

NHS Lanarkshire Board Meeting
31st January 2024

NHS Lanarkshire
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SUBJECT: OPERATION FLOW - Update and Progress

1. PURPOSE

Further to the Report to 20th December Board, this paper provides an update on the progress made in relation to:

- Impact, learning and reflections from our January Firebreak;
- Continued work underway to implement our new care models in response to the increased activity and demand from early January 2024;
- Our revised governance approach to support delivery and improvement;
- Hospital performance over the Christmas and New Year period relative to 12 months ago.

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

The content of this paper has been reported through Executive Flow Oversight Board. This paper has been prepared by Kirsty Orr, Head of Planning and Development

Prepared	<input checked="" type="checkbox"/>	Reviewed	<input checked="" type="checkbox"/>	Endorsed	<input checked="" type="checkbox"/>
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3. SUMMARY OF KEY ISSUES

3.1.1 Operation Flow – January Firebreak

A whole-system firebreak took place from Wednesday 3rd January – Friday 12th January 2024 with the objective of improving flow and thereby reducing occupancy during our anticipated period of increased demand following the festive period.

The 3 acute hospitals and 2 health and social care partnerships (HSCPs) developed plans with a range of actions which included:

- Increased Hospital @ Home capacity to reduce admission where appropriate
- Enhanced use of Hospital Assessment Team and Home First to support earlier discharges
- Length of stay reviews of patients to support discharge planning
- Increased use of discharge lounge

- Additional on-call support
- Enhanced medical cover and additional nursing staff
- Senior staff supported Board Rounds
- Maximised Senior Decision Makers (SCDMs) within Flow Navigation Centre (FNC) to ensure patients access the most suitable treatment pathways and/or clinical advice

In addition, non-essential meetings were stood down from 3 to 19 January 2024 to free up members of the senior teams to support flow enhancing activities across the whole system.

3.1.2 System Learning

A summary of the positive benefits of the whole system learning from the January Firebreak is outlined below:

- Renewed assurance around embedding of systems and processes on the wards
- Senior teams were released to spend meaningful time on inpatient wards, allowing them to see the implementation and the positive impact of embedding the Flow Foundation Bundle and supporting areas who were struggling to progress and implement fully.
- Continued development of good relationships and collaboration across the health and social care system

However, the Acute sites and HSCPs identified areas of further opportunities for system action, improvement and learning were identified as:

- Improved communication and education of patients and families in relation to discharge planning
- Further definition of roles and responsibilities to provide increased clarity on role boundaries across the health and social care system to reduce duplication and improve efficiency e.g. Flow Managers, Discharge Facilitators and Demand & Capacity Managers.
- There are high volumes of home care referral numbers across our system which impacts on Community and Social Care capacity. Further work is required with both clinical staff and Hospital Social Work teams to ensure all meet substantial or critical need of patients.
- There is an increased volume of unplanned referral numbers (either on the day of discharge or 24hrs notice of Planned Date of Discharge (PDD) which results in a backlog for those awaiting assessment. Cancellations on the day of PDD also result in loss of hours for organised Packages of Care (POC). Therefore, further training is required in relation to support robust PDD setting along with advanced planning for POCs and the referral criteria.

3.1.3 Impact of Firebreak through our Key Indicators

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

4hr Compliance

- NHS Lanarkshire 4hr performance was 62% for week ending 14th January 2024.
- This is a 14% increase on the previous week.

12hr Waits

- There was a reduction in the number of patients who waited in excess of 12hrs across the board during Firebreak week.
- For the week ending 14th January 2024, 282 patients waited over 12hrs, a reduction in the preceding week figure of 489. However, this is an increase from week ending 24th December 2023 which saw 142 patients waiting over 12hrs.

Occupancy

- NHS Lanarkshire Acute hospital occupancy was 102% for week ending 14th January 2024.
- This is a decrease from the week preceding which was 103%, but an increase from week ending 24th December 2023 which was 98%.

The January Firebreak demonstrates an improvement in performance using week ending 7 January 2024, however we have not yet achieved pre-festive period performance levels across all our metrics. Therefore, the learning from the activities and actions has been invaluable and will further inform the detail of our prioritised improvement plan.

3.2 Implementation of New Models of Care and Improving Performance

As previously reported we have not been able to complete our recruitment process to fill all posts identified to support delivery of the new models of care. However, we continue to work with our recruitment and service teams to complete this essential element of the plan. Despite the recruitment gaps we have successfully delivered key elements of our plan albeit through a phased approach. This includes:

- 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 University Hospital Hairmyres (UHH) and University Hospital Wishaw (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.
- The development of our FNC model is dependent on recruiting additional consultant and advanced practitioner resource to support on a permanent basis. However, since 1st 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.

- 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

We know that our system has and will continue to face increased activity and demand through the winter months. Our board wide plan details the system wide response planned for the winter period.

3.3 Year-On Year Comparison

Whilst there is still considerable transformation required across unscheduled care we are seeing some improvement in relation to our local key performance metrics and when benchmarking our performance with other Boards and also with comparator Acute Hospital sites, when comparing our key metrics for 2023 and 2024. These are presented in graphical format in **Appendices 1,2 and 3** at the end of this paper.

When comparing data across 35 days in December & January 2022/23 and for the same period in December & January 2023/24 on 23 occasions NHS Lanarkshire reported an improved performance against the 4-hour target in 2023/24 than in 2022/24. This is illustrated in **Appendix 1**.

This improvement against the 4-hour target is also demonstrated when comparing performance between NHS Boards (NHS Lanarkshire, Greater Glasgow & Clyde, Ayrshire & Arran, Forth Valley and Lothian) for the reporting period December & January 2022/23 v December & January 2023/24. **Appendix 2** provides a graphical illustration of this improvement.

In addition, using acute hospital sites across the Central Belt as a comparator of 4 hour performance UHH, UHM, UHW, Glasgow Royal Infirmary (GRI), Queen Elizabeth UH, Forth Valley Royal and Royal Infirmary Edinburgh (RIE) for December 2023 and January 2024 demonstrates that the NHS Lanarkshire Acute sites have performed better than the other sites in neighbouring boards. This is illustrated in **Appendix 3**.

Whilst it is recognised that the actions that have been undertaken to date through the Operation FLOW programme have supported some improvement in performance there is considerable more work to do to ensure sustained improvement, and to achieve our our unscheduled care targets as set by the Scottish Government. We also know that our patients continue to experience exceedingly long waits in our Emergency Departments and this is a key area of continuing, focussed improvement into 2024.

3.4 Action and Responsibility Framework

The 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, was implemented across our whole system on the 18 December 2023.

An evaluation of the framework is being scheduled during February 2024 to take account of the learning and feedback from the operationalisation of the framework and make the necessary changes to support the work of the clinical, operational and managerial teams.

3.5 Operation Flow Revised Governance to Support Delivery and Improvement

We have established our revised governance arrangements to support operational delivery underpinned by robust performance management framework. Three group site level Flow Oversight Boards (FOB) have been established (x 1 for each acute site) to support operational delivery. Importantly, membership comprises of whole system representatives from Acute, HSCPs (including health and social care), SAS, Third Sector and other agencies. Group membership is also multi-professional. The key objective of each FOB will be to improve performance at a site / sector level by delivering our Whole System Key Performance Indicators (KPIs) including (but not exhaustive):

- Reducing Demand by redirection and streaming of patients via REACT
- Reduce Admission Conversion to <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 Delayed Discharges

The learning from our January Firebreak has highlighted that we need to better understand our capacity and demand within community and social care services, therefore we are working with the service and operational teams to develop community and social care KPIs to ensure we understand the impact of our improvement actions across the whole system.

Overview and monitoring of KPIs and project plans along with the co-ordination of improvement work continues through Core FOB. Core FOB also has a significant role in monitoring delivery of whole system actions e.g. FNC Service Model Development, Back Door TOM, FLOW Team TOM and whole system KPIs have and will be developed to underpin this work too.

Executive Oversight continues to be provided by EFOB. EFOB continues 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 the Site FOBs as required.

3.6 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. As previously reported formal evaluation of Operation Flow 2 is being undertaken in collaboration with colleagues from Strathclyde University. 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 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;

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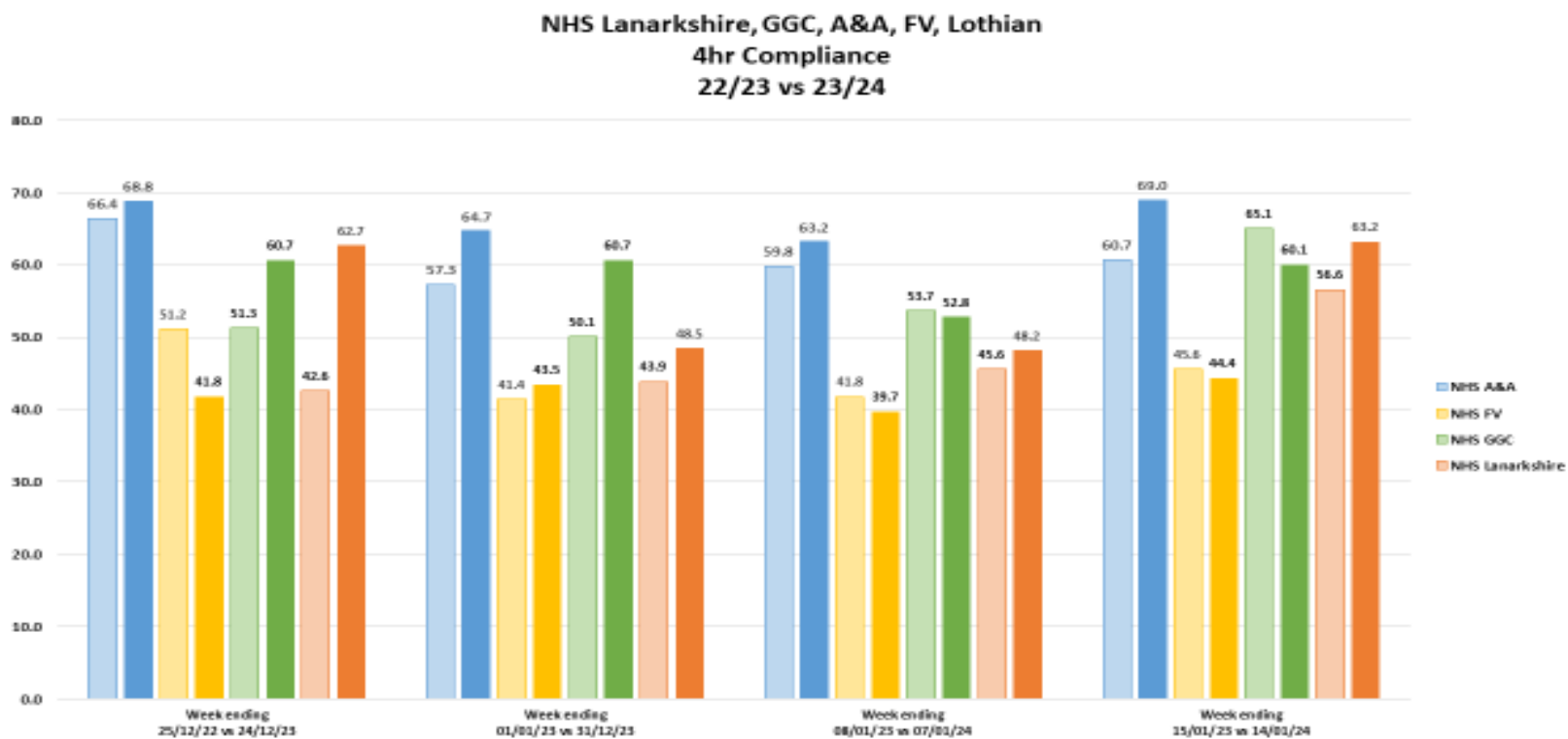
Colin Lauder
 Director of planning, property and performance
 24 January 2024

ITEM 11

Appendix 1 – NHS Lanarkshire Performance against 4-hour target December & January 2022/23 and December and January 2023/2024

Daily	2022/23 NHSL Compliance	Daily	2023/24 NHSL Compliance
22/01/2023	64%	21/01/2024	46%
21/01/2023	56%	20/01/2024	50%
20/01/2023	61%	19/01/2024	54%
19/01/2023	65%	18/01/2024	53%
18/01/2023	68%	17/01/2024	55%
17/01/2023	60%	16/01/2024	60%
16/01/2023	59%	15/01/2024	59%
15/01/2023	63%	14/01/2024	64%
14/01/2023	50%	13/01/2024	72%
13/01/2023	62%	12/01/2024	63%
12/01/2023	57%	11/01/2024	69%
11/01/2023	57%	10/01/2024	62%
10/01/2023	60%	09/01/2024	60%
09/01/2023	49%	08/01/2024	55%
08/01/2023	43%	07/01/2024	47%
07/01/2023	37%	06/01/2024	48%
06/01/2023	49%	05/01/2024	54%
05/01/2023	47%	04/01/2024	53%
04/01/2023	47%	03/01/2024	44%
03/01/2023	51%	02/01/2024	46%
02/01/2023	42%	01/01/2024	45%
01/01/2023	35%	31/12/2023	52%
31/12/2022	47%	30/12/2023	39%
30/12/2022	50%	29/12/2023	50%
29/12/2022	43%	28/12/2023	51%
28/12/2022	50%	27/12/2023	53%
27/12/2022	42%	26/12/2023	49%
26/12/2022	39%	25/12/2023	70%
25/12/2022	43%	24/12/2023	60%
24/12/2022	34%	23/12/2023	56%
23/12/2022	46%	22/12/2023	66%
22/12/2022	44%	21/12/2023	69%
21/12/2022	51%	20/12/2023	58%
20/12/2022	40%	19/12/2023	61%
19/12/2022	40%	18/12/2023	64%

Appendix 2 – 4 hour target performance comparisons between NHS Boards (NHS Lanarkshire, GG&C, A&A, FV and Lothian) 2022/23 v 2023/24



Appendix 3 – 4 hour performance UHH, UHM, UHW, GRI, QEUH, FV & RIE December 2023 & January 2024

