

**SUMMARY
REPORT**

Meeting Date: 31 October 2023	
Enclosure Number:	

Meeting:	Manx Care Board		
Report Title:	BAF Risk 2: Overwhelming Demand		
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Other meetings presented to or previously agreed at:	Committee	Date Reviewed	Key Points/ Recommendation from that Committee

The purpose of this paper is to provide an update on Risk 2 of the Board Assurance Framework – Overwhelming Demand.

This risk relates to the potential of demand for health services overwhelming capacity resulting in an inability of the health service to cope both from a non-elective (emergency) and elective point of view.

In October 2023, the risk rating for this particular risk was increased to 15 (Likelihood 5 x Impact 3) to recognise the increasing frequency of extreme pressure being experienced across the entire health and care system. Whilst Noble’s Hospital has a formal escalation system (the Operational Pressure Escalation Level ‘OPEL’ rating), similar pressures are being reported across Primary, Community, Ambulance and Social Care sectors due to an unseasonable rise in unplanned demand (for example July 2023 ED attendance was the busiest month on record!). We were not alone in seeing this rise in demand, with Ambulance Services seeing the highest levels of demand on record in July 2023. As we move into the winter period, this demand has not reduced and clearly, the concern is as we move into a colder period, the transmission of respiratory and other infectious diseases will increase as people reduce levels of ventilation and temperatures rise in the home and workplace leading to increased spread of transmissible disease. In addition, the continuation of the Cost of Living Crisis into a second year, the most vulnerable in society will yet again face the choice of heating their home and eating healthily, with either sacrifice potentially likely to result in the need to access health or care services, whether statutory or our vital third sector partners.

Board Assurance Framework Risk 2 (Overwhelming Demand) focuses on the health services’ ability to cope with significant increases in unplanned demand and possible ways that this demand may be managed in the following specific areas:

1. Covid-19 Related Demand

Although the Isle of Man has been following The Endemic Approach since April 2022, transient increases in Covid-19 levels continue to prove challenging to Manx Care.

The continuation of the Covid-19 Vaccination Programme into 2023/24 and beyond (thanks to substantive funding for the service following cessation of central government Covid funding) will continue to provide booster vaccinations for the most vulnerable in our society, following the JCVI guidance, meaning that the demand on hospital services from people who are acutely unwell with Covid-19 will continue to be very small for as long as the vaccinations protect against severe illness. Challenges do arise when a significant volume of staff contract Covid-19 and therefore cannot attend work as per policy – these scenarios are managed on a day by day basis by service and professional leads and where required services are scaled down to target clinical staffing to the areas most in needs.

The Covid Spring Booster programme for the Isle of Man, as delivered by Manx Care, reported the highest uptake of any countries within the UK or Crown Dependencies (at 82.79%). The Autumn Booster Programme, which has been running for just over a month, has delivered 6983 booster vaccines as of the 22nd October.

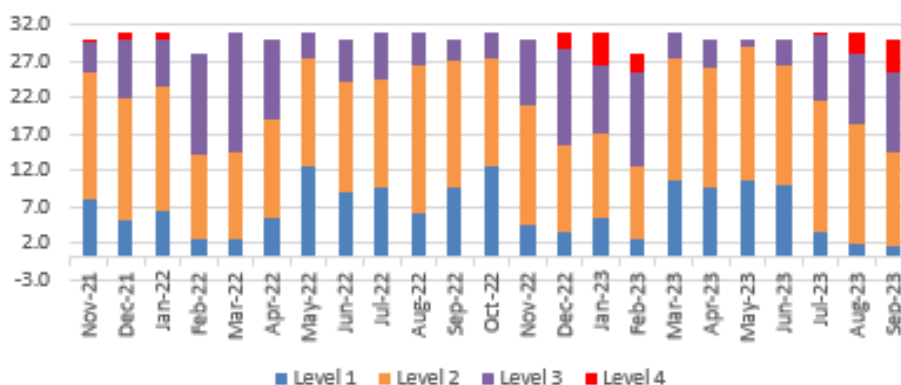
The Covid Escalation Plan remains an active document for Noble’s Hospital and has been used as recently as early October when there were over 10 inpatients with Covid at any one time – the plan, which advises early cohorting of patients with Covid-19 in side rooms and bays ensured there was minimal nosocomial transmission and the escalation plan was only in use for 15 days after which time the situation was de-escalated to level 1 of the plan.

2. Escalation Planning

The Operational Pressure Escalation Levels ('OPEL') framework is in place and embedded. The OPEL escalation framework has been shown to be an effective tool in managing and escalating operational pressure, particularly in delivering a system wide response during extreme pressure.

As mentioned in the introduction, we have experienced a higher frequency of OPEL 4 days particularly in August, September and October however targeted action across the system has meant an ability to de-escalate from OPEL4 to OPEL3 or below within 12-16h within the vast majority of cases, with just one instance of an OPEL4 period continuing for more than 24h in mid-October 2023.

Operational Pressures Escalation Level (OPEL) (Days)



OPEL declarations are now included in the Integrated Performance Report as per the graph above.

The OPEL framework is currently under review to take into account staffing pressures and a 'Community OPEL' system is being investigated to take into account pressure on Primary Care and Community Services such as District Nursing/Therapies etc. Community OPEL frameworks are now commonplace across Integrated Care Systems in the NHS to reflect pressure in community based services and more frequently, Artificial Intelligence systems are being used to model how changes in one part of the integrated system might affect the whole system, i.e. an increase in Intermediate Care capacity will increase discharges from hospital, reduce pressure within the Emergency Department and consequently reduce ambulance handover delays.

3. Service Transformation of Urgent & Emergency Care

The Sir Jonathan Michael report published in April 2019 indicated a lack of integration in the various urgent care services delivered by DHSC, in particular during the out of hours period and recommended that improved integrated urgent care services should be developed. This implementation of this recommendation has been part of the Care Pathways Programme however delivery has been limited, with the project having been on 'pause', along with other Care Pathways projects for much of 22/23. As a result of the pause, several projects have been decoupled from the overarching Integrated Urgent Care project in order that they can progress as soon as possible – these include Hear and Treat, Intermediate Care, See, Treat & Leave and Same Day Emergency Care. All four projects will redirect demand from the Emergency Department and Hospital through provision of signposting information over the phone for people accessing 999 when an emergency ambulance response is not indicated, as well as increasing community based resources who can undertake assessments and deliver treatments and provide additional care in the home rather than requiring transport and admission to hospital.

Manx Care is fortunate to have received Healthcare Transformation Fund support for all four projects so they can launch and operate for two years before funding needs to be picked up by Manx Care. Hear and Treat has been in place, in phased implementation, since June 2023. September data has shown that 259 calls have been clinically reviewed with just 114 either being downgraded or upgraded compared to the ESJCR algorithm with the remainder being redirected to an alternative service therefore avoiding a double crewed ambulance dispatch. This alternative pathway figure will increase as more and more alternative pathways come online such as Intermediate Care Crisis Response and See, Treat & Leave. Developments of some pathways remain a challenge due to workload constraints across the health system.

The See, Treat & Leave service is still in relatively early stages, however the first Consultant Paramedic for the Isle of Man has been recruited to provide clinical leadership to the development of the service. Similarly, the Same Day Emergency Care service (which will be known as the Ambulatory Assessment & Treatment Unit – AATU) is also at early stages with recruitment of the key practitioners working with the service underway and a location for the service currently being identified.

Intermediate Care is significantly advanced in terms of implementation, mainly due to the fact that a large part of the project is building on the existing excellent Reablement Team who already do a great job in keeping people out of hospital and facilitating early discharges from hospital. Currently the focus around Intermediate Care is to expand the existing Reablement Team in terms of their capacity and ability to rapidly respond to cases, with the Referral and Assessment Service expanding to 7 days a week, 12 hours a day and response times reducing to 2 hours for the most urgent cases. Recruitment ongoing includes additional Referral and Assessment Officers, Reablement Support Workers as well as the team's first dedicated Physiotherapist and Social Worker, to work alongside the existing Occupational Therapists and care team. The final piece of the jigsaw will be the recruitment of three Advanced Clinical Practitioners to clinical support the existing Reablement Team as well as undertake urgent clinical assessments in the home and also in the Intermediate Care Unit which will be based on Martin Ward – these posts have been developed and will be recruited to in accordance to the Manx Care Advanced Practice Framework.

4. Capacity & Demand Planning

As mentioned above, accurate Capacity & Demand Planning is essential to ensure that elective services contain the correct resources to satisfy demand at an acceptable standard in terms of waiting time. Demand and capacity analysis is underway across all Manx Care hospital and mental health services to aid the development of the Recovery & Restoration Phase 3 business case initially however all Care Groups will be provided with the 2024/25 demand and capacity data so that service planning, as well as team job planning, can take place to ensure that 'new demand' (i.e. referrals not contained within the remit of R&R phase 3) can be accommodated within existing resources and where demand exceeds capacity, mitigations can be put in place to bridge the gap.

A piece of work around developing a five to ten year forecast of unplanned demand is to begin shortly – this will provide Manx Care with an accurate forecast around Ambulance dispatch/conveyance to hospital, ED attendances, hospital admissions, capacity of community services, i.e. Intermediate Care, Community Nursing etc so that resources, both physical and staffing related can be built into a longer term plan, wherever possible linked to the island plan and the desire to grow the population. The forecast would also need to take into account access to Maternity and Paediatric Services, urgent mental health access (i.e. via Crisis Team and Manannan Court) as well as capacity across the Primary Care system. Although the process will be complex, it will be vital to enable us to plan for the next five to ten years in terms of capital requirements as well as workforce planning.

5. Winter Planning

The Winter Period is traditionally a time of significantly increased pressure on the non-elective pathway from people suffering winter illnesses as well as increased falls and exacerbation of the symptoms of frailty. This year has also been impacted by the increased cost of living where the vulnerable have had to make the difficult choice of heating their home or eating sufficiently. The 22/23 Winter Plan was the first of its kind in DHSC/Manx Care history and contained a number of schemes that were implemented to alleviate the pressures of winter. The UK NHS experienced its most pressured winter period in history and this was mirrored within the Isle of Man however thanks to those schemes that were funded and implemented over the winter period, along with the tireless effort of colleagues across the health and social care system (Manx Care, third sector and independent sector), services were maintained and patient safety remained an utmost priority.

A Winter Planning budget of £500k was allocated within the Manx Care baseline for 23/24 which has been earmarked for additional staffing across the system to cope with the additional demand and ensure that services that are open 7 days per week have consistent staffing across the 7 day period, thinking particularly around Therapy/Equipment, Social Work and Clinical Pharmacy provision in Noble's at the weekend. Confirmation around availability of the winter pressure funding is awaited given potential sacrifice of the funding as part of the Back to Balance plan. Other initiatives will be pursued should minimal funding be available such as Signposting messaging to the general public.

Recommendation for the Committee to consider:

Consider for Action	<input type="checkbox"/>	Approval	<input type="checkbox"/>	Assurance	<input checked="" type="checkbox"/>	Information	<input checked="" type="checkbox"/>
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