

People Health & Scrutiny Committee

14 March 2022

Integrated Care System Update through Winter

For Review and Consultation

Portfolio Holder: Cllr P Wharf, Adult Social Care and Health

Local Councillor(s):

Executive Director:

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Report Status: Public

Recommendation: To note the report.

Reason for Recommendation:

To ensure that the People and Health Committee is aware of the winter pressures of the Integrated Health System and the subsequent impact on Dorset's residents and that the committee responds accordingly.

1. **Executive Summary**

This report outlines the performance, challenges, and response of the Integrated Care System (ICS) over the Winter period to date. Pressures have been sustained across the Urgent & Emergency Care (UEC) Pathway continuously since before Winter commenced, however this has been made more challenging by a further wave and variant of Covid-19.

Discharge from acute and community hospitals has become increasingly challenged due to workforce absences (the significant proportion of which have been due to Covid), outbreaks of Covid in Care Homes, and the lack of availability in the care sector. This has led to an increase in patients in a hospital setting who do not meet the clinical criteria to reside.

Emergency Departments (EDs) continue to see a high number of attendances and conveyances by ambulance, which coupled with high

numbers waiting to be discharged, has led to our acute hospitals operating at high levels of bed occupancy each day, with no further beds that can be opened.

Other ICSs in the South West have also been experiencing similar challenges. On 8 February 2022 due to the position of the Dorset ICS, it was agreed by all Chief Executives that a request to escalate to 'System OPEL 4' would be submitted to the South West Regional Director of NHS England and Improvement.

2. Financial Implications

Non recurrent funding from NHSE/I has been used to support actions that aid the Dorset ICS.

3. Well-being and Health Implications

Due to the continued pressure on the Dorset Integrated Care System, there has been an impact on the workforce across health and social care in terms of staff exhaustion / 'burnout', Covid sickness and impact on overall wellbeing.

4. Climate implications

None.

5. Other Implications

There is the potential that the Winter pressures can cause patient harm, which is being measured through a risk assessment with input from the Patient Safety & Risk Team.

6. Risk Assessment

A whole Urgent & Emergency Care (UEC) pathway clinical risk assessment has been developed through the period of Winter pressures, which is being managed by the UEC Team and is reported to the UEC Board and Quality Surveillance Group.

7. Equalities Impact Assessment

None.

8. Appendices

Appendix 1 - Home First Update Paper.

9. Background Papers

None.

10. Introduction

10.1 This report outlines the performance and response of the Dorset Integrated Care System to Winter pressures 2021/22.

10.2 This report will cover the situation up to the report date and it should be acknowledged that the winter period continues until the end of March 2022, when a full review and debrief will take place.

11. Primary Care

11.1 Dorset has been awarded £3.4m of the national £250m Winter Access Funds intended to improve access for patients and support General Practice. This is a System level award, and the CCG are expected to work with System partners to deliver this.

11.2 There are 20 project areas broadly grouped around five main themes: Access Improvement Plans, Building Capacity and Addressing Backlog, Community Pharmacy services and referral management, Access to Mental Health care and support, and Working with Voluntary and Community Sectors.

11.3 This work is overseen by a Dorset Winter Access planning group as part of an NHS England South West regional network, with direct involvement from PCN Clinical and Business leads as well as a number of key stakeholder groups.

12. Dorset Integrated Urgent Care Service (including 111)

12.1 The Dorset Integrated Urgent Care Service (IUCS) has had varied performance over the Winter period.

12.2 111 call answering performance decreased to 43.24% in December against 50.56% in November against a national target of 95%. There was a substantial increase in activity above forecasted demand. Activity in Dorset increased 28% compared to the same period in 2019. The call abandonment rate deteriorated both nationally and locally.

12.3 The 'national' busy message has been active since 1st June 2021. As a result of others triggering National Contingency, Dorset is at times, taking a proportion of calls from other systems together with the additional local demand. This therefore impacts on the performance of the Dorset service.

12.4 In January 2022, the Minor Injuries Units (MIUs) at Portland, Sherborne and Blandford were temporarily closed due to staffing shortages, however the remaining staff were redistributed to make the remaining MIUs more resilient and therefore reducing the risk of short-notice closures due to sickness absences. This in turn did assist with extending the operating hours of Wimborne MIU. A review of these temporary closures is due to take place by 31 March 2022.

13. Ambulance

- 13.1 South Western Ambulance Service Foundation Trust (SWASFT) have been in 'REAP Black', their highest escalation level, since 12 June 2021. This has been due to the levels of demand, which has impacted on their performance and response times.
- 13.2 The system pressures through Winter continue to have an impact on the ambulance service. The Dorset IUCS has been completing clinical validations of large proportions of calls with an ambulance disposition, to reduce the number of ambulance responses required.
- 13.3 Enhanced Care Services (ECS) were commissioned in November 2021 to increase transport capacity and they continue to operate effectively, providing support for GP/Health Care Professional transfers into hospital and urgent inter-facility transfers.

14. Acute Hospital – Emergency Departments (ED)

- 14.1 ED performance has fluctuated in all three acute hospitals during the Winter period due to changing levels of demand. Although there has been a reduction in attendances at EDs compared to previous years, the acuity in those patients presenting is high.
- 14.2 The bed occupancy of the acute hospitals has impacted on the EDs as with high occupancy, there is no or little flow available to admit patients from ED, which can then cause longer waiting times and result in 12-hour Decision to Admit breaches. Multiple breaches have been experienced particularly at University Hospitals Dorset Poole over the Winter period.
- 14.3 Covid-19 continues to cause difficulty within EDs as patients need to be distinguished between especially when needing to be admitted to a ward.
- 14.4 Due to high levels of demand seen in EDs it can cause ambulance handover delays, which means lost time for the ambulance service where they could be responding to patients waiting for an ambulance. There have been days where there has been over 50 hours lost in a 24-hour period at University Hospitals Dorset sites over the Winter period.
- 14.5 Same Day Emergency Care (SDEC) services have been expanded in both Dorset County Hospital and University Hospitals Dorset to extended operating hours and have increased the cohorts of patients they are able to see and treat. This reduces the pressure on EDs for those patients with a less urgent need that can return in a booked appointment usually the following day.

15. Acute Hospital – Bed Occupancy & Covid

- 15.1 Since November 2021, bed occupancy in our acute hospitals has been consistently above 90% with the majority of the time being above 95%. This has impeded patient flow.
- 15.2 Escalation beds were opened and staffed at the start of Winter and continue to be in use.
- 15.3 University Hospitals Dorset declared an Internal Capacity Incident on 12 January 2022 as additional beds were set up in non-ward areas to cope with the levels of patients requiring beds. This remains in place at the date of this paper.
- 15.4 Covid-19 continues to fluctuate in the numbers of patients in acute hospital beds. A reduction was seen at the start of 2022, however, there has been a steady increase at end January into start February 2022.
- 15.5 The number of beds closed due to Covid-19 has been significant across our acute hospitals, restricting the patient admissions in certain wards or bays, until Infection Prevention & Control colleagues have deemed it safe to re-open them.
- 15.6 Positively there have been a low number of beds closed due to other infections such as Norovirus over the Winter period. We have also seen very low numbers of flu cases, as per the previous Winter.

16. Home First

- 16.1 Please see Appendix 1.

17. Care Hotel

- 17.1 A Care Hotel was opened at the Village Hotel opposite University Hospitals Dorset Bournemouth on 26 January 2022 for patients being discharged from both sites of University Hospitals Dorset. Care is being provided by a domiciliary care provider and there are 16 beds available, with an option to extend this, should it be deemed beneficial.
- 17.2 This additional capacity is for patients who have low-level care needs who do not require specialist input or rehabilitation and are awaiting a small package of care at home to commence.

18. Community Hospitals & Community Services

- 18.1 Similar to the acute hospitals, the community hospitals have had closed beds due to Covid-19 outbreaks. This has restricted flow from acute hospitals for those patients who would benefit from what a community hospital provides.

- 18.2 There is a phased approach to opening additional community hospital beds in place, which is currently still taking place.
- 18.3 Community Hospitals have been the main step-down route for Covid-19 positive patients, where they have been admitted to side rooms to maintain isolation. Positively, we have not needed a community hospital dedicated to Covid-19 positive patients as there hasn't been a requirement for this as per Winter 2020/21.
- 18.4 There have been significant workforce absences across some community services such as District Nursing Teams, however Business Continuity Plans have been enacted to maintain a service across Dorset.

19. Mental Health

- 19.1 There has been great demand on mental health services over the Winter period, which has seen demand on inpatient beds. However, due to Covid-19 outbreaks and staffing absences, alternative inpatient beds needed to be sourced to keep patients safe.
- 19.2 The Mental Health Response Vehicle has been in place Thursday – Sunday each week (staff permitting) to assist with taking mental health patients to a place of safety as an alternative to them presenting to EDs. This vehicle is in collaboration with the Police and SWASFT.

20. Local Authorities – Care Homes & Domiciliary Care

- 20.1 Care Homes have been affected by both workforce absences and vacancies, and Covid-19 outbreaks throughout the Winter period. This has restricted the flow from acute and community hospitals into nursing and residential beds resulting in patients staying in hospital for a longer period of time.
- 20.2 Where Care Homes were on suspension, patients were able to be admitted to them pending an approved risk assessment in conjunction with Public Health.
- 20.3 Due to workforce levels, domiciliary care has been difficult to source. Packages of care have also been handed back and brokerage teams have needed to source new packages of care for those patients in the community when this occurs, effectively needing to source these from the same pool of care as those being discharged from hospital.

21. Workforce

- 21.1 As stated several times throughout this report, sickness absence and staff vacancies have had a detrimental impact on services in the Dorset ICS. Services have remained safe, although at times have had to adapt such as capping the number of paediatric beds available at Dorset County Hospital.

21.2 Where services have had to temporarily stop admissions such as Maternity Units, there have been clear diverts in place as an alternative. These occasions were resolved quickly.

21.3 In Winter 2020/21 a Military Aid to the Civil Authority (MACA) request was approved and military personnel were deployed into our acute hospitals. A similar MACA was requested in January 2022, however this was not approved for Dorset.

22. System OPEL 4 Declaration

22.1 System OPEL 4 is the highest level of escalation and require approval from the South West Regional Director of NHS England and Improvement.

22.2 Approval was granted by the regional responsible director on 10 February 2022 for Dorset to escalate to System OPEL 4.

22.3 In response to this, Executive Gold calls were set up to focus on actions needing to be taken to de-escalate from this level. The key areas of focus are Management of Demand, Flow, Capacity, Enablers and Communications.

22.4 Further to this a 'System Summit' was held on 16 February 2022 and further actions have been agreed and are being implemented at pace.

23. Future Developments

23.1 In December 2021 agreement was reached to fund 2 years non-recurrently, to allow the 'right-sizing' of the clinical workforce (c15 WTE) in the Clinical Assessment Service of the IUCS. This will increase clinical validation rates and improve call backs to patients.

23.2 Dorset Healthcare have been commissioned to provide an Urgent Community Response service, 8am-8pm, 7 days week, with a 2-hour response time to cover the whole of Dorset from April 2022. This has started by developing the proof of concept in the Bournemouth and Christchurch area, with referrals accepted via 111/999 and primary care. This service will expand ahead of April 2022 and will be complimented by locality teams and Practice/PCN urgent care services.

23.3 A review of High Intensity Users is going to take place in order to identify the access points for these patients, so that they can be supported and meet their needs better.

24. Conclusion

24.1 The Dorset ICS has seen levels of high demand, limited discharges keeping bed occupancy high, and seen workforce significantly affected by absence levels.

24.2 On 8 February 2022 the Chief Executive Officers across the Dorset ICS requested to escalate to System OPEL 4 in acknowledgement of the system pressures being faced.

24.3 At the time of writing this report, Dorset ICS remains in System OPEL 4.

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.