NHS Lanarkshire Board Meeting
30 August 2023

Lanarkshire NHS Board
Kirklands
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SUBJECT: OPERATION FLOW 2 Update and Resource Progress

1. PURPOSE

The purpose of this paper is to provide an update on the report that went to the Board meeting on 31 May 2023 and June PPRC.

An update on the progress made in relation to:

- Improved effectiveness and efficiency of models of care by developing and standardising pan Lanarkshire models and escalation
- Investment and recruitment to support 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

3.1.1 Developing and Implementing Operation Flow 2

Whilst we have witnessed a reduction in lengthy waits across our Emergency Departments,(ED), we have struggled to maintain consistent improvement in 4-hour performance across our system. However, extensive work has progressed through our established task and finish groups to create the conditions for sustained performance improvement. This has also included preparing for winter 2023/24, developing of our new models of care aligned to NHS Lanarkshire's new 6 step Flow Model (Appendix 1) and overall delivery of Operation Flow 2.

An overview of the progress of Operation Flow and the work and interconnection across each of the Task and Finish Groups is outlined in the following sections.

3.1.2 Task and Finish Group 1: Providing Overview and Coordination

Task and Finish Group 1 has co-ordinated all resource requirements that have emerged through the proposals from each of the task and finish groups. We have established a rigorous process for reviewing all posts and resource to be considered through Operation Flow. All posts are assessed against alignment with the developed Target Operating Models and key performance indicators.

After agreement of task and finish group 1 all proposals are submitted to Star Chamber where the Chief Executive, Director of Finance, Director – Property, Planning and Performance and other Executive Directors, as required, seek assurance around the benefits and impact outlined in the proposals pending a final decision around a funding decisions. An overview of the current committed expenditure is provided in the financial framework in Appendix 2.

Ensuring consistency in relation to models of care is a key objective of Operation Flow and therefore the creation of a core team to support system flow has been a key priority for task and finish group 1. This corporate resource includes: 1 x Associate Medical Director – Unscheduled Care to provide clinical leadership across the whole system; 2 x System-wide Service Improvement Managers; 2 x Heads of Patient Flow to provide senior leadership during our vulnerable OOHS period; additional project management resource; and data analysists to support our measurement and impact. We have also recognised that to expedite the recruitment process is crucial to our success and therefore, additional recruitment resource has been secured to support all recruitment for operation flow.

Task and finish group 1 remains responsible for undertaking a weekly performance review in relation to progress of attaining trajectory milestones across our 3 Acute sites and system. Our end of July position against the 4-hour target was 65% against a trajectory of 67%. Although work continues to embed best practice accountability and leadership to deliver our plan we know that new ways of working and the resource additionally required will take some time to implement these changes. We know that we will not achieve 70% by the end of August and therefore, we have taken the decision to rebase our trajectories to deliver 72% performance against the 4-hour target performance by the end of September 2023 and 90% by the end of March 2024.

We have now developed a week by week trajectory for all key performance indicators for Operation Flow to ensure delivery our improvement target of 72% by 31 August 2023. The impact of the project actions from each of the Task and Finish Groups will be measured and reported on a weekly basis against the following indicators:

- 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 and Community sites)

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.

It is essential that our workforce understand both the rationale for Operation Flow and their role and responsibilities in enhancing flow and safety across our system. Therefore, a key element of our communications plan is the development of a Playbook which provides handbook and guide resource for all our staff across the whole system. An implementation plan is being developed to support system roll out of the Playbook and the training and development needs identified by our workforce to support good flow.

3.1.3 Task and Finish Group 2: Pre-Hospital / Avoiding Admission

We know from our learning from Firebreak that increasing our Senior Clinical Decision Makers in our Flow Navigation Centre, (FNC), is essential to reduce front door demand and to support directing our patients to the most appropriate service or part of our system to respond to their needs.

Following our Firebreak earlier this year, we have continued to work closely with Scottish Ambulance colleagues to undertaken further tests of change to increase "call before you convey" activity for NHS Lanarkshire. This means that on scene Ambulance crews seek senior clinical advice via the FNC for patients whose conditions are not immediately life threatening where an assessment process facilitates consideration of other alternative care locations, for example, Hospital at Home. This model has been very successful with 75% of these calls being diverted away from ED during the testing periods. The senior clinical decision makers comprised of ED consultants and SAS Advanced Practitioners. Consequently, a resource proposal to increase senior clinical decision makers with a hybrid staffing model comprising of Consultants – ED and Acute Medicine and SAS Advanced Practitioners in the FNC has been approved via our Operation Flow resource plan. However, we know that it is essential that this recruitment aligns with the resource requirements needed our new Front Door Target Operating Model, which is described in section 3.1.4.

NHS Lanarkshire's Hospital @ Home service is key to supporting admission avoidance and is an integral pathway for the FNC. We've also been undertaking a Strategic Review of Hospital @ Home with the aim of informing our future service model and ensuring system linkages across our new Target Operating Models. A final report of this review is due for completion by 30 August 2023, however to support winter and following learning and impact from Firebreak a proposal to expand the hours of operation of the service model has been approved through Star Chamber. This will also support our transition planning for the medium to longer term vision for the service.

Community referral pathways via the Home First and Home Assessment Team, along with direct referrals to Treatment Rooms from the FNC are also being developed within this group with the key objective of reducing demand at our EDs.

3.1.4 Task and Finish Group 3: Pan Lanarkshire Front Door Redesign

Two multi-disciplinary sessions have been held with representatives from our ED and Acute Medicine Teams across the 3 sites, supported by the operational management teams. Crucially a Front Door Target Operating Model for NHS Lanarkshire, (Appendix

3), was agreed for implementation across the 3 sites which comprises of the following set of principles:

- Streaming of the majority of patients requiring hospital treatment via our FNC.
- Scheduling of minors and ambulatory care via our FNC.
- REACT model implemented on the UHW and UHH site and an enhanced. model on the UHM site to support streaming of patients to the most appropriate area in ED (e.g. Resus, Majors and Minors), Ambulatory Care and Assessment Areas.
- Consistent naming, recording and reporting for all Front Door areas across the 3 Acute sites.
- Standardised key performance metrics for each element for the ED 4-hour pathway e.g. 95% of all patients have a first assessment within 120 minutes of arrival to the ED.

Whilst it is recognised that it will take time to fully implement our new Front Door Target Model, it was agreed that the implementation and development of a REACT model was important to manage and co-ordinate our front door demand for Winter 2023/24. Consequently, the clinical and operational teams are working to implement the model by the 1 November 2023. It is acknowledged that within current resources this may require a phased implementation, for example, limited hours of operation aligned to activity profile of each of the EDs. Planning is underway with the site teams to work through the specific detail of their implementation plans and resource requirement to facilitate full implementation. Importantly, the resource plan for the Front Door Model is linked to the FNC workforce model and recruitment will be progressed in a co-ordinated way to resource our new Target Operating Model.

We previously outlined that the proposals and improvement linked to the Task and Finish Groups assumes the baseline level of staffing currently within the system remains in place. However, 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 has been agreed that £5m of this non-recurring spend is transferred into internal reinvestment in these service areas and recruit into these posts permanently. This recruitment must be aligned to our new Front Door Target model and will support the development of a sustainable workforce in NHS Lanarkshire which will maximise the benefits of service improvement and minimise exposure to ongoing agency nursing costs. Considerable planning work is underway to meet this objective.

It is recognised that there continues to be flow challenges on the UHW site in particular and capital works to create a minors space within the ED at UHW is due for completion on the 19 October 2023. This will provide much needed space to enhance ED flows ahead of this Winter. A resource plan to safely staff this space was approved via our Operation Flow structures and recruitment is nearing completion to support the October timescale.

3.1.5 Task and Finish Group 4: Ward and System Flows

Work has continued across our system to improve the efficiency and effectiveness of our system. The actions being progressed by task and finish 4 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 responding 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.

A clinical champion for each of the Acute sites has been funded through Operation Flow to provide additional support to the clinical and operational teams in ensuring that our Flow Foundation Bundles are implemented across our Acute and off-site beds. To inform our progress in relation to this a weekly audit is undertaken by the site teams. We have seen marked improvement in relation to process implementation and we are now transitioning to evaluating the impact of the process.

We know our new Flow Target Operating Model needs to encompass all component parts of our system that supports flow. Our Flow model will therefore include our FNC in managing and co-ordinating our front door demand, our site flow teams and night managers working in a consistent way to support flow. This also includes having clarity around escalation triggers to duty managers and the wider operational team. It is also essential for safe and effective flow that our discharge co-ordination teams work in an integrated way with our flow teams.

Furthermore, funding has been approved to recruit to Site Flow Capacity Managers (3), one to each site, which will expand the seniority for on call cover and escalation. The flow teams are also complimented by the recruitment of Heads of Patient Flow to provide dedicated leadership, support and direction during the OOHS period.

Therefore, the new Flow Target Operating Model will describe the connections and the roles and responsibilities of each staff group supporting flow across our sites and sectors. Workshop sessions are planned during August with the objective of the new NHS Lanarkshire flow model being illustrated and described by the 31 August 2023.

Further proposals are being considered by task and finish 4 which includes expanding the opening hours of the discharge lounge and recruiting to administration roles to support discharge planning roles and real time updating of Trak as part of our winter planning.

3.1.6 Task and Finish Group 5: Frailty and Off-site Beds

Funding has been secured via Operation Flow 2 to support the development of a Frailty Clinical Network which will ensure a whole system approach to the implementation of a frailty pathway. This development sees the introduction of a new pan Lanarkshire Associate Medical Director post, an NMAHP consultant post and admin support post. To support engagement with the clinical network and ensure appropriate leadership at a site level it is planned that we will convert the lead geriatrician posts to Deputy Clinical Director posts. This network will also encompass the existing two frailty lead GP sessions. The inclusion of an NMAHP consultant with advanced practice skills facilitates the exploration of non-medical bed holding to release consultant capacity.

The planned key outcomes for the Frailty network are to:

- Develop an integrated leadership culture to support continuous improvement and shared learning and goals
- Improve staff morale and job satisfaction with better joint working between acute and community
- Facilitate earlier frailty identification in the community to facilitate pre-frailty interventions and more self-management where appropriate
- Increased focus on Realistic Medicine around de-prescribing, avoiding unnecessary tests for frail individuals and shared decision making with them and their families/carers
- Ensure enhanced use and quality of anticipatory care plans for people in their own homes and in care homes
- Support the development of Locality Response Teams to avoid crises admissions
- Strengthening of Consultant Connect links
- Improved access to timely social work intervention including respite care
- Establishing frailty pathways across all 3 acute sites and in doing so:
    - Providing earlier comprehensive geriatric assessment
    - Setting Planned Date of Discharge at the earliest opportunity informed by the whole Multi-Disciplinary Team.
    - Building on Home First and Discharge to assess approaches
    - Reducing Length of Stay
    - Improving pre-noon discharges
    - Improving 72 hour discharges
    - Reducing delayed discharges
    - Reducing numbers of frail boarding patients

We recognise that it is not currently possible to resource frailty units with fully staffed multi-disciplinary teams. However, there is an evidence base that frailty teams can provide comprehensive geriatric assessment (CGA) in a variety of settings. Commencing CGA at the earliest opportunity allows specialist staff to start medical, functional, cognitive and social assessment from point of presentation to the system. Liaising with family, carers and other agencies they often work at the interface of care to ensure assessment and care is provided in the best possible setting and alternatives to hospital based care such as outpatient care is utilised. This is often referred to as interface geriatrics.

Therefore, to support the work being undertaken via the new Front Door Target and FNC a proposal has been developed within task and finish group 5 which describes a frailty team that can work at the interface across each of the three hospital sites. They will have the flexibility to undertake tests of change across localities, FNC and ED to explore

how best to influence patient's journey and produce the best outcomes. This will maximise the use of consult connect and explore the use of hot clinics, interfacing with existing services such as H@H, Hospital Assessment Teams and Home First. The priority will be on admission avoidance and supporting shortened Length Of Stay, (LOS), for this patient cohort.

In addition to the creation of the frailty interface team it is also recognised that to support reduction in LOS and improve flow in offsite areas over winter there requires to be a different approach. Therefore, instead of taking a sector approach to bed management it is proposed that we implement a pan Lanarkshire approach to patient placement across offsite. To co-ordinate this approach it is proposed that an offsite Rehabilitation coordinator, a frailty Advanced Practitioner and a Prescribing Pharmacist posts are created to support the management of patients and facilitate earlier discharges to help reduce Length of Stay.

At present, offsite areas only have Physiotherapy and Occupational Therapy resource to support rehabilitation in 110 beds but this resource is currently covering 183 beds. Therefore, a proposal has been developed that describes a model to cohort those with active rehab needs on specific sites (yet to be determined). The team would coordinate a single list of all people awaiting transfer to ensure that patients requiring rehabilitation are prioritised for these beds. They will also co-ordinate the rehabilitation resource across Lanarkshire to ensure it is targeted in most effective way to maximise patient outcomes. Some flexibility will be required to support individuals unable to access these beds. Learning from last winter identified challenges with the availability of medical support and medicines management in some of the sites therefore these posts would also support the care delivered across the sites to allow more flexible discharge planning.

These proposals have been endorsed by task and finish 1 and will be presented to a Star Chamber meeting for consideration week commencing 21 August 2023.

3.1.7 Task and Finish 6: Urgent Community Care Infrastructure and Interfaces

We have recognised that to further support the delivery of Operation Flow 2 a 6th task and finish group is required and this has been established over the past few weeks. The key actions of this group is to co-ordinate a broad range of work being progressed via various governance structures within the Health and Social Care Partnership structures that is linked to the new models of care. The areas of focus are: Home Support; Locality Response; Hospital @ Home Community Interfaces; and Community Services. No funding proposals have emerged at present and updating will continue through task and finish group 1.

3.2 Performance and Monitoring

We continue to have a robust monitoring process in place 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 task list 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.

As previously noted 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.

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.

3.2 Implementing our Winter Plan through Operation Flow 2

As the primary objective of the task and finish groups in relation to scoping and developing proposals have now been achieved, we are planning the transition to our delivery structures to support this work. We anticipate that the majority of the work will be delivered through a sector based structure to ensure that we maintain a whole system approach. However, we also recognise that there are some elements of our plan that are pan-Lanarkshire e.g FNC development and will require some flexibility in our approach to support delivery.

We are also scoping Firebreaks across various parts of our system. These are being considered across Social Care, Primary Care, Community Care and the Acute Division with the aim of decompressing the system ahead of Winter. We recognise that a Firebreak is likely to be different than the one undertaken earlier this year as many of the proposals that have emerged during Operation Flow 2 and are due to be implemented reflect our system learning from that time. However, we need to undertake some further data analysis to help inform our decision making around timing, cost, impact and risk assessment and this work will be progressing through a newly established planning group.

We are also really delighted that colleagues from NHS Tayside have agreed to provide a peer support visit to NHS Lanarkshire to review our new target operating models and winter plans to determine if there are any further opportunities for improvement and shared learning. This visit will take place on the 7 and 8 September 2023 and a feedback report will follow.

We also continue to work with healthcare planning and regional planning colleagues around the demand and capacity modelling for both the UHW and UHH sites and it is anticipated that this work will conclude during September 2023. The outcome of this process will inform us if the size of UHH and UHW is adequate to meet both our current and future demand.

4. STRATEGIC CONTEXT

This paper links to the following:

Corporate objectives	☒	ADP	☐	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 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 and recruitment processes are underway as outlined in the paper.

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 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	☐	Gain Assurance	☐	Note	☒

13. FURTHER INFORMATION

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

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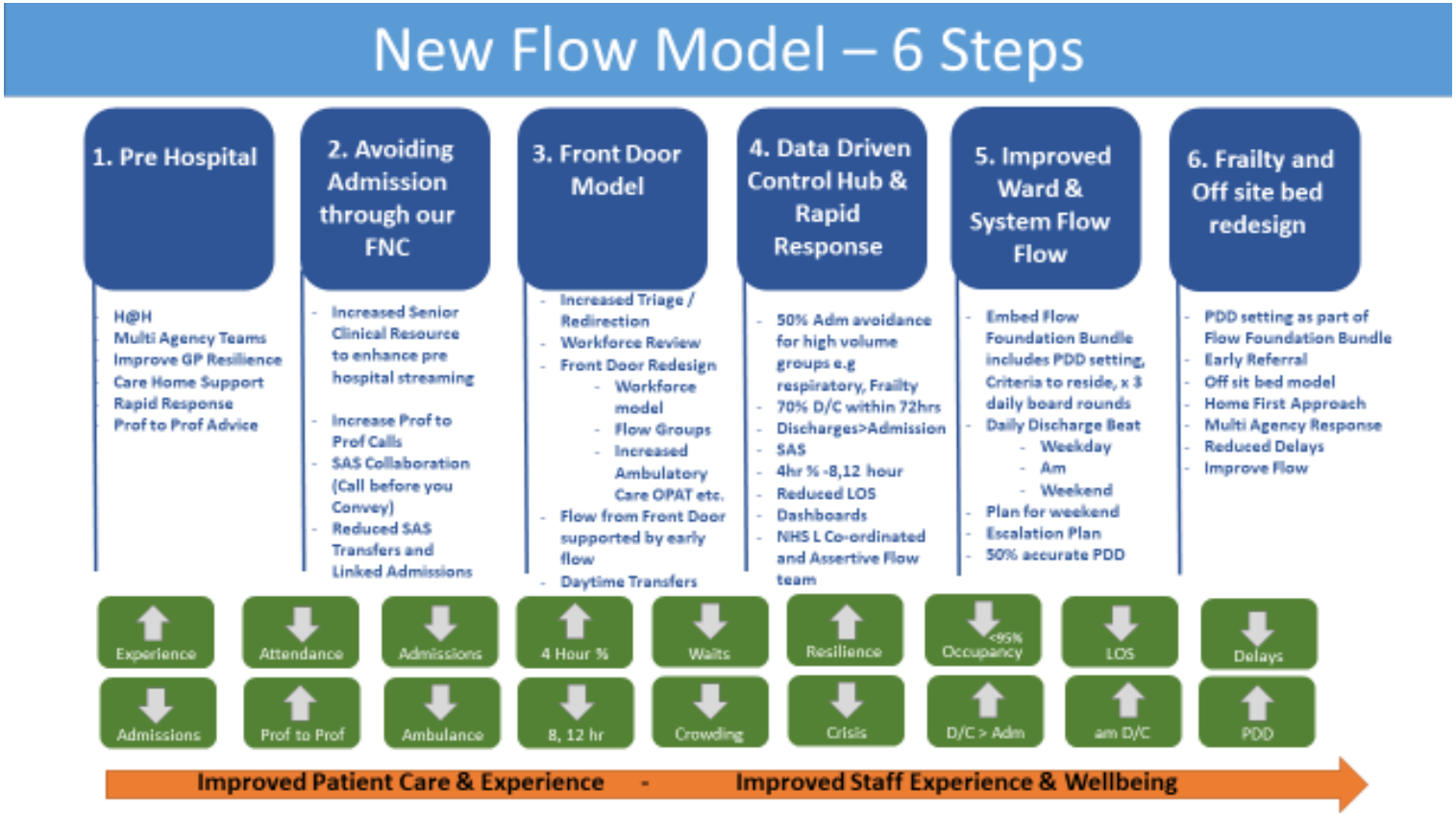
Colin Lauder
Director of planning, property and performance

18 August 2023

Appendix 1 – NHS L New 6 Step Flow Model



Appendix 2 – Operation Flow 2 Financal Famework

	Fixed Term WTE	Perm. WTE	Cost p.a	Part year cost 23/24
Core Group (1)			£000s	£000s
3 Pas for Consultant Clinical leads	0.3		46	23
Service Improvement managers		2	138	69
Project manager		0.4	30	20
Business support analyst	1	1	91	45
HR support	3		128	86
Pre Hospital/ Avoiding Admission (2)				
Expansion of Flow Navigation Cetre		8.37	960	332
Hospital@Home Expansion for Winter	15.23		424	424
Front door redesign pan Lanarkshire (3)				
Expansion to wishaw ED minors area		14.45	715	477
Revenue Equipment			60	60
Ward and System Flow (4)				
Clinical champion for each site	3.00		201	118
Heads of Patient Flow	2.00		269	134
ANP non-medical leadership/decision making for boarders	4.50		310	181
Medical Consultants - UHM		2	313	183
Site Flow Capacity Managers (8A)		9	827	483
Frailty (5)				
Frailty clinical lead and specialist support	0.3	2	199	104
	29.33	39.22	4711	2737

Appendix 3 – Front Door Target Operating Model