

NHS Greater Glasgow and Clyde	Paper No. 24/100
Meeting:	NHSGGC Board Meeting
Meeting Date:	27th August 2024
Title:	Medium Term Plan (MTP) Update
Sponsoring Director/Manager:	Dr Jennifer Armstong, Medical Director
Report Author:	Claire MacArthur, Director of Planning

1. Purpose

The purpose of the attached paper is to share an update of the progress in delivering the three year NHSGGC Medium Term Plan (MTP) 2023-2026. The MTP was previously discussed and approved by the Board in October 2023.

This report was discussed at Corporate Management Team on 4th July for awareness and with the Finance Performance and Planning Committee on 6th August. The paper is being shared now with the Board to demonstrate the significant progress in delivering the three-year high-level deliverables contained within the MTP.

Executive Summary

The paper can be summarised as follows:

The MTP is a three year plan from 2023/24 to 2025/26, setting out the strategic direction for the Board over the next 3 years.

This report provides an update on progress relating to the key high-level deliverables contained within the MTP at the end of the first year of the plan.

The key deliverables are aligned to 10 areas of recovery consistent with the areas of recovery utilised as a framework for the Annual Delivery Plan 2023/34 and the Delivery Plan in 2024/25.

2. Recommendations

The Board are asked to note the significant progress towards achieving the key high-level three-year deliverables set out in the MTP.

3. Response Required

This paper is presented for assurance.

4. Impact Assessment

The impact of this paper on NHSGGC's corporate aims, approach to equality and diversity and environmental impact are assessed as follows: *(Provide a high-level assessment of whether the paper increases the likelihood of these being achieved.)*

- Better Health Positive impact
- Better Care Positive impact
- Better Value Positive impact
- Better Workplace Positive impact
- Equality & Diversity Positive impact
- Environment Positive impact

5. Engagement & Communications

The issues addressed in this paper were subject to the following engagement and communications activity:

The report has been developed with input from appropriate service and executive leads along with content from the Q4 ADP 23/24 return and Delivery Plan 24/25.

The paper sets out the key progress in relation to the MTP which forms the basis of the Delivery Plan 24/25. Quarterly reporting is in place to the Scottish Government and internally through SEG.

6. Governance Route

This paper has been previously considered by the following groups as part of its development:

Corporate Management Team – 4th July 2024

Finance Performance and Planning Committee – 6th August 2024

7. Date Prepared & Issued

Paper prepared on: 13th August 2024

Paper issued on: 20th August 2024

NHS Greater Glasgow and Clyde	Paper No.
Meeting Date:	27th August 2024
Meeting:	NHSGGC Board Meeting
Title:	Medium Term Plan (MTP) Progress Update
Sponsoring Director/Manager:	Dr Jennifer Armstrong, Medical Director
Report Author:	Claire MacArthur, Director of Planning

1. Introduction

The purpose of this paper is to share an update of the progress in delivering the NHSGGC Medium Term Plan 2023-2026.

2. Background

2.1 Scottish Government Planning Guidance (April 2023)

In February 2023 Scottish Government issued new planning objectives and planning guidance focusing on 'recovery and renewal'. Boards were asked to develop a three-year medium-term plan (MTP) setting out medium-term objectives consistent with, and not losing sight of longer-term ambitions. In addition to developing the MTP Board were asked to develop more detailed annual delivery plans set within the context of the three-year medium-term plan.

In summary, Boards were asked to develop:

- A three-year Medium Term Plan (MTP) covering the years 2023/24 to 2025/26 setting out high level deliverables for the three-year period

And

- A more detailed Annual Delivery Plan (ADP) with a supporting detailed action plan covering 2023/24.

Both plans were required to support the same ten national recovery drivers of recovery set out overleaf.

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1	Improved access to primary and community care to enable earlier intervention and more care to be delivered in the community
2	Urgent & Unscheduled Care - Provide the Right Care, in the Right Place, at the right time through early consultation, advice and access to alternative pathways, protecting inpatient capacity for those in greatest need
3	Improve the delivery of mental health support and services
4	Recovering and improving the delivery of planned care
5	Delivering the National Cancer Action Plan (Spring 2023-2026)
6	Enhance planning and delivery of the approach to health inequalities
7	Fast track the national adoption of proven innovations which could have a transformative impact on efficiency and patient outcomes
8	Implementation of the Workforce Strategy
9	Optimise use of digital & data technologies in the design and delivery of health and care services for improved patient access
10	Climate Emergency and Environment

2.2 Subsequent Scottish Government Planning Guidance (December 2023)

The 2024-25 Delivery Plan guidance asked Health Boards to build on the existing three-year MTP and develop clear actions and a narrative setting out a one-year Delivery Plan covering 2024 to 2025.

Our one-year Delivery Plan for 2024/25 was approved by the NHSGGC Board on 25th June 2024.

3. Progress in Delivering the three-year MTP

Notable progress and achievements against the original key three-year MTP deliverables is set out below.

Primary & Community Care

MTP Key Priorities for Primary and Community Care	Progress Update – June 2024
Develop a Primary Care Strategy for GGC which will inform improvement plans	A Primary Care Strategy for NHSGGC has been developed and was approved by the Board in April 2024. The key focus is now implementing the strategy.
Review and develop approach to acute/mental health and domiciliary phlebotomy to improve access for patients	At present this has not been further progressed given the current financial constraints.
Develop shared care function between the extended MDTs including CTACs and General	To support the shared care function, the preparation is complete and 1 st migration to the new Vision system for GP

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Practices as part of the new GP IT EPR system	Practices has taken place. Further phased migration is underway
Prioritise prevention of and reduce the risk of CVD (Cardio Vascular Disease)	As part of our overall approach to CVD reduction, the roll-out of My Diabetes My Way self-management tool has commenced and a cluster led approach is now being tested. The number of care plans issued has also more than doubled from 64 to 173 across 14 practices
Improve access to the diabetic service through diabetes improvement plan	Face-to-Face Control it Plus sessions for Diabetes have been introduced alongside and over 3000 engagements have been delivered on the Near Me platform since June 23. Uptake of the programme has improved with a quarter of all newly diagnosed patients engaging with the programme
Strengthen social prescribing model	We are continuing to work to embed a sustainable Community Link Worker model, supporting people to improve their health and reduce health harms, through social prescribing and health improvement programmes.

Urgent & Unscheduled Care

MTP Key Priorities for Urgent & Unscheduled Care	Progress Update – June 2024
Maintain our high FNC discharge rate	The high discharge rate for the Flow Navigation Centre (FNC) has been maintained at an average of 44% with a trajectory of 40-45%.
Implement the Call Before you Convey model	New Call Before you Convey Pathways have been implemented for SAS, Care Homes and Falls. This has led to approx >400 less presentations to ED per month.
Continue to develop our virtual Urgent & Unscheduled Care (UUC) capacity - offer all patients an alternative to face to face consultations	All referrals to FNC are offered a Near Me consultation as default and approx. 77% of all FNC calls are currently via Near Me. 98% of patients surveyed following a 'Near Me' FNC video consultation would use service again.
Improve our rapid assessment and short stay pathways	Work to enable early assessment and rapid access to senior clinical decision making has initially been focused on identifying improvement opportunities at QEUH. To further enhance this improvement work, a Kaizen event took place In the QEUH in Q3 2023. The aim of the event was to trial new ways of working to increase performance and reduce waiting times. Several projects have been taken forward as part of Business as Usual (BAU) that are aimed at reducing LoS, improving flow and same day discharge.
Optimise our hospital flow – through further improving our discharge pathways	Discharge without Delay (DwD) bundle rollout was complete across 130 adult acute wards. Planned Date of Discharge (PDD) accuracy has also shown significant improvement against the baseline (averaging >40% against original baseline of 23%)

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Mental Health

MTP Key Priorities for Mental Health	Progress Update – June 2024
Strengthen relationships across the whole complex of mental health services	The Mental Health Strategy was developed and approved in 2023, the Mental Health Team have developed an implementation plan and are currently developing a public engagement strategy to seek feedback on the proposed changes.
Enhance community mental health provision, subsequently reducing and rationalising inpatient beds	
Create regional CAMHS (Child and Adolescent Mental Health Service) Intensive Psychiatric Care Unit	The creation of a CAMHS Intensive Psychiatric Care Unit is a longer-term deliverable, however a range of planning and development work is underway, with a full project plan available, and a series of plans and papers submitted to date. The Capital Planning approval has progressed through NHSGGC governance processes over the last year, leading to the identification of the Munro Ward on the Stobhill site as the interim site whilst feasibility work is completed on the longer-term option. Allocation of capital funding is awaited.
Develop Child, Adolescent and Psychological Therapies National Dataset (CAPTND)	Over the past year we have been working with Scottish Government, GGC eHealth and Public Health Scotland to improve the data quality of existing submissions and expand submission to the full CAPTND core dataset. As such, 100% of (CAMHS relevant) data fields currently reportable.
Develop a Board wide 3-5 years CAMHS Workforce plan with recruitment, retention and sustainability strategies	An overall NHSGGC Specialist Children’s Services (SCS) workforce planning group has been established with governance procedures introduced for all aspects of workforce change, retention and recruitment. The SCS Workforce plan is in draft format and continues to be developed. Consideration is also being taken to comply the Health and Care (staffing) (Scotland) legislation.
Note changes in context and policy drivers and identify changed or new recommendations	Development and implementation of the CAMHS Neurodevelopmental pathway is ongoing, with Inverclyde, Renfrewshire, West Dunbartonshire, and West and South Glasgow City fully rolled out. East Renfrewshire, and East and North Glasgow City in process.

Planned Care

MTP Key Priorities for Planned Care	Progress Update – June 2024
Reduce waiting times across outpatient, inpatient and diagnostic services	Robust monitoring is in place for reducing waiting times and operational plans are under regular review.
Increase efficiencies	Netcall admin validation in place. Gynae and Ortho completed prior to Sept with 8% removal. Netcall upgrade in Sept improves automated process: Latest data: ENT

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	<p>5,945 pts with 11.5% removal rate. Gen Surge 3,600 pts with 9.8% removal rate. Ophthalmology 7,000pts with 6% removal rate.</p> <p>Patient initiated review and patient initiated follow up is functional across a range of specialties with an action plan for further implementation in place.</p>
Balance demands of unscheduled and elective care	<p>Theatre session activity is regularly monitored and elective capacity was protected where possible over the winter: Jan 24 2,622 sessions used vs Jan 23 2,281 (15% increase). Robust monitoring of long waiting pts in place, however the number of pts waiting 104+ weeks continues to increase.</p>
Build on levels of workforce required for future service delivery	<p>Work is ongoing to build the workforce with programmes agreed and in place for key pressure areas including Endoscopy and Theatre Nursing. Standardised training programme is now in place including timescales for completion; band 4 roles are in development; training needs analysis completed and recommendations report shared.</p>
Build towards a future tiered model of care	<p>The redesign of the pre-op pathway has been implemented. Patient self-assessment e-health rollout is complete with the last service going live on 15 April 2024. As at 31/03/24 6,866 pts have been placed on the new POA electronic self-assessment pathway.</p> <p>The Surgical Hub model has been established, recognising that full implementation will require additional investment over the longer term. Orthopaedics and Gynaecology in particular are putting in place some new service models aided by the Surgical Hub model.</p>

Cancer

MTP Key Priorities for Cancer	Progress Update – June 2024
Progress Head and Neck pathway and support work to improve flow across the pathway	<p>As part of the programme to embed Scotland's Optimal Head and Neck Cancer Diagnostic Pathway, a Head & Neck Diagnostic Hub is being progressed at the Queen Elizabeth University Hospital campus. The Hub aims to provide a sustainable, high quality, patient focussed service with the formation of a multidisciplinary diagnostic hub to manage ENT (Head & Neck) referrals.</p>
Clinical Nurse Specialist for all patients and Cancer Navigator role to be expanded to further pathways	<p>The new Cancer navigator role has now been developed to work closely with Clinical Nurse Specialists and release clinical time. In addition to providing a single point of contact for patients. This role is now embedded within the service and forms part of business as usual, with two Urology, two Gynaecology and three Lung Navigators recruited so far.</p>
Augment current prehabilitation provision and	<p>Due to resource challenges, expansion of the programme has not been prioritised thus far, however NHSGGC remains committed to augmenting the current</p>

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agree programme of expansion	prehabilitation provision for Oncology patients. Prehabilitation is recognised as an important part of the patient pathway which can be started before the systemic treatment pathway has been confirmed.
Expand rapid access to key diagnostic tests to ensure long term sustainable capacity	<p>We are continuing to meet the PET-CT referral to scan guidelines of 14 days although non-recurring funding supports additional activity through extended working hours.</p> <p>Additional MRI and CT capacity has been provided through 3 mobile scanners for MRI and CT (average over Q3 & Q4):</p> <p>CT Medneo van – 10.15%, GRI MRI van – 4.8%, STOB MRI van – 4.2%. And an additional 47.05% has also been provided in the CT POD.</p> <p>The 3 mobile scanners and CT POD have provide around 12.5% of additional activity from Q1 to Q4</p>
Develop diagnostic workforce to support growth in demand	Workforce development and redesign commenced in 2023/24 with in-house training of Reporting Radiographers and Band 5 Radiographers receiving full training in CT scanning. There is a CT training program for Band 5s across the 3 sectors. In addition to CT training, Band 5s within the South Sector may also receive training in MRI. Three Sonographers are currently undergoing training and are due to qualify in September 2024.
Renew equipment as per rolling replacement plan, including capital development to install 3 rd PET-CT scanner and upgrade PET Production Unit	As part of our efforts to increase diagnostic capacity in MRI, CT and US, the renewal of outdated equipment remains a priority for NHSGGC. A rolling programme of replacement, which includes scoring prioritisation to renew outdated diagnostic equipment is in place. During 2024/25 short and medium term options are being developed to support the provision of meeting the forecast increase in PET-CT demand and the associated production unit.

Health Inequalities

MTP Key Priorities for Health Inequalities	Progress Update – June 2024
Deliver NHSGGC Public Health Intelligence Programme, DPH strategic needs assessment and engage with partners and the community	The Health and Wellbeing Survey Report (focusing on intelligence on health and wellbeing from interviews with over 10,000 GGC residents) and Director of Public Health Report 2024 (focusing on calls to action and acting as a major opportunity for advocacy, and partnership working on our public health priorities) were endorsed by CMT and Board and are now publicly available. A Public Health programme of local engagement is underway to share Local authority level HWB reports (16 in total) which provide disaggregated data to inform priorities and drive the development of a joint delivery framework

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Utilise NHSGGC framework for addressing Drug Harms and increase access to residential rehabilitation	Work continuing at pace to establish the Safer Drug Consumption Facility in Glasgow City Centre which is expected to go live in Q3 2024. Prioritisation of service staffing to achieve target wait time from referral to appropriate drug or alcohol treatment to support recovery is also ongoing. All areas of GGC community services who are scored against MAT measurements continue to make positive progress towards achieving the highest RAG score possible for each standard
Continue to review women's health priorities	Beyond 2023/24, women's health priorities will continued to be viewed in the context of inequalities and premature mortality to ensure service delivery is reflective of health need and lived experience data, in alignment with the national action plan
Innovate and test new ways of working to address barriers including transport	The reducing Inequalities in Healthcare workstream continues to focus on innovation and testing new ways of working to address barriers such as transport using both universal and targeted approaches. A Transport working group has recently been established to mobilise the calls to action outlined in the Director of Public Health Report

Innovation Adoption

MTP Key Priorities for Innovation Adoption	Progress Update – June 2024
Further develop and build on outstanding Research and innovation ecosystem	The NHSGGC R&I Strategy 2024-29 is in development and sets out our vision to continue building on our strengths and maximise the opportunities for our patients and staff to take part in high quality, world leading clinical research and innovation that will deliver health and economic benefits for our population. A draft is due at CMT for review in July 2024.
Continue to work with NHS Scotland partners to host the WoS Innovation Hub and transform delivery of Health and Social Care through innovation	We continue to actively engage with NHS Scotland to collaborate and influence innovation nationally evaluate new digital technologies, devices and products which may substantially impact healthcare delivery pathways. Effective collaboration also continues internally within NHSGGC amongst research and innovation, e-health, and various different service areas to ensure innovation is driven in areas that meet the needs and priorities of NHSGGC and are deliverable and affordable at scale.
Work closely with Accelerated National Innovation Adoption (ANIA) to take forward a number of projects	A number of NHS GGC led digitally supported pathways which have been developed by the WoS innovation Hub are currently being assessed by the centre for Sustainability for national scale-up through the ANIA pathway such as the early Diagnostic Heart failure pathway. The WoS Innovation Hub is also working with ANIA to evaluate implementation of a point of care gentamicin test in paediatrics and inputting into a value case assessing the impact of artificial intelligence reporting of chest X-rays (ACCEPT study) and onward

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	triage to CT scanning on early diagnosis and treatment of patients with lung cancer.
Cost recovery through external funding and re-investment of revenue generated by industry funded research	Funding has already been identified for the major projects in 2024. NHSGGC has a strong track record in attracting funding streams and this will continue to be a focus throughout the lifetime of the new strategy.

Workforce

MTP Key Priorities for Workforce	Progress Update – June 2024
Deliver actions within the three year workforce plan	The Workforce Plan Action Plan 2022-25 has 35 actions aligned to it. As of June 2024, 22 of these have been completed and closed. 2 have been delayed and 11 remain in progress and on track for being completed by March 2025.
Continue various approaches and utilise all channels to recruit and retain staff	NHSGGC use the national Job Train system for all recruitment. The vacancy management control process remains in place indefinitely. Annualised staff turnover has reduced from a high of 12.2% in 2022 to 8.7% as of May 2024. NHSGGC utilise both Partial Retirement and Retire and Return policies.
Introduce Band 4 SCN Administrative Assistant role	Work is underway to introduce the Band 4 SCN Administrative Assistant role with a paper expected to go through appropriate governance in the near future.
Continue Transforming Nursing Roles work	Within NHSGGC, the Transforming Roles (TR) Programme Board has been established, including staff side representative. Reporting into the national group, it also co-ordinates the TR sub-groups which have renewed focus on the implementation of specific papers: <ul style="list-style-type: none"> ▪ HCSW Development Group ▪ NMAHP Adv. Practice (paper 2 & 7) ▪ Adult Services (paper 8) ▪ Children & Young People (papers 4 & 8) ▪ Community Health and Care (papers 3 & 8) ▪ Other groups will be added as required (e.g. papers 5 & 6) <p>Thus far, the majority of work has been done on Papers 2,7 and 8 specifically with work very much still ongoing.</p>
Enhance job opportunities through local suppliers, support development of HCSWs and training of international nurses	NHSGGC hold an annual Newly Qualified Practitioner (NQP) campaign each year to Band 5 Registered Nurses and Band 6 Midwives who are newly qualified. 746 NQPs were recruited in 2023, with similar numbers expected in 2024 from the 1,186 applications received so far. All NQPs will automatically be enrolled on the Staff Bank. A further campaign to recruit 101 internationally educated nurses residing in the UK is currently ongoing. This is in addition to 130 internationally educated nurses that joined in 2023 and 37 internationally trained radiographers in 2022. From June 2024, a new Band 4 Health Care Support Worker (HCSW) role has been introduced for Band 3 HCSW staff who are studying for a nursing degree through the Open

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	University (OU), with funding for the role sourced from unfilled Band 5 vacancies. There are currently 41 staff members enrolled on the course. A Graduate Apprenticeship programme has also been developed with routes in place for direct recruitment and internal staff upskilling.
Continue preventative initiatives to ensure staff wellbeing	<p>A Staff Health Strategy covering the period until March 2025 was developed and was approved at the NHSGGC Board meeting in December 2023. There are 4 strategic objectives that work is ongoing to deliver:</p> <ol style="list-style-type: none"> 1. Strengthening support for mental health and wellbeing including stress 2. Promote NHSGGC as a fair and healthy workplace in line with Fair Work Nation principles 3. Address in-work poverty and promote holistic wellbeing to mitigate inequalities in health 4. Support for managing attendance

Digital

MTP Key Priorities for Digital	Progress Update – June 2024
Innovate and exploit the potential for digital technology to transform service delivery whilst educating and upskilling staff	SharePoint and OneDrive file migration – with associated programme of guidance and tools to support use of O365 continuing. Security and preparatory work complete for further migration.
Provide reports and live dashboards to monitor and optimise delivery of planned and unscheduled care	Live dashboards now in place for UUC focussing on the agreed areas of High Impact Change for 2024 including Discharge without Delay dashboard. Data being utilised to monitor performance.
Expand virtual consultations	Virtual consultations are expanding month on month with additional specialities continuing to be added. Exceeded trajectory of 20% virtual
Support the Workforce Digital Literacy & Skills Programme	To support improvement in digital skills and literacy, a steering group has been established. The Digital Skills Assessment report is complete and recommendations are in place to commence the pilot. An initial cohort of Digital Champions Network has been set up and a communication & engagement plan is in place
Transition GP practices to the new Cegedim Vision system	To support the shared care function, the preparation is complete and 1 st migration to the new Vision system for GP Practices has taken place. Further phased migration is underway
Implement new national eRoosting system, single	Early adopter wards are now live and being supported by the CORE eRoosting team in the move away from SSTS. An Early Adopters review paper was finalised and shared with

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LIMS system and HEPMA in OP setting	the executive directors, project board and HCSSAPB in February 2024. HEPMA continues to be rolled to targeted outpatient clinics with specialities going live on a phased basis.
Transition key programmes to BAU and develop and AI strategy	Key programmes continuing to transition to BAU including digital clinical notes for nursing and national CHI system. Pharmacy Management System underway. AI strategy is currently in development.

Climate

MTP Key Priorities for Climate	Progress Update – June 2024
Launch Sustainability Strategy 2023-28 at end of August 2023, which will ensure progress across all areas of the National Climate Change & Sustainability Policy through various working groups	The Sustainability Strategy 2023-28 – was approved by the Board and launched. This now encompasses our medium-term plans which will be reported on annually, within the life of the Strategy
Utilise Q-Pulse as a management system to ensure legislative compliance and risk opportunity management – monitor and report every 6 months	Q-Pulse is being utilised as NHS GGC's Estate & Facilities Business Management System upon which to build our Environment Management System (EMS) & Quality Management System (QMS). Ensuring legislative compliance and risk and opportunity management across all working groups

4. Summary

The Board are asked to note the significant progress towards achieving the key high-level three-year deliverables at the end of the first year of our three-year medium term plan.

The recently approved one year delivery plan for 2024/25 will further support the delivery of our three-year MTP.