NHS Lanarkshire Board Meeting
31 May 2023

Lanarkshire NHS Board
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SUBJECT: OPERATION FLOW 2 Update and Resourcing

1. PURPOSE

The purpose of this paper is to provide an update on the report that went to April PPRC and presentation to the NHS Board seminar on 17 May 2023. This paper will outline:

- The revised model and structure to support delivery and implementation of the Operation Flow 2 Project Plan to support stabilisation and improvement up to Summer 2023 in preparation for Winter 2023/24.
- Outline of approach to:
  - Improve effectiveness and efficiency of models of care – developing and standardising pan Lanarkshire models and escalation
  - Define plans to convert non-recurring spend to key substantive roles
  - Invest in delivery of Operation FLOW new models of care.

For approval	☒	For Assurance	☐	For Noting	☐

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

Prepared	☒	Reviewed	☒	Endorsed	☒

3. SUMMARY OF KEY ISSUES

3.1 Developing and Implementing Operation Flow 2

As system we have been not able to sustain these improvements in the weeks following the Firebreak period. Although work does continue to support the culture and behaviour change required across our Acute sites to improve efficiency and effectiveness by embedding the flow foundation bundles and pathways

We know that establishing and maintaining good flow across our system is key to the success of Operation Flow 2. Consequently, we have established a task and finish group structure which is underpinned by our new 6 step Flow Model (outlined below and also in Appendix 1) to support delivery of Operation Flow 2. A project plan which outlines the key objectives for Operation Flow 2 has been developed in collaboration with colleagues across the system and also takes account of the learning from Firebreak.

Operation FLOW 1 involved considerable whole-system development work undertaken jointly by NHS Lanarkshire, Health and Social Care North Lanarkshire, South Lanarkshire Health and Social Care Partnership and Scottish Ambulance Service and this will continue through the duration of Operation Flow 2.

Five Task and Finish Groups have been established to lead in the development and implementation of the key elements aligned to the new flow model. The Task and Finish Groups are accountable to the Executive Flow Oversight Board (EFOB) which reports to Corporate Management Team (CMT).

A summary of each of their key high level objectives is described below:

<u>Task and Finish Group 1: Core Group</u>

- Provides overview and co-ordination for success
- Ensures Task and Finish Groups, 2, 3, 4 and 5 are on track for delivery
- Undertakes weekly performance review in relation to progress of attaining trajectory milestones across our 23 Acute sites and system
- Develop and describe the OOHs Flow Management / On call model
- Develop and describes the resource plan for Operation Flow 2
- Ensures escalation to EFOB

<u>Task and Finish Group 2: Pre-Hospital / Avoiding Admission</u>

- Describe the operational model required to reduce demand via the FNC
- Detail the workforce model required which supports admission avoidance and direction to other parts of our system
- Roll out and expansion of consultant connect for SAS to reduce conveyancing to hospital when it is safe to do so
- Implement the recommendations of the Strategic Review of Hospital @ Home which supports admission avoidance
- Development of community access pathways to support people in the community

<u>Task and Finish Group 3: Pan Lanarkshire Front Door Redesign</u>

- Undertake a review of the current "as is" pathways across ED, Acute Receiving and Ambulatory Care to ensure that there is a shared understanding across the 3 sites
- Undertake a resource review of ED's shift by shift and complete comparison with 2019 data

- Develop recommendations which details the Target Operating Model for Font Door Services across Lanarkshire

Task and Finish Group 4: Ward and System Flows

- Establish and embed a NHS Lanarkshire standardised huddle approach and template which embeds ward, site and system level escalation processes to support flow
- Embed all elements of the Flow Foundation Bundle across all inpatient areas
- Embed ward beat as part of huddle and flow foundation bundle
- Develop a consistent and co-ordinated flow management model for NHS L

Task and Finish Group 5: Frailty and Off site Beds

- Develop a Front Door Frailty Rapid Assessment Process
- Develop and describe the Frailty Model for NHS L
- Scope the "as is" offsite bed model
- Develop recommendations that outlines the Target Operating Model for offsite beds to support system flow

We have also established a Data Governance Group which oversees all aspects of system development and ensuring that NHS Lanarkshire is compliant with Public Health Scotland definitions in relation to Urgent and Unscheduled Care.

3.2 Embedding Best Practice Accountability and Leadership

We know that to deliver the comprehensive plan we will need to work together to ensure that there is:

- Cohesive Leadership across the Lanarkshire system
- Ownership by all Operational Leaders in Acute, Community and Social Care, with improvement support, to deliver the pace of change required
- Clarified roles and responsibilities to develop and deliver the plan
- Clear measurable objectives across all elements of the plan to demonstrate the impact made and flexibility in our approach, if required, to deliver greater effect

Progressing improvement work across our system is exceptionally challenging within our current resource profile, given that our system continues to be in escalation and full capacity protocols. However, we continue work together across our system to develop and implement change that will improve the efficiency and effectiveness of our system. These actions include:

- Implementation and embedding of the Flow Foundation Bundle to support good flow across our sectors
- Embedding structured Hospital Huddles to ensure situational awareness of flow, impact on patient safety and the actions required to respond to pressure

- Implementation of consistent Escalation triggers and processes ensuring that the is clarity in roles and responsibilities across our wards, sites, sectors and system when responded to blockages and barriers to good flow and safety
- Ensuring standardisation of patient flows and dispositions across our system
- Developing and implementing assertive and continuous flow across all our Acute sites.

3.3 Rebasing the current ED and Front Door Services Budget

Any emerging proposals and improvement linked to the Task and Finish Groups assumes the baseline level of staffing currently within the system remains in place. These staffing levels are currently supported by significant historic non-recurring overspends within the EDs and front door areas. This amounted to £6.980 million in 22/23. It is proposed to transfer £5m of this non-recurring spend into internal reinvestment in these service areas and recruit into these posts permanently. This will support the development of a sustainable workforce in NHS Lanarkshire, help maximise the benefits of service improvement and minimise exposure to ongoing agency nursing costs.

The rationale for the current overspend for each site is outlined below.

3.3.1 UHM

Maintaining the existing overspend within the Emergency Department (ED) at University Hospital Monklands (UHM) facilitates ongoing provision of safe staffing levels within the department and will maintain existing service provision and the model of care. The current financial position and overspend is driven by agreed developments and implementation of service models over time as well as the impact of comparatively low staffing levels across Medical and Nursing posts.

NHS Lanarkshire Junior doctor rotas have experienced a reduction in deanery allocation over the last 5 years. As a result, departments have diversified their workforce to include clinical fellows and clinical development fellows and ACPs. These posts remain part of the unfunded posts and failure to maintain them would see a collapse of medical rotas at UHM. The middle grade rota in particular was singled out as non-compliant through the last Deanery review in 2022. This has been backfilled and covered through unfunded posts described above as well as Consultant backfill.

UHM has implemented a model of enhanced Triage (REACT) within ED. This is recognised across NHSL EDs as the preferred operating model and expansion and delivery across NHSL was requested within the previous ED paper submitted. Nursing posts within REACT remain unfunded and failure to maintain funding would mean the cessation of REACT as a model of care at UHM.

The impact of loss of these unfunded posts would mean the closure of REACT and consolidation of the separate Minors area back into the main ED at UHM to maintain safe staffing levels. UHM would lose enhanced triage, early access to a senior decision maker and early signposting to the most appropriate Dept as part of the existing patient pathway. This is likely to delay care and ultimately impact on access to services, patient outcomes and performance.

3.3.2 UHH

Pre-COVID, UHH ED worked from 6 resus spaces, 11 majors cubicles and 8 minors cubicles. Historically over the winter period additional funding was released to increase the number of major cubicles available to 17. This additional capacity was in respect of the expected increase in number of patients requiring admission over the winter period. Since COVID-19, the additional cubicles have been in continual use both in the day and night time period. This is an unfunded area on the ED footprint however due to the increased length of stay within the emergency department it is impossible to withdraw from using these cubicles. The staffing requirement for these cubicles is 2RN and 1CSW. Furthermore, from a safety perspective, the buzzer system for these cubicles is not linked to the main ED nurse call system thus there is a requirement for two registered nurses to be available in that area should patient assistance be required and further assistance required to be sought from the main department.

During COVID-19 the Emergency Assessment Unit corridor, previously the cardiology department, was repurposed to increase the front door footprint in response to the requirements for isolation. This has remained open as a permanent increase to the front door footprint providing an additional 8 cubicle spaces. This area is predominantly used for GP heralded patients thus has reduced the burden on ED cubicle space. This clinical area is currently open Monday – Friday 8am to 8pm.

This area has also been used for surge as part of the site escalation plan. The Emergency Assessment Unit area (8 cubicles) has been used on a recurring basis to increase capacity particularly in the overnight period. At times, the Medical Assessment Unit area (4 beds) have also been required to be used for patient awaiting admission.

There has been recent recruitment in the Physician Associate/Advance Practitioner staffing tier with only one vacancy remaining. This staffing cohort has been variable over the last 4 years with many staff only staying in post for short periods before moving on. There has been recent recruitment to an 8a post thus it is hoped that there may be some stabilisation within the team and potential for a more robust addition to the staffing in the junior rota.

The changes in conditions for the training grades has resulted in a loss of clinical time. Teaching continues to be supported at all levels however this has an impact on clinical time. There continue to be 8 clinical fellow posts which are unfunded and there is an almost exclusive reliance on international medical graduates to fill these posts. To support the staff as they start their posts, they are supernumery and require a period of observation and training prior to commencing on the department rota meaning there continues to be a reliance on locum junior medical staff, or indeed consultant staff to ensure safe staffing levels overnight.

3.3.3 UHW

Maintaining the existing overspend within the Emergency Department (ED) at UHW facilitates ongoing provision of safe staffing levels within the department and maintains a service within a system under extreme demand and acuity pressure. The current financial position and overspend is driven by agreed developments and implementation of service models over time as well as the impact of comparatively low staffing levels across Medical and Nursing posts. This overspend has prevented any further deterioration of

staffing levels, and we have seen an improved level of workforce stability over the past year.

The investment in advanced nurse practitioners, physiotherapy and clinical fellow/ GP posts has enabled a blended workforce model of decision making, and allowing capacity within the consultant grade of post. This ensures safe delivery of care, within this current climate of activity and crowding. This integrated team approach, has influenced the ED profile, with impact on recruitment and retention in senior posts.
This workforce capacity has enabled initiated of the REACT model, of triage, when space capacity allows.

The detailed costs of the overspend for each site is described in Appendix 3.

3.4 Operation Flow 2 – Revising the Service Models to Build Capacity and Capability

Informed by the learning from Firebreak and from shared experiences from other Health Boards across Scotland, we know that there are a number of improvement actions that will require increased capacity and capability to improve flow and demonstrate a positive impact on our performance against the 4-hour target and these include:

- Reducing demand with Senior Clinical Decision Makers in the FNC and with the Hospital @ Home Service
- Increased functional site capacity with an expanded minors area in UHW and 7 day opening of Ambulatory Care units across all 3 sites
- supporting discharge planning co-ordination with additional administrative support to wards
- Increased service improvement support across the whole system
- Increased flow management teams within the Acute sites
- Tackling the blocks to flow by opening the discharge lounge over 7 days
- Augmented data support for Operation Flow 2 and Trakcare and ensuring that we have access to accurate real time data

Consequently, we are looking at opportunities for investment through internal prioritisation processes and working closely with Scottish Government colleagues around the opportunities for reinvestment to support the project deliverables but also within the context of a financially sustainable plan for NHS Lanarkshire.

3.5 Performance and Monitoring

We have established a robust monitoring process for Operation Flow 2. Each of the Task and Finish Group have developed project plans which outline the tasks that need to be accomplished to achieve the project goals and this detail is reported to Task and Finish Core Group each week. The overarching project plan for Operation Flow 2 provides an overview of progress against each of the high level objectives for the Task

and Finish Groups which is reported to EFOB on a weekly basis. A copy of the Overarching Plan is in Appendix 3.

A performance management framework has been established for Operation Flow 2 which is underpinned by objectives and improvement milestones. Performance improvement trajectories have been developed for the Lanarkshire System and each of the Acute sites. We have established milestones for achievement by 30 June 2023, 31August 2023 and 31 March 2024. Our key objective it to consistently improve NHS Lanarkshire's performance against the 4-hour standard by achieving 70% against the 4-hour access performance by 31 August 2023 and 90% by 31 March 2024. Crucially, we know that this will significantly improve the clinical safety and experiences for our patients as well as health and well-being of our workforce. The impact of the project actions from each of the Task and Finish Groups will be measured against the:

- Weekly 4-hour access performance
- Weekly number 8 hour waits
- Weekly number of 12 hour waits
- Acute site occupancy levels,
- Ward beat rate achieved / week
- Discharge lunge use
- Pre-noon discharge rate
- Delayed discharges / week (Acute sites)
- Delayed Discharge / Week (Community Hospitals)

A balanced scorecard has also been developed to monitor our progress against the objectives. In addition, Each of the Task and Finish Groups have developed a data measurement framework which details the process measures to deliver the outcome measures.

The detail of the performance improvement trajectories is in Appendix 4.

4. STRATEGIC CONTEXT

This paper links to the following:

Corporate objectives	☒	AOP	☐	Government policy	☐
Government directive	☐	Statutory requirement	☐	AHF/local policy	☐
Urgent operational issue	☒	Other	☐		

5. CONTRIBUTION TO QUALITY

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

Three Quality Ambitions:

Safe	☒	Effective	☒	Person Centred	☒

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)	☒
Best use is made of available resources. (Effective)	☒

6. MEASURES FOR IMPROVEMENT

These are set out in the paper. 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 any 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 are underway.

8. RISK ASSESSMENT/MANAGEMENT IMPLICATIONS

A risk management framework has been developed to underpin this work.

9. FIT WITH BEST VALUE CRITERIA

This paper aligns to the following best value criteria:

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

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 is being planned.

12. ACTIONS FOR THE BOARD

The BOARD are asked to:

Approve	☒	Gain Assurance	☐		Note	☐

13. FURTHER INFORMATION

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

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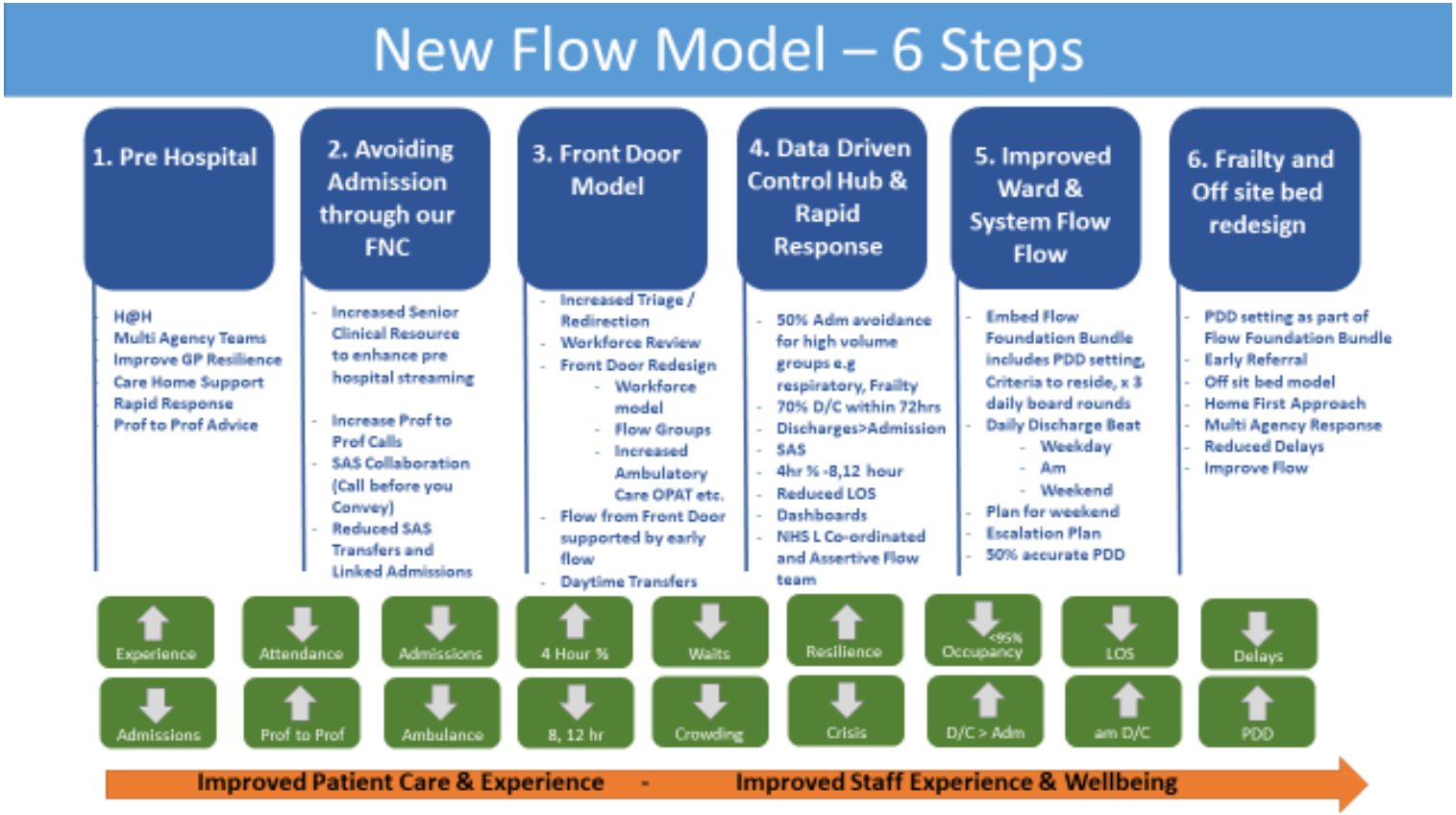
Designation: Head of Planning and Development
Telephone: 07805763615

Colin Lauder
Director of planning, property and performance

24 May 2023

Appendix 1 – NHS L New 6 Step Flow Model



Appendix 2 – Current ED Overspend Cost Pressure / Site

UHM

UHM	Funded Establishment	Additional FE Agreed	Agreed FE	In Post	Supplementary	Under/Over revised FE
Mk A & E	**51.01**	**22.61**	**73.62**	**59.63**	**16.97**	**(2.98)**
Registered	40	17.01	57.01	45.97	16.97	(5.93)
Un-Registered	11.01	5.6	16.61	13.66		2.95

UHH

The total funded establishment required to substantiate the current levels of staff is detailed below. This includes ED, EAU and MAU.

Nursing

ED	Funded Establishment WTE	Average YTD WTE (inc. supplementary staffing)	Target Funded Establishment	Additional Ask for Funded Establishment
Band 2	7.46	16.38	18.65	11.19
Band 3	3.5	5	3.5	0
Band 5	26.75	42.69	44.01	17.26
Band 6	10.17	7.41	10.17	0

Band 6 Mints	5.01	5.01	5.01	0
Band 7	2	2	2.5	0.5
Total WTE	54.89	78.49	83.84	28.95

EAU/MAU (surge capacity)	Funded Establishment WTE	Average YTD WTE (inc. supplementary staffing)	Target Funded Establishment	Additional Ask for Funded Establishment
Band 2	1.98	0.93	9.49	7.51
Band 5	4.54	6.55	15.89	11.35
Band 6	1	0.95	1	0
Band 7	1	1.1	1	0
Total WTE	8.52	9.53	27.38	18.86

Grand total WTE UHH	63.41	88.02	111.22	47.81

Medical and Non-Medical Staff

The total funded establishment required to safely staff medical and non medical advanced practice rotas is detailed here

	Funded Establishment WTE	Target Funded Establishment
Consultant	15.95	15.95
GP	0.7	0.7
Spec Doc	0.4	3.4
STR4 and above (NES)	3.8	3.8
STR3 and below (NES)		
Clinical Fellow Junior	0	12
FY2 (NES)	4	4
TOTAL WTE	**26.05**	**39.85**

	Funded Establishment WTE	Target Funded Establishment
AP/PA	6.61	12.31

UHW

Clinical Staffing Unfunded posts presently in the ED – May 2023

	Funded Establishment WTE	In post WTE	Comments
GP	0	0.30	GP unfunded Monday weekly shift
Clinical Fellow Junior:	0	7.00	7.0 WTE Cost pressure
CDF	0	3.00	3.0 WTE Junior Rota (Cost Pressure)

Non-medical workforce

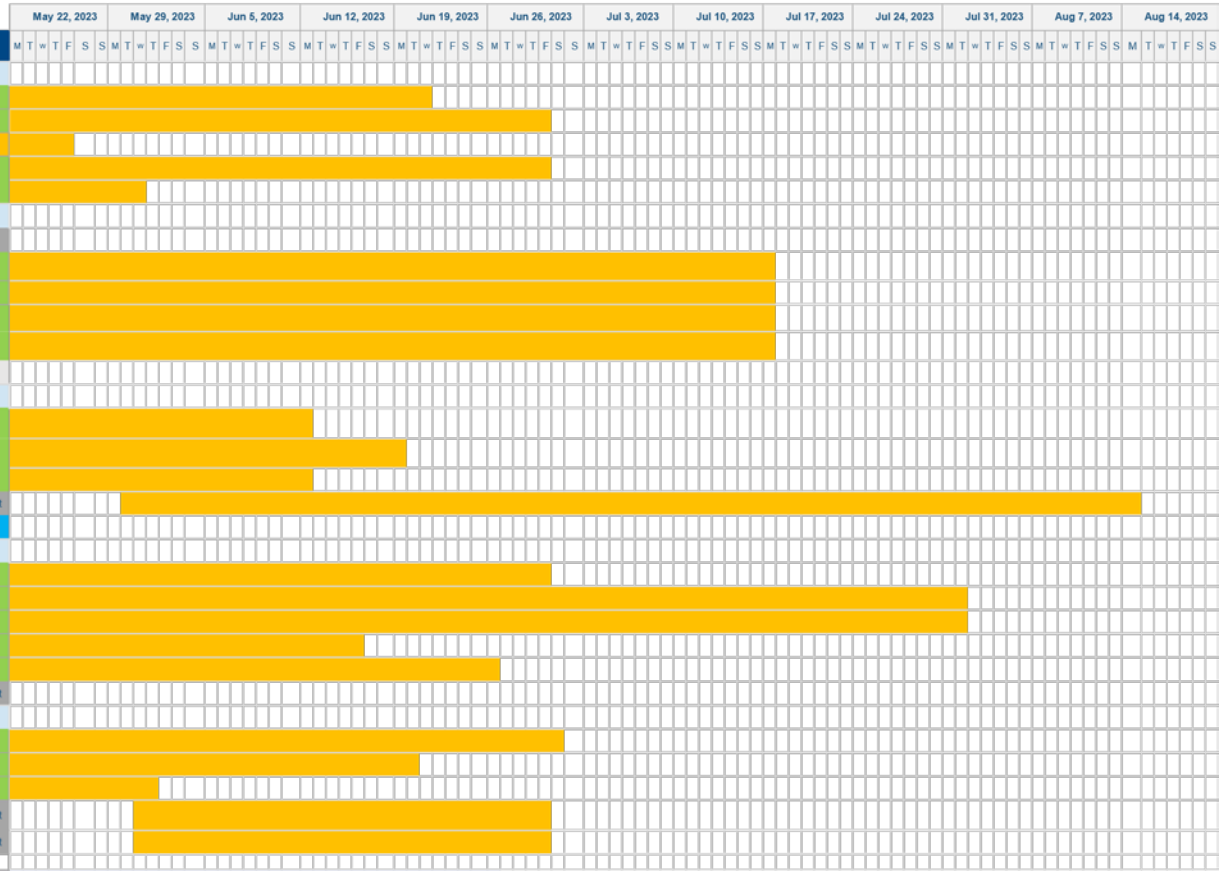
	Funded Establishment WTE	In post WTE	Comments
AHP (Band 8a)	0	0.35	Cost pressure of uplift from Bd 7 to 8A unfunded
AHP (Band 7)	0	1.5	1.5 WTE Band 7 cost pressure
ANP (Band 7)	0	4	4.0 Cost pressure

Nursing

	In Post WTE Unfunded
Band 3	2.7 wte EDSLWG ECOR 127246 in system
Band 5	10.9 WTE EDSLWG 4.0 wte RESUS ECOR 144206 in system TOTAL 14.9WTE
Band 6	0.2 WTE Child Protection cost pressure

Appendix 3 – Operation Flow 2 Overarching Project Plan

Actions required for Implementation & Delivery	Operational Lead	Executive Sponsor	Planning Lead	Start Date	Complete By Date	Status
Operation Flow Core Group - T&F 1						
Finalise detail of Resource Plan	Russell Coulthard	Colin Lauder	Kirsty Orr	03/05/23	21/06/23	On track
Write and compile Content of Playbook	Russell Coulthard	Colin Lauder	Kirsty Orr	10/05/23	30/06/23	On track
Develop OOHs Flow Management and escalation document	Russell Coulthard	Colin Lauder	Kirsty Orr	10/05/23	26/05/23	At risk
Oversee NHS L process for Hospital Occupancy and Delayed Discharge Audit	Russell Coulthard	Colin Lauder	Kirsty Orr	10/05/23	30/06/23	On track
Trajectories and data management framework agreed	Russell Coulthard	Colin Lauder	Kirsty Orr	03/05/23	31/05/23	On track
Pre Hospital and Admission Avoidance - T&F 2						
Detail workforce model required to reduce demand via FNC	Claire Ritchie	Eddie Docherty	Kirsty Orr			
Describe the proposed FNC operational model which supports admission avoidance and direction to other parts of our system	Claire Ritchie	Eddie Docherty	Kirsty Orr	01/05/23	17/07/23	On track
Roll out consultant connect for SAS to reduce conveyance to hospital where safe to do so	Claire Ritchie	Eddie Docherty	Kirsty Orr	01/05/23	17/07/23	On track
Implementation of recommendations from Rapid Strategic Review of Hospital @ Home	Maggs Thomson Claire Rae	Eddie Docherty	Kirsty Orr	01/05/23	17/07/23	On track
Development of community access pathways to support people in the coumminty and reduce ED presentations and admissions	Claire Ritchie	Eddie Docherty	Kirsty Orr	01/05/23	17/07/23	On track
Data Measurement Plan agreed	Claire Ritchie	Eddie Docherty	Kirsty Orr			
Pan Lanarkshire Front Door Redesign - T&F 3						
Undertake a review of the current "as is" pathways across ED and Acute Receiving models to enusure a shared understanding across the 3 sites	Stephen Peebles	Chris Deighan	Kirsty Orr	31/03/23	12/06/23	On track
Undertake a review of the current Ambulatory Care Models to ensure a shared understanding of the "as is" across the 3 sites	Stephen Peebles	Chris Deighan	Kirsty Orr	31/03/23	19/06/23	On track
Undertake a resource review of ED's shift by shift and complete comparison with 2019	Stephen Peebles	Chris Deighan	Kirsty Orr	05/05/23	12/06/23	On track
Develop recommendations which details the Target Operating Model for Lanarkshire	Stephen Peebles	Chris Deighan	Kirsty Orr	30/05/23	14/08/23	Still to start
Data Measurement Plan agreed	Stephen Peebles	Chris Deighan	Kirsty Orr	05/05/23	17/05/23	Complete
Ward and System Flow - T&F 4						
Establish NHS L standardised Huddle approach and template	Margaret Meek	Judith Park	Kirsty Orr	15/03/23	30/06/23	On track
Embed flow Foundation Bundle across all inpatient areas	Margaret Meek	Judith Park	Kirsty Orr	13/02/23	01/08/23	On track
Embed ward beat as part of huddle and flow foundation bundle	Margaret Meek	Judith Park	Kirsty Orr	13/02/23	01/08/23	On track
Develop ward, site and sector level escalation processes to support flow	Margaret Meek	Judith Park	Kirsty Orr	17/05/23	16/06/23	On track
Develop an agreed flow management model for NHS L – in hours and OOHs	Margaret Meek	Judith Park	Kirsty Orr	17/05/23	26/06/23	On track
Data Measurement Plan agreed	Margaret Meek	Judith Park	Kirsty Orr			Still to start
Frailty and Offsite Beds - T&F 5						
Develop a Front Door Frailty Rapid Assessment process	Trudi Marshall	Ross McGuffie	Kirsty Orr	05/05/23	01/07/23	On track
Develop and outline the frailty model for NHS Lanarkshire	Trudi Marshall	Ross McGuffie	Kirsty Orr	24/11/22	20/06/23	On track
Develop an understanding of the "as is" off site bed site model	Trudi Marshall	Ross McGuffie	Kirsty Orr	11/05/23	01/06/23	On track
Develop recommendations which outlines the Target Operating Model for off site beds for NHS Lanarkshire	Trudi Marshall	Ross McGuffie	Kirsty Orr	31/05/23	30/06/23	Still to start
Data Measurement Plan agreed	Trudi Marshall	Ross McGuffie	Kirsty Orr	31/05/23	30/06/23	Still to start



Appendix 4 – Operation Flow 2 Performance Trajectories

Operation FLOW 2 Objectives & Improvement Milestones – NHS Lanarkshire

Measure	Baseline as at May 2023	Achieve by 30 June 2023	Achieve by 31 August 2023	Achieve by 31 March 2024
Weekly 4hr Access Performance	55%	62%	70%	90%
Weekly Number 8hr Waits (Average)	627	502	377 (40% Reduction)	277 (60% reduction)
Weekly Number 12hr Waits (Average)	253	152 (40% Reduction)	76 (70% Reduction)	0 (100% reduction
Acute Site Occupancy	98% * (peaks >100% regularly)	95%	90%	85%
Ward Beat Rate per week	70%	85%	95%	100%
Discharge Lounge Use	19%	25%	35%	40%
Pre Noon Discharge Rate	13%	20%	30%	50%
Delayed Discharges per Week (Acute Sites)	166 Patients / 630 Bed Days	10% Reduction	25% reduction	40% Reduction
Delayed Discharges per Week (Community Hospitals)	94 Patients / 544 Bed Days	10% Reduction	20% Reduction	30% Reduction