

Operation Flow – A whole system approach to improving urgent and unscheduled care in Lanarkshire

Dr Chris Deighan, Executive Medical Director, NHS Lanarkshire Kirsty Orr, Head of Planning and Development, NHS Lanarkshire

Event Supporter











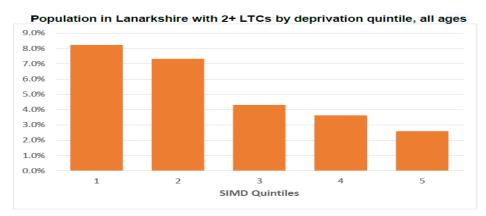
- Significant impact of Covid on population with widening inequalities
- Loss of Planned Care resource local, national and Independent
- Unique 3 acute site infrastructure all providing full range of services
 - Workforce
 - Estate
 - Service Resilience
- Longstanding commitment to financial balance (no prior brokerage)
- Significant challenges over winter 2022/23 affecting patients and staff
 - model of service provision must be redesigned before winter 23/24



Our Population

The total (estimated) population of Lanarkshire is 664,000.

- 51.8% live in deprived areas
- We have the 3rd highest share of 20% most deprived data zones in Scotland
- The most deprived have over 3 times the prevalence of MLTCs than the least deprived







Locality	N	/0
Airdrie	56,357	8.5
Coatbridge	50,330	7.6
North Lanarkshire North	87,695	3.2
Bellshill	41,377	6.2
Motherwell	54,205	8.2
Wishaw	51,436	7.7
Cambuslang/Ruth erglen	61,073	9.2
East Kilbride	90,231	13.6
Clydesdale	61,862	9.3
Hamilton	109,464	16.5

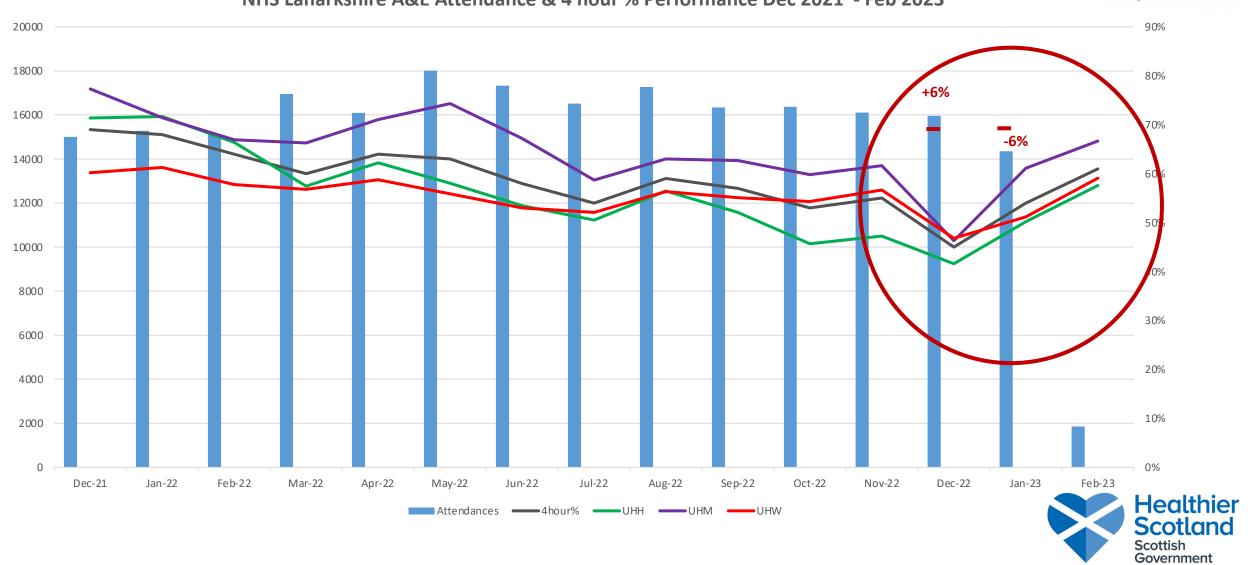
	SIMD 1	SIMD 2	SIMD 3	SIMD 4	SIMD 5
Airdrie	42.7%	18.9%	17.3%	18.0%	3.3%
Coatbridge	39.8%	29.2%	13.6%	13.8%	3.6%
North Lan North	12.3%	30.1%	15.5%	18.5%	23.5%
Bellshill	38.5%	27.1%	12.6%	12.4%	9.4%
Motherwell	41.4%	18.4%	7.9%	17.2%	15.1%
Wishaw	33.9%	35.6%	14.6%	12.6%	3.3%
Rutherglen					
Cambuslang	33.5%	12.9%	12.3%	21.9%	19.4%
East Kilbride	2.9%	24.3%	32.9%	17.7%	22.3%
Clydesdale	13.9%	32.3%	20.8%	25.0%	8.0%
Hamilton	29.1%	25.7%	12.8%	15.7%	16.7%



NHS Lanarkshire – Operation F.L.O.W



NHS Lanarkshire A&E Attendance & 4 hour % Performance Dec 2021 - Feb 2023





NHS 75 SCOTLAND YEARS Thanking our staff #NHSScot75

NHS Lanarkshire – Operation F.L.O.W

Recalibrate

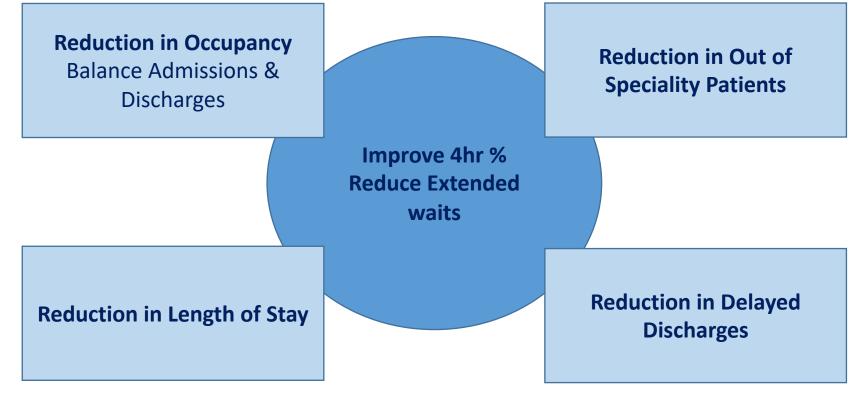
Reshape

Reform





NHS – Lanarkshire – Operation F.L.O.W







NHS Lanarkshire – Operation F.L.O.W.

- Multi Agency Discharge Teams
- Enhance **Prof to Prof** pathways
- **SAS** Collaboration
- Launch of targeted Comms plan
- Enhance existing patient pathways to support admission avoidance & Home first discharge approach
- Develop Processes, Flow & Monitoring
- Improvement Bundle

Preparation

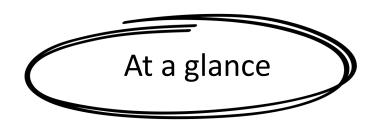
Firebreak

- Whole System Team Approach
- Reduce Avoidable Attendance & Admission
- Improve Ward Efficiency
- Increase Leadership & Staffing
- Increased Monitoring

- Evaluation of outcomes from Firebreak
- New Lanarkshire Model
- Monitor, drive and sustain
- Plan Phase 2 Shape Change

Sustainable Improvement









Hospital Discharges

19 % of those patients ready to

be discharged were able to

return home before 12 noon. An

increase of 4%















Emergency Calls

42% (827) of emergency calls to Scottish Ambulance Service were treated away from acute hospital



Consultant Connect

Use of Consultant Connect increased over the time period



Discharge Requests

220 discharges booked through Scottish Ambulance Service



12 hour wait

Reduction of 35% in comparison to the 9 days pre firebreak





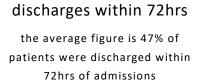




13% increase in comparison to

the 9 days pre firebreak



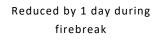




20% of all discharges went to Lounge an increase of 4% on pre firebreak average

Discharge Lounge

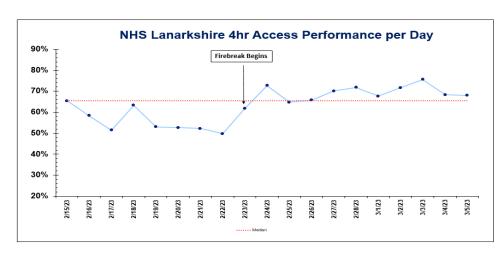


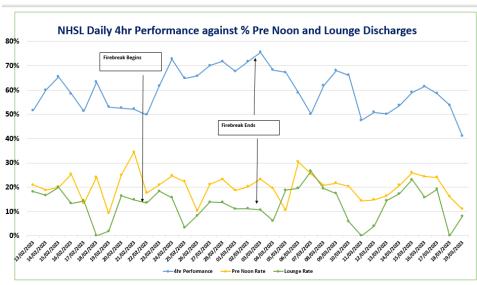


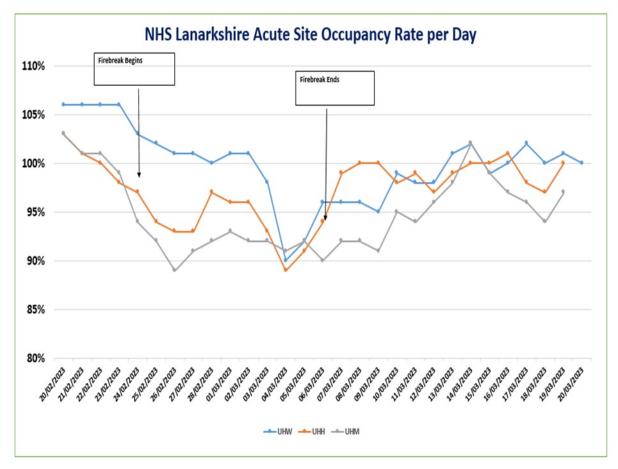


Improvement – Impact of the Fire Break



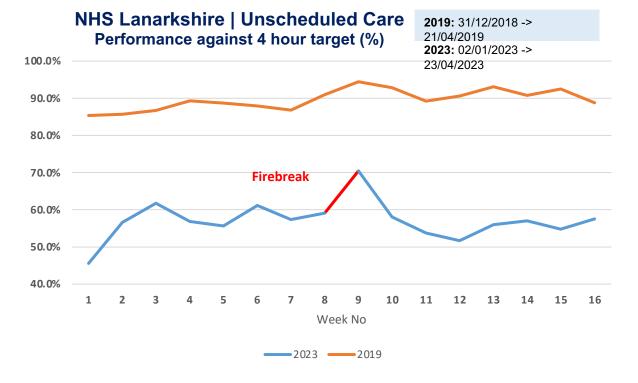








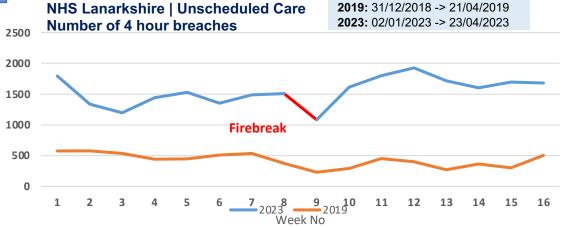
NHSL system has struggled with sub optimal UCC performance. Our improvement work has delivered some improvement but there is still much to be done.

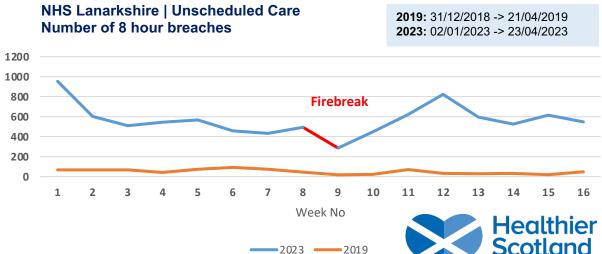




Scottish Government

2019: 31/12/2018 -> 21/04/2019







Learning From Firebreak

- We know what works, but all the pieces are not yet in place to sustain improvement
- Whole system working can be an effective means of improving performance
- Reducing variation and improving consistency is important and effective
- Embedding changes to practise and composition of teams will take time and focus
- Some investment in workforce and facilities will be necessary to support system change

Operation Flow 2



- Firebreak learning and system wide work underpinning Operation FLOW 2
- Operation FLOW 2 launched 1 May 2023
- Task & Finish Groups now have plans in place for next phase
- Executive FLOW Oversight Board now moves from Planning to Delivery
- High level measures of progress to be considered weekly for each site: 4h performance, long waits, occupancy, delayed discharges
- Week-by-week trajectories and milestones for each of the planning elements
- Next phase deliver 70% by end of August consistent application of what we know has Impact
- In parallel, gear up capacity (workforce) to deliver an effective winter plan



New Operation FLOW Model – 6 Steps



1. Keep People **Well at Home**

н@н **Community Nursing & AHP Teams** Multi Agency Teams Improve GP Resilience **Care Home Support** Rapid Response **Prof to Prof Advice**

2. Flow **Navigation** Centre

- Increased Senior Clinical Resource to enhance pre hospital streaming
- Increase Prof to **Prof Calls**
- Reduced SAS Transfers and Linked Admissions

3. Improve **ED/Front Door** Model

- SAS Collaboration (Front Door Team)
- Increased Triage
- Workforce Review
- Resource Shift
- Front Door Redesign
 - Resource
 - Flow
 - Space - Short Stav
- **Push from Front Door**
- Reduce Transfers
- Increase H@H

4. Improved Ward & **System** Flow

- Ward Responsibility
- Site & System Huddle
- Board-rounds
- UQ LOS /Bundle
- Ward Beat
 - Weekday
 - Am - Weekend
- Discharge Lounge
- Plan for weekend **Escalation Plan**
- - Increase am D/C
 - 50% accurate PDD

5. Discharge Without Delay

- PDD
- Early Referral
- Home First Approach
- Multi Agency Response
- Reduced Delays
- Improve Flow
- Discharge Lounge
- Family Discussions
- SAS Collaboration

6. Data Driven **Control Hub & Escalation**

- 50% Adm avoidance
- 70% D/C within 72hrs
- Discharges>Admission
- **SAS Shared Data**
- 4hr % -8,12 hour
- Reduced LOS Dashboards
- Flow Team
- **Escalation Protocols**



Admissions















D/C > Adm













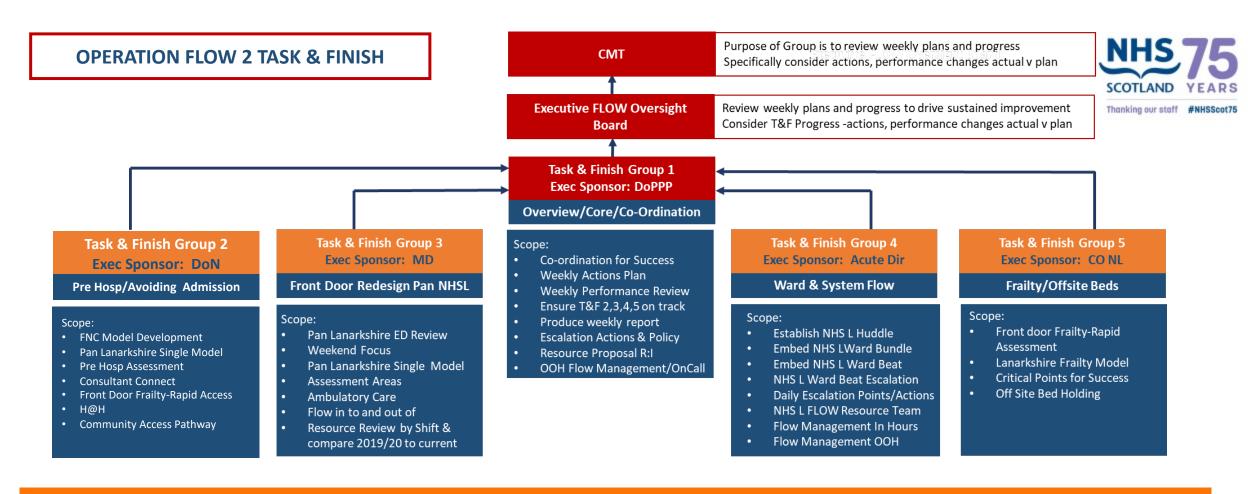


am D/C



Healthier

Ambulance



- Reduce % Conveyance
- Reduce Diverts & Transfers
- Increase % D/C within
- 24, 48 and 72 hours

- Increase % 4 hour access
- Reduce 8 and 12 hour delay
- Improve System FLOW
- Reduce variance

Operation FLOW 2 Objectives

- Admissions<Discharges
- Effective FLOW Management & Escalation
- Reduce Occupancy
- Reduce LOS
- Increase pre noon D/C
- Increase D/C Lounge Use

- Reduce Delayed Discharges
- Reduce Readmissions
- Increase Ward Beat Compliance
- in ALL wards





Our Three Elements for Success

- New Target Operating Model: Consistent Best Practice Accountability and Leadership
 - Pan Lanarkshire Models
 - Operation FLOW Playbook of What, How and Who
 - Monitoring, Management & Escalation

Investment 1

- Additional targeted resource robust process to consider each post
- New permanent posts MUST align with the 2023 TOM
- Balance a reduction in temp staffing with new permanent posts

Investment 2

- Additional targeted resource
- Targeted to test areas of likely biggest impact

