

**SUBJECT: OPERATION FLOW 2 Update and Progress**

**1. PURPOSE**

The purpose of this paper is to provide an update on the report that went to the 25<sup>th</sup> October Board meeting and the site presentations to PPRC meeting on the 29<sup>th</sup> November 2023.

An update to Board on the progress made in relation to:

- Impact, learning and reflections from our November Firebreak
- Continued work underway to implement our new care models and system preparation for increased activity and demand from early January 2024
- Revision of our governance arrangements to further support delivery of the plan

For approval	<input type="checkbox"/>	For Assurance	<input type="checkbox"/>	For Noting	<input checked="" type="checkbox"/>
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**2. ROUTE TO THE BOARD**

This paper has been reported through the Corporate Management Team and through our Executive Flow Oversight Board. This paper has been prepared by Kirsty Orr, Head of Planning and Development

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**3. SUMMARY OF KEY ISSUES**

**3.1.1 Operation Flow – November Firebreak**

NHS Lanarkshire ran a whole system Firebreak from Monday 20<sup>th</sup> – Thursday 23<sup>rd</sup> November 2023. The key objective was to maximise discharges and thereby reduce occupancy across our Acute and Community sites.

The Firebreak methodology comprised of two key approaches which were:

- A corporately co-ordinated review of all inpatients with a > 14 day LOS using a criterion to reside assessment with proposed actions to support discharge planning recorded and passed to the site teams. The audit team comprised of experienced clinical and operational colleagues from across the system

- Acute Site based improvement actions to support flow by increasing discharge and reducing occupancy levels. Improvement actions included speciality assessment at the front door; embedding of the flow foundation bundle, frailty pathways from FNC.

A summary of the key learning from each is noted below.

### **3.1.2 > 14 day LOS Review**

During the 4 days, 472 patients across our acute and community sites, were assessed by the audit teams and proposed actions shared with the operational and clinical teams. The high level learning themes that emerged are noted below.

- The Nurse in Charge of our wards strongly demonstrated a strong understanding of the plan for each patient. However, more explicit documentation detailing discharge planning is required across our system to support flow and ensure a shared clear understanding of the robust discharge plan.
- There are opportunities to further embed realistic medicine principles across our system to help reduce LOS and thereby hospital occupancy.
- It was evident that PDD accuracy and understanding of the PDD setting process varied across the sites which presents a training and educational opportunity for the organisation.
- Further training on palliative care referral process/pathways would be beneficial for patients, staff and carers to ensure patients receive care in the right place at the right time.

### **3.1.3 Site and HSCP Key Learning and Feedback**

Reflections and learning from the 4-day Firebreak for the 3 Acute sites and 2 HSCPs supported the key findings from the central review outlined above. However, additional themes are noted below:

- Supervisory SCN role has supported action orientated structured board rounds and escalation of issues.
- Specialty input / in reach at Front Door is beneficial in facilitated early discharge for some patients.
- Home care referrals increased as a result of LOS reviews impacting capacity of teams to screen and source services. However, it was recognised that there were opportunities to enhance processes and undertake improvement work across our system in relation to the consistent use of PDD and discharge planning to reduce cancellations and short notice requests for home care.

### **3.1.4 Impact of Firebreak through Key Indicators**

The impact of the Firebreak was evaluated through our key indicators and summarised below:

#### **4hr Compliance**

- NHS Lanarkshire 4hr performance was 56% for week ending 26<sup>th</sup> November 2023.
- This is a 3% increase on the previous week, however it is a 3% reduction on the average performance of the previous 12 weeks.

#### **12hr Waits**

- There was a significant reduction in the number of patients who waited in excess of 12hrs across the board during Firebreak.
- Week ending 26<sup>th</sup> November 2023 saw 230 patients wait over 12hrs, a reduction in both the previous 12 weekly average of 295, and a reduction in the preceding week figure of 327.

#### **Occupancy**

- NHS Lanarkshire Acute occupancy was 101% for week ending 26<sup>th</sup> November 2023.
- This is unchanged from the previous 12 weekly average occupancy.

Despite, Firebreak not achieving a performance improvement across our metrics the learning from the activities and actions has been invaluable and will inform the detail of our prioritised improvement plan.

### **3.2 Implementation of our new Models of Care and Plans to Support Anticipated Increased Demand and Activity**

We implemented our Operation Flow 2 Winter Plan from the 1<sup>st</sup> November 2023. Although we have not been able to recruit to all posts identified to support the new care models, we have progressed to implement the following:

- Implementation of a REACT processes as part of our new Front Door Target Operating Model to maximise streaming of patients to the right part of our system in UHH and UHW. The process has been partially introduced in the UHW and UHH sites. Recruitment is underway to support implementation of the process 5/7 days across the 3 sites. We have a REACT Pause event on the 15<sup>th</sup> December 2023 with the operational and clinical teams from the 3 sites to review the current process implementation, evaluate initial impact and develop plans for increased operation through existing and additional resources.
- The development of our FNC model is dependent on recruiting additional consultant and advanced practitioner resource to support on a permanent basis. However, since 1<sup>st</sup> November 2023 Advanced Practitioners from SAS and ED Consultants have been populating our SCDM shifts (Monday to Friday 8am – 8pm) on a voluntary basis. Given that this is voluntary not all shifts are covered. However, we are achieving around 50 to 70% did not travel to hospital when shifts are covered, which is aligned to our anticipated impact with full model implementation. Therefore, we know that this is a key element of managing our demand and intensive work is underway to complete our recruitment process.

- Recruitment continues to expand our Hospital @ Home capacity during Winter 23/24, however the non-recurring element of the funding is impacting on the ability to recruit to all posts.
- Finalising the bed base modelling for UHW and UHH sites to inform future planning and consideration of reconfiguration of our bed base to manage demand.
- Focused improvement work underway to embed all elements of the Flow Foundation Bundle in our Acute and Community sites to enhance discharge planning and thereby improve flow.
- Establishment of our Frailty Clinical Network and implementation of a Frailty unit at UHH and frailty pathways at UHW to support enhanced management of patients presenting with Frailty at our front doors

Importantly, some processes remain underway to complete the recruitment required to ensure comprehensive implementation of the new models of care for Winter 2023/24. However, we have successfully delivered key elements of our plan albeit through a phased approach.

We know that our system will face increased activity and demand through the winter months and this will be particularly evident following the 2-week festive period. Our board wide plan details the system wide response planned for the winter period. However, additional comprehensive planning work is underway to agree proposals and actions in response to the anticipated increased activity from early January 2024.

This will comprise of an agreed set of proposals and actions, using a Firebreak approach, to decompress the system and reduce hospital occupancy which may include:

- enhancing agreed elements of our new 6 step model e.g. increasing Senior Clinical Decision Makers in the FNC to manage our demand, increased social workers in our FNC
- cancelling of all non-essential meetings to provide leadership and support to front line staff
- enhanced support to implement key elements of the Flow Foundation Bundle across Acute and Community sites

Plans will be finalised during the week commencing 11<sup>th</sup> December 2023 and a robust communications plan will follow which will provide the details of our approach for our staff and our population.

### **3.2 Action and Responsibility Framework**

An action and responsibility framework for Operation Flow, with triggers outlined across the levels of escalation and action cards which describe roles and responsibilities for each member of the team, has been developed. The action cards describe the business as usual actions required to maintain safe and effective flow across our whole system. Also incorporated, is the further actions and communication required as we move through the five levels escalation as relevant to the corresponding triggers.

A table top exercise, to test the action and responsibility framework, was held on Thursday 7<sup>th</sup> December 2023 with frontline, operational, clinical and managerial staff, to test the content of the framework and action cards to ascertain if it provides clarity for roles,

responsibilities and escalation. Further system actions were identified and the Clinical and Operational teams are completing this work with the new Framework being implemented from w/c 18<sup>th</sup> December 2023.

### **3.3 Operation Flow Revised Governance**

The primary objective of the Task and Finish groups, in relation to scoping and developing proposals, has now been achieved and we are transitioning to our delivery structures to support this work.

The five task and finish groups will disband and 3 site level Flow Oversight Boards (FOB) will be established (x 1 for each acute site) to support operational delivery. Importantly, membership will comprise of whole system representatives from Acute, HSCPs (including health and social care), SAS, Third Sector and other agencies. Group membership will also require to be multi-professional. The key objective of each FOB will be to improve performance by delivery of the KPI objectives including (but not exhaustive):

- Implementation of NHS L Action and Responsibility Framework
- Implement TOM (Front and Back Door when developed)
- Implement REACT 5/7
- Reduce Demand
- Reduce Adm Convto <25%
- Reduce Occupancy <95%
- Reduce LOS in Wards
- Improve Daily Ward Beat > 90%
- Increase am Discharges > 40%
- Improve 4 Hour to >70%
- Reduce 12 Hour Waits > 10/day
- Reduce Delay Discharges

Overview and co-ordination will continue to be provided by Core FOB with the existing multidisciplinary whole system membership. Core FOB will require to monitor KPI & Escalation compliance along with monitoring of actions and plans identified by site FOBs. Core FOB has a significant role in monitoring delivery of whole system actions e.g. FNC Service Model Development, Back Door TOM, Action and Responsibility Framework. Core FOB will also commission key areas for support and improvement emergency from Site FOBs.

Executive Oversight will continue to be provided by EFOB. EFOB will continue to meet on a weekly basis and review plans and progress to support drive sustained improvement across the programme of work. EFOB will also commission key areas for support and improvement emerging from Core FOB and Site FOBs.

### **3.4 Evaluating Patient Experience and Staff Well-being**

Understanding the impact of Operation Flow from a patient experience and staff well-being perspective is key for NHS Lanarkshire's learning. Therefore, formal evaluation of Operation Flow 2 will be undertaken in collaboration with colleagues from Strathclyde University and preparation work commenced during November 2023, with qualitative

research being progressed during December 2023 and January 2024. Our findings will be shared with the Board as soon as they are available.

#### 4. STRATEGIC CONTEXT

This paper links to the following:

Corporate objectives	<input checked="" type="checkbox"/>	AOP	<input type="checkbox"/>	Government policy	<input type="checkbox"/>
Government directive	<input type="checkbox"/>	Statutory requirement	<input type="checkbox"/>	AHF/local policy	<input type="checkbox"/>
Urgent operational issue	<input checked="" type="checkbox"/>	Other	<input type="checkbox"/>		

#### 5. CONTRIBUTION TO QUALITY

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

##### *Three Quality Ambitions:*

Safe	<input checked="" type="checkbox"/>	Effective	<input checked="" type="checkbox"/>	Person Centred	<input checked="" type="checkbox"/>
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##### *Six Quality Outcomes:*

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

#### 6. MEASURES FOR IMPROVEMENT

We have developed a Performance Framework to measure ward, site and system level metrics for the duration of Operation FLOW 2. The will also support scrutiny of the impact of secured funding.

#### 7. FINANCIAL IMPLICATIONS

At present, existing resources, including staff, are being repurposed to contribute to the programme. However, resource planning, in relation to proposals which will increase capacity and create capability have been approved, with some post holders now in place. However, recruitment processes continue where posts are not yet filled.

#### 8. RISK ASSESSMENT/MANAGEMENT IMPLICATIONS

A Risk Management Framework has been developed to underpin this work. A significant risk for successful delivery of Operation Flow 2 is successful recruitment of the workforce to ensure the delivery of the new Target Operating Models.

#### 9. FIT WITH BEST VALUE CRITERIA

This paper aligns to the following best value criteria:

Vision and leadership	<input checked="" type="checkbox"/>	Effective partnerships	<input type="checkbox"/>	Governance and accountability	<input checked="" type="checkbox"/>
Use of resources	<input checked="" type="checkbox"/>	Performance management	<input checked="" type="checkbox"/>	Equality	<input type="checkbox"/>
Sustainability	<input checked="" type="checkbox"/>				

**10. EQUALITY AND DIVERSITY / FAIRER SCOTLAND DUTY IMPACT ASSESSMENT**

Has an E&D /FSD Impact Assessment has been completed?

Yes   
 No

An EQIA has been developed and is cognisant of the potential impact of any actions on our population from an equality and inequalities perspective. Ongoing and appropriate assessments will be completed and updated throughout.

**11. CONSULTATION AND ENGAGEMENT**

Our communication across our system and to our public are key throughout the duration of the project. A comprehensive Communications Plan, including written and face-to-face briefings and videos, in order to help achieve staff and public buy in and celebrate progress and successes of Operation Flow 2 and preparing for winter 2023/24 is underway.

**12. ACTIONS FOR THE BOARD**

The Board are asked to:

- Note the work in progress for Operation Flow 2.

Approve	<input type="checkbox"/>	Gain Assurance	<input type="checkbox"/>	Note	<input checked="" type="checkbox"/>
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**13. FURTHER INFORMATION**

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

**Kirsty Orr**  
 Head of Planning and Development

**Colin Lauder**  
 Director of Planning, Property and Performance  
 12<sup>th</sup> December 2023