Dorset Health Scrutiny Committee
20 April 2021
Integrated Care System Update through Winter

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

As reported to the January Committee meeting, the Dorset Integrated Care System (ICS) Bronze Health & Care Tactical Group was initiated in October 2020 meeting three times per week, with the option to increase to daily / twice daily at the most pressured times. Daily meetings were put in place from 4 January to 5 February 2021, which then reduced to three times per week as pressure reduced and now meets every Tuesday and Friday. The Bronze Group supports the 'Silver' strategic system decision-making group which was meeting three times a week and has now reduced to weekly.

This Group has developed a Dorset ICS Surge & Escalation Plan with identified triggers and escalation process using the OPEL Framework.
The 'Winter Room' within Dorset CCG is collaboratively working with the ICS partners to develop a detailed plan for Quarter 1 2021/22, which is incorporating plans for the Easter 2021 period.

1. Financial Implications
Not Applicable.

2. Well-being and Health Implications
Not Applicable.

3. Climate implications
None.

4. Other Implications
None.

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

6. Equalities Impact Assessment
Not applicable.

8. Appendices
A - Dorset ICS System Surge & Escalation Plan

9. Background Papers
None.

Officer Contact:
Name: Richard Wealsby
Tel: 07779 454669
Email: Richard.wealsby@dorsetccg.nhs.uk

Dorset Integrated Care System (ICS) Update through Winter

1. Dorset ICS Progress

1.1 On 19 January 2021, the Dorset ICS reached the peak of the second wave in relation to the number of Covid+ patients within the acute and community hospitals. This placed immense pressure on the Dorset ICS and additional community capacity was commissioned in order to create flow out of the three hospitals and reduce bed occupancy in order to admit new patients.

1.2 Following this peak, the Covid+ patient numbers within the three hospitals started to gradually reduce and this continued over the following weeks, along with the case rates for the Dorset Council area; and the Bournemouth, Christchurch and Poole (BCP) Council area. Whilst this reduced the Covid pressure on the hospitals and subsequently the care providers, the system started to experience an increase in non-Covid admissions into hospital.

1.3 The bed occupancy rates for Dorset County Hospital (DCH) and University Hospital Dorset (UHD) Poole frequently reach 90%+, which does impact on Emergency Department performance. Although the Covid situation has significantly improved, monitoring of system resilience continues at the same level and the Bronze Health & Care Tactical Group are continually working collaboratively to make improvements.

1.4 The System Governance & Covid-19 Command & Control structure is still in place as reported to the January Committee meeting, but most meetings have been scaled back to once or twice weekly as required to maintain situational awareness and a watching brief.

1.5 The NHS Dorset CCG Winter Room has been responsible for the system co-ordination of the Covid-19 pandemic response together with EU Transition/Exit, System Resilience and Winter Planning, and Emergency Preparedness, Resilience, and Response (EPRR), acting as a Single Point of Contact for the CCG and ICS as well as dealing with any other concurrent incidents that arose. The Winter Room continues to be involved in seasonal planning for the system.

2. Bronze Health & Care Tactical Group

2.1 The Bronze Health & Care Tactical Group has continued to meet throughout Winter and since the previous paper, the meetings continued on a daily basis through the second wave experienced in January 2021. As described, the situation in Dorset has improved and therefore the meetings were stood down to twice weekly on Tuesdays and Fridays from week commencing 1 March 2021. They continue to be chaired by the CCG Winter Director/UEC Programme Director.

2.2 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 was set up to receive this information daily to inform Bronze of each provider's current status, as well as soft intelligence for the current day's risks and mitigating actions. Several data dashboards have been produced and there is a development plan of work to continually improve the approach to data, analysis and intelligence to inform plans.

2.3 Since the last update to this committee, the following actions have been undertaken:

- Achievement of an additional 350 beds across the system, in hospital, community and care home settings; and 100 extra hours of domiciliary care;
- Review of Community hospital beds to facilitate Covid and non-Covid discharge pathways;
- Multi-Agency Discharge Events (MADE) facilitated by the South West NHSEI Region to support timely discharge of people in hospital;
- Deployment of Ministry of Defence personnel into NHS services across Dorset under a Regional Military Aid to the Civil Authority (MACA) arrangement;
- Oversight of patients being transferred from hospital sites in the East of the County to the Nightingale Hospital in Exeter;
- Oversight of patients transferred to Intensive Care Units (ICU) in the South West due to reaching capacity within Dorset. It should be noted that no patients were transferred from Dorset County Hospital to the Nightingale or ICUs in the South West.

2.4 The focus in Bronze through March 2021 has been getting people home from hospital and improvement trajectories have been produced in order to predict the incoming demand against the number of discharges required to maintain a reasonable bed occupancy level. This is particularly important moving into the four-day Easter weekend.

2.5 The Winter Room in conjunction with the members of Bronze are developing a Quarter 1 2021/22 Plan incorporating Easter assurance; the focus will then move to planning for the remainder of Q1.

2.6 On 1 September 2020, Hospital Discharge Programme (HDP) funding was made available nationally to enable patients to receive care and support in their own homes or in care homes for up to six weeks after discharge, enabling patients to be discharged more quickly thereby freeing up hospital beds, and enabling help for NHS services to recover. The HDP also allows patients who have tested positive for the virus to be discharged safely from hospital into a specifically designated setting where they will receive appropriate care in a COVID-secure environment, before returning or moving into a care home or other care environment to prevent the spread of COVID-19. This funding was due to cease as of 31 March 2021, however it has been announced that this will now be extended until 30 June 2021.

3. Dorset ICS Surge & Escalation Plan

3.1 As mentioned in the previous paper, 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 to assist in determining the OPEL level of each organisation, and in turn a System OPEL level.

3.2 There has been continued development of these triggers across the wider Urgent & Emergency Care Pathway through liaison with our system partners. The updated triggers have been incorporated into our System Surge & Escalation Plan and fit into three sections: Admission Avoidance, Inpatient Pathway and Discharge Pathway.

3.3 Key additions to these triggers has been Adult Critical Care Capacity, which was put under a lot of pressure during the second wave and prompted transfers, and Elective Surgery, which is a key component in our recovery from Covid.

Escalation Triggers	Primary Care		IUCS					SWAST	
	Service Provision	Staffing Absences	111 Calls Abandoned	111 Calls Answered <60 secs	CAS Response Times (mean)	MIU/UTC Direct Bookings	Workforce	Response Times (mean)	Workforce
OPEL 1	Managing within existing capacity	<2%	<5%	>95%	Cat 1 & 2 Green	100% within target	Template	Cat 1 & 2 Green	Tempate
OPEL 2	Managing within existing PCN capacity	>2%	>5%	<80%	Cat 1 Green	>90% within target	Mitigated	Cat 1 Green	Mitigated
OPEL 3	Some services disrupted & support required	>3%	>10%	<60%	All red with Cat 1 <3 hours	>80% within target	At risk	All red with Cat 1 <10 mins	At risk
OPEL 4	All services disrupted & support required	>4%	>20%	<40%	All red with Cat 1 > 3 hours	<80% within target	Red flags	All red with Cat 1 >10 mins	Red flags

Fig.1 Admission Avoidance Triggers

Escalation Triggers		Ambulance Handover Delays >30 mins	Ambulance Handover Delays >60 mins	A & E Performance	Adult Bed Occupancy	Elective Surgery	Adult Critical Care Capacity	Criteria To Reside Not Met	Beds Closed Due to IPC	Workforce
OPEL 1	RBH	<2	0	<210 mins	<80%	As Planned	Green	<2.5%	<5%	Template
	PGH	<2	0	<210 mins	<80%	As Planned	Green	<2.5%	<5%	Template
	DCH	<2	0	>95%	<80%	As Planned	Green	<2.5%	<5%	Template
	DHC				<80%			<2.5%	<5%	Template
OPEL 2	RBH	>2	>0	>210 mins	<88%	Review of Non-urgent	Green Surge	<3.5%	<7%	Mitigated
	PGH	>2	>0	>210 mins	<88%	Review of Non-urgent	Green Surge	<3.5%	<7%	Mitigated
	DCH	>2	>0	>85%	<88%	Review of Non-urgent	Green Surge	<3.5%	<7%	Mitigated
	DHC				<88%			<3.5%	<7%	Mitigated
OPEL 3	RBH	SOP Activated = OPEL 3		>220 mins	<95%	Non-urgent Cancelled	Amber Surge	<5%	<10%	At Risk
	PGH	SOP Activated = OPEL 3		>220 mins	<95%	Non-urgent Cancelled	Amber Surge	<5%	<10%	At Risk
	DCH	SOP Activated = OPEL 3		>75%	<95%	Non-urgent Cancelled	Amber Surge	<5%	<10%	At Risk
	DHC				<95%			<5%	<10%	At Risk
OPEL 4	RBH	SOP Activated + contingency queuing		>250 mins	>95%	Urgent Cancelled	Retrievals or O/C	>5%	>10%	Red Flags
	PGH	SOP Activated + contingency queuing		>250 mins	>95%	Urgent Cancelled	Retrievals or O/C	>5%	>10%	Red Flags
	DCH	SOP Activated + contingency queuing		<75%	>95%	Urgent Cancelled	Retrievals or O/C	>5%	>10%	Red Flags
	DHC				>95%			>5%	>10%	Red Flags

Fig.2 Inpatient Pathway Triggers

Escalation Triggers	NEPT S	BCP Council				Dorset Council				
	Service Provision	Block Book Bed Occupancy	Interim Care Bed Occupancy	Care Package Hours on waitlist	Demand vs Capacity	Block Book Bed Occupancy P2	Care/Res Beds Suspended	SPA Capacity	Care Package Hours on waitlist	Demand vs Capacity
OPEL 1	No impact on services	<82%	<82%	<50	<3%	<82%	<50	100% capacity	<50	<3%
OPEL 2	<5% impact on services	<88%	<88%	>50	<4%	<88%	<75	<100% capacity	>50	<4%
OPEL 3	<10% impact on services	<95%	<95%	>300	<5%	<95%	<100	<75% capacity	>300	<5%
OPEL 4	>10% impact on services	>95%	>95%	>500	>5%	>95%	>100	<50% capacity	>500	>5%

Fig.3 Discharge Pathway Triggers

3.4 As well as the additions made, there have been several changes to the way these triggers are measured since the iteration displayed with the previous paper. One such example is the Workforce section as this is now not measured by the % of absence, but the providers' determination of whether it is within their staffing model, whether it is mitigated, At Risk, or Red Flag. This is more detailed to understand whether a certain department or type of clinician is having a significant impact.

4. Further Development

4.1 The Dorset ICS Surge & Escalation Plan is a live document and the OPEL system level triggers have continually been tested and refined throughout Winter and will be agreed by end April 2021. There will be an opportunity to refine these triggers in the planning for Winter 2021/22.

4.2 The Quarter 1 2021/22 Plan will continue to be developed with a key focus on the Roadmap out of Lockdown dates and the modelling from the Epicell.

4.3 Debriefs are planned for April, for the CCG Incident Management Team; Bronze Tactical Group; and Health and Care Silver Group, so that learning can be obtained for the Covid incident response; and any concurrent or future incidents. Consideration is being given of what a year-round function could look like, supporting the ICS, once the Incident Response is stood down.

4.4 Consideration is also currently being given to the Operational Delivery Groups that are required to support the Urgent and Emergency Care Board, which has responsibility for the delivery of the Integrated UEC Strategy for the ICS, outside of the Covid Response. The learning from the 2020/21 Winter whilst managing a pandemic will be captured and reflected in this strategy that will also align with the latest national direction for supporting hospital Emergency Departments, increasing Same Day Emergency Care, making better use of Urgent Treatment Centres, using NHS 111 First as the system entry point.

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.