



Great Yarmouth and Waveney Clinical Commissioning Group

HealthEast

Briefing for Great Yarmouth and Waveney Health Scrutiny Committee on the business continuity event at JPUH on 3 Jan 2016

On Sunday 3 January the Great Yarmouth and Waveney system experienced unprecedented demand with 231 attendances to A&E. This included 93 ambulance arrivals to A&E. Normal activity for a Sunday would be approximately 185 attendances to A&E, of which approximately 50 would be ambulance arrivals.

The ambulance service were also busy with 131 incidents attended, 66% (93) of these being conveyed to an acute hospital.

Of the 231 attendances, 54 patients required an emergency admission. However, capacity issues within the James Paget University Hospital (JPUH), community services and social care meant that the patient flow through the emergency system was compromised, and A&E were unable to move patients to the appropriate area.

The significant increase in demand on Sunday 3 January had an impact on performance on Monday 4 January. Although A&E attendances and ambulance conveyances were back to a normal level for a Monday (192 A&E attendances of which 61 via ambulance) emergency admissions remained a concern and risk for the system given the lack of capacity.

A full business continuity incident was declared on Monday 4 January (following the JPUH Internal Majax policy). Throughout this period system partners worked collaboratively to address capacity issues, for example -

- an additional eight beds were put in place at Beccles Hospital to support discharge from JPUH
- All Hallows Hospital made four spot purchase beds available
- Out of hospital teams in reached to help identify patients suitable for discharge
- The CCG continuing healthcare team worked within the hospital to make sure patients were discharged safely and quickly, often being moved to discharge to assess beds in the community.

An extraordinary system teleconference was held with acute hospital providers from across Norfolk and Suffolk. All agreed to an ambulance divert for three hours to allow the JPUH A&E department some respite. This was managed by front line and ambulance staff.

Unfortunately the lack of capacity within the system at this time led to three 12 hour breaches within A&E on Monday 4 January. As part of the 12 hour breach protocol, these incidents are being investigated and a full root cause analysis completed for each breach.

A debrief session was held on Wednesday 13 January with all system partners to understand the pressures and capacity issues facing the system in the lead up to and during the New Year weekend. This looked for learning opportunities which could be implemented for long term resilience. It also sought areas which need to be strengthened to support the system over the Easter period which is traditionally a time when there is increased demand on services.

An early review of activity showed that the increases in attendances were for the elderly population. The top reasons for attendance were breathing difficulties/COPD, chest pain, fainting, falls and stroke. Anecdotal discussions at the debrief suggested that a number of the admissions were due to the elderly population who tend not to access urgent/emergency primary care, waiting until crisis point before accessing services.

As part of the debrief process, all partners across the system were asked for activity levels running up to this period.

From the responses received from primary care there did not appear to have been a significant rise in demand, although there was varied activity across the practices. Some practices had a number of free appointments in between Christmas and New Year and also on Monday 4 January whilst others were full.

IC24 Out of Hours primary care again did not experience any significant rise in demand. However, Saturday 2 January was particularly busy although Sunday 3 January was comparatively quieter. This was the same for NHS111 who experienced a rise in call volumes on Saturday 2 January. This resulted in a breach against the target for calls answered within 60 seconds. The report from NHS111 noted calls queuing for long periods due to very high volume over a few hours. The call volumes were considerably higher than predicted during morning periods and although significantly increased staffing levels were in place this was not sufficient to meet the high demand which had an impact on all three IC24 call centres at the same time.

Over Christmas and the lead up to New Year's Eve referrals to mental health were relatively quiet. However there were increased referrals on New Year's Eve, almost double usual referrals. Of the 12 referrals, 6 required admission. The service was also affected by staff sickness.

Whilst the New Year period is always busy, the activity on one day, Sunday 4th January, was unprecedented and could not have been predicted in its intensity. It did not follow any trends seen previously. By Tuesday 5 January the system was much improved. The rapid return to normal activity in fact shows the resilience of the system and its ability to recover quickly.

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