

NHS Lanarkshire
29th April 2020

Lanarkshire NHS Board
NHS Board
Kirklands
Bothwell
G71 8BB
Telephone: 01698 855500
www.nhslanarkshire.scot.nhs.uk



SUBJECT: Emergency Reconfiguration and Recovery Planning

1. PURPOSE

This paper is coming to the Board:

For approval	x	For endorsement		To note	
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2. ROUTE TO BOARD

This paper has been:

Prepared	X	Reviewed	X	Endorsed	
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This paper was prepared by Irene Barkby and considered by the Corporate Management Team on Monday 20th April 2020.

3. SUMMARY OF KEY ISSUES

In response to the need for significant capacity to be realised across NHS Lanarkshire to deal with the predicted numbers of COVID-19 patients who were expected to require care, rapid and significant change has been enacted disrupting the delivery of Service Processes and impacting on almost all Clinical Operational Functions within NHS Lanarkshire. To ensure effective governance is maintained in what was and continues to be a rapidly changing situation, an intelligence gathering/data capture exercise was undertaken the aim of which was to ensure there was a record of these changes with a view to being better able to identify and mitigate the undoubted risk as the Pandemic will adversely impact patients (and front-line staff) as it is likely to lead to increased morbidity and mortality in the population directly or through unintended consequences.

This paper highlights the magnitude of the changes, presents information on the associated risk profile, identifies some short term gains and highlights the likelihood of Service Processes recovering to their pre Pandemic state or being considered for remodelling due to the potential for long term benefits to be realised from a clinical, financial, staff or business perspective. This programme of work is at an early stage and will continue to evolve through the various phases of the Pandemic.

4. STRATEGIC CONTEXT

This paper links to the following:

Corporate Objectives	X	LDP/AOP	X	Government Policy	
Government Directive	X	Statutory Requirement	X	AHF/Local Policy	
Urgent Operational Issue	X	Other: Corporate Governance	X		

5. CONTRIBUTION TO QUALITY

This paper aligns to the following elements of safety and quality improvement:

Three Quality Ambitions:

Safe	x	Effective	x	Person Centred	x
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Six Quality Outcomes:

Everyone has the best start in life and is able to live longer healthier lives; (Effective)	
People are able to live well at home or in the community; (Person Centred)	
Everyone has a positive experience of healthcare; (Person Centred)	
Staff feel supported and engaged; (Effective)	
Healthcare is safe for every person, every time; (Safe)	x
Best use is made of available resources. (Effective)	x

6. MEASURES FOR IMPROVEMENT

Each of the Operational Functions and Service Processes will be supported to identify a minimum set of pre Pandemic data against which impact and outcome can be measured. These data will relate where appropriate to:

- The Annual Operating Plan
- Achieving Excellence Key Milestones
- Local Standards and Targets linked to the Corporate Objectives
- Local Health and Social Care Commissioning Plans
- Financial Sustainability Plans

7. FINANCIAL IMPLICATIONS

The cost associated with the appointment of an Interim Director to support delivery of what is perceived to be an organisational imperative during this phase of the Pandemic Response, when all other Directors are actively deployed in managing the rapidly changing services /incident.

8. RISK ASSESSMENT/MANAGEMENT IMPLICATIONS

A critical element of understanding the threats to the delivery of safe and effective clinical services, which is a core function of NHSL, is understanding how it is operating whilst on an emergency footing in response to COVID-19. Therefore it has been essential that the potential impact on outcomes for patients is understood by undertaking a risk analysis aligned to each service.

As part of this programme of work all services delivered by NHS Lanarkshire have been reviewed by the Corporate Risk Manager, and been sensed checked and approved by Service Management, acknowledging their individual importance in maintaining a continuum of care across the population of Lanarkshire as we respond to their every health, care and wellbeing need in preventative medicine, conservative management of disease through to emergencies in all care settings, including the home, as a whole system.

In undertaking the risk analysis, some general principles were taken into consideration as listed below:

- 'the bigger picture'
- Proportionality and scale of services
- Nature of the disease/condition
- Self-managing disease
- Impact on patients where delays in diagnosis and treatment are expected

- Impact on other essential services
- Certainty that risks will occur
- Proximity to when the risks might materialise
- What mitigation plans are in place; including level of service sustained; prioritising of urgent cases; new ways of working and new care pathways,
- Vulnerability
- Known impacts

A total of 76 Operational Functions have been captured accounting for 222 Service Processes (See Separate Spreadsheet for details) all of which have been considered on the basis of the aforementioned risk profiles.

Table 1 Highlights the split of functions and processes across the Health Functions

	Operational Functions	Service Processes
Acute	38	119
Community	34	87
Corporate	4	16
Total Number	76	222

Table 2 Provides a high level overview of the risk profile associated with the changes, accurate as at 17th April 2020

	Acute Service Processes (119)	Community Service Processes (87)	Corporate Service Processes (16)
Very High Risk	10%	5%	12%
High Risk	50%	70%	38%
Medium	24%	10%	32%
Low	2%	2%	6%
No Risk	14%	13%	12%

As well as potential risks being identified information on short term benefits has been captured indicating there have been notable gains in the following areas:

- Enhanced level of patient and carer self-management
- Enhanced focus on whole system working
- Enhanced levels of staff involvement
- Wide spread rapid change which is solutions focused
- Reduced numbers attending A&E
- Released bed capacity and re-designated organisational footprint
- Released, retrained and redeployed staff
- Further blurring of some professional boundaries
- Rapidly deployed and adopted new technological solutions
- Revised/adapted internal and external patient pathways
- Increased consultation with existing patients re anticipatory care planning

It is evident that much has been achieved in a very short period of time, some of which is neither desirable nor appropriate as a long term service configuration however, it is equally clear that there are other areas where change has been enacted that is being welcomed by patients and staff and offers a much more effective, efficient and modern approach to delivering services that may well be much more fit for the future than the original service processes.

Table 3 presents a high level indication of the proportion of the Service Processes which may not be recovered to their original state and therefore need more detailed consideration by the Board, in due course, to ratify changes which have been enacted as part of the response to this pandemic but are likely to be considered for adoption as a revised service model.

Service Processes	Recover	Potential for Remodelling	Definite Remodelling
Acute (119)	63%	31%	6%
Community (87)	40%	50%	10%
Corporate (16)	38%	62%	0%

The following are the Service Process areas which were planned for, or have been identified for remodelling rather than recovery.

- Care of the Elderly Inpatients
- Dermatology Outpatients
- Maternity Postnatal Care
- Ophthalmology Inpatients
- Orthopaedics Elective Inpatients (Outpatients and Emergencies recently completed)
- Cottage Hospital Inpatients
- Hospital Home
- Paediatric Outpatients and Inpatients
- Community Urgent Care

Some further points of note are:

- Outpatients across all services are being triaged, processed and reviewed in a markedly different way and it is most likely the lessons that are being learnt from this experience will inform a revised approach going forward
- Two particular Service Processes namely the Community Hub and Assessment Centre Service Processes were introduced in response to the COVID-19 Pandemic but are most likely to be retained in some form leading to remodelling of a number of other Community Service Processes.

9. FIT WITH BEST VALUE CRITERIA

This paper aligns to the following best value criteria:

Vision and leadership	x	Effective partnerships	x	Governance and accountability	x
Use of resources	x	Performance management	x	Equality	
Sustainability					

10. EQUALITY AND DIVERSITY IMPACT ASSESSMENT

This paper outlining the Service Process changes has not as yet been Impact Assessed. Neither has the work been assessed against the Fairer Scotland Assessment Criteria. All changes which are considered for adoption going forward will be subject to such assessments on a service by service basis.

11. CONSULTATION AND ENGAGEMENT

This work has been progressed by directly engaging named Service Leads and with the full knowledge and support of the Corporate Management Team.

There has been no direct consultation or engagement with patients, carers or the wider population of Lanarkshire on the Service Process changes due to all actions being taken as part

of an emergency response to the COVID-19 Pandemic. Individual Patients have however been informed on implications for any planned consultations, treatments or interventions.

12. ACTIONS FOR THE BOARD

Board members are asked for:

Approval	<input checked="" type="checkbox"/>	Endorsement	<input type="checkbox"/>	Identify further actions	<input type="checkbox"/>
Note	<input type="checkbox"/>	Accept the risk identified	<input type="checkbox"/>	Ask for a further report	<input type="checkbox"/>

13. FURTHER INFORMATION

For further information about any aspect of this paper, please contact:

Irene Barkby
Interim Director of Emergency Reconfiguration and Recovery
irene.barkby@lanarkshire.scot.nhs.uk
Mobile Telephone No: 07875 408901
