NHS Board Meeting
27th March 2024

NHS Lanarkshire
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SUBJECT: OPERATION FLOW - Update and Progress

1. PURPOSE

Further to the Report to 31st January 2024 Board, and February PPRC, this paper provides an update on progress made in relation to:

- Our unscheduled care performance against our improvement trajectories
- Actions underway to optimise Unscheduled Care

For approval	☐	For Assurance	☐	For Noting	☒

2. ROUTE TO THE COMMITTEE

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	☒	Reviewed	☒	Endorsed	☒

3. SUMMARY OF KEY ISSUES

3.1 NHS Lanarkshire's February 2024 Performance Against our Key Metrics

For end of February 2024 NHS Lanarkshire reported an end of month performance against the 4-hour standard as 55% compared to the target trajectory of 65%. The numbers of patients waiting 8 and 12 hours also exceed our target improvement metrics, however importantly we witnessed a decrease in patients waiting in our EDs over 12 hours. This is demonstrated in Appendix 1. Acute hospital occupancy levels reduced to 101% from the previous month of 103% against a target of 98%.

We reviewed the data in relation to reduced occupancy and performance against the 4-hour performance to determine if there was a correlation. However, the data is too variable to suggest any performance peaks are linked to any reduction in occupancy. At an Acute site level UHW demonstrated the most notable reduction in occupancy, but no similar uplift in performance whilst UHH saw an increase in occupancy and also performance.

For week endings 3rd, 10th and 17th March 2024 the NHS Lanarkshire occupancy levels reduced to 100% for the first week and maintained 99% for both weeks thereafter. Consequently, the occupancy in March so far has dropped below 100% for UHM and UHW. UHH has also reduced occupancy to below 100%, however there was a slight increase to 101% for week ending 10th March. Whilst, this reduction is encouraging

however, we recognise that sustaining reduced occupancy levels is key to improving performance and flow across our system. Occupancy and 4-hour performance for NHS Lanarkshire and each Acute site is demonstrated in Appendix 2.

We witnessed a reduction in board wide emergency LOS to 7.9 compared to 8.5 the previous month. This improvement facilitated the Acute sites transitioning out of winter surge capacity, which is central in achieving our key objectives of reducing costs along with improving our patient and staff well-being and safety.

We saw a slight dip in our call before you convey (did not travel to hospital) performance of 56% compared to 61% for January 2024. We know that this is essential in managing our front door demand, however we have not yet completed our recruitment requirements for Senior Clinical Decision Makers (SCDM). We continue to work with our recruitment and service teams to complete this essential element of the plan.

3.2 Optimising Unscheduled Care

As previously advised a visioning session with system-wide senior leaders on Friday 7 March 2024. This session provided the opportunity to further define the scope of our new model for Unscheduled Care across NHS Lanarkshire, within our Transform and Reform programme.

Managing our urgent and unscheduled care demand underpins the new Unscheduled Care Model for Lanarkshire. We will achieve this by:

- ensuring that community based services are available to support living well in the community
- providing availability of primary care and community based services to maintain health and wellbeing with primary care and community based services
- community rehab services that support or provide equipment to keep our population well at home
- access to enhanced care by proving access to fast acting short-term support to keep people well at home or enable rapid discharge
- the provision of virtual beds, Hospital @ Home / Hospital Based Care for specialist acute care and treatment when required

The delivery components of the new USC model will consist of:

- FNC+ Plus
- Increased Virtual Capacity
- Establishing a Digital Front Door
- Maximising Ward Efficiency
- Primary Care Reform

Our planning assumptions for our new unscheduled care model have been further enhanced from the local learning from the Centre for Sustainable Discovery NHS Lanarkshire Report. An overview of each of the delivery elements is outlined below.

3.2.1 FNC+ Plus

As previously reported management of our unscheduled care demand is a key element to reducing hospital occupancy and thereby improving our unscheduled care performance and management of established staffing levels. We recognise the essential role that our FNC has undertaken to date in managing urgent and unscheduled care across our system, however, we recognise that there are significant opportunities to upscale the existing model. A Vision Session, involving some 70 senior clinical and managerial leaders across the whole-system was held in March to ensure a consensus on the development of FNC+ Plus through 2024.

FNC+ Plus aligns to the principles of a NHS Lanarkshire Operational Command Centre. This is a key component in managing our demand across the system and is underpinned by a consistent Senior Clinical Decision Maker (SCDM) presence 24/7 in our FNC.

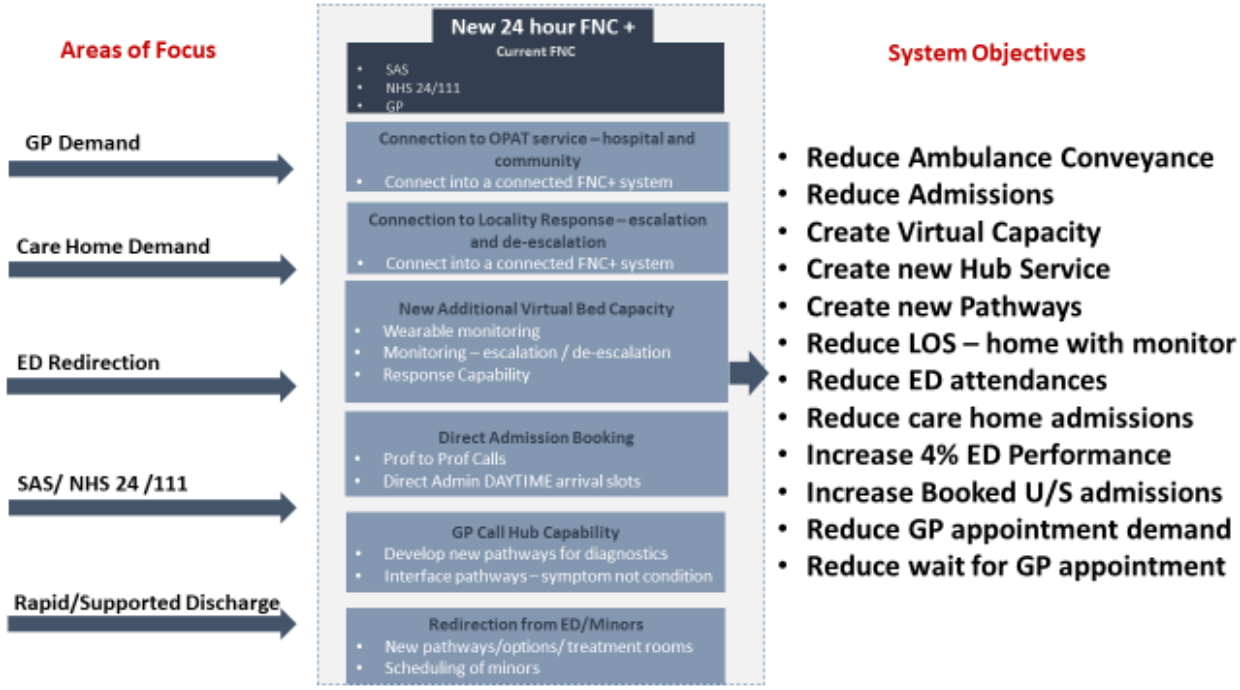
The key areas of focus for FNC+ Plus are to:

- Manage GP demand
- Manage Home Care Demand
- Maximise ED redirection
- Maximise redirection and non-conveyance from SAS, NHS 24/111
- Facilitate rapid/support discharge

The planning assumptions that the additionally that FNC+ Plus will provide includes: co-ordination of acute and community OPAT capacity; connection to locality response to support escalation or escalation of care; co-ordination and monitoring of new virtual bed capacity (including wearables); facilitating direct admission booking to reduce lengthy waits in ED and support direction of patients; creating GP hub capability to develop pathways for access to diagnostics; and redirection from ED/Minors through new pathways to treatment rooms and scheduling to minors where appropriate.

Given that managing our demand is key to improving USC performance we have committed to delivering the first phase of FNC+ Plus by Quarter 2 (July 2024).

Detailed below is an illustration of the emerging model from the collaborative work thus far.



3.2.2 Virtual Capacity

Through NHS Lanarkshire's established Hospital @ Home service we currently manage 72 virtual beds across the system. To ensure that we further manage our demand effectively, reduce hospital occupancy levels and improve performance we are planning to commission an additional **200** virtual beds. These beds will be co-ordinated and monitored through FNC+ Plus and this model support moving our models of care into prevention and the community based services. The virtual beds will be fully technology-enabled to optimise care for patients, support communication and enable the effective management of a patient's condition. We anticipate that the cost of an additional 200 virtual beds will be circa £400K which does not include senior medical staffing costs. This will be subject to a procurement exercise over April.

The learning from our existing hospital @ home service will be invaluable in further developing our virtual bed model which will:

- Acute clinical care delivered by a MDT, led by a named consultant practitioner (e.g. medic, nurse, AHP or GP) with clear lines of clinical responsibility or governance
- Be developed for a range of high volume conditions/symptoms/settings to manage demand across the system e.g. Respiratory, Breathlessness, Frailty, Paediatrics
- Have clearly defined criteria to admit and reside, supported by clinical review to provide a safe and robust service
- Ensure that patients are provided with clear information on who to contact if their symptoms worsen, including out of hours
- Clear pathways to support early recognition of deterioration and appropriate escalation process in place to maintain patient safety
- Provision of Technology enabled care via mobile phones, apps, web-based tools or wearables
- Have access to speciality advice and guidance/diagnostics equivalent to acute hospital access to enable timely clinical decision making

- Deliver time-limited interventions and monitoring based on clinical need for a secondary care bed
- Be fully aligned or integrated with:
    - locality response to support rapid hospital discharge pathways or discharge from the virtual ward
    - emergency ambulatory care and unscheduled care services across the Lanarkshire system to maximise scheduling or unplanned care through direct admission processes
    - primary care, communicate and third sector service to support long-term condition management and reduction in emergency presentations

We know that we need to expedite the expansion of our virtual bed capacity and our considerations also include:

- Potential opportunities of provider collaborations to deliver virtual wards across the community, secondary and primary care
- Integration of the virtual capacity with existing urgent and unscheduled care services including ambulatory care, primary care daytime and out of hours, NHS 24/111 and SAS
- Review of our 24/7 workforce profile to support any additional demands on services as part of the integration of services to ensure comprehensive 24-hour safety net for patients in a virtual bed
- Expansion of point of care (POC) testing to support delivery of virtual care

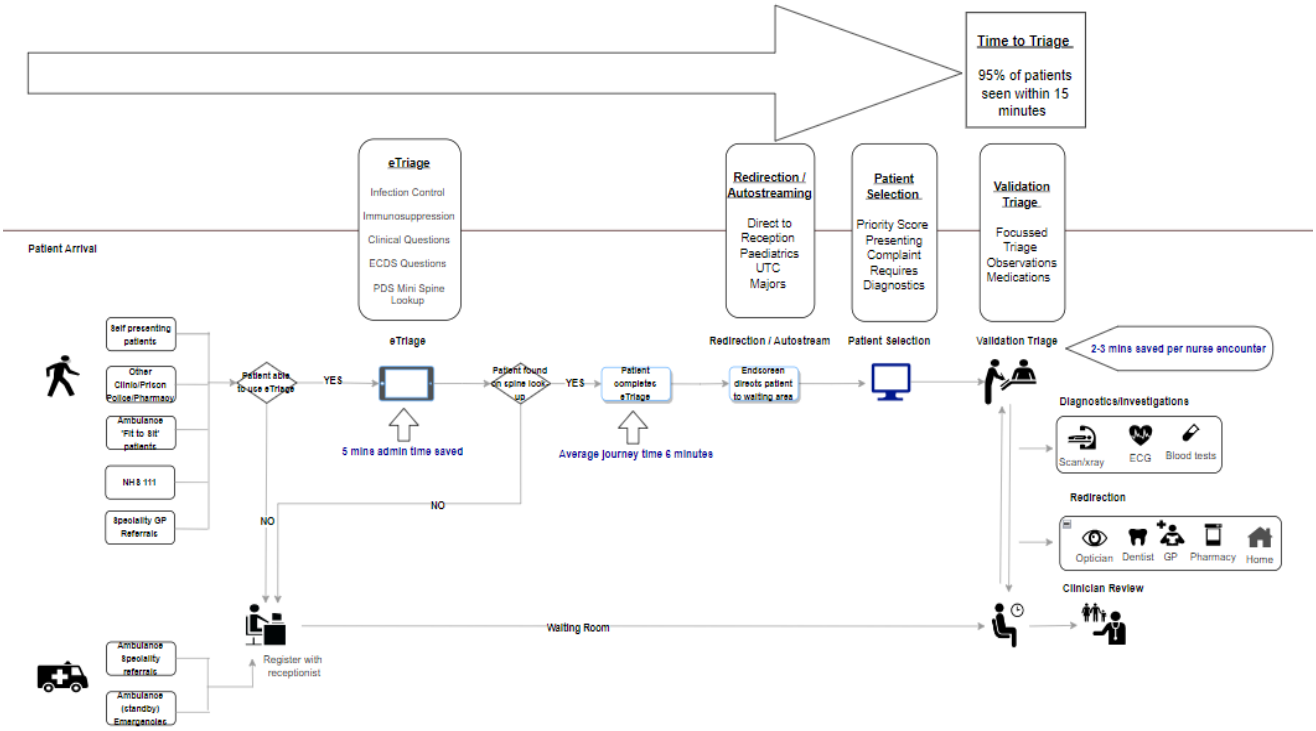
We are now working with procurement colleagues to undertake pre-market engagement to better understand market capabilities and help inform a specification of our requirements to support our developing model.

3.2.3 Digital Front Door

NHS Lanarkshire's Emergency Departments report increasing acuity and exit block in accessing downstream receiving wards for patients requiring admission. These factors are combining to result in crowded EDs with delays to Time to Triage (TTT), Time to First Assessment (TTFA) and long waits for admission that are associated with increased morbidity and mortality for patients, and morale injury to staff trying to provide quality care.

We know that having detailed information as a patient is booked into the ED can increase the potential to enhance signposting/redirection, ED processes and oversight and improve safety metrics such as TTT and TTFA. eTriage is a digital triage solution which integrates with the existing hospital patient management system (Trakcare) to allow patients to automatically self-check-in. The system registers the patient and collects public health data for strategic planning purpose. When patients enter their details, they are asked a series of intuitive questions about their presentation, which will prioritise the patient into P1 to P5 acuity ratings based upon their presenting complaint within 5 minutes of arrival.

Consequently, NHS Lanarkshire is scoping the implementation of eTriage to develop our Digital Front door. We are working with the provider company to determine how best to integrate the eTriage technology with our Front Door Target Operating Model. Illustrated below is a working example of the eTriage 24-hour Operating process.



3.3.4 Maximising Ward Efficiency

Maintaining and positive in/out balance and maximising outflow are key elements of managing demand and reducing hospital occupancy levels which will thereby improve 4-hour target performance.

We remain focused and committed in implementing all elements of our Flow Foundation Bundle. The Flow Foundation Bundle is a combined set of simple rules for all receiving and inpatient wards to improve patient flow and prevent unnecessary waiting for patients.

The bundle consists of:

- Discharge Beat for each ward
- MDT Board Rounds (x 3 times/day) underpinned by SHOP principles
- Criteria to reside assessment for every patient
- Planned date of discharge (PDD)
- Criteria-led Discharge
- Pre-noon Discharge and Use of Discharge Lounge
- Real updating of patient movements on Trakcare

To further enhance downstream flow we are working on developing a Back Door Target Operating Model which includes all elements of the Flow Foundation Bundle along with implementing Home First assessment approach and a connected pathway with Social Work / Social Care to ensure seamless discharge.

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

We have developed a Performance Framework to measure ward, site and system level metrics for the duration of Operation FLOW 2 and this will be further developed during Operation Flow 3. They 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. Not all posts are filled and therefore recruitment processes continue.

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	☒	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 continue.

12. ACTIONS FOR THE BOARD

The Board are asked to:

- Note the progress outlined in the report.

Approve	☐	Gain Assurance	☐	Note	☒

13. FURTHER INFORMATION

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

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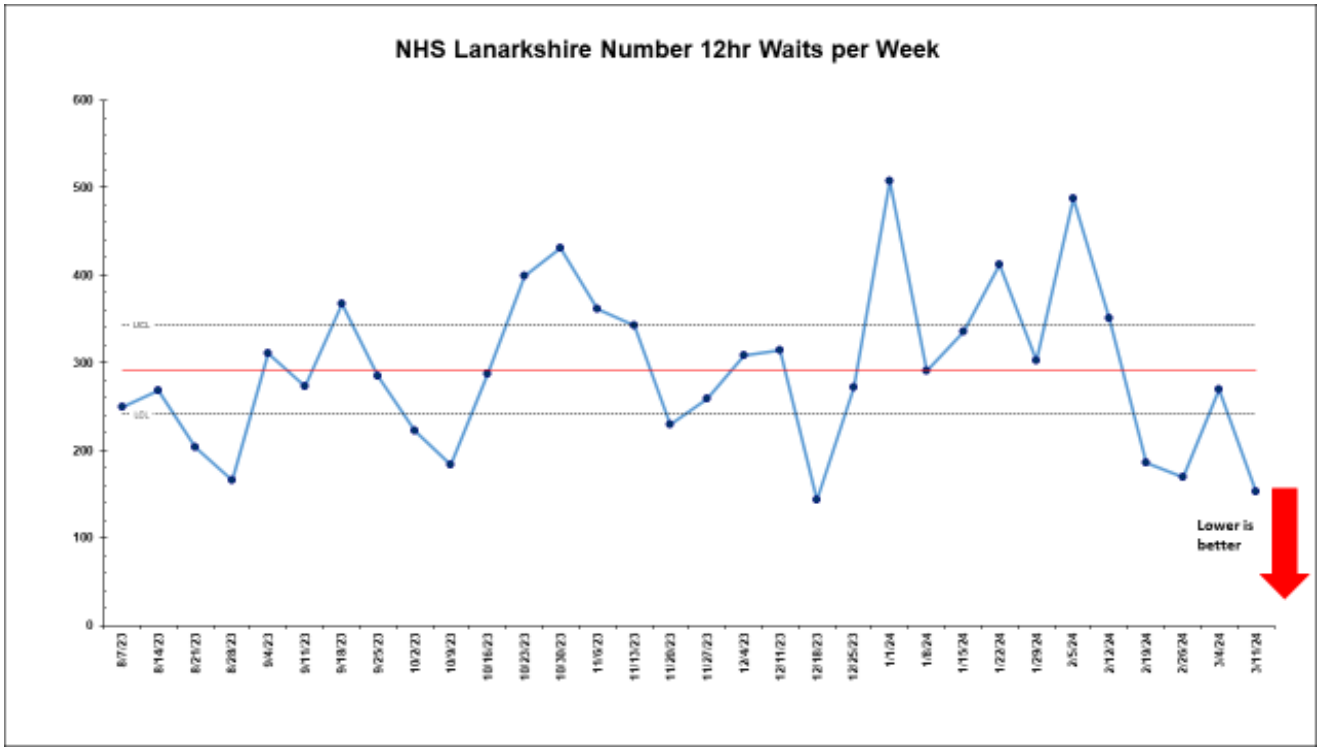
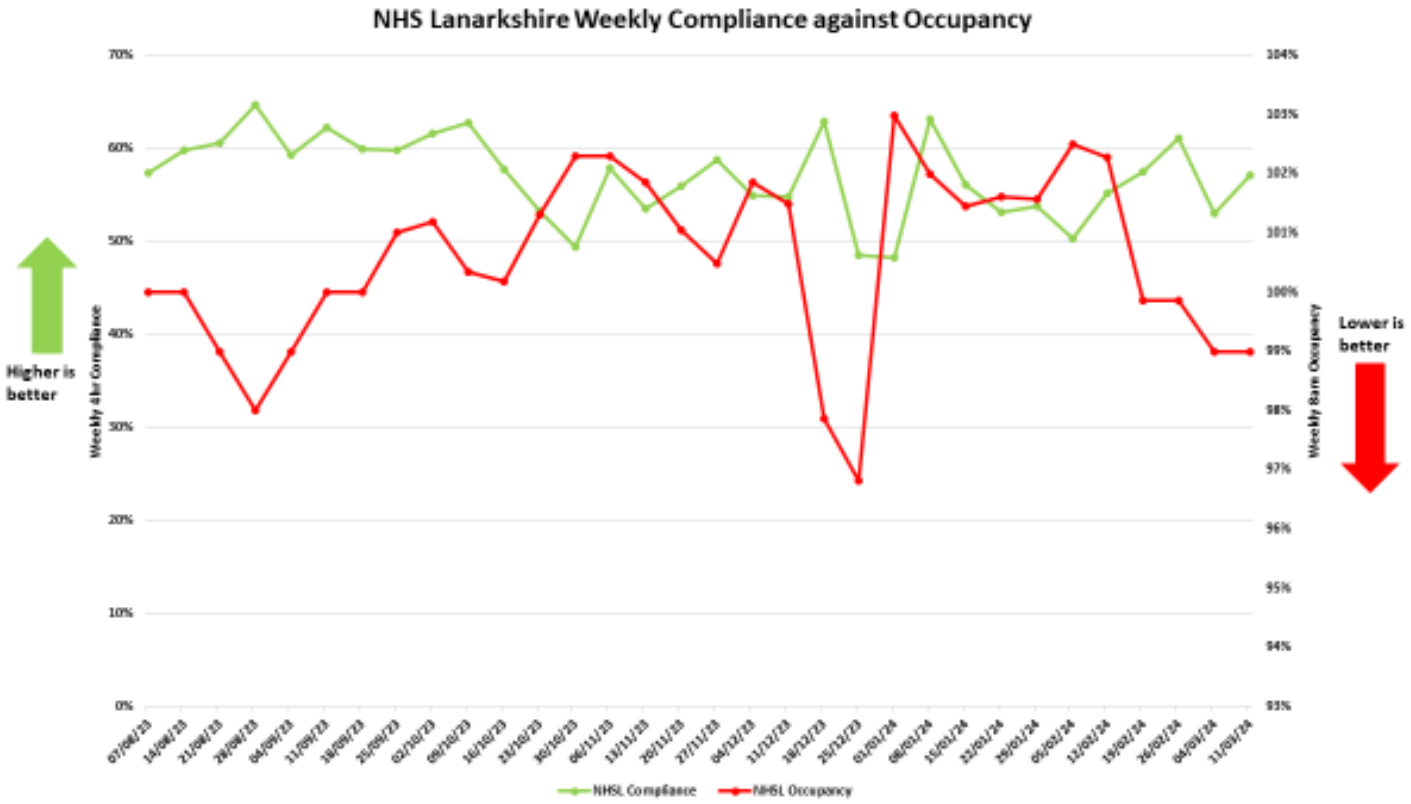
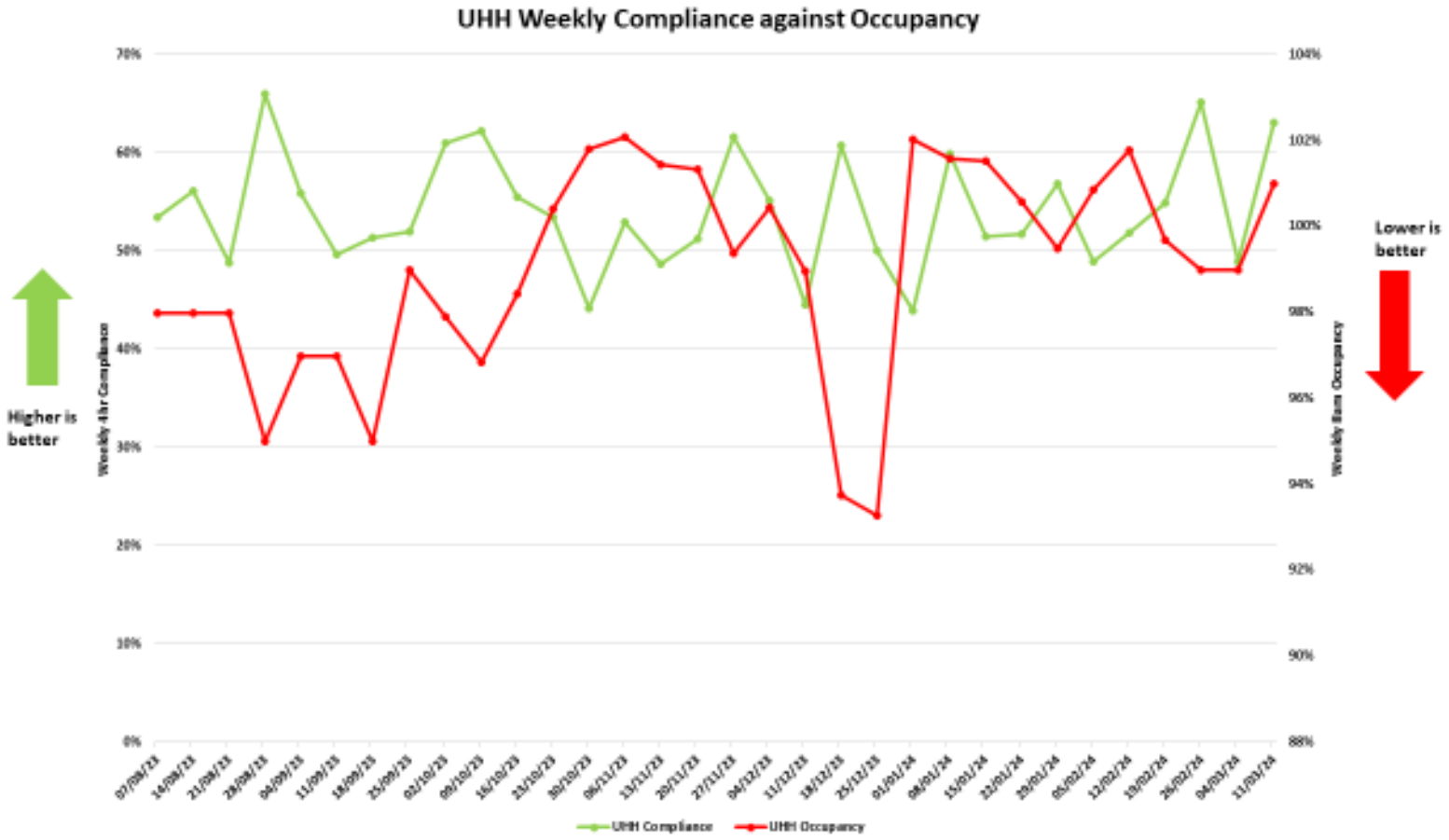
Colin Lauder
Director of planning, property and performance
20 February 2024

Appendix 1 – NHS Lanarkshire 12-hour waits / week


NHS Lanarkshire Number 12hr Waits per Week
600
500
400
300
200
100
0
Lower is better

Appendix 2 – Performace against the 4 hour standard and NHS L occupancy levels (by Acute Site)




UHH Weekly Compliance against Occupancy
Higher is better
Lower is better
Weekly 4hr Compliance
Weekly Bed Occupancy
70%
60%
50%
40%
30%
20%
10%
0%
104%
102%
100%
98%
96%
94%
92%
90%
88%
07/08/23
14/08/23
21/08/23
28/08/23
04/09/23
11/09/23
18/09/23
25/09/23
02/10/23
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15/01/24
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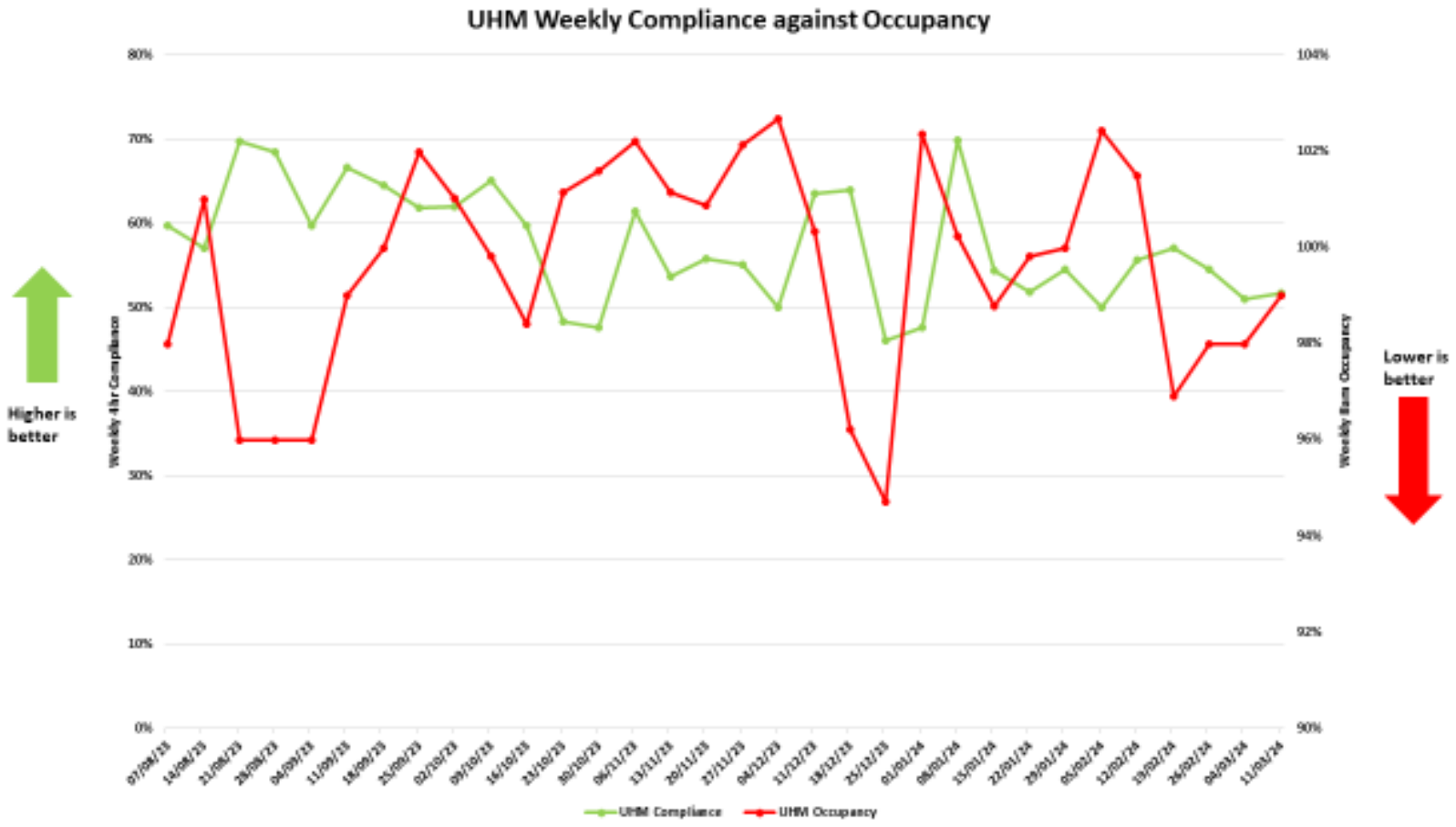
04/03/24
11/03/24
UHH Compliance
UHH Occupancy


UHM Weekly Compliance against Occupancy
Higher is better
Lower is better
Weekly 4hr Compliance
Weekly Bam Occupancy
80%
70%
60%
50%
40%
30%
20%
10%
0%
104%
102%
100%
98%
96%
94%
92%
90%
07/08/23
14/08/23
21/08/23
28/08/23
04/09/23
11/09/23
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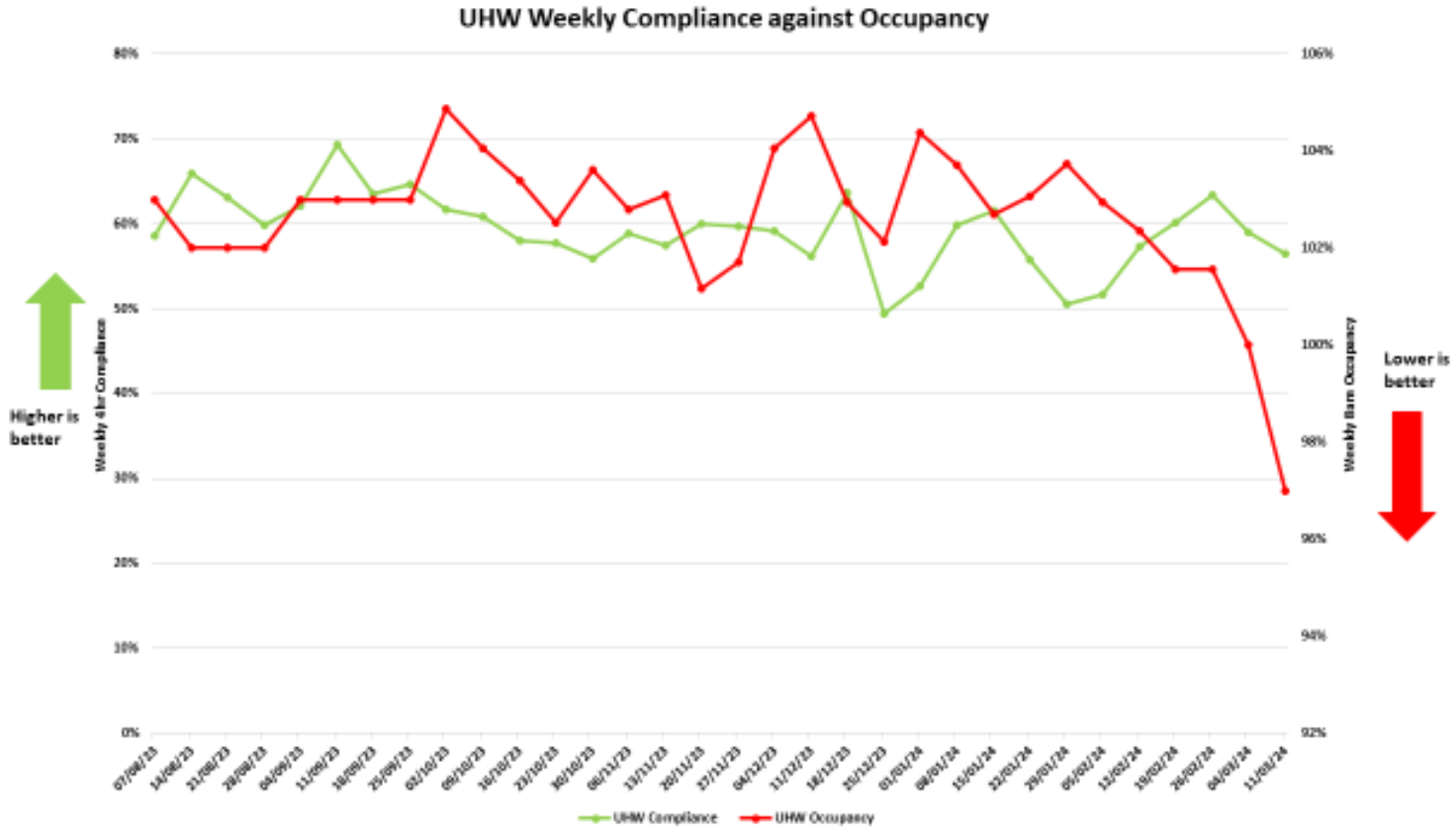
UHM Compliance
UHM Occupancy


UHW Weekly Compliance against Occupancy
Higher is better
Lower is better
Weekly 4hr Compliance
Weekly Bare Occupancy
80%
70%
60%
50%
40%
30%
20%
10%
0%
106%
104%
102%
100%
98%
96%
94%
92%
07/08/23
14/08/23
21/08/23
28/08/23
04/09/23
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26/02/24
04/03/24
11/03/24
UHW Compliance
UHW Occupancy