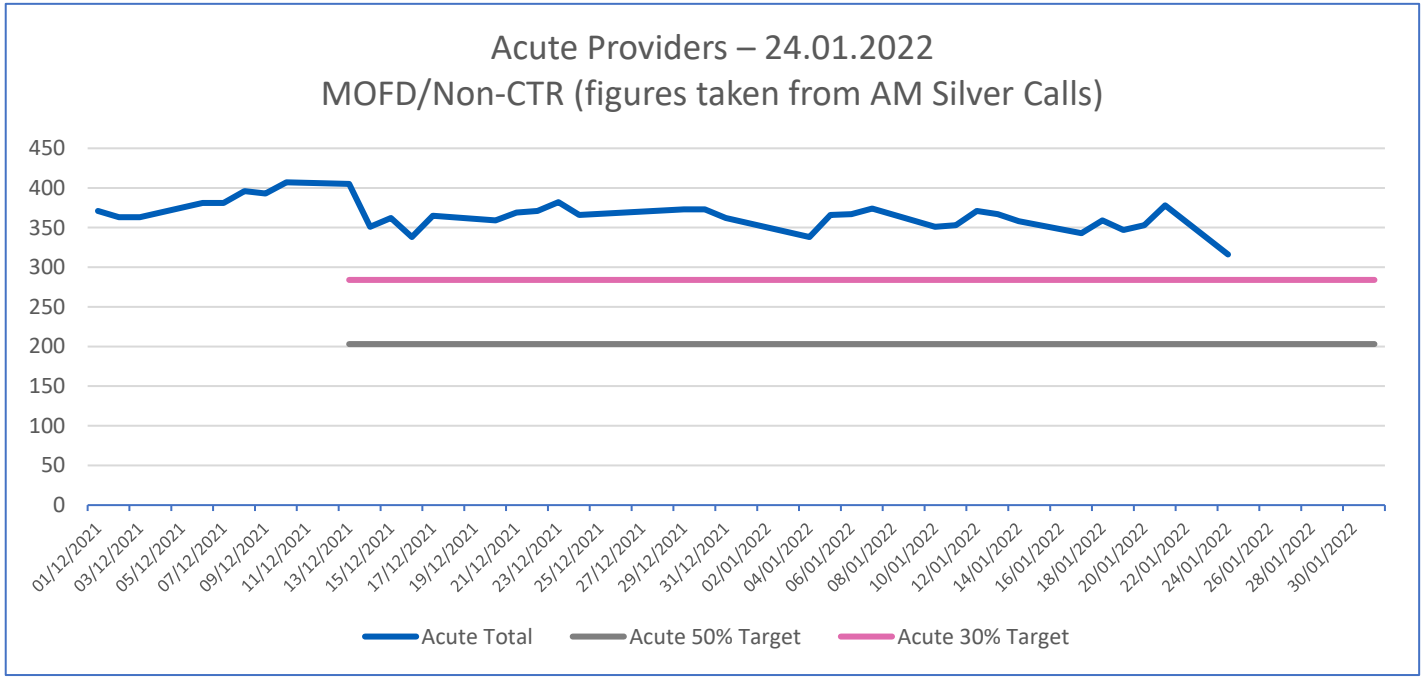
  Teams review all patient journeys, including short stay admissions, particularly focusing on any patient who has been an inpatient for seven days or more aiming to;

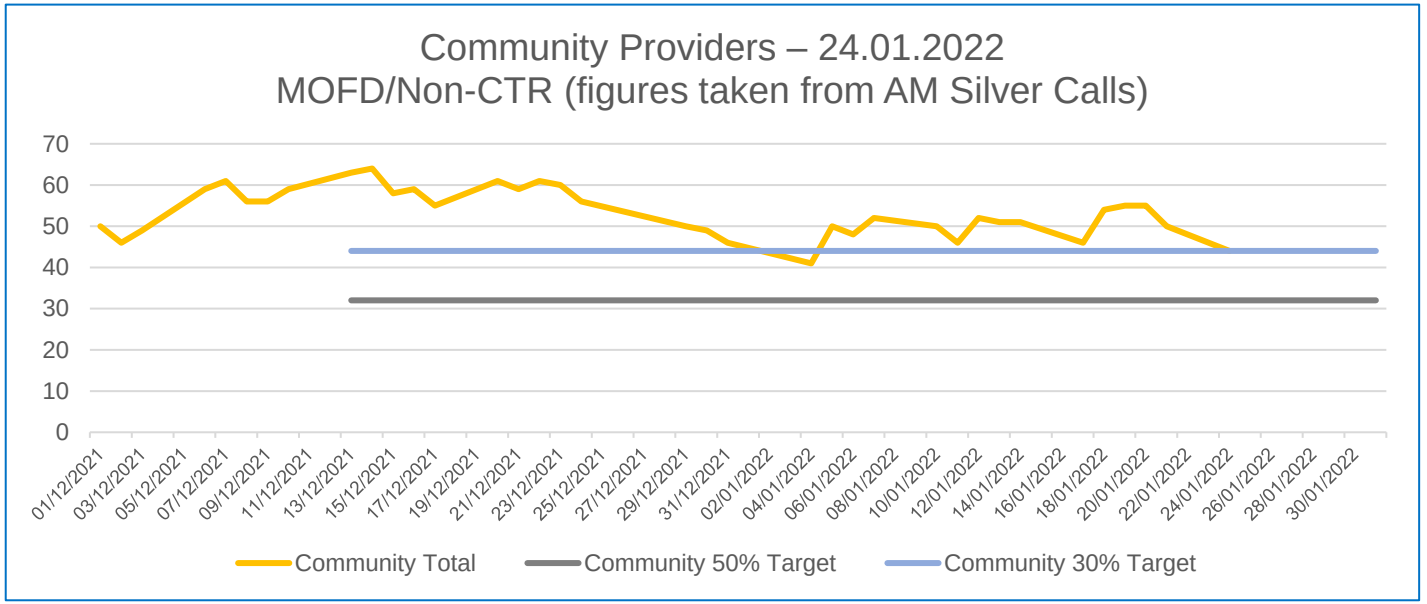
  - unblock delays and simplify processes across the whole system.
  - free up beds and increase flow as part of an escalation process.
  - reduce length of stay.
  - increase morning discharges.
- A system 'Redesign Event' is planned to incorporate learning and opportunities for sustainable improvement

Critical Incident Risk Area – Non Criteria to Reside delays and Poor Hospital Flow

in good health
The Norfolk and Waveney Health and Care Partnership

NHS
Norfolk and Waveney
Clinical Commissioning Group





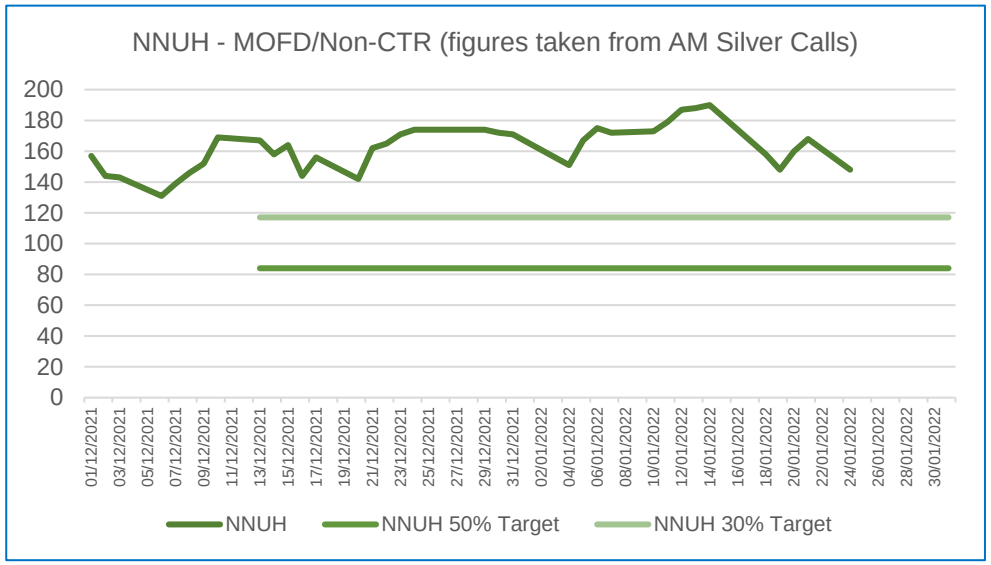
Overarching position indicating progress towards 30% reduction in Non-CTR.

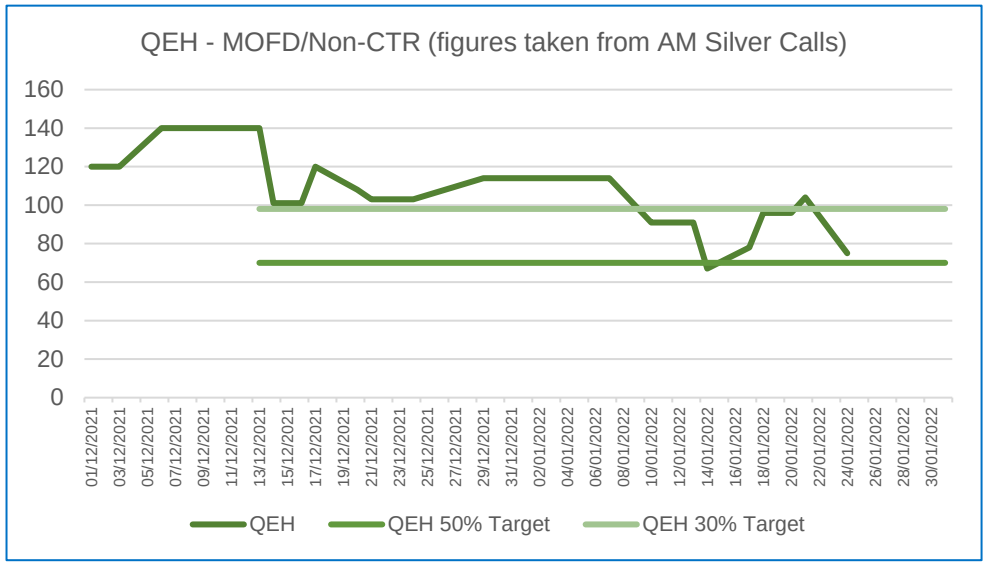
MADE event measures continue into this week to maintain momentum.

System wide learning event planned for 01.02.2022

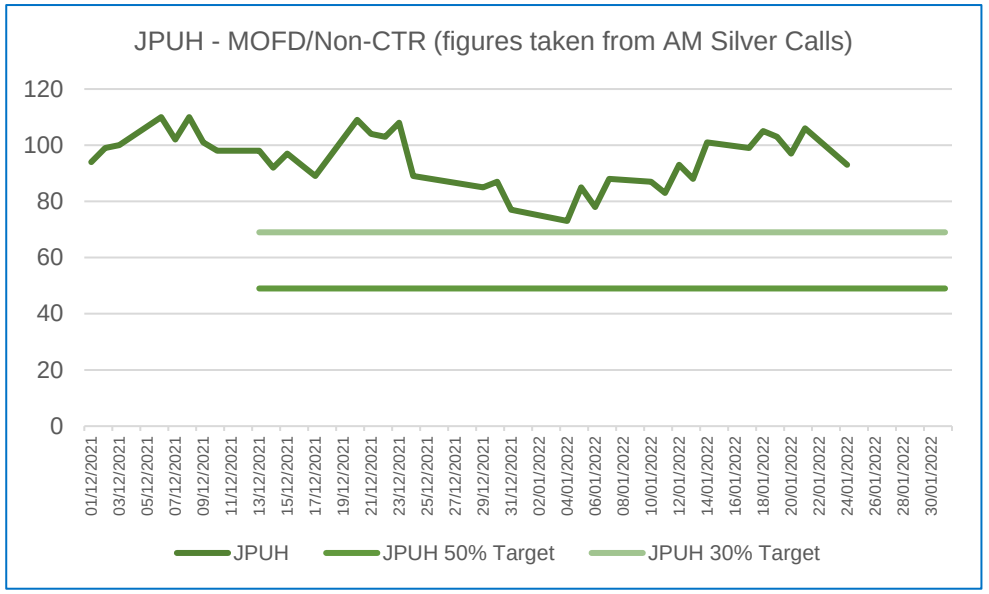
Discharge Delays – Individual Progress Towards 30% Reduction Target

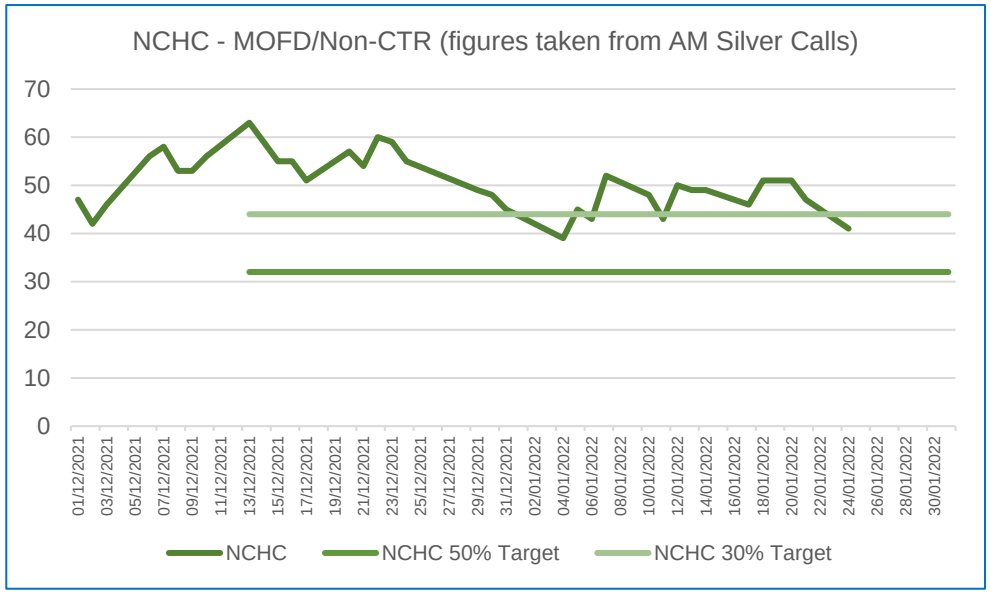
in good health
The Norfolk and Waveney Health and Care Partnership





Operational data from 24.01.2022 indicates all 3 N&W acute hospitals and community inpatient units have either achieved the 30% Non-CTR reduction or are making progress





Challenges and risk

Norfolk and Waveney Clinical Commissioning Group

Workforce	Competing priorities. Risk of staff burn out. Loss of staff through isolation and sickness.	Continued system work through workforce pillar of Gold Command structure supported by communications.
Social care capacity	The social care market is fragile.	Continued focus on workforce to bolster resilience in the short-term.
COVID-19	Changing profile of COVID-19 cases and need for red capacity present further workforce and capacity challenges.	Continued surge planning.

Next steps

Norfolk and Waveney Clinical Commissioning Group

Our next steps are:

- Focus on discharge as primary area of concern
- Sincere and continued messaging to staff and the public
- Continue to maximise availability of workforce
- Maintain focus on staff wellbeing
- De-escalation from critical incident and plan for recovery