Regional System Control Centres

How can we accelerate their delivery this winter and build on them in the future?

Channel 3® CONSULTING

Better lives. Better care. Better digital.

The need for data driven control centres

We are approaching what is predicted to be "the toughest winter on record". The combined prevalence of COVID-19, pneumonia and flu is contributing to an already pressurised situation in the NHS. Rising inflation, mortgages, fuel costs and other pressures are creating deep-seated socioeconomic problems which will inevitably result in pressures on our health and care system.

NHSE Winter Resilience Plans

In preparation for this, NHS England* is urging regions to set up control centres. These new System Control Centres (SCCs) are expected to be created in every local area and operated on a 24/7 basis. Their purpose is to *ensure visibility of, and a collective approach to managing system demand and capacity across the country.*

SCCs will:

- balance risk across acute, community, mental health, and social care services to **ensure that clinical risk is appropriately dispersed across the whole ICS during periods of surge, and**
- be supported by **senior operational and clinical decision-makers to proactively manage clinical risk across the country in a 24/7 format for 365 days per year.**

* NHS England » Going further on winter resilience plans

Local burning platforms

The need for these kind of control centres isn't just being driven by the centre.

Our experience suggests that a lack of aggregated / integrated information across the health and care system to better coordinate the planning and delivery of care across local populations has and continues to create major challenges day-to-day in frontline care communication and decision making, leading to:

- **inefficiency, poor patient and care user flow and delays**
- **sub-optimal patient and user experiences and poorer care outcomes**
- *and* the unintended consequences of **creating more care dependency and increasing care costs.**

These impacts aren't just being felt in the KPIs reported back to the centre. They are having a real impact on the lives of hard-working health and care staff. We have seen, for example, hospital discharges being managed through scanned paper assessment forms in hospital and multiple spreadsheets in supported discharge services. Resulting in delays to discharges, poor decision making through P1 and P2, leading to significant packages of care because the focus is on hospital and not supported discharge services.

Staff are frustrated and are not using their clinical and/or social care skills to best effect because they are administrating a system with poor information. Whilst there is a significant return on any investment that frees up beds, there needs to be some simple metrics, as well as the ability to track demand and capacity, from admission through to placement in social care.

SCCs are a welcome addition, but where to focus effort?

There is general agreement across national and local health and care organisations that SCCs will be welcome additions to help deliver better coordinated care, communication and ultimately patient flow.

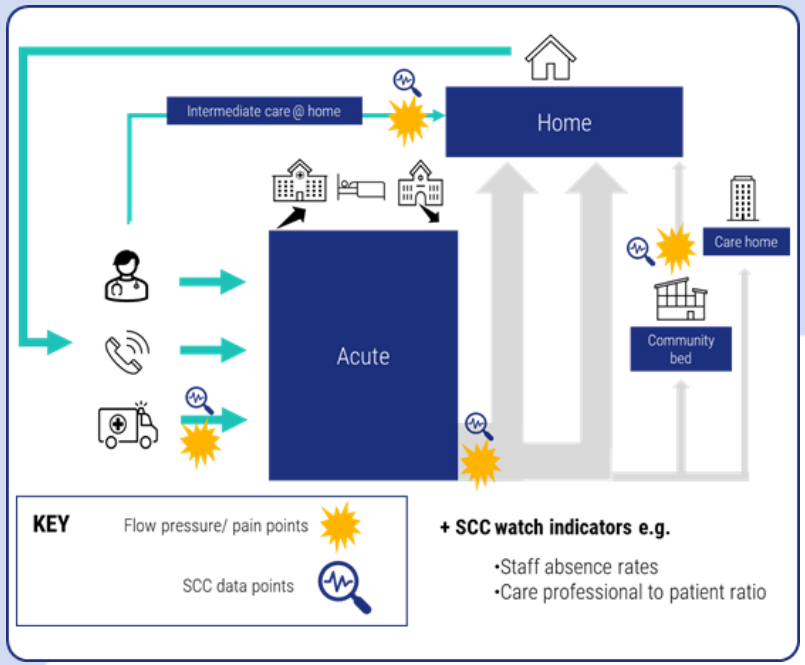
Measures outlined in NHSE's SCC plan will enable the development of local hubs dedicated to serious respiratory infections, with patients receiving same-day access to care out of hospital, while also establishing additional capacity for hospitals and ambulance services.

The guidance is prescriptive about the operating model and the roles needed to operate the SCC. It also specifies potential data sources that should be available.

But will a System Control Centre alone really help mitigate the risk of a bad winter, or should we also be focussing on getting data out onto the shop floor where it can support real-time life-and-death decisions?

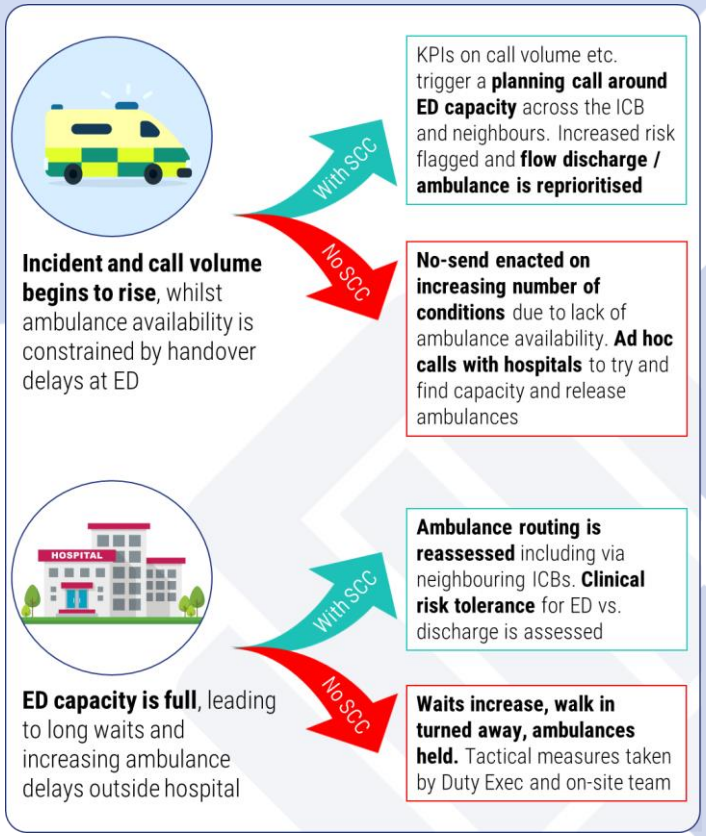
What does success look like?

Overall, the success or failure of any control centre depends on its ability to help clinical and care professionals make difficult decisions on patient flow, to manage demand and supply in the most efficient and effective manner for the good of the whole health and care system.

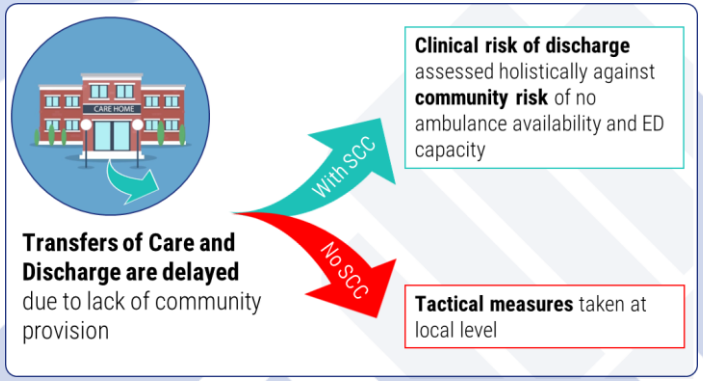


The SCC should make the work of managing flow easier and help care professionals to make alternative decisions than would have otherwise have to have been made without real-time data to hand across all pressure points, to the benefit of all providers/partners in care.

In healthcare, for example:



And equally, between healthcare and social care:



Notwithstanding the need for the right supporting technology that provides the right information at the right time and in the right hands, success of any SCC hinges on several other related factors that that must be accounted for.

We think there are **three critical success factors** that should be observed and acted upon.

Getting intelligence to the frontline to act

We think three factors should be considered critical to the success of an SCC:

Critical success factors

1. Is there immediate **visibility of a holistic patient record** at the most pressured first points of care, such as in A&E? Also, is the data being used to change clinical and operational decision-making?

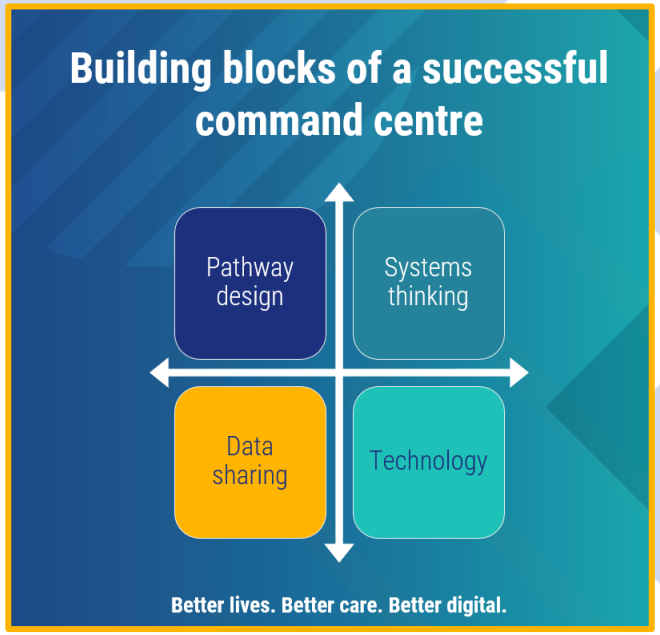
2. Is there a **real-time, system-wide view of the patient** across all local health and care stakeholders? Does that view enable clinicians, social workers and operational teams to understand challenges, collaborate and take action?

This isn't just about old-money daily Sitreps. It's also about enabling clinical and operational staff to ask themselves things like *"What's the most important data I can share to enable my colleagues to take the best possible next decision about a person's care?"* and *"How can I share that data most effectively?"*

3. Do your clinicians and care professionals feel **value in having data** because you have designed the sharing of data and intelligence into the way they work and the systems they use? Having visibility of data across the care system is one thing, but to really drive change it needs to be actionable at the point of care. There is often work to be done to make this so.

Success is attainable, but only if data lives in the pockets of clinicians and experts. At Channel 3, we think this is at least as important – if not more so – than just having data in dashboards in a control centre.

What do we mean by that? Well, there are certain steps that need to be taken to ensure a systematic, consistent and collective approach to managing demand and capacity. As such, the building blocks of successful control centres would comprise the following elements:



Pathway design

There are too many people trying to share too much data across too many different points of care and care teams. They work in ways that are too diverse for a one-size-fits-all integrated care board System Control Centre to enable effective working. Successful organisations are **prioritising pathways** and can see a golden thread of data from a regional view of activity to the data on the mobile device in the clinician's pocket.

Systems thinking

Further to this, some organisations have adopted a quality management system (QMS). They have taken a **lean approach** to designing the way their organisation should work. As a result, they have defined a set of cascading indicators, which stem from the vision and values of their organisation. They have then embedded vital data systems that digitally enable care pathways, using the best tech for the job.

Data sharing

Having the right governance, technology and processes to enable data to flow freely from the point of origination to the points where it can be used.

Technology

Embedding data in clinical and operational workflow.

The need for data driven control centres

With only a month to go before the initiation of these control centres, here are three things that need to be done in the next two weeks:

1. Starting with the patient in mind and working backwards, pick priority care pathways and design data and tech-enabled blueprints to optimise care.

2. Catalogue your data assets so that you can identify where there are gaps in your ability to provide the right data that you need at the point of care.

3. Design your SCC in line with the operating model for winter, set up a control centre and start populating screens with the data you have. However, also have a plan to replace outdated indicators and content with new data sets that you feel will really enable you to make the greatest impact at the point of care.

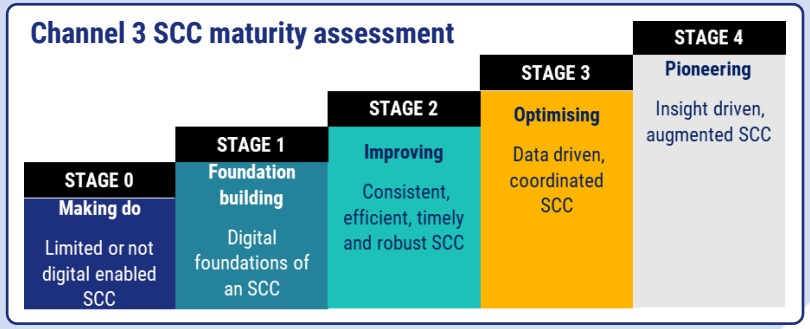
What should you do?

Channel 3 can help new integrated care boards (ICBs) to accelerate delivery of viable system control centres. We recognise the challenge of pulling different parts of the health and care system into one system-wide centre with organisations at different levels of organisational and digital maturity. So we have developed a suite of three tools and resources to help you on your SCC journey.

Resource 1: SCC maturity assessment

The first step is to understand your System Control Centre operational readiness. That's why we've developed an *SCC Maturity Assessment*, enabling you to better understand:

- **Where you are today, as winter quickly approaches**: making do with what you've got, quickly establishing the right foundations, making improvements to your current capabilities, or even optimising them.
- **Where you need to be this winter:** Will making do be enough to run a minimal viable control centre to get through this year's demand pressures? Or do you need to take urgent, targeted action now?
- **Where you want to be in the longer term:** Command centres are not just for this coming Christmas. Where do you want to be in future years?



Resource 2: SCC service modeller and planner

What are you then going to do about your findings? The second step is to develop your SCC service model, to make sure all the right building blocks are in place. We've developed an *SCC service modeller*, used in conjunction with our *SCC planner,* to help you work through the layers of your operating model to action the following:

- Where do you need to take **targeted action** to make rapid improvements this year? What are your **priority pathways?**
- Where are you already in the right place and **need to consolidate** across your enterprise?
- With one eye on the medium to long-term: what do we need to do to **prepare for future years**?

Resource 3: SCC indicator set

Part of developing the service is a third step, to develop your indicator set. Though the specific stack will be worked through based on your priority pathways to monitor and manage, they will comprise a set of **driver indicators** that monitor key pressure points, alongside a set of **watch indicators** that alert you to key underpinning factors and trends likely to impact patient flow. This raises the following questions:

- Where do the **critical demand and supply decisions** need to be made?
- Who needs to be **alerted**?
- How do you **operate your suite of indicators in concert**, orchestrating your response across partners?

The final step - SCC data operations

Finally, ensure your System Control Centres operate as planned day-to-day. Channel 3 is on hand to help you fine-tune and optimise your operational services, helping you to transform ways of working and make your new arrangements stick.

+ Ward-to-Board engagement and business change

At Channel 3 we also pride ourselves in our ability to engage effectively across health and care organisations, from *ward to board.* We can be on hand as you set your SCC priorities as your trusted advisor and advocate, and there with you to take care professionals through the changes.

Together we can help you to step into the development and operation of your System Control Centres with more confidence, making sure you meet the minimum requirements this year *and* plan for the future as you seek to develop your SCC capabilities in coming years.

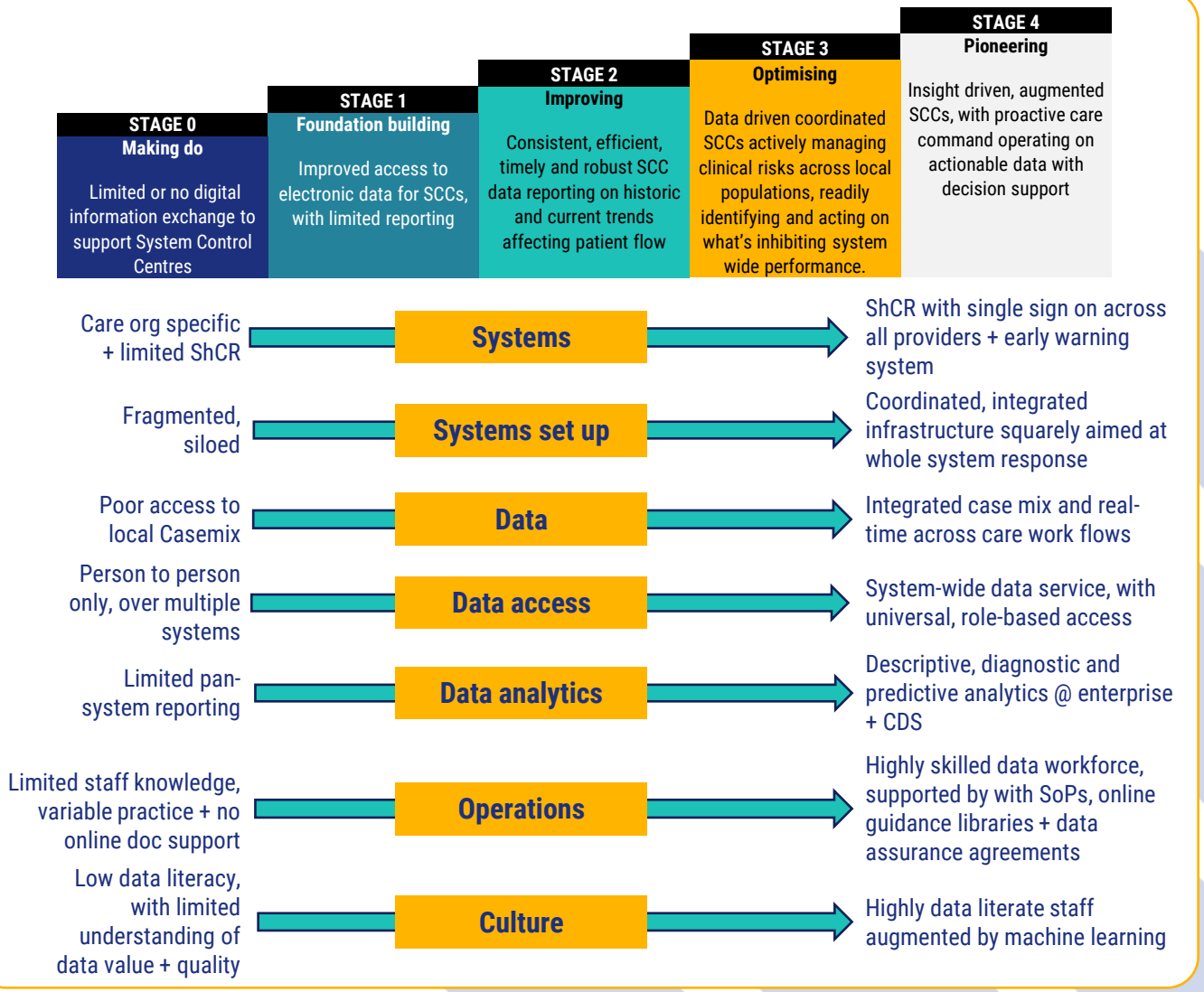
Resource 1: SCC maturity assessment

Channel 3's **SCC maturity assessment** helps break things down for you so that you can consider your *now, next and future* in key areas where you'll need to develop your SCCs:

- What **systems** are available to you to run your SCCs?
- How are your **systems set up** to speak to one another and provide the hindsight, insight and foresight you need?
- What **data** is readily available to you and what **data access** is available to you? Do you have the systems you need to access it?
- What kind of **data analytics** can you run to know what has happened, what is happening, why things are happening, what you can do about them and even what you should do, to get the key operational decisions right?
- How effective are your day-to-day SCC **operations**? Are staff well-trained, standard processes in place and with right supporting tools?
- Is your data **culture** driving or hindering operations and improvements?

Whilst there is no *correct* position on the SCC maturity assessment, we'd predict that **Stage 1 – foundation building** represents a **minimum viable SCC service** to meet what's required from the recent NHSE guidance.

Any ICB seeking to establish a service driven by hindsight, insight and foresight would aim for a **stage 3 or stage 4 position**.



Resource 2: SCC service modeller and planner

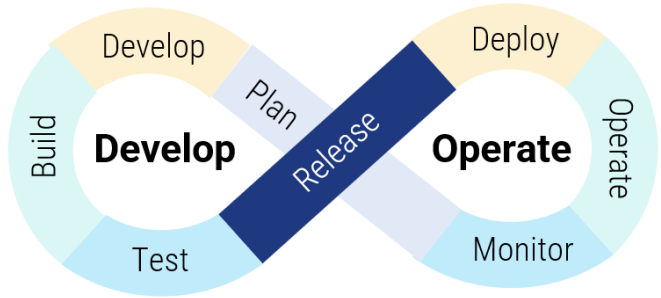
Channel 3's **SCC Service modeller and planner** are used to co-produce a working operating model to deliver a viable service and develop a clear roadmap and targeted action to make improvements this and future years, as your SCC matures.

Progressing your journey to the SCC you need

Making targeted improvements for viable, functioning service

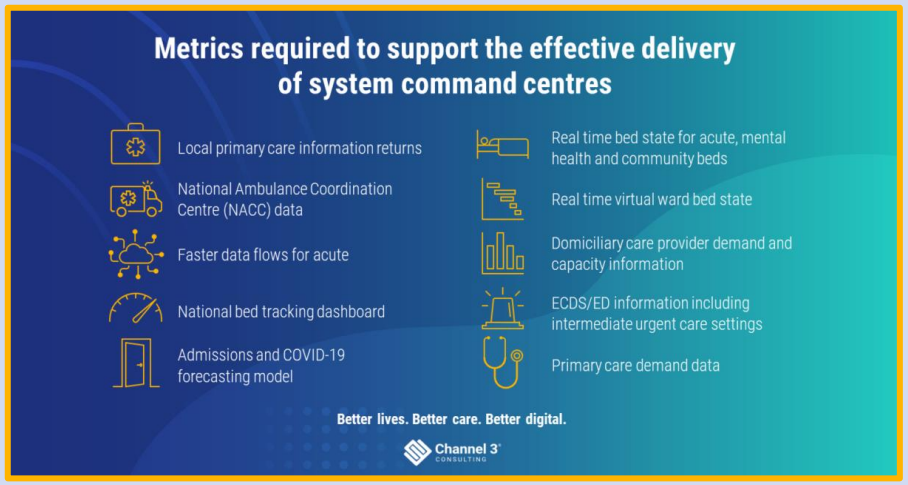
- SCC target customers / users
- SCC channels & access
- SCC delivery partner roles
- SCC products / services
- SCC priority pathways and processes
- SCC organisation
- SCC people
- SCC supporting technology & tools
- SCC location[s]
- SCC data
- SCC security and IG

Running your new SCC day-to-day with continuous improvement



Resource 3: SCC indicator set [1]

NHSE guidance specifies potential data sources that should be available in an SCC:



What is likely to sit behind this? Your indicator set is likely to include:

- Key **driver metrics** monitoring system pressure points, especially at transfers of care: "go between points" not always readily captured, yet they are critical to efficient patient flow.
- Alongside the driver metrics are a supporting and associated range of **watch metrics**, which underpin trends that will show any affects that impact efficient flow, such as staff absences and staff-to-patient ratios. The watch metrics directly support the driver metrics.

Indicator sets in practice

A driver metric could be *Average weekend discharge balance*, and a supporting watch metric could be *Discharges for Patient Pathway 0,1,2 and 3 - for patients being transferred to another health or care service*, where delays may occur.

Service flow across service points and controlling flow

Operational Services Status (System wide) = OPEL level	Primary care (impact on decisions to refer)	Front line resources	Calls	Ambulance	Services "front door"	Bed management	Services "back door"
OPEL (1,2,3 and 4 levels)	GP absence rate	All staff sickness	111 calls abandoned	Ambulance handovers over 60 minutes	Type 1 ED Performance	Beds occupied by patients with no criteria to reside	Average weekend discharge balance
		COVID-19 staff sickness		C1, C2, C3 and C4 90th Percentile Response Times	Over 12 hours from arrival	GA occupancy	
		Nurse absence rate				Bed occupancy against baseline	
		DPC (Direct patient care) absence rate				Level 3 equivalent bed occupancy	
		Admin absence rate				Open bed unreserved	
		Nurse to patient ratio				Surge beds open	
						CYP on a paediatric ward awaiting a Tier 4 bed	
						Open beds gap	
						Beds occupied - COVID-19	
						Beds occupied by COVID-19 positive and suspended	

Resource 3: SCC indicator set [2]: Examples of driver and watch metrics

Patient flow across service points and controlling flow: Driver and watch metrics	
Primary care (impact on decisions to refer)	Driver: GP absence rates
	Watch: Number of GP referrals into hospital admission
Front-line resources	Driver: All staff sickness
	Watch: No. of temporary/agency staff
	Additional Watch: No. of vacancies
Calls	Driver: 111 calls abandoned
	Watch: Frequency of 111 calls and categorisation of emergency
Ambulance	Driver: Ambulance handovers over 60 minutes
	Watch: No. of A&E attendances (same day emergency care - ECDS data)
Services "front door"	Driver: Type 1 ED performance
	Watch: Over 12 hours from arrival
	Additional Watch: No. of ED patients transferred and admitted as an emergency inpatient
Bed management	Driver: Beds occupied by patients with no criteria to reside
	Watch: Excess bed days (beyond planned discharge)
	Additional Watch: Average length of stay (in a ward)
Services "back door"	Driver: Average weekend discharge balance
	Watch: Discharges
	Pathway 0 - Home/other - No support needed from health and social care
	Pathway 1 - Home/hotel/other - support for reablement, rehab, end of life care
	Pathway 2 - Not usual residence - rehab/short-term care in 24-hour bed-based setting
	Pathway 3 - Admission to a care home which is likely to be permanent

Let's work together

Channel 3's collaborative approach brings together the professional, business and technical expertise needed to help you deliver change and realise the benefits of your digital investments.

If you would like to know more about the opportunity to digitally enable your System Control Centres, or if you are ready to discuss how we might help you harness the power of SCCs to improve lives and deliver better care, please contact us.

Paul Henderson

Paul has over 30 years of experience supporting the design and implementation of healthcare technology programmes that enable clients to transform the care and services they deliver for patients and care users.

Profile **Email**

Brian Roberts

Brian has over 15 years of experience across Health and Care. He's passionate about delivering great public services that benefit from the creatively destructive power of digitalisation and unlocking the potential of data, for intelligent health and care systems.

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