Dorset Health Scrutiny Committee

28 January 2021

Integrated Care System Response to Winter and Crisis Pressure

Choose an item.

Portfolio Holder: Choose an item.

Local Councillor(s):

Executive Director: Choose an item.

Lead Officer: Sue Sutton: UEC Programme Director – Dorset CCG

Report Status: Public

Recommendation:
That Dorset Council People and Health Scrutiny Committee consider and comment on the report.

Reason for Recommendation:
There are no decisions to be made or approved.

1. Executive Summary

A Dorset ICS Bronze Health & Care Tactical Group was initiated three times per week (with the option to increase to daily / twice daily at the most pressured times) to respond to winter pressures. This Group has developed a Dorset ICS Surge & Escalation Plan with identified triggers and escalation process using the OPEL Framework. This enables localised triggers to be implemented and system actions to be undertaken.

2. Financial Implications

Not Applicable.

3. Well-being and Health Implications

Not Applicable.

4. Climate implications

None.

5. Other Implications

None.

6. Risk Assessment

Having considered the risks associated with this decision, the level of risk has been identified as:
Current Risk: LOW
Residual Risk: LOW

7. Equalities Impact Assessment

Not applicable.

8. Appendices

A - Dorset ICS System Surge & Escalation Plan

9. Background Papers

None.

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Dorset Integrated Care System (ICS) response to Winter Pressures, CoVid and EU exit

1.1 In response to the Covid-19 pandemic a command and control structure was established to provide robust system decision-making. This structure was adapted in October 2020 to include the Bronze Health & Care Tactical Group, which feeds into Health & Care Silver Strategic Group, and in turn feeds into the Regional Health Gold Group. Please see fig.1 below displaying this System Governance Command and Control structure.

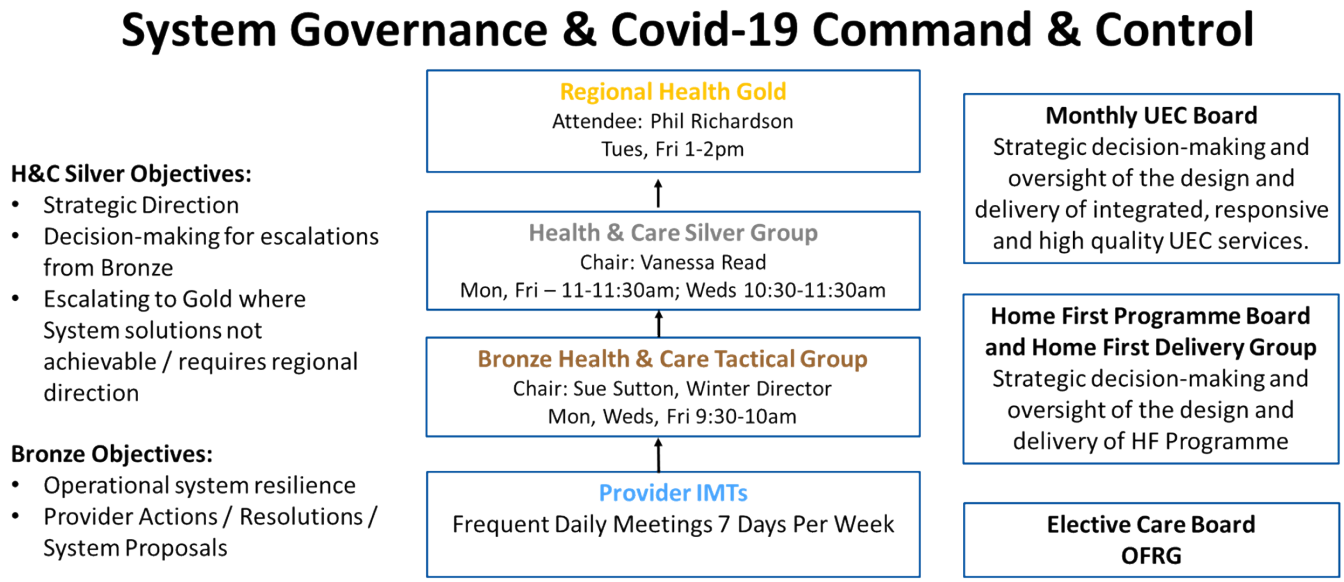

Fig.1 System Governance & Command and Control Structure

1.2 An Incident Coordination Centre (ICC) was established within NHS Dorset CCG in February 2020 in order to manage the incident of the Covid-19 pandemic as a central point for the system. The single point of contact, nCoV (mailbox), was set up to receive communications from NHS England & Improvement (NHSE&I), which would then be cascaded to the Dorset ICS as required. Each provider set up their own ICC as single points of contact to receive the cascaded information in order that they could then distribute the information within their own organisations as appropriate. This route was also agreed as the mechanism for submissions/reports to go back to NHSE&I and therefore nCoV would collate the system's reports to send back a system response.

1.3 From November 2020, the NHS Dorset CCG ICC transformed into the Winter Room as the remit expanded from the Covid-19 pandemic response to include EU Transition/Exit, System Resilience and Winter Planning, and Emergency Preparedness, Resilience, and Response (EPRR), as well as dealing with any other concurrent incidents that arose. The Winter Room therefore took on the role as the ICC for all of these areas and a temporary team was established to manage this response.

2. Bronze Health & Care Tactical Group

2.1 The Bronze Health & Care Tactical Group commenced on 23 October 2020 as an operational group with the remit of overseeing systems resilience three times per week and is chaired by the Winter Director. All provider organisations are represented at the meetings, together with Public Health Dorset, in order to determine the system position and OPEL level. The oversight of this can only be effective with the feeding in of accurate and contemporaneous data / information. A process has been set up to receive this information on a daily basis to inform Bronze of each provider's current status and soft intelligence as to what the

current day's risks and mitigating actions are. A Winter Dashboard accessible by all is in development to present this data clearly and concisely.

2.2 The Bronze Group are tasked with exploring actions that can be taken in response to increased demand / pressure in a part(s) of the system and taking action to mitigate or resolve the issue. This can be action taken by one organisation, or it can be a system action in order to, for instance, create flow through different organisations to release the pressure in a certain organisation upstream.

2.3 Where a response is required from the Bronze Group, but there is an obstacle that cannot be unblocked by the operational attendees, it will be escalated to Health & Care Silver Strategic Group in order to gain their advice or action to unblock such an obstacle. If this cannot be resolved by Silver, then it will be escalated to Regional Health Gold.

2.4 One of the first objectives of the Bronze Group in conjunction with the Winter Room, was to develop a System Surge & Escalation Plan, in order to effectively manage the projected Winter surge inclusive of Covid-19 occupying hospital beds based on the Epi-cell data/modelling published by Public Health Dorset.

3. Dorset ICS Surge & Escalation Plan

3.1 Each provider within the Dorset ICS has their own Winter and Surge Plans and manage these internally based on demand and capacity within their own organisation, such as the opening of additional capacity when necessary.

3.2 The System Surge and Escalation Plan has been developed based on the OPEL Framework that all organisations are familiar with, however localised triggers have been set at each OPEL level (see fig.2) to assist in determining the OPEL level of each organisation, and in turn a System OPEL level. The triggers have been set through discussions with each provider organisation and the operationalising and testing of these triggers is currently taking place. There are additional triggers being tested that cover the wider Urgent & Emergency Care Pathway rather than just for the acute hospitals (see fig.3).

Provider-Level Healthcare Escalation Triggers (not finalised)

Escalation Triggers		A&E Performance	Ambulance Handover Delays Over 30 Minutes Trigger Report >10	Ambulance Handover Delays Over 60 Minutes Trigger Report >2	G&A Bed Occupancy	Criteria To Reside Not Met	Beds Closed Due to IPC	Staffing
	DCH	>95%	>10	>2	<82%	<4%	<5%	<4%
OPEL 1	UHD P	200mins	>10	>2	<82%	<4%	<5%	<4%
	UHD B	200mins	>10	>2	<82%	<4%	<5%	<4%
	DHC	>95%			<82%	<4%	<5%	<4%
	SWAST							<4%
OPEL 2	DCH	85%- 94.9%	If SWAST SOP GOES ON THIS TRIGGER GOES TO OPEL 3		83% - 88%	5% - 7%	5% - 7%	5% - 7%
	UHD P	210mins			83% - 88%	5% - 7%	5% - 7%	5% - 7%
	UHD B	210mins			83% - 88%	5% - 7%	5% - 7%	5% - 7%
	DHC	85%- 94.9%			83% - 88%	5% - 7%	5% - 7%	5% - 7%
	SWAST							5% - 7%
OPEL 3	DCH	75% - 84.9%	If SWAST SOP GOES ON THIS TRIGGER GOES TO OPEL 3		89%-95%	8% - 9%	8% - 9%	8% - 9%
	UHD P	220mins			89%-95%	8% - 9%	8% - 9%	8% - 9%
	UHD B	220mins			89%-95%	8% - 9%	8% - 9%	8% - 9%
	DHC	75% - 84.9%			89%-95%	8% - 9%	8% - 9%	8% - 9%
	SWAST							8% - 9%
OPEL 4	DCH	<74.9%	If SWAST SOP GOES ON THIS TRIGGER GOES TO OPEL 3		>96%	>10%		>10%
	UHD P	230mins			>96%	>10%	>10%	>10%
	UHD B	230mins			>96%	>10%	>10%	>10%
	DHC	<74.9%			>96%	>10%	>10%	>10%
	SWAST							>10%

Assumptions made:

- Normal acute flow achieved at 85% capacity
- To achieve flow with Covid-19, flow must be in the region of 75%
- G&A Bed numbers are deemed as **operational viable capacity**

Acute Hospitals Daily

If on these triggers, it is forecasted that demand is over forecasted capacity, and the provider is considering the reviewing and evaluation of elective activity, then the provider declares **OPEL 3**.

Fig. 2 Localised Triggers

New Triggers Supporting System Escalation Framework

Whole UEC Pathway measures to support system flow – Under development as part of Planning for December and Q4

Escalation Triggers	IUCS			SWAST		BCP			DC			NEPTS	Primary Care
	111 CALLS ABANDONED	111 CALLS ANSWERED IN 60 SECONDS	STAFFING	999 CALL STACK	STAFFING	CARE HOME CLOSURES	CARE PACKAGES	STAFFING	CARE HOME CLOSURES	CARE PACKAGES	STAFFING		
OPEL 1	Less than 10%	90% and above	<4%		<4%	Less than 4% of capacity closed	Care Capacity Available	<4%	Less than 4% of capacity closed	Care Capacity Available	<4%	No impact On Services	Managing within existing Capacity
OPEL 2	10% - 15%	80% - 89%	5% - 7%		5% - 7%	4%-8% of capacity closed	Less than 100 care packages on waiting list	5% - 7%	4%-8% of capacity closed	Less than 100 care packages on waiting list	5% - 7%	5% of services impacted	Managing within existing capacity or within PCN
OPEL 3	15% - 20%	70% - 79%	8% - 9%		8% - 9%	8% - 10% capacity closed	Less than 100 care packages on waiting list	8% - 9%	8% - 10% capacity closed	Less than 100 care packages on waiting list	8% - 9%	6% - 10% services impacted	All Services disrupted & Support Required
OPEL 4	More than 20%	Below 70%	>10%		>10%	More than 10% capacity closed	No curent Care Capacity Available	>10%	More than 10% capacity closed	No curent Care Capacity Available	>10%	>10% of services impacted	All Services disrupted & Support Required

Fig.3 Whole UEC Pathway Triggers

3.3 Primary Care is for the first time aligning their status to the OPEL Framework and piloting the use of this across Dorset Primary Care Networks (PCNs) having set their own triggers feeding into the system overview. This means there is wider system consistency in using this OPEL level approach to more easily determine a System OPEL level.

3.4 The mechanism of movement between OPEL levels has been determined through the escalation process, which is initiated by a provider wishing to increase their OPEL Level based on meeting a number of triggers. There is a specific process for declaring OPEL 4 at provider-level and in turn at System-level. Should an escalation call be required out-of-hours, this can be initiated via the CCG Director On Call.

3.5 A Workforce Cell has been set up as a sub-group of the Bronze meeting in order to discuss mutual assistance relating to Workforce issues that arise across the system. This can include Critical Care staffing. A set of triggers have been developed to initiate mutual assistance processes being explored.

3.6 As a response to a surge or continued winter pressure situation, system actions will be taken in response to these in order to mitigate against the situation/risk. An example of this being a system response to high bed occupancy in an acute hospital, it will be linking with Dorset Healthcare and the Local Authorities to focus on discharges through the Home First Single Point of Access (SPA) up to proposing the commissioning of interim beds as a system.

3.7 Further to system actions, there are internal actions and responsibilities that are required for each OPEL Level, for the different types of organisations to undertake. These will be required to have been completed in order to escalate through the process.

3.7 The NHS Dorset CCG Communications Team are also represented at the Bronze meetings in order to react to the current situation as described at the meeting, and publish campaigns to influence the behaviour of the general public, which in turn could alleviate pressure, such as at an Emergency Department.

3.8 The Dorset ICS Surge & Escalation Plan can be found at Appendix A for further information. There are also accompanying Action Cards related to the Surge & Escalation Plan in order that all partners are aware of processes to follow.

4. **Further Development**

4.1 The Dorset ICS Surge & Escalation Plan is a live document that will continue to be reviewed and triggers are currently being tested and therefore they will be revised as necessary.

4.2 The Q4 Plan is currently being developed and will be going to the Bronze meeting on 6 January 2021 for their comments, before being revised and going to Health & Care Silver on 13 January 2021. This plan incorporates scenario planning from exercises based on Epicell modelling from Public Health Dorset, the Nightingale Hospital Exeter Referral Pathway and potential risks and mitigating actions.

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Footnote:

Issues relating to financial, legal, environmental, economic and equalities implications have been considered and any information relevant to the decision is included within the report.