NHS Greater Glasgow and Clyde	**Paper No. 23/74**
Meeting:	**NHSGGC Board Meeting**
Meeting Date:	**31st October 2023**
Title:	**2023/2024 Winter Plan**
Sponsoring Director/Manager	**Dr Jennifer Armstrong, Medical Director** **Fiona MacKay, Director of Planning**
Report Author:	**Claire MacArthur, Depute Director of Planning**

1. Purpose

The purpose of the attached paper is to:

Seek approval of the 2023/2024 Whole Systems Winter Plan.

This year's winter plan comprises a narrative and a whole system action plan.

2. Executive Summary

The paper can be summarised as follows:

2.1 Key Winter Priorities

Ten key winter priorities have been identified for 2023/24 as follows:

Key Winter Priorities in 2023/24	
• Vaccination programme • Community Services • Primary Care • Alternative Urgent & Unscheduled Care Pathways • Mental Health	• Paediatrics • Diagnostics • Interface Care • Optimum patient Flow and Bed Capacity • Protecting Cancer, Urgent and Planned Care Capacity
The key priorities are supported by a communications and public messaging plan and a workforce and recruitment plan	

2.2 Developing and Prioritising the Whole System Winter Actions

In support of delivering the above priorities whole system winter actions have been developed. Actions have been rated by whole system leads and the local teams according to their impact on whole systems patient flow and their impact on managing to reduce admissions and pressure on urgent care. The rating scale used is 3 high impact, 2 medium impact, 1 low impact. Our focus will be to implement those actions with highest impact.

The action plan sets out the responsible service lead and accountable executive lead for each action along with a proposed timeline for completion. Our focus will be on delivering the actions with the highest impact.

As part of the action plan, work is ongoing to develop the key whole systems actions we will take ahead of and during winter to provide the capacity required to support reducing the number of bed days lost to delayed discharges (Action 6 within Appendix A1). Progress on this action will be reported through SEG and the regular monitoring of the delivery of the winter action plan.

We are also developing a Bed Surge Plan to support the Winter Plan.

3. Key Issues for Consideration

3.1 Winter Finance Plan

Actions that require non-recurring funding have been reviewed and prioritised, with a view to focussing on the highest impact actions.

SG winter funding has now been confirmed at £2.5m.

3.2 Monitoring the Implementation, Delivery and Impact of the Winter Actions

Regular monitoring of the delivery of the winter actions and their impact will be co-ordinated by the corporate planning team with regular communication sector and HSCP teams, this will be reported to SEG to inform progress of the delivery of the winter plan.

This approach will also help inform next year's winter planning cycle and help identify the actions that had the most impact.

3.3 SG Winter Checklist

Scottish Government (SG) have issues a Winter Preparedness Checklist with a requirement to complete and submit as a whole system response. This was submitted to SG on 22nd September 2023.

4. Recommendations

The Committee are asked to approve the 2023/2024 winter plan, subject to the winter financial plan being confirmed.

5. Response Required

This paper is presented for **approval.**

6. Impact Assessment

The impact of this paper on NHSGGC's corporate aims, approach to equality and diversity and environmental impact are assessed as follows:

- **Better Health** **Positive**
- **Better Care** **Positive**
- **Better Value** **Positive**
- **Better Workplace** **Positive**
- **Equality & Diversity** **Neutral**
- **Environment** **Neutral**

7. Engagement & Communications

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

Process of Developing the Plan
Significant engagement has taken place across our whole system to help us review lessons learned from last winter and develop our priorities and high impact actions for this winter as follows:

- Over 50 whole systems leads have supported the development of the key winter principles, lessons learned and proposed whole system actions for winter 23/24
- Over 150 staff from primary care, mental health, community services, HSCPs and acute sectors have participated in three local winter planning workshops
- Further follow up conversations have taken place with staff unable to attend the workshops
- Further discussions were also undertaken with primary care clinical advisory group and the primary care sustainability & support group, and community pharmacy colleagues to help inform our planning

In addition significant engagement and communication has taken place through various regional and national forums, e.g. West of Scotland Regional Planning Group, SG Primary Care winter workshop, Public Health Scotland winter workshop. In addition SG Winter Summit took place on Tues 22nd August, the draft winter plan was subsequently reviewed following this event to take cognisance of key additional winter actions.

8. Governance Route

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

Strategic Executive Group on 27th July 2023, Acute SMG 30th August 2023, Board CMT 7th September 2023, Finance, Planning and Performance Committee 3rd October 2023

9. Date Prepared & Issued

20th October 2023
24th October 2023

Whole Systems Winter Plan 2023-24

NHS Greater Glasgow and Clyde

Contents

1 Introduction & Approach to Developing 2023/24 Winter Plan

1.0 Approach to developing the 2023/24 Winter Plan

A review of the winter planning process was undertaken in early 2023. A refreshed approach has been taken this year to ensure we develop a whole systems approach to planning and preparing for winter. Earlier planning will help support earlier implementation of our key whole system and local winter actions.

Our winter plan is made up of two parts:

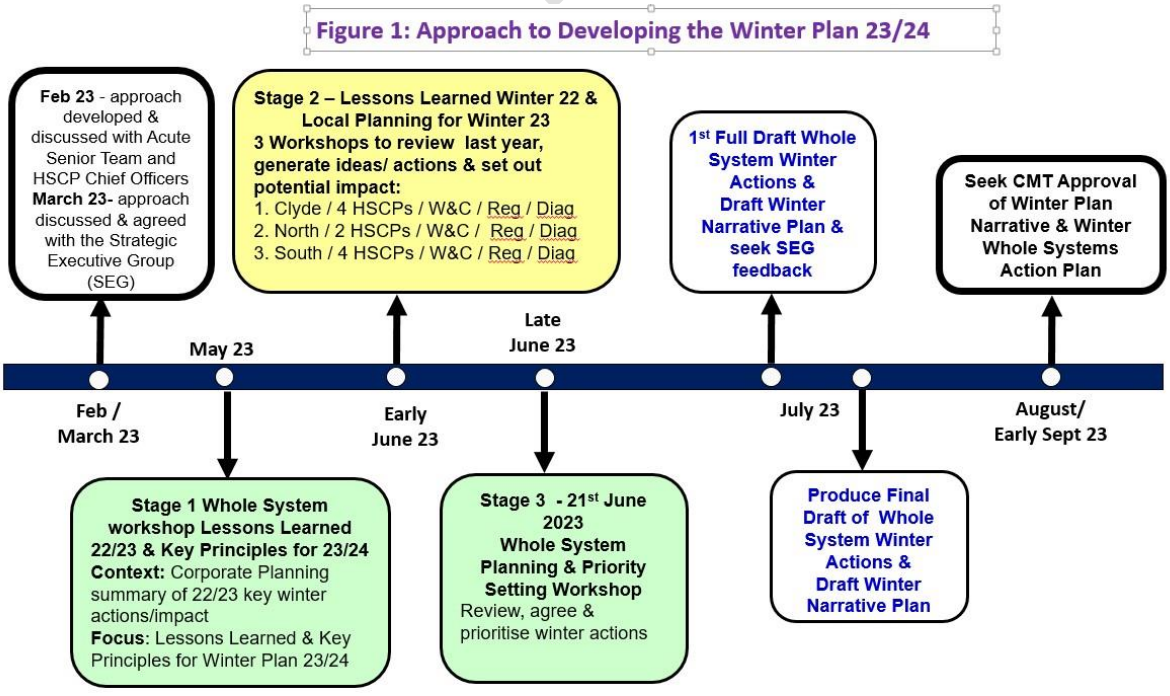
- A narrative document describing our whole system winter plan and a summary of the key actions we will take to prepare for winter 2023/24
- An action plan setting out the specific whole system actions we will undertake to support and manage winter pressures. The whole systems action plan sets out a description of the action, the intended impact of each action and how we propose to measure the successful delivery of each action

In addition to underpin this, local operational winter action plans have been developed. The local action plans set out site and service specific operational winter actions. Some of these actions will require non-recurring funding and therefore their implementation will be linked to the availability of additional winter resources.

This winter plan document should be read in conjunction with the whole system winter action plan contained within appendix A1.

A summary of the approach to developing our plan is set out in Figure 1.

Figure 1: Approach to Developing the 2023/24 Whole Systems Winter Plan



1.1 Whole System Engagement and Involvement

Significant engagement has taken place across our whole system to help us review lessons learned from last winter and develop our priorities for this winter as follows:

- Over 50 whole systems leads have supported the development of the key winter principles, lessons learned and proposed whole system actions for winter 23/24
- Over 150 staff from primary care, mental health, community services, HSCPs and acute sectors have participated in three local winter planning workshops
- Further follow up conversations have taken place with staff unable to attend the workshops
- Further discussions were also undertaken with primary care clinical advisory group and the primary care sustainability & support group, and community pharmacy colleagues to help inform our planning

Our whole systems workshop events have enabled us to set out the key whole system priorities for this winter and also ensure we capture and learn from last year's winter by asking the following key questions:

- **What went well last year?**
- **What could have been better?**
- **Is there anything we should have started earlier?**

1.2 Engagement and Involvement with Wider Partners

Over the last few months to support our winter planning work we have also engaged other WoS Boards, NHS GJ, SG and PHS.

- **WoS regional winter planning event** – a winter planning event was held during May 2023 to discuss how Boards were approaching their winter planning and how we may be able to support each other, as part of this we have been linking with NHS GJ to seek their support within our cardiology service over winter

- **PHS Engagement** – we have linked with the PHS team and participated in their Winter Planning Workshop, sharing our lessons learnt from last winter, sharing the challenges we are anticipating this winter and providing an overview of our work to date to prepare for winter. PHS have supported us in modelling forecast ED admission sand attendances for 23/24 and for modelling to forecast respiratory pathogen spikes (based on last years' experience) in our Board area, to aide our planning

- **Scottish Government Engagement** – we participated in the SG Primary Care Winter Workshop, sharing our new general practice escalation framework & also participated in the recent SG Whole Systems Winter Summit, sharing our FNC model and outcomes

- **SAS and NHS 24** – we continue to work with SAS and NHS 24 in support of many initiatives within our redesign of Urgent and Unscheduled Care programme. We will also share our wider whole system winter actions with SAS and NHS 24

1.3 Key Elements of the 2023/24 Winter Plan

Figure 2 sets out a summary of the key elements of our winter plan in 2023/24.

Figure 2: Key Elements of the 2022/23 Winter Plan	
Winter Planning Context in 2023/24	This section of the plan sets the context for our winter plan in 2022/23, it includes the impact of recent changes to Scottish Government Infection Control guidance, the impact of future COVID or Influenza peaks, health inequalities and the cost of living crisis, set against the board commitment to meeting urgent and unscheduled care demand, cancer care needs and protecting planned care. This section also sets out the key risks this winter.
Vaccination Programme	This section of our plan sets out the Flu and COVID vaccination programme plan.
Community Services	This section of the plan sets out the winter plan for services delivered through the HSCPs and covers the context for HSCPs this winter, primary care responsibility, community service delivery, admission prevention, discharge management and operational care services.
Primary Care	This section of our plan sets out the key priority areas of work ahead of winter for primary care including GP practices, GP out of hours services and dental services.
Mental Health	This section sets out the key actions for mental health services including, providing accessible signposting to help, advice and support, providing a rapid and easily accessible response to those in distress.
Paediatrics	This section sets out the key priorities for hospital paediatrics within the Royal Hospital for Children.
Alternative Urgent and Unscheduled Care Pathways	The redesign of urgent and unscheduled care is one of our biggest programmes of redesign. This section sets out the key planned improvements for winter 2022/23 and includes recent developments that we plan to scale up or accelerate ahead of Winter.
Interface Care	This element of our plan sets out how we will maximise the throughput of our now well established OPAT service, fully implement our Heart failure IC pathway and spread the successful respiratory IC pilot model recently developed in Renfrewshire.
Optimum Patient Flow and Bed Capacity	This section of our plan sets out the key whole systems actions we will take to support optimal patient flow across our whole system.
Diagnostics	This section of the plan sets out what high impact actions we will take to help manage acute flow within diagnostics during winter.
Protecting Cancer, urgent and planned care	This element of our plan sets out how we plan to protect capacity to deliver cancer, urgent and planned care during the peak winter months.
Communications, Public & Staff Messaging	Central to our winter plan for 2022/23 is our communication and public messaging plan. This section provides an overview of our governance and command structure, our internal staff communications plan, our public messaging plan (Right Care, Right Place), our escalation planning and our patient engagement strategy.
Workforce & Recruitment	Underpinning the winter plan is the Boards 3-year workforce plan, this section describes the specific preparations for winter in terms of staff well-being and mental health initiatives, additionality and recruitment progress, delivery of supplementary workforce.
Finance	A detailed financial plan has been developed to support this year's winter plan.

2 Winter Planning Context

2.1 Cost of Living: population vulnerability and whole systems pressures

It is recognised that sustained cost of living and poverty related pressures are having an increasing impact on the overall health and wellbeing of our population. Specifically, this can impact on people staying well and staying well at home as well as ability for an effective discharge to take place.

As part of our work to mitigate the impact of such pressures, we will continue to provide nonclinical support to help address both physical health as well as social, emotional and practical needs of our patients.

Alongside primary care services; community link workers and welfare advice in health partnerships (WAHP) continue to connect patients to a wide range of support social prescribing networks. Within acute hospitals Support and Information Service (SIS)/Family Information and Support Service (FISS) provide navigation support for clinical teams and connect patients into these networks.

Demand for support has never been higher and many third sector and statutory sector partners within social prescribing networks are experiencing funding shortfalls. As an 'Anchor' organisation it is necessary to explore a range of funding opportunities with our partners to help sustain the range of services required across GGC.

SIS discharge support provides help with crisis home energy intervention to prevent fuel disconnection and 'going home' food packages for our most vulnerable patients. The SIS will connect people into longer term money advice services, advocate to avoid benefit sanctions, connect with community food initiatives and engage befriending support and other community services to meet patient needs post discharge.

The beneficial impact of referral to benefit and debt management services (Financial Inclusion Services) by healthcare professionals has a strong evidence base and remains a priority action across all Local Authority Child Poverty Action Plans and Hospital Services through our Financial Inclusion partnerships.

Connections with Community Warm Spaces across libraries and community venues will support the provision of health information and promote digital access for patients. Training with partners to provide information, support and technical equipment enables greater use of reputable self-care web materials and apps as well as access to online functionality for NHS services such as Near Me.

Work to support our staff facing money worries continues to be a priority within our Staff Health Strategy.

Increasing reports of transport related financial barriers impacting on patient attendance for appointments suggests that alongside wider promotion of travel reimbursement, there is the need to explore opportunities to develop new and innovative solutions with partners.

2.2 Infectious Diseases

Infectious diseases modelling outputs from the SG or PHS teams for winter 2023/24 are not yet available. The following section summarises the observations for GGC from winter 2022/23 and builds on this to assess what we need to consider for winter 2023/24.

Winter 2022/23

- Two COVID-19 waves, inpatients with recently diagnosed COVID-19 peaking end December/start of January (high pressure over festive period) and the end of March 2023 with approximately ~ 500 inpatients with recently diagnosed COVID-19 at each peak in GGC hospitals

- Influenza activity was exceptionally high: approximately twice the number of detected influenza cases compared to the last severe influenza season (2017/18). Whilst an increase in testing compared to pre-COVID-19 era protocols is likely to have contributed to the increase in influenza cases detected (some detection bias), the number of influenza cases requiring inpatient care was also substantially higher than in previous season, and the peak of 300 inpatients with influenza in GGC hospitals coincided with the first COVID-19 peak (end December/start January) over the festive period

- Other winter pathogens 'catching up': Group A strep detections were very high associated with very high demand predominantly on primary care, but also resulting in an increase in invasive presentations requiring acute care. A high and early season was also observed for RSV

What may be similar (uncertainties) for 2023/24

- Timing of influenza peak: influenza peak in festive period coinciding with a COVID peak – highly probable, due to mixing patterns (increased indoor mixing due to inclement weather as well as seasonal celebrations) facilitating increased transmission of both influenza and COVID-19. The severity of any given influenza season remains difficult to predict

- Timing and number of COVID waves: two COVID waves (festive period and March) were observed in winter 2020/21 as well as 2021/22, and whilst there is still large uncertainty about how COVID seasonal patterns may embed long term, it would be prudent to plan for a second wave to recur in winter/spring 2023/24

- Levels of flu/group A strep/RSV/others: it remains possible that other winter pathogens will still be circulating at higher levels compared to pre-COVID seasons due to uncertainties on whether levels of population immunity have now 'caught up' (following the reduced exposure to other pathogens as a consequence of COVID-19 restrictions). Some other pathogens (e.g. pertussis, mumps) are currently still at very low levels, and there is a potential for build-up of population susceptibility and future surge

- Unknown unknowns: as ever emerging/re-emerging infections may pose unexpected challenges – what may be the 'new MPOX'? (horizon: avian flu)

What is different/may be different

- Stepping down of pandemic IPC and testing protocols in health as well as in social care may reduce the impact of patients with infections on systems pressures
- The impact on staffing sickness absence uncertain (importance of vaccine uptake)
- Winter vaccination due to complete by 11 Dec 2023 (vs 24 Dec in 2022) – earlier protection with regards to festive mixing, and acute drop in clinics for staff already planned for (vs ad hoc in 2022)
- The likely impact of the vaccination programme is difficult to estimate in advance, as vaccine effectiveness needs to be assessed in each season (dependent on match of vaccine strains with circulating strains, and protection to infection and severe presentation conveyed by vaccine). The following provides an estimate of impact based on data from previous seasons for Scotland and England

It was estimated that in Scotland over 27,000 deaths were directly averted in people 60 years and older from December 2020 to November 2021 as a result of COVID-19 vaccination.1 Data for England estimated that from December 2020 to the beginning of September 2021, over 230,000 hospital admissions in people over 45 years of age were averted directly due to COVID-19 vaccination. 2 Longer term data will be required to estimate the number of deaths or hospitalisations averted each season by COVID-19 vaccination. The relative impact of vaccination in any given season may decrease over time as an increasing proportion of the population have prior immunity from natural exposure and or previous vaccine doses.

Based on evidence from previous seasons (including those with a poor vaccine match), at the Scotland level, seasonal influenza vaccination of those aged 65 years and older on average prevented 732 (95% CI 66-1389) deaths from all causes, 248 (95% CI 10-486) cardiovascular-related deaths, 123 (95% CI 28-218) COPD-related deaths and 425 (95% CI 258-592) COPD-related hospitalisations.

2.3 Key Risks

Figure 3 sets out the key risks identified ahead of this winter.

Figure 3: Winter Planning – Key Risks

Risk	Impact Description
Impact of the Cost of Living Crisis: Population vulnerability and whole system pressures	This crisis will continue to be felt most acutely by those who are vulnerable, have health issues or are struggling economically. The risks to the service are many – increase in admissions beyond usual winter prevalence, increase in DNAs due to lack of funds to travel to appointments, delayed discharges due to disconnected home heating or energy or the cost of running medical equipment at home. There are also risks to staffing, prohibitive costs of travel to work, lack of nutritious food, and stress and anxiety about money worries may impact on attendance and performance. It is recognised that sustained cost of living and poverty related pressures are having an increasing impact on the overall health and wellbeing of our population. Specifically this can impact on people staying well and at home as well as ability for an effective discharge to take place.
Continuing COVID demand on Healthcare Services	Urgent and Emergency care services across primary and secondary care continue to manage high numbers of COVID related activity and the consequences of delayed treatment.
Surge in Non COVID related demand – Influenza & other winter pathogens 'catching up'	Resurgence of other chronic respiratory and seasonal related conditions stretch existing capacity. Delays in treatment for routine conditions results in increasing acuity requirements.
Planned care services disrupted by demand for Unscheduled Care	Routine care in primary and secondary care is halted due to urgency of additional unscheduled care. Remobilisation trajectories for recovery of planned care disrupted leading to further extension of waiting times and unmet need.
Availability of workforce	Impact of potential higher sickness absence, current vacancies or potential industrial action on the ability of services to maintain planned service levels.
Financial Risk	Reliance on non-recurring funding & shortfall of non-recurring funding in 2022/23. Projects and improvements funded non-recurringly may not be able to continue if there is no funding to support the work to continue.
Whole Systems Flow and Resilience	Risk that length of stay increases and discharge performance is challenged due to whole systems patient flow not being optimal. Risk that we are unable to open sufficient additional surge acute beds – noting that a significant number of our additional winter beds still remain open, there is therefore reduced additional bed capacity for surge beds this winter.
Other 'emerging' potential risks	There are a number of emerging risks in relation to the General Dental Service contract, the ability of care homes ability to respond timeously to referrals for assessment and the potential changes in community pharmacy services.

3 Winter Priorities in 23/24

3.1 Vaccination Programme

The winter vaccination programme will commence in September 2023 with flu in line with SGHD/CMO/2023(5).

Up to 600,000 people will be eligible for vaccination, and we aim to offer all those eligible an appointment by the 11th December 2023. As flu is seasonal this will continue to be offered until the end of March 2024.

The flu programme will include:

- All school age young people, those aged 2-5 and those aged 6 months to 2 years at risk
- Adults aged 50 and over and those aged 16 and over at risk due to certain health conditions will also be eligible
- A wide range of health and social care staff including students, the independent and third sector and primary care contractors
- Unpaid carers

In addition, teachers and prison officers will be eligible for the vaccine.
We are still awaiting guidance and JCVI eligibility for the Winter Covid Programme, but a further COVID booster is expected to be offered to:

- All those aged 5 and over at higher risk
- To all adults 65 years old & over
- A wide range of health and social care staff including students, independent and third sector staff and primary care contractors
- Unpaid carers

Two vaccines will be used this winter following MHRA and JCVI approval with one used for those up to age 74 years and one used for those over 75 years and with a weakened immune system. The one proposed for use with those over 75 years and a weakened immune system is still to receive approval by the MHRA and the guidance from the JCVI on eligibility is still to be received. A separate vaccine is also under for those aged 5-11 and those under 18.

The adult flu and all COVID vaccinations will mainly be delivered through a network of 16 community vaccination centres. The exceptions being individuals who are unable to travel to a clinic or those within settings such as care homes and prisons. HSCP Community Teams will provide a service to those who are unable to attend community vaccination centres and will support care homes and prisons.
School age children will be offered the flu vaccine at school and younger children at children's community clinics.

Community pharmacies will also offer the Flu vaccine to older people and those at higher risk from flu including those with well controlled asthma.

Maternity services will offer pregnant women the flu and COVID vaccines.

The network of clinics will be supported by the use of the Scottish Ambulance Service Mobile Unit and this will be deployed in areas identified by community stakeholders as benefiting from a more local response.

Our peer support workers will continue to work with communities where vaccine uptake is low to gain insight into any barriers to vaccination and to develop strategies to overcome them.

The combined Flu and COVID Booster Vaccination Programme is planned to reach c500,000 people by early December although the programme will continue to have clinics in early 2024.

3.2 Community Services

Delivered through GGC's 6 Health and Social Care Partnership's (HSCPs), integrated community health and social care planning for winter is aligned to supporting and maintaining capacity in Primary Care and enabling patients to remain in community settings where clinically appropriate. This by extension includes initiatives focussed on preserving acute capacity through admission prevention and seeks to optimise patient flow back into community settings, achieved through effective discharge management.

Partnership Context

HSCPs envisage a repeat of the increased demand for community health and social care services experienced last year, due to the ongoing cost-of-living crisis. With inflation remaining at over 8% at time of writing there is an expectation that many citizens will be forced into the 'heat or eat' dilemma that impacted many service users last year. All HSCPs are proactively engaging with our most vulnerable citizens to maximise income, secure appropriate housing and act preventatively ahead of colder weather. Marshalling third sector resources and repeating local authority initiatives such as "warm hubs" will be key to effective service delivery throughout winter however financial pressures in local authorities will make it increasingly difficult for HSCPs to deliver the full range of services that were delivered last winter.

Staffing challenges continue to impact on optimised service delivery across the HSCPs. Partnerships are experiencing higher levels of vacancy and staff absence in both NHS and local authority posts against a pre-COVID baseline. This is particularly challenging where vacancies impact on skillsets critical to whole system working such as District Nursing and Social Worker (Mental Health Officer) specialisms. Above expected vacancy levels across several pinch point roles continues to drive overspends in bank and agency staff usage that further pressurise depleted HSCP budgets. Confirmation of additional workforce funding from Scottish Government will be required at least three months ahead of the required date of impact to allow time for the recruitment process.

Primary Care Responsibility

HSCPs continue to enhance our Primary Care estate through the delivery of the Primary Care Improvement Programme (PCIP), supporting effective delivery of Primary Care and integrated Social Work services housed on the HSCP estate by increasing clinical capacity in our existing infrastructure. Additional PCIP funded staff, notably Advanced Nurse Practitioners (ANPs) have also enhanced the clinical decision support available to community teams. Given the sustainability challenges in General Practice, NHS GGC is

implementing a new standardised approach of escalation to ensure robust governance and to better understand the impact on patient care. The General Practice Escalation Framework built upon the NHS GGC COVID-19 Escalation Plan sets out measures to enable General Practices (GP) to continue delivery of services and manage increased demand. It is important that this is considered in relation to the overall NHS GGC plan to ensure that activity is not inappropriately diverted around the system.

For Winter 2023/24, HSCPs are committed to increasing the effectiveness of their Out of Hours (OOH) services by consolidating and communicating OOH Community services to all stakeholders and expanding some OOH services into a 7-day model through a test-of-change. Digitisation continues to be delivered across Primary Care with expansion of the *Near Me* virtual consultation capability and a desire to develop asynchronous consulting resources, affording increased flexibility to patients in the delivery of their healthcare. All HSCPs also continue to contribute to shaping strategic communications around Primary Care capacity to ensure the patients are appropriately signposted into services and that demand on the system does not routinely exceed capacity due to the increased patient acuity and demand for primary care services observed since the COVID-19 pandemic.

Detailed actions for preserving Primary Care capacity this winter are presented in Section (4.2 Primary Care).

Community Service Delivery

Community nursing and Allied Health Professional (AHP) roles remain critical to achieving the strategic aim of care being delivered as close to home as is possible, with the "Home First" ethos well embedded across integrated community teams. HSCPs continue to maximise and optimise available resource with recurring funding having been used to enhance staffing, particularly Frailty Practitioners, AHPs and Community Support Workers who are key to delivering the enhanced frailty pathways in development across the 6 HSCPs. East Dunbartonshire are planning to further increase their successful extension of availability of enhanced clinical decision makers to all weekends. Alongside the ANPs integrated into their DN service, the impact is anticipated to be; reduced calls to GP OOH and NHS24 resulting in avoidable conveyance to hospital where being cared for at home or in the care home if preferred by the patient, and where it is clinically appropriate. Glasgow City HSCP (GCHSCP) has invested significantly in increased treatment room space for Community Treatment and Care (CTAC) services, freeing up General Practice and District Nursing capacity.

For Palliative Care, a review of the Marie Curie Managed Care (MCMC) has been conducted with feedback from across the five HSCPs which currently use the service. Desire for a more flexible service has created consensus to move toward HSCP aligned palliative and end of life care arrangements. This locally provided arrangement will support more flexible and person-centred care provision; linking directly with the OOH DN service and which includes a similar ratio of Registered Nurses to Healthcare Assistants as is currently being provided by Managed Care. A notice period of six months will allow the HSCP to achieve a state of readiness to seamlessly transfer care (predominately overnight) from Managed Care to Out of Hours.

Community Mental provision is also a key priority for the 6 HSCPs with both the NHS GGC Mental Health Strategy and Older Peoples' Mental Health sub-strategy having been revised since last winter. Bed remodelling across the inpatient estate will occur through winter, freeing up resources to be invested in enhancing Community Mental Health services.

Detailed MH actions are included in Section (3.3 Mental Health).

Admission Prevention

Avoidance of unscheduled care remains a key objective of HSCP service delivery. Despite budgetary pressures, HSCPs have continued to invest in early intervention and prevention initiatives throughout this financial year in anticipation of Winter 2023/24 and have a specific locus of Unscheduled Care avoidance work, centred on the Scottish Government's High Impact Change area 8 (HIC 8).

The **Hospital at Home** (H@H) test of change ended in Mar 23 however the service has been maintained whilst evaluation is undertaken. SEG has approved that a hosted model (H@H) should be expanded across NHS GGC with a financial framework and phasing still to be agreed. In the interim, the service continues to be funded by GCHSCP. The service was expanded in Jul 23 from 10 to 15 beds, following the introduction of criteria led discharge and revised Multi-Disciplinary Team (MDT) review procedures. Delivered within the same staffing envelope, the intent is for further expansion to 20 beds in Aug 23. Two additional Glasgow City GP clusters will also come on stream in Aug. Already delivered ahead of winter, GPs can now also access a live bed state which enables them to know if a bed is available before committing time to discuss referral with their patient.

A whole-system effort is the continued refinement of the **Home First Response Service**, launched with phased implementation from Nov 22. Delivering an augmented MDT approach composed of community staff (Frailty Practitioners, AHPs, Pharmacy and Frailty Support Workers) embedded within two acute sites and working alongside the acute team to identify, assess and turn around patients at the earliest opportunity, up to 72 hours. The service is routinely delivering more than 50% of frailty diagnoses; being turned around at the ED front door, with a threefold increase in community rehab referrals (against baseline) expected ahead of winter. This work aligns with preventative measures such as the development of HSCP Frailty Pathways to support prevention/early intervention activity and ACPs to maintain individuals at home for longer, reducing risk of admission to hospital.

The **GGC Falls Pathway** is now well established across the Board and continues to be optimised ahead of winter due to the higher likelihood of falls at this time of year. The pathway remains the focus of a multi-organisational collaboration to review uninjured fallers, with senior support from GGC Administration Hub, HSCP rehabilitation services, Scottish Ambulance Service (SAS) and Digital Health colleagues. The pathway continues to strengthen and triangulate information for those presenting with falls at our front doors, minimising turnaround times and admission rates, to enable the best outcomes for individuals. The next phase of work will explore options for call-before-convey pathways for other clinical presentations within care homes, utilising local HSCP advance decision makers in addition to escalation routes within Funded Nursing Care (FNC). This work will build upon the evidence base including a tested model within East Dunbartonshire HSCP.

Discharge Management

Optimising patient flow back into the Community is critical to preserving acute medical resources for those who need it most but is also essential to the ambition that patients are best served when clinically appropriate care is delivered as close to home as possible. Work continues to fully rollout the Scottish Government's HIC 7: *Discharge without Delay* agenda with all HSCPs engaged in daily MDT activity to reduce delays.

Hospital Social Work Teams continue to proactively reach into wards to tackle barriers to discharge with work underway to deliver a single integrated community/acute Discharge without Delay (DwD) dashboard. Adoption and use of Predicted Date of Discharge (PDD) is established and is being expanded upon, providing the opportunity to strengthen interface multi-disciplinary discharge planning. Social Work and Care Home providers continue to expand the availability of 7-day discharge options across the Board, as well as maximising the availability of care at home services for same day discharge.

Adults with Incapacity (AWI) patients continue to make up a considerable number of delayed discharges. HSCPs continue to make use of 13ZA legislation where appropriate to enable movement of the patient to an alternate place of care. HSCP board wide reps continue to advocate for overhaul of the legislation in conversations with Scottish Government. Regrettably, fixed term additional funding for additional AWI legal resources have been reduced to 1 FTE, depriving Glasgow City (which has the bulk of AWI delays) of its additional lawyer. Options are being explored to fund the previous level of legal resource ahead of winter due to the impending additional demand for beds. Furthermore, HSCPs are proactively engaging to remedy guardianship issues ahead of time to ensure that patients' care and support needs can be effectively managed.

Intermediate Care remains an effective option for delivering rehab/reablement services in a care home setting as opposed to an acute ward. The majority of HSCPs maintain Intermediate Care (IC) beds. Due to budgetary pressures IC capacity has been reduced this year with Glasgow City reducing from 75 to 60 beds. This will increase pressure on this highly subscribed service. Work is underway to take forward improvement opportunities to maximise the use of capacity and increase throughput. This includes early identification of discharge from acute services, enabling rehabilitation opportunities, weekend admissions and supporting assessment and decision making for onward care, and removing delays/barriers for discharge from IC. Ongoing reviews of performance reporting to the Integrated Joint Board regarding length of stay, discharge home and occupancy; and there is daily reporting and increased scrutiny of patients to support throughput.

HSCPs continue to transition from analogue to **Digital Telecare** through winter ahead of the decommissioning of national analogue telephony in 2025. Transitioning to digital infrastructure and devices represents multi-million-pound investments by HSCPs in this key tool to support discharge and maintain citizens in their own homes for as long as is practicable. Additionally, responder services invested in by HSCPs, provide an enduring ability to provide additional personal care support and lift uninjured fallers. Through Winter HSCPs will maximise the use of telecare to support timely discharge.

Operational Care Services

Across GGC there are 185 care homes, with over 9,000 staff and ~15,000 residents. The authority delivered and private sector Care Homes sectors remain under substantial pressure with occupancy levels of >95%; and there have been several closures of independent Care Homes observed this year. HSCPs continue to contribute to national conversations on solutions to the current fragility of the independent care home sector. However, the present situation leaves a reduction in flexibility for HSCPs to spot purchase beds in response to discharge demand, in addition to limiting options for additional beds for Intermediate Care.

HSCP commissioners and operational care leads continue to work with Care Home

providers to manage flow and support homes to retain patients where possible whilst aiming to limit admissions to acute hospitals. Options are being explored to build on the success of the Care Home Falls Pathway to extend call-before-convey options to Care Homes, enabling prof-prof advice as an alternative to SAS callouts where appropriate.

Vaccinations for care home residents and staff remains a priority leading into winter, with a singular vaccination campaign planned to reduce the impact of circulating seasonal viruses and COVID-19. Recruitment campaigns remain underway to limit the impact of staff vacancies on Care Homes' ability to fully open their beds. However, this remains challenging in the current financial climate and HSCPs remain involved in national conversations around stabilising the Care Home sector ahead of winter.

The capacity of **Care at Home** services remains critical to supporting hospital discharge. All HSCPs are maximising the hours delivered within available budgets. Ahead of winter a Pan GGC Care at Home group has already been established to further explore how Partnerships can address challenges by sharing best practice, supporting process improvement and engaging as a collective about challenges or issues that are common across all 6 GGC HSCPs (e.g. referral pathways from secondary care, access models, response models, resource allocation models etc).

Large scale Home Carer recruitment has commenced to allow a smooth transition into services prior to Nov 23. Thereafter, targeted localised recruitment will be used to plug any gaps due to attrition. In Glasgow City, a paid Internship Programme with Glasgow Clyde College will provide student intern placements during their 18-week care course starting in Aug 23. This mentored work experience allows students to fully participate in the role of Social Care Assistant and will lead to employment offers to successful interns.

3.3 Primary Care

In preparation for winter, work is underway to support the development of initiatives for General Practice both for our in and Out of Hours (OOH) services but crucially it is the contribution of Primary Care services in whole systems working that will ensure the most efficient use of all our services and resources.

Primary Care services are committed to the continued contribution of whole system actions with emphasis on patient flow through **call before convey** i.e. for the those living in care homes, requiring directed to most appropriate care e.g. GPOOHs to reduce admissions to hospital and possible impact on emergency departments. We will contribute to the developing of **public messaging** on full system access for the Right Care, Right Place, Right Time including alternative to General Practice and the importance of winter **vaccinations.**

General Practice
Key actions for General Practice ahead of winter include:

- Developing a General Practice winter response plan to support practice flexibility this winter
- In addition the GPOOHs service will refine the services escalation plan in preparation for winter

To further support General Practice to better direct patients to access Right Care, Right Place, Right Time through efficient triage and workflow systems, we will develop the case for procuring and implementing **asynchronised consultation** enabling primary care to

focus on those who need our clinical intervention rather by providing remote advice and treatment. This is reliant on national funding and is part of our **digital development programme.**

Ensuring **anticipatory care plans (ACPs)** are up to date is a key action ahead of winter 2023. Ensuring the ACP information is more widely accessible through the **electronic key information summary (eKIS)** element of a patients emergency care summary is being considered for specific patient groups to ensure patients are cared for in their preferred location and admissions to hospital are prevented.

To reduce some demand on General Practice, we will explore that where a patient is seeking **a fit note** following an inpatient stay that this can be done as part of discharge process saving time for both GP and patient.

We are also refining the **General Practice Sustainability Framework 2022** to support contractors, HSCPs and NHSGGC and to further enable General Practices to identify, manage, review BCPs and escalate risks. This will ensure robust governance and early warning of emerging risks to the board through weekly reporting to SEG.

Urgent Dental Care
We are committed to continuing to provide day time emergency dental care for unregistered GDS patients, 5 days a week. We continue to provide out of hours emergency care to registered and unregistered patients 7 days a week. We have recently commenced a test of change with a view to increasing available emergency appointments within the day time emergency dental service to support access for unregistered and deregistered patients. The test of change commenced at the end of June 2023 for a period of 3 months with evaluation thereafter.

Community Pharmacy
To increase our prescribing capacity within community pharmacies, we will develop and enhance our current Independent Prescriber (IP) population who will be able to deal with common clinical conditions that would normally have to be seen by a GP. We plan to increase the number of IPs within community pharmacies from 73 to 100 by December 2023.

We will support a reduction in discharge time for patients through the completion of a discharge pilot where patients receive their discharge medicines from hospitals at their local community pharmacy alongside a medicines review. This pilot will also help to inform national discussions around a potential national service.

We will ensure early awareness of any changes beyond core hours for our community pharmacy provision, alongside consideration of demand/needs that will enable early discussions to minimise impact to service.

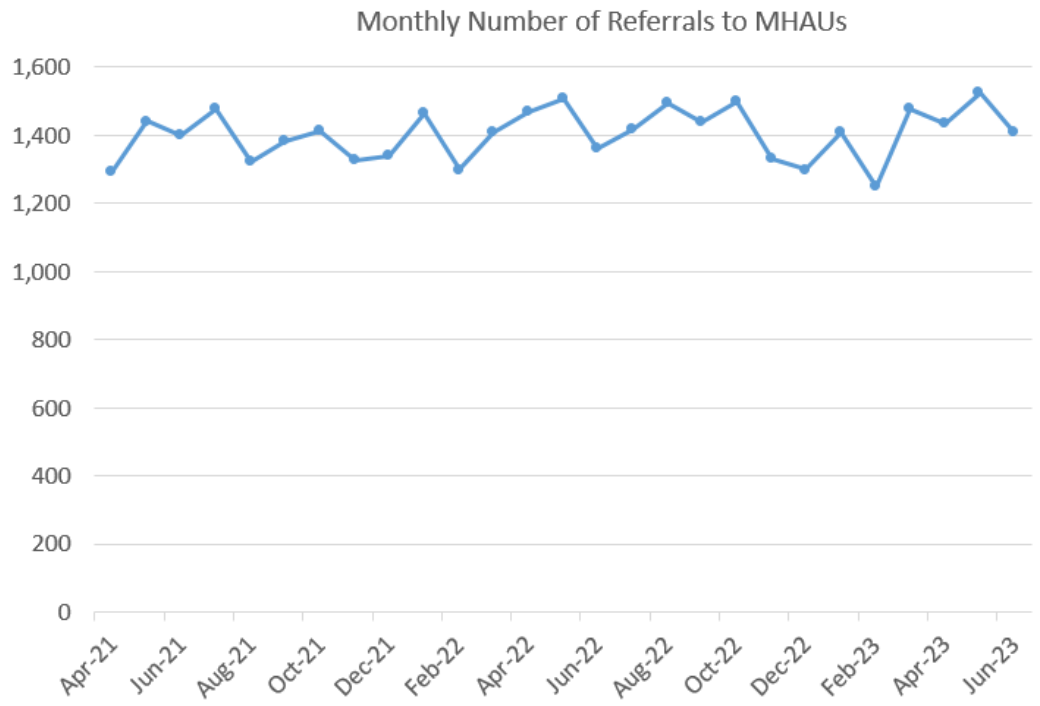
To reduce pressure within GPOOH and ED and increase patient self-management, we plan to have a test of change for an unscheduled care service at weekends which will include collaborative working with FNC and GPOOH service directing patients to independent prescribers working within community pharmacies as a triage centre.

3.4 Mental Health

Demand for mental health services is not a significant seasonal issue, however the levels of flu and any future COVID waves can be expected to impact staffing and be a constraint on activity.

The MHAUs remain highly effective at diverting footfall from Emergency Departments by providing an immediate route for those who self-present or would otherwise have been conveyed by Police Scotland or SAS. Figure 4 sets out the number of patients referred to our MHAUs over the last two years, activity remains high all year round. Average monthly referrals have increased year on year, 1,381 per month in 2021/22, to 1,412 in 2022/23, and ytd in 2023/24 April to June average monthly referrals are 1,452.

Figure 4: Monthly Referrals to Mental Health Assessment Units (MHAUs)



Occupancy within mental health inpatient areas remains high, our longer-term strategy aims to redress the balance towards community provision, reducing the need for inpatient care. However, the immediate focus during the winter will be to maintain core capacity ensuring people can access appropriate services through the established mainstream unscheduled care and out of hour's services.

Our key winter actions for 2023/23 are to:

- Maintain 24/7 access to first responders, GPs, etc. to MHAUs and distress response services to maintain contribution to reducing ED presentations
- Further develop the mental health pathways in NHSGGC that currently link SAS, EDs, Police, FNC, NHS24, distress response services and Mental Health Assessment Units (MHAUs)

These actions will help to ensure MH patients have improved access to unscheduled care/distress services in the right environment, whilst also reducing pressure on our EDs.

3.5 Paediatrics

Increased incidence of respiratory infections including Flu and Respiratory Syncytial Virus (RSV), alongside an increased acuity of illness and demands on primary care, have led to significant pressures on the Royal Hospital for Children (RHC) Emergency Department and inpatient wards. This has resulted in higher and sustained demand for urgent care and unscheduled admissions, with the importance of optimum patient flow through RHC further heightened during the peak winter months.

In developing this year's plan we have reviewed and updated our annual contingency plans for RSV and have considered the actions that will have most impact in supporting our front door and patient flow, to ensure all children have timely access to high-quality unscheduled and inpatient care services, and service readiness to address and respond to early winter pressures.

The RHC winter escalation process builds contingency and is managed through the daily Safety Huddles, Flow Coordinator, Hospital Co-ordinator and Lead Nurses through to Senior Management and Director as appropriate. It allows us to respond to service pressures, manage patient capacity and throughput, and support colleagues in managing demand. Existing communication processes are in place to escalate with partners across the system with a specific regional escalation policy is in place for the Neonatal ITU.

The following key areas have been prioritised ahead of winter 2023/24:

- Strengthening the front door capacity to support flow and meet increased demand
- Providing additional senior decision makers maker out of hours/ late evening ward rounds and maintaining the GP advice line to meet demand of winter pressures, improve flow and reduce delayed discharges
- ED waiting room surveillance and 24/7 ED greeting to facilitate the flow of patients from the waiting room, ensure patient safety and detect clinical deterioration
- Opening additional beds to respond to increased unscheduled admissions and support flow, and ensuring sufficient cot capacity to support the change in inpatient demographics to younger patients
- Increasing the dedicated RSV Nursing capacity to support this pathway during winter period
- Reviewing the junior doctor staffing for all areas to add additional junior doctor resources for peak times and engaging with our ANP team to expand ANP cover
- Improving our continuous flow model through ED to inpatient wards
- Continuing to foster our strong interphase with primary care and community services including our GP hotline and through offering winter specific training webinars and supporting information to all GPs
- Working with NSD to ensure capacity for those regional and national services delivered in RHC which would see impact beyond NHSGGC
- Further promoting the RHC website and app https://www.rhcg.org.uk/ which has a dedicated sections for GPs and parents on the management of bronchiolitis. This includes on-line bar codes to current pathways and guidelines etc.

3.6 Urgent and Unscheduled Care - Alternative & Virtual Pathways

Unscheduled care pressures continue to be considerable across NHS Scotland and within NHSGGC and our redesign of urgent and unscheduled care continues, in line with the Scottish Government Collaborative for urgent and unscheduled care.

We continue to progress a significant programme of ongoing redesign and improvement to transform the way in which people access urgent and unscheduled care, enabling patients to receive the right care at the right time. The implementation of alternative pathways has, to date, shown a positive impact across our acute, community and primary care services and with our NHS 24 and SAS partners, and there is large programme of ongoing work to further support our significant unscheduled care pressures ahead of winter 23/24.

Our key priorities that will make the greatest impact in 2023/24 focus on the further development of our virtual and community pathways and redesign to further reduce and or avoid attendances and admissions, and our rapid acute assessment programme to support reducing length of stay.

- Increasing our virtual pathways and capacity to support patients at home and avoid the requirement to attend the ED and/or be admitted to hospital
- Optimise Virtual Capacity pathways (including remote monitoring) to deliver care closer to home and prevent admission
- Working with our SAS and NHS 24 partners to provide and signpost to services to reduce the number of patients attending ED and or conveyed to hospital
- Reducing length of stay on admission – increasing the number of patients on a rapid assessment and short stay pathway, focussing on lower risk – high impact presentations supporting safe and early discharge home
- Optimising flow within our hospital - through the embedding of our DwD programme across our acute wards and maximising benefits form our early adopter wards around earlier flow and enhanced acute & HSCP planning over discharges. Building on early impact of GlasFLOW model across our acute sites

Flow Navigation Centre (FNC) and Virtual Alternatives

The FNC continues to increase activity and sustain a high closure rate. The service currently sees around 1700 patients per month virtually, achieving a 45% discharge rate through optimising available capacity and maximising appointments, including overbooking where possible. The team has adopted the use of 'Near Me' video appointments as the default for patients and is seeing in excess of 90% of patients via video consultation.

The FNC works in collaboration with GGC Primary & Secondary Care, NHS24, SAS, GCU, GU, Child Protection, Police Scotland and Social Work.

Ahead of winter 23/24 we plan to:

- Increase volume of virtual consultations by extending operational hours and developing our workforce, and reviewing NHS24, SAS and other pathways into the FNC

- Build on our success in the use of Near Me and video consultations, (maintaining use of over 90%). Further using this to support remote consultations

- Further develop our Interface with NHS 24, SAS and GPOOH to build a robust 'call before convey' model. This will include working with SAS to develop an action plan to reduce conveyancing rates to hospital. We will also continue to work with NHS 24 to review direct referrals with a view to redirection from ED

- Continue to maximise our current pathways and develop and implement new pathways to increase the alternative methods of accessing Urgent & Unscheduled Care Services across NHSGGC. This will include the development and implementation of a number of medical and surgical pathways for both adults and paediatrics prior to next winter. 4 pathways are currently in development (Headache, Pulmonary Embolism (PE), Low Risk Chest Pain, Abnormal Blood Results)

- Develop a two-way referral process between GPOOHs and FNC, continue to build on relationships with partners to achieve shared responsibility for urgent care services

- Continuously review those patients presenting at our front doors to identify potential opportunities to utilise our existing pathways and capitalise on the opportunity to educate patients on alternative ways to access UUC

Signposting and Redirection

To ensure that patients are seen and treated in an appropriate setting, our EDs need to have the ability to signpost and re-direct patients to more appropriate care out with our emergency departments. This includes minor injury units, Primary Care, Community Pharmacy, MSK Physio, dental and other appropriate pathways.

Our ED's continue to deliver signposting and redirection and our refreshed redirection pathways will be implemented ahead of winter 2023/24. To support upscaling their use we have reviewed our data monitoring and recording to ensure consistency in reporting across GGC. The impact will be measured on the number of people who have been redirected or signposted to other services.

Ahead of winter 23/24 we plan to:

- Ensure a refreshed and consistent approach to sign posting and redirection across GGC with a focus on Minor Injuries for both adults and children and for minor Illness

- Develop a tailored communications strategy to help promote the redirection policy across acute sites, while also continuing to signpost the public through the media, social media and online to the most appropriate services for their needs and to ensure our wider public messaging campaign remains credible and effective

Scheduling access to our wider emergency and unscheduled care services

Aligning with our primary care and mental health services we will continue to build on the success of our Mental Health Resource Hubs – ensuring they can continue to support all patients requiring an urgent mental health assessment.
We will take the lessons learned from the success of Minor Injuries Unit (MIU) scheduling and consider how they may be applied to ED attendances

3.7 Interface Care

Further Developing our Outpatient Parenteral Antimicrobial Therapy (OPAT) Service

The OPAT service has had a significant impact to date with an average of 46 patients per week avoiding hospital admission and the pathway saving the equivalent of over 300 inpatient bed days per week, or over 40 acute beds at any one time. The service is currently operating at capacity, and so this winter we will focus on maximising throughput, ensuring the ability to continually accept new referrals in QEUH, IRH and RAH. We will optimise service use at each NHSGGC site and in support of this we will look to identify additional ambulatory care space at GRI. This work will be measured on the number of patients avoiding hospital admissions and the inpatient bed days saved through accessing this pathway.

Implementing our Heart Failure (HF) Integrated Care Pathway

During winter 2023/24 we aim to develop and implement the second phase of our HF IC pathway. This involves developing the diagnostic pathway for heart failure, minimising delays to diagnosis. We will develop a plan to access ambulatory care space to provide treatment including Intravenous (IV) diuretics to support admission avoidance, and which is anticipated to reduce LoS for some patients.

Implementing our Respiratory Interface Care Pathway

The respiratory interface care pathway is being developed within available existing resources. A pilot programme has been rolled out in Renfrewshire, with early indications that upwards of 80% of patients referred through this pathway avoid admission to hospital. During winter 2023/24 we will continue our development of the pathway (within our existing resources). We plan to secure further engagement with the four GGC HSCPs not currently delivering respiratory admission avoidance pathways and seek to replicate the Renfrewshire model in other areas.

3.8 Optimum Patient Flow and Bed Capacity

The importance of optimum patient flow across our entire NHS and Social Care system is further heightened during the peak winter months. In developing this year's plan we have considered the actions that will have most impact in supporting patient flow.

Ahead of winter 2023/24 we will undertake the following key actions:

Discharge without Delay (DwD) Programme

As part of the redesign of Urgent and Unscheduled Care programme we are in the process of fully implementing the DwD bundles within our inpatient areas. We have now rolled out the DwD bundle to 130 acute adult wards, the aim of the bundle is to:

- Improve the patient journey, from the initial point of a hospital stay
- Preventing any delays through early and effective discharge planning
- Limit hospital stays to what is clinically and functionally essential, getting patients home at the earliest and safest opportunity

Our work is now focussed developing a sustainability plan – to ensure we can sustain and fully embed the DwD bundle in all 130 wards and maximise its impact on LoS and improvement in our discharge planning processes.

The next element of our work plan ahead of winter is to support clinical areas to fully implement criteria led discharge. This will be piloted over the summer months within the IRH. Our pilot will enable us to develop a formalised approach to CLD ahead of roll out to other acute sites during the Autumn.

Discharge Lounge Capacity and Operating times - as part of our winter preparation we are in the process of reviewing the discharge lounge services across all of our acute sites with a view to standardising our opening Mon to Fri and at weekends and ensuring we have sufficient capacity during the winter months and also over the festive public holiday period.

Community Pharmacy Discharge Pilot – we will complete a discharge pilot where patients receive their hospital discharge medications at their local community pharmacy along-side a medicines review. This pilot will help inform national discussions around a potential national service.

Home for Lunch Campaign and Management of Patient Boarding within Acute Hospitals - in order to support earlier discharged pre midday, we will develop a poster for patient rooms to support setting patient expectations of home for lunch and discharge from the ward taking place earlier in the day. In addition, we will also set out the reasons why patients may require to be moved following their admission to support staff and patient communication.

We will also invest some non-recurring winter funding to support multi-disciplinary acute boarding teams to support additional winter capacity, improve patient flow and reduce length of stay of patients.

Rapid Acute Assessment

As part of our wider redesign of urgent care programme we have a dedicated work stream that are reviewing our current rapid acute care pathways. There are two key actions being taken forward ahead of winter to support improved patient flow:

- Reviewing the existing 24/48 hour patient pathways to determine variation and enable implementation of best practice across sites

- Establishing current capacity and demand for key diagnostic tests to optimise turnaround time and support the rapid assessment of patients on admission

Reducing Delayed Days

As part of this year's winter planning process a whole systems options paper is being developed in parallel with the winter plan to identify the optimal model for reducing the length of stay of patients who are delayed in their discharge. A range of options is being considered including additional legal resources, mental health officer support, direct payments etc.

As part of the winter bed surge planning, we have assumed that both the Brownlee ward and GGH ward 5c will be opened as additional beds, these wards may be used to support to provide the right environment and level of care for patients who are delayed in their discharge.

In addition, the Acute and HSCP teams will review access to intermediate care beds/interim care home beds/flex existing hospital capacity - with a view to maximising existing capacity and/or establishing capacity where it is needed.

Developing a Winter Bed Surge Plan

In order to meet the known additional winter pressures, we have reviewed our winter bed surge plan to identify the key additional winter capacity that will be provided to support the period of peak winter pressure.

Approximately 95 additional surge beds will be available this winter, these have been included within the winter plan costs as being opened for a four month period December to March.

Please note the costs within the winter plan are for opening the winter surge beds only and do not include the costs of the beds that remain open and have been historically been in place for some time.

Wider Digital Innovations

COPD Digital pathway – during winter we will scale up the use of the Dynamic Scot COPD remote management model which includes the use of wearable devices to prevent admission. We plan to increase usage from our current base of 500 patients to 700 patients by the end of March 2024.

3.9 Diagnostics

Optimising Diagnostic Flow and Decision Making
Work is ongoing as part of the redesign of urgent care to ensure diagnostic pathways are as seamless as possible to support prompt senior clinical decision making and reduce length of stay, particularly for patients on short stay pathways.

Mortuary Capacity
The mortuary is managed by the Diagnostics sector, previous winters have identified the need to create additional mortuary capacity. 2022/23 had a larger impact on mortuary services that at the height of the COVID-19 pandemic with indications that this will be the

new norm. Medium term plans are being developed to increase capacity in GGC however this will not be available until after winter. It is proposed that the existing body storage units, which provide 80 spaces are serviced & maintained to support winter requirements and additional capacity providing a further 48 modular spaces are procured for 12 weeks over winter.

3.10 Protecting Cancer, Urgent Care & Planned Care

At all times throughout the year we maintain elective capacity for cancer and urgent patients. Our services work collaboratively across our acute division and there will be occasions when this requires cross-sector support and/or appointing of patients on a Board-wide basis. But by using this approach flexibly we are committed to managing cancer and urgent patients effectively and minimising any potential reduction in this activity over the peak winter period.

Typically, however, some of our routine elective capacity has been more vulnerable to reductions in activity over the peak winter period. In order to protect more of our elective capacity over winter 2023/24 we are already taking a number of steps to put NHSGGC in a stronger position ahead of the winter with a focus on increasing the separation of elective and unscheduled care. Central to our plan is the protection of our ambulatory care centres and our elective beds at IRH and GGH.

Protected Elective Surgical Capacity at IRH and GGH
During 2023 we have been supporting the development of elective surgical hubs at IRH and GGH. This is enabling services to move appropriate activity away from the main receiving sites and will help to avoid reductions in activity over the peak winter period. So far in 2023 this is delivering more capacity, in particular for long waiting Orthopaedic Arthroplasty patients, and from August 2023 we will be expanding the 5 day elective ward at GGH to run as a 7 day ward similar to the existing provision at IRH.

Expanding Provision at Stobhill Ambulatory Care Centre (SACH)
SACH has a history of protecting elective capacity over the winter period, however the ward currently only opens 5 days. We will expand the ward to open 7 days in order to offer more inpatient operating at SACH, thus providing additional protected capacity over the winter period. This would benefit a number of specialties including Orthopaedics, General Surgery and Urology.

Protecting Victoria Ambulatory Care Centre Capacity (VACH)
VACH theatre and elective ward capacity will be protected to support elective capacity over the winter period.

Maximising the Management of Patients using Day Case Surgery and Ambulatory Care
Our services already have well-established processes for managing patients on a day case or ambulatory care basis; however we believe there is still some further potential to expand this and we are continuing to explore all potential options as part of our waiting times recovery programme. This approach can be of particular benefit during the winter period by helping to maintain elective capacity and ensure inpatient capacity is used only for patients who cannot be managed on a day case/ambulatory care basis.

Efficiency in Theatres
Again, as part of our wider waiting times recovery programme, we are placing strengthening our focus on maximising efficiency in theatres in order to make full use of every theatre session. This focus on efficiency is in place across all sites across NHSGGC with the aim to increase theatre patient throughput.

Maximising Use of External Capacity

Our SLA with the GJNH continues throughout the year and provides vital capacity for NHSGGC in Ophthalmology, Orthopaedics, Endoscopy and a small amount of General Surgery. Ahead of winter 23/24 it is also expected the Forth Valley NTC will begin taking patients and this will provide extra elective capacity in Orthopaedics.

4 Communications & Public and Staff Messaging

Communication and public messaging is central to our 2023/24 winter plan. There are several key elements to our communication and engagement plan for winter 2023/24, as follows:

Governance and Command Structure – we will work closely with winter planning governance groups to effectively adapt messaging based on developing service needs and ensure our messages can remain as responsive to the needs to the services as possible.

Staff Communication - we continue to use individual staff in engagement and delivery of messages and recruiting staff as content ambassadors. We also continue to use internal communications to staff e.g. core briefs and staff social media pages. We will make extensive use of the new Staffnet to provide information and resources for colleagues across NHSGGC on winter planning, and how they can support colleagues in services most impacted by winter pressures. This winter, alongside standard winter messaging, we will focus on messaging to support early discharge of patients wherever possible, alongside promoting the uptake of power of attorney. We will continue to promote our FNC, vaccine programmes, and Right Care Right Place messaging to our workforce.

Public Messaging – key to our winter planning and our Urgent and Unscheduled Care programme is how we communicate with the public. In line with national Scottish Government campaigns, we will continue to run local messaging to support national campaigns. This includes our 'Right Care, Right Place' campaign for urgent and unscheduled care, where we are actively promoting our Flow Navigation Centre alongside promotion of alternatives to urgent unscheduled care. We will also deliver strong public messaging around the importance of the vaccination programme for both Flu and the COVID vaccination booster.

Building on the home for lunch campaign first run in 2022/23, we will repeat this campaign alongside further awareness raising activity around power of attorney.

Patient and Public Feedback - The PEPI team will continue to provide support and insight regarding patient and public feedback and this will be utilised to help shape key messaging and campaign focus across the winter programme. Engagement with key communities will continue, with ongoing insight capture through ED service evaluation being used to feed into.

This work will be led by our Communications and Public Engagement Directorate. As with previous years, the programme will use digital, traditional media and community outreach means.

Learning has been taken from the 2022/23 Flu and COVID-19 communications and engagement campaigns building on last year's work to proactively raise awareness and couple this with better understanding the current staff awareness of ED alternatives and care pathways. Working closely with community partners will remain key, including Primary Care colleagues, Third Sector partners, Local Authorities and HSCP communications teams to share information, and respond effectively to emerging local challenges and help facilitate resolution where possible.

In summary our key actions for winter are as follows:

- Continue to run local messaging campaign 'Right Care Right Place' targeting messaging to communities who make greater use of ED or who were less aware of alternates
- Active promotion of the FNC and alternative and new pathways to avoid attendance at ED and or admission to hospital
- Refresh and build on our strong public messaging campaign about the importance of being vaccinated for both Flu and COVID from 2022/23
- Continue to drive public to new dedicated pages for students, virtual A&E, and Right Care, Right Place and Third Sector partners
- Carry out Public Sector Awareness Raising activity to test and impart knowledge of ED alternative with NHS, HSCP and Police staff where possible
- Refresh and repeat our early discharge Campaign 'Home for lunch' focused on staff and public awareness
- Develop campaign around Power of attorney to increase awareness of the importance of having this in place
- Ongoing evaluation of ED services to gather intelligence and information to shape and evaluate campaigns

5 Workforce and Recruitment

Overview

The winter workforce plan considers the impact of winter pressures across all job families in all sectors, directorates and partnerships. The challenges of winter are carefully thought through and the planned mitigations have been developed in collaboration with a wide range of stakeholders.

Staff availability is impacted further in the peak winter months as a result of higher sickness absence levels. The winter average from 2021/22 saw 25% absence, peaking at 28% in December 2022, but reducing to 24% in 2022/23.

We introduced a number of initiatives ahead of winter 2022/23 and throughout 2023 which will continue to support areas of known workforce challenges and pressures.

Actions for Winter 23/24

Ahead of winter this year we will work with Higher Education Institutions (HEI's) to develop a communication to students to promote working in NHS roles during academic gaps such as festive breaks and between placements.

Our Recruitment Service will expand the use of mass shortlisting and site specific recruitment, which is used for Band 5 nursing roles, to Health and Social Care Partnership (HSCP) and Facilities staff. Dedicated winter recruitment is underway, ensuring that additional resources are recruited to facilitate the provision of increased capacity.

Consideration is also being given as to how we could further develop our staff bank to provide support to all Allied Health Professionals (AHPs), Radiographers and Pharmacists (including support workers in Pharmacy & Radiology).

Registered nursing remains a key challenge within the workforce. Within Acute services Band 5 nurses are at 81% of establishment, and 82% in HSCPs. All other registered nursing bands are fully established. Registered nurses overall are 89% of establishment in Acute and 92% in HSCP.

There are vacancy hotspots across the system. There are particular challenges within Older People Services in all sectors and some surgical and emergency care departments. Some of these departments have 25% vacancy and this is being addressed via targeted recruitment and the initiatives described below.

We continue to support colleagues wishing to Retire and Return, with this now being managed via the flexible working process.

Ongoing Initiatives - Additional Winter Capacity

Our ability to create additional acute capacity by opening 'winter wards' is limited by the availability of staff, in particular, registered nursing staff. Although this is carefully planned ahead of the winter period, the provision of true additionality of resource into wards is extremely challenging. The following initiatives are in place to increase this resource:

- **Newly Qualified Nurses and Midwives** - following a successful recruitment campaign, a cohort of Newly Qualified Nurses and Midwifes (NQN/Ms) will join our teams before winter. This is likely to be in excess of 600 recruits. The NQN/Ms are being offered the opportunity to join their ward early as a Band 4 whilst awaiting their NMC registration (by early October at the latest). The addition of NQN/Ms will increase registered nursing establishment from 89% to 95% during winter, with Acute Band 5 establishment increasing from 82% to 90% although it is recognised that routine staff turnover will begin to reduce this again
- **Staff Bank Provision** - we have continued to add resources throughout the year, with over 2,000 Health Care Support Workers (HCSWs) recruited. Streamlined processes ensure existing substantive staff and new recruits can easily join. Bank staff engagement is ongoing in preparation for winter, including newsletters, a staff survey and an outbound calling campaign to ensure bank staff are fully supported and promoted to take shifts. All NQN/M will be auto-enrolled onto the staff bank also. The Staff Bank have also added administrative staff throughout the year, providing the option to deploy additional resource into wards and allowing clinical staff to focus entirely on patient care
- **International Recruitment** – we successfully recruited and on boarded 30 internationally trained radiographers ahead of winter 2022/23. The aim is to on-board 230 internationally trained nurses this summer ahead of winter 2023/24
- **Medical Staffing** - medical staff continue to show a flexible approach in order to maximise capacity, with further redeployment of staff to key clinical areas. Across the Board, Senior Medical posts are 97% established. Acute consultant establishment is 98% overall. General recruitment continues in order to fill substantive vacancies, with locums, retirees and the medical staff bank being used to provide additional support
- **Allied Health Professionals -** AHPs will be deployed across clinical areas in a variety of roles, from front door assessment to assisting patients at meal times as

part of a multidisciplinary team. Overall establishment is 97.5% with only Podiatry below 90%. Diagnostic radiographers have increased to 94% from 90% at this time last year due to international recruitment

- **Estates and Facilities** - the Estates and Facilities directorate have built resilience in all areas. The directorate demonstrates a strong position of permanent staff versus establishment and will use excess hours and overtime to provide surge capacity where required

Staff Availability, Staff Well-Being & Staff Health Survey

A range of staff wellbeing and mental health initiatives have been deployed and will be maintained throughout winter.

Our recent Staff Health Survey identified areas for action around mental health. Our Mental Health and Wellbeing Plan is now embedded within our Staff Health Strategy. Stress remains an area of concern to us as a good employer who understands the impact of this on our workforce. Most recent figures suggest that almost 20% of referrals to the counselling service were associated to stress. A key action within our strategy is to ensure there are a number of preventative interventions in place and in progress and that our workforce has access to a range of services to support and improve their mental health. Occupational Health Counselling and Psychological Therapies are also available. We will continue to offer a range of services including CBT and trauma counselling. Almost 4,000 staff were in contact with these services in 2022. Figures show 83% of the staff who attended Psychology sessions and whilst off work, returned to work on conclusion of their therapy.

A LearnPro module is readily available and promoted which provides an introduction to psychological health and wellbeing. In addition, there are a number of training modules available including ‘mentally healthy line manager training’ and stress awareness, as well as ‘Let’s Talk webinars’ ranging from stress, better sleep and psychological first aid.

A peer support framework is in place and available to any member of the workforce. A Staff Mental Health and Wellbeing Z card has been developed which lists all sources of support and how to access these.

Health and wellbeing groups (previously HWL) undertake a wide range of initiatives to help combat stress including stress awareness road shows which took place at different sites across NHSGGC in April ’23. Rest and Relaxation hubs which were introduced early in the pandemic remain in place as it was recognised staff needed dedicated areas to take time away from work pressures as well as a mobile unit (Wellbeing Bus) to promote health and wellbeing. Mindful training courses are available also.

Additional services available include Active Staff (providing a range of opportunities for staff to participate in physical activities, and discounted gym membership rates), weight management and smoking cessation programmes, Staff Needs Health Assessment Surveys, Long Covid Service, Women’s health support and information and Staff Disability forum.

Impact of the Cost of Living

A further understanding from our survey, is the impact the cost of living crisis has affected the mental health and wellbeing of staff. We identified that 77% of respondents had felt worries about money in the previous three months, with 15% worrying daily. 15% of respondents said that the lack of money had affected their work, highlighting petrol, food, heating and travel specifically. A proportion of our staff have experienced food poverty with 43 survey respondents indicating that they needed to access a food bank in the three months previous. We are aware that worrying about money often causes stress and anxiety which in turn can lead to further mental health problems. This recent evidence drives ongoing support and new initiatives for our staff.

We include support on the cost of living through a dedicated 'All About Money' webpage via our NHSGGC HR Connect and resource page. This includes a list of food banks (The Trussell Trust), saving energy and energy bills (Home Energy Scotland) and money and debt advice (via agencies such as NHSGGC Support and Information Services, NHSGGC Credit Union, Unison). In addition, there is signposting to discounted shopping, tax relief on uniform and registration fees, childcare, mortgage services, union services and routes to personal finance.

An NHSGGC Staff Hardship Fund was established. This seeks to mitigate the impact of the cost of living crisis on our staff by delivering a prompt and compassionate response to instance of short-term financial crisis. Funding was approved by NHSGGC Endowment Management Committee in March '23. Small grants of up to £100 will be distributed to staff who are experiencing financial hardship.

Staff are not required to repay the grants; these are one-off crisis payments. Staff who apply for the fund will receive holistic wrap around support via our in-house Support and Information Services who will ensure that the grant is accessed appropriately i.e. to help staff through an immediate period of crisis.

If appropriate, there is an onward referral to our Financial Inclusion Partnership Services to enable staff to access holistic financial advice and improve the sustainability of their financial situation, furthermore this will enable access to a wider range of grants and benefits.

A Steering Group provides oversight with membership from Human Resources and Organisational Development, Public Health, Staff Side, and Finance. Governance will be provided by the Staff Health Strategy Group. Funds will be transferred to bank accounts or be made available as cash sums. It is projected that 250-500 staff can be supported with Hardship Grants.

Staff absence will continue to be closely managed and colleagues will be well supported. Absence reports will be provided regularly to senior management with additional analysis on trends, hotspot areas, etc provided as required. Dedicated resources within the HR Support and Advice Unit will continue to provide additional support with sickness absence, maintaining contact with staff and supporting plans for their return to work.

6 Financial Plan

The Boards winter plan has identified a range of both whole systems actions and local/service or site specific action plans. These have been reviewed and assessed to identify those with most impact, actions that require additional non-recurring resources have been costed and form part of the winter financial plan. The costs of this years winter plan is circa £8.43m (noting that there are some additional costs still to be confirmed in relation to estates and facilities).

SG winter funding is anticipated to be confirmed in early September.

7 Summary, Implementation & Monitoring Plan

This year's winter plan has involved identifying, developing and assessing the impact of both whole system and local (site specific/operational) actions.

Our whole systems winter action plan is contained within **Appendix A1**, for each element of our plan we have defined the key whole system actions we will undertake to support and address our winter pressures. The intended impact of each action has been identified, and an assessment has been made as to whether the action will have high/medium or low impact in addressing our winter pressures, our focus will be on delivering the actions with the highest impact.

In addition for each action we have identified how we will measure the impact of the action and identified both service and executive leads responsible for its implementation. The action plan will be tracked monthly throughout winter and progress reported through our Strategic Executive Group (SEG).

Underpinning our whole systems winter action plan is:

- a more detailed operational/service level local action plans
- a detailed financial plan
- a bed surge plan

Implementing our Winter Plan for 2023/24

In support of our winter plan implementation, ahead of November 2023, we will review the existing Acute Cross Sector Escalation Plan.

Following CMT approval of the plan and confirmation of winter funding, the winter actions will be implemented by the identified Service Leads supported by the responsible Executive Leads. Monitoring the delivery of the actions and their impact will be supported by the Corporate Planning Team with reporting to SEG from end of October 2023 onwards.

Appendices

Appendix A1: Whole Systems Winter Action Plan

ID	Current Status of proposed action	Theme / Issue	Winter Action	Winter Impact Rating 3 High 2 Medium 1 Low	Intended Impact	Intended Impact - How will the action be measured?	Service Lead (Responsible)	Executive Lead (Accountable)	Proposed Timeline for completion
1	Supported subject to SEG / CMT approval of winter actions & winter financial plan	**Alternative (or Virtual) UUC Pathways**	Increase volume of virtual consultations by extending operational hours and reviewing NHS24, SAS and other pathways into the FNC - provsion of 24/7 cover for FNC	**3 - High**	Volume of consultations increased to 550 per week (from current baseline of 400 per week). Avoid attendances at ED, reduce NHS 24 direct referrals to ED	Monitored via USC Improvement Framework - should see increase in FNC consultations to 550 per week PLUS monitoring NHS24 direct referals to ED	**Scott Davidson**	**William Edwards**	Dec-23
2	Supported subject to SEG / CMT approval of winter actions & winter financial plan	**Alternative (or Virtual) UUC Pathways**	Support SAS to reduce conveyancing rates to EDs by implementing a model of 'Call before Convey' across GGC	**3 - High**	Measurement framework in development Avoid attendances at ED	Total call volume via call before convey and outcomes - await outcome of pilot week of 24th July to confirm forecast call volumes	**Scott Davidson**	**William Edwards**	Sep-23
3	Supported subject to SEG / CMT approval of winter actions & winter financial plan	**Alternative (or Virtual) UUC & Primary Care Pathways**	As part of the 'Call before Convey' approach -increase usage of prof to prof advice (GP utilisation of consultant connect advice and support)	**3 - High**	Baseline average of 800 prof to prof advice calls supported per month in 22/23, with 217 of 230 GP practices utilising the service	Increase utilisation through increased telephone advice calls per month, increase number of GP practices accessing advice - Trajectories to be agreed	**Scott Davidson & Kerri Neylon**	**William Edwards**	Dec-23
4	Supported subject to SEG / CMT approval of winter actions & winter financial plan	**Alternative (or Virtual) UUC & Primary Care Pathways**	Develop a pathway and identify what is required to support the setting up of a call before you convey model to provide prof to prof support for care homes over the winter period.	**3 - High**	New pathway will support admission avoidance and more timely intervention for care home residents, provides care homes with access to SCDM to avoid conveyance and admission to hospital	As part of the pathway development estimated call volumes will be identified	**Kerri Neylon / Scott Davidson/ Allen Stevenson**	**William Edwards / Christine Laverty**	Dec-23
5	Supported subject to SEG / CMT approval of winter actions & winter financial plan	**Alternative (or Virtual) UUC Pathways**	Maintain FNC high virtual discharge rate	**3 - High**	Avoid attendances at ED, reinforce use of virtual urgent care services	Maintain 40% FNC Discharges (on present volumes this is circa 220 patients discharged from FNC per month) - monitored via USC Improvement Framework	**Scott Davidson**	**William Edwards**	Ongoing
6	Supported subject to SEG / CMT approval of winter actions & winter financial plan	**Optimum Patient Flow & Bed Capacity**	**Identify the optimal model to support reducing the length of stay of patients who are delayed in their discharge from acute hospitals to reduce LoS and delayed bed days -** develop a whole systems consider a range of actions including legal resources, direct payments etc.	**3 - High**	Reduction in delayed days for patients whose discharge is delayed - baseline for Dec 22 to March 23 - 299 bed days lost as a result of Delayed discharges. April to June 283 bed days lost to Delayed discharges	Measure bed days lost as a result of delayed days. Reported through DwD performance pack and UUC Oversight Board	**Chief Officers, Acute Senior Team and Director of Nursing**	**William Edwards/ Susanne Millar**	Sep-23
7	Supported subject to SEG / CMT approval of winter actions & winter financial plan	**Alternative (or Virtual) UUC & Primary Care Pathways**	Further develop our signposting and redirection service through - Complete Benchmarking of Signposting and Redirection with other Health Boards to support implementation of robust performance monitoring across GGC for Signposting & Redirection - Agree Implementation Plan for upscaling use of signposting and redirection across GGC - Develop a tailored communications strategy for Redirection and Signposting	**3 - High**	Learning will be used to support refreshed implementation planand ensure Consistent reporting across sites and baseline data. Plan in place for Commencing Sept 23 to support an increased number of people who have been redirected or signposted. This will rely on the monitoring framework being in place	Measure number of patients redirected (+signposted). Current baseline is being verified for each site - This will be monitored via the UUC Measurement Framework	**Scott Davidson**	**William Edwards**	Oct-23
8	Supported subject to SEG / CMT approval of winter actions & winter financial plan	**Alternative (or Virtual) UUC Pathways**	Further develop the GGC Integrated Falls Pathway to safely manage the care of patients who have had a fall without injury within their own home or care home who do not need to be conveyed to A&E.	**3 - High**	Reduction in % of patients conveyed to ED for Falls by SAS - 30% trajectory. Average number of patients 'NOT' conveyed Nov 22 to June 23 - 154 per month	Maintain and Increase no of Patients not conveyed. Monitored via the UUC monthly reporting process	**Fiona Smith & Kim Campbell**	**W Edwards/ S Millar**	Dec-23
9	Supported subject to SEG / CMT approval of winter actions & winter financial plan	**Alternative (or Virtual) UUC Pathways**	Continue to promote the Falls pathway flow for referrals to Community Rehab teams x 6 HSCPs, with referrals from SAS via the GGC Admin Hub to partnerships to support multifactorial assessment; prevention and early intervention	**3 - High**	Increase in the number of patient referrals to Community Rehab teams - baseline n41/month (Nov 22 to June 23 data)	Maintain and or increase the number of patients referred to Community Rehab Team.	**Fiona Smith & Kim Campbell**	**Susanne Millar S Millar**	Dec-23
10	Supported subject to SEG / CMT approval of winter actions & winter financial plan	**Community Services**	**Home First Response Service -** We will further develop our integrated frailty pathway to support early turnaround at the front door via the Home First Response Service at QEUH and RAH sites	**3 - High**	% of frail diagnoses at ED discharged to community services - initial baseline 20%	Measure no of patients assessed and proportion of patients discharged with support (note June 23 figure 142 patient assessed, 88 (62% discharged) suggest we look at average over last few months as opposed to one months data	**Carron O'Byrne & Kim Campbell**	**W Edwards/ S Millar**	Dec-23
11	Supported subject to SEG / CMT approval of winter actions & winter financial plan	**Community Services**	**Hospital at Home** - Increase the number of patients accessing the H@H service to maximise use of current available capacity	**3 - High**	Up to max of 55 Patients per month occupying a H@H bed	Monitor number of patients utilising the service - this is monitored through monthly reports to the UUC Oversight Board	**Julia Egan/ Kim Campbell**	**Susanne Millar**	Dec-23
12	Supported subject to SEG / CMT approval of winter actions & winter financial plan	**Community Services**	**Hospital at Home** - Monitor LoS for increased bed days used as an indicator of hospital bed days saved from admissions within month	**3 - High**	Bed days used by H@H patients per month - aim to save circa 400 bed days per month	Average of 179 bed days per month	**Julia Egan/ Kim Campbell**	**Susanne Millar**	Dec-23

ID	Current Status of proposed action	Theme / Issue	Winter Action	Winter Impact Rating 3 High 2 Medium 1 Low	Intended Impact	Intended Impact - How will the action be measured?	Service Lead (Responsible)	Executive Lead (Accountable)	Proposed Timeline for completion
13	Supported subject to SEG / CMT approval of winter actions & winter financial plan	**Primary Care**	**Community Pharmacy -** We will develop and enhance our current Independent Prescriber (IP) population within community pharmacies who will be able to deal with common clinical conditions that would normally have to be seen by a GP. We plan to increase the number of IPs within community pharmacies from 73 to 100 by December 2023.	**3 - High**	Increased IP capacity within community pharmacies to support increase patient support	Measure the number of prescribers and application for prescription pads - Current number 86. Target is 100 by December 23. Quarterly prescribing reports will measure activity.	**Alan Harrison**	**Gail Caldwell**	Dec-23
14	Supported subject to SEG / CMT approval of winter actions & winter financial plan	**Optimum Patient Flow & Bed Capacity**	Managing the Cancer, Urgent & Planned Care Programme - develop a detailed robust board wide plan for delivering and protecting cancer, urgent and planned care activity. Review escalatory matrix to automate process. Optimise day-case and Prioritise space	**3 - High**	Increase same day elective care through protection of ACHs and GGH.	Monitored in detail through Directors Access meeting	**Sector Directors**	**William Edwards & Susan MacFadyen**	Dec-23
15	Supported subject to SEG / CMT approval of winter actions & winter financial plan	**Optimum Patient Flow & Bed Capacity**	Work with NHS GJ to Support Cardiology Flow Changes - 1 no repatriation post procedure 2. no repatriation in event patient requires cardiac surgery 3. Lower N STEMI direct admit criteria	**3 - High**	Reduce medical bed pressures - frees up 8 beds. Also reduces pressure on SAS transfering patients post procedure and reduces Los by 1 day on average per patient	We will monitor bed days saved, and anticipate a saving of 1 day LoS as well as 8 beds freed up to support winter pressures	**Scott Davidson**	**William Edwards**	Sep-23
16	Supported subject to SEG / CMT approval of winter actions & winter financial plan	**Primary Care**	Develop the case for procuring and implementing asynchronised consulting	**3 - High**	To support primary care workflow/ triage and direction of patients - will enable patients to access right care right time right place and enable primary care to focus of those who need clinical intervention	Measure impact using the number of people using the service who don't require clinical intervention and can be directed / supported through another service or self care - This would be dependent on voluntary submission of data from general practice	**Allen Stevenson & Alistair Bishop**	**Denise Brown**	This is reliant on national funding
17	Supported subject to SEG / CMT approval of winter actions & winter financial plan	**Optimum Patient Flow & Bed Capacity**	As part of Winter Bed Surge plan create additional bed capacity - GGH Ward 5C (staffed to support patients whose discharge is delayed)	**3 - High**	Improve acute site patient flow and Reduction in delayed days for patients whose discharge is delayed - baseline for Dec 22 to March 23 - 299 bed days lost as a result of Delayed discharges April to June 283 bed days lost to Delayed discharges	Measure bed days lost as a result of delayed days. Reported through DwD performance pack and UUC Oversight Board - Trajectory to be agreed	**Arwel Williams / Melanie McColgan**	**William Edwards**	Dec-23
18	Supported subject to SEG / CMT approval of winter actions & winter financial plan	**Optimum Patient Flow & Bed Capacity**	As part of Winter Bed Surge plan create additional bed capacity - Brownlee (staffed to support patients whose discharge is delayed)	**3 - High**	As above action 17	As above action 18	**Arwel Williams / Melanie McColgan**	**William Edwards**	Dec-23
19	Supported subject to SEG / CMT approval of winter actions & winter financial plan	**Vaccination Programme**	Roll out of our winter vaccination programme for Flu and the COVID booster to all those eligible before 11th December 2023, including Care Homes and Housebound	**3 - High**	To help protect those most at risk from respiratory illnesses	Uptake parameters to be defined by Scottish Government	**Bryan Forbes**	**Emilia Crighton**	11th December completion target date. Offer still available to 31st March 2024
20	Supported subject to SEG / CMT approval of winter actions & winter financial plan	**Optimum Patient Flow & Bed Capacity**	Acute and HSCP teams to review access to Intermediate care beds/ interim Care home beds / flex existing hospital capacity - with a view to maximising existing capacity/ establishing capacity where needed	**3 - High**	Reduce delayed days and improve flow within acute sites - baseline for delayed days in Dec 22 to March 23 - 299 bed days lost as a result of Delayed discharges April to June 283 bed days lost to Delayed discharges	Measure delayed days reductions	**HSCP Heads of Planning & Sector Directors**	**W Edwards/ S Millar**	By Dec 23
21	Supported subject to SEG / CMT approval of winter actions & winter financial plan	**Optimum Patient Flow & Bed Capacity**	**COPD Digital pathway** - Scale up Dynamic Scot COPD remote management model, reducing bed days, ED attendances and unscheduled admissions	**3 - High**	Ability to manage patients remotely and avoid admission	Increased number of patients using the system baseline 500 anticipate a further 200 patients added during 2023/ 24	**N Warbrick**	**D Brown**	Ongoing to March 24
22	Supported subject to SEG / CMT approval of winter actions & winter financial plan	**Mental Health**	**Mental Health** Maintain access to first responders, GPs, etc. to MHAUs and distress response services to maintain contribution to reducing ED presentations	**3 - High**	Ensure MH patients has access to urgent care and are in the right environment . This will also reduce pressure on our E.Ds.	Measure MHAU monthly activity - baseline average of 1359 Patients per month (Dec 22 to March 23)	**K Gaffney**	**Susanne Millar**	Ongoing

ID	Current Status of proposed action	Theme / Issue	Winter Action	Winter Impact Rating 3 High 2 Medium 1 Low	Intended Impact	Intended Impact - How will the action be measured?	Service Lead (Responsible)	Executive Lead (Accountable)	Proposed Timeline for completion
23	Supported subject to SEG / CMT approval of winter actions & winter financial plan	**Mental Health**	**Mental Health** Adults and Older People - Further develop the mental health pathways in NHSGGC that currently link SAS, EDs, Police, FNC, NHS24, distress response services and Mental Health Assessment Units (MHAUs).	**3 - High**	Further improve access to mental health unscheduled care / distress services	Measure MHAU monthly activity and referral sources - this is measured by the MH team and also through the Virtual UUC performance pack	**K Gaffney**	**Susanne Millar**	Ongoing
24	Supported subject to SEG / CMT approval of winter actions & winter financial plan	**Alternative (or Virtual) UUC Pathways**	Implement 4 new FNC medical pathways (Headache, PE, Blood Results, LRCP)	**2 - Medium**	Avoid attendances at ED - and increase virtual offering to patients	Measure volume of patients through each pathway, versus potential patient group. Trajectories to be agreed Sept 23	**Scott Davidson**	**William Edwards**	Oct-23
25	Supported subject to SEG / CMT approval of winter actions & winter financial plan	**Alternative (or Virtual) UUC / Primary Care Pathways**	Development of direct access for GPs to access FNC pathways	**2 - Medium**	Increased number of GP s directly accessing FNC pathways and bypassing ED.	Establish GP direct access to the FNC pathways ahead of winter - note this is in development	**Kerri Neylon**	**William Edwards**	Oct-23
26	Supported subject to SEG / CMT approval of winter actions & winter financial plan	**Community Services**	**Urgent Dental Service Access** - A pilot/test of change is under consideration with a view to increasing available appointment slots within day time emergency dental service to support access for unregistered and de-registered patients. This will be evaluated before any commitment of the service to adapt to meet any changes in demand	**2 - Medium**	Monitoring demand for the service and adapt accordingly.	Pilot test of changed commenced in June 2023 and will be evaluated in September.	**Lisa Dorrian/ Lee Savarrio**	**Caroline Sinclair**	Has commenced Review Sept
27	Supported subject to SEG / CMT approval of winter actions & winter financial plan	**Interface Care**	**OPAT** - maximise throughput across GGC sites & ability to continually accept new referrals. Scoping extension of OPAT service to vulnerable adults.	**2 - Medium**	Admission avoidance, improved patient experience - expected to maintain a saving of ~ 45 inpatient beds per day	Number of patients using OPAT service - maintain level of around 45 per week . Bed days saved through avoiding inpatient admission around 300 per week	**Claire Harrow**	**W Edwards/ S Millar**	Dec-23
28	Supported subject to SEG / CMT approval of winter actions & winter financial plan	**Optimum Patient Flow & Bed Capacity**	**Acute management of Boarding** -Develop a poster for patient rooms to explain why patients may be moved following admission and to set expectations of home for lunch and discharge pre midday	**2 - Medium**	Ensure patients aware of the potential for boarding, ensure patients are aware of the pre midday discharge approach	Ensure Posters are within all acute ward areas	**Fraser Ferguson / Comms lead / Sector Directors**	**William Edwards / Sandra Bustillo**	Oct-23
29	Supported subject to SEG / CMT approval of winter actions & winter financial plan	**Optimum Patient Flow & Bed Capacity**	We will complete a discharge pilot where patients receive their discharge medicines from hospitals at their local community pharmacy alongside a medicines review. This pilot will help to inform national discussions around a potential national service.	**2 - Medium**	Supports reduction in discharge time for patients in pilot area	To be confirmed	**Alan Harrison**	**Gail Caldwell**	Dec 23 and ongoing
30	Supported subject to SEG / CMT approval of winter actions & winter financial plan	**Optimum Patient Flow & Bed Capacity**	Review 24 - 72 hour stays and determine variation across EDs (through SLWG). The group will report on variances and implement best practice across across sites - with pilot in QEUH	**2 - Medium**	Reduction in the length of stay of F2 admissions	Trajectory to be agreed for QEUH as pilot site once baselining complete	**Arwel Williams/ Ann Traquair Smith**	**William Edwards/ Susanne Millar**	Sep-23
31	Supported subject to SEG / CMT approval of winter actions & winter financial plan	**Optimum Patient Flow & Bed Capacity**	Finalise and sustain the implementation of Discharge Without Delay bundle and structured approach to discharge planning, in 130 adult acute wards and provide support to sustain the approach	**2 - Medium**	Improved flow through increased pre-noon discharges and improvements in PDD accuracy. Better outcomes for patients through minimisation of time spent in an inpatient setting	Pre-noon discharge rate, whole system baseline is 14.9% - baseline for 130 wards versus whole system to be confirmed PDD accuracy increasing further whole system baseline is 39% - baseline for 130 wards versus whole system to be confirmed	**Fraser Ferguson**	**W Edwards/ C Laverty/ J Rodgers**	Dec-23
32	Supported subject to SEG / CMT approval of winter actions & winter financial plan	**Optimum Patient Flow & Bed Capacity**	Support clinical areas to fully implement Criteria Led Discharge	**2 - Medium**	Clear clinical care plan for all patients within 24 hours of admission, with a planned discharge date (including Saturday and Sunday) linked to functional and physiological criteria for discharge. All qualified practitioners, including junior doctors, nurses and AHPs able to discharge a patient if/when these criteria are met. Improve patient experience and quality of care received (right care, right place, right time – including transfer of care to home or similar environment).	Baseline weekend discharge rate across GGC is 9.8% on Saturdays and 7% on Sundays. Pilot process agreed to progress at IRH (baseline 6.7% Sat, 5.8% Sun). Evaluation of impact of pilot to indicate what improvement to weekend discharge rate may be achieved at other sites.	**Fraser Ferguson**	**W Edwards/ C Laverty/ J Rodgers**	Dec-23

ID	Current Status of proposed action	Theme / Issue	Winter Action	Winter Impact Rating 3 High 2 Medium 1 Low	Intended Impact	Intended Impact - How will the action be measured?	Service Lead (Responsible)	Executive Lead (Accountable)	Proposed Timeline for completion
33	Supported subject to SEG / CMT approval of winter actions & winter financial plan	**Primary Care**	Refine the General Practice Sustainability Framework	**2 - Medium**	Providing support to GP practices to identify and manage / mitigate risks and develop contingency plans. Also provide robust governance and early warning of emerging risks	Continue regular update reporting to SEG on a weekly basis	**Allen Stevenson**	**Christine Laverty**	Nov-23
34	Supported subject to SEG / CMT approval of winter actions & winter financial plan	**Vaccination Programme**	Continue to offer Non Routine Vaccines in accordance with the Vaccination Transformation Programme	**2 - Medium**	400 Vaccinations per month to be delivered (numbers vary month to month)	Protection of vulnerable individuals with underlying health conditions as per referral schedule e.g. Post Transplant	**Bryan Forbes**	**Emilia Crighton**	Dec-23
35	Supported subject to SEG / CMT approval of winter actions & winter financial plan	**Public/ Staff Messaging & Communications**	**Student Campaign:** Communications will be developed to target the student population of NHSGGC, with comms aimed at freshers week and the induction of new students ensuring they know how to access support and advice at the right place and right time.	**2 - Medium**	Increased awareness of digital support and ED alternatives amongst students and university staff using a mix of direct and indirect marketing approaches	Use of tracking links, ongoing survey work to track changes in access as well as analysis of patient access data with previous years same periods to assess any changes	**Comms Team**	**S Bustillo**	Sept & Oct 23
36	Supported subject to SEG / CMT approval of winter actions & winter financial plan	**Public/ Staff Messaging & Communications**	**Vaccine communications** to be developed. Messaging on how to get vaccine early/ where to get it i.e. contact number locally available for people so as to reduce calls to practices. Text reminders from practices can be co-ordinated well in advance will be key, and opportunity to direct patients to web content through embedded link. 1 - encouraging 2- where 3 - drop in promotion. Targeting those who are traditionally less likely to access vaccination - links with public health.	**2 - Medium**	Early and broad reaching uptake of the vaccine, while minimising unneeded contact with General Practices.	Evidence from records on access of vaccine, hits on web content from embedded links if used	**Comms Team**	**S Bustillo**	Sept & Oct 23
37	Supported subject to SEG / CMT approval of winter actions & winter financial plan	**Public/ Staff Messaging & Communications**	**Overarching Public Campaign:** Communications strategy will be developed to share strong and effective messaging to the public as part of an overarching campaign to raise awareness of where the public needs to go for appropriate treatment. Messaging needs to clearer so public understands. Improve comms to manage peoples' expectations | Public messaging earlier e.g. flu stay at home and vaccine Use of social Media, Mjog, posters, website link QR code	**2 - Medium**	Inform patients of alternatives to ED, the potential to be redirected away from ED if they attend with a condition that could have been supported elsewhere and linked to link 51 ensure patients are aware of self care resources, alongside care alternatives, reducing patient attendance rates at ED	Where using digital communications, tracking links will be employed to give insight into media access, this will be paired with website tracking data and where possible sense checking of information and material with the third sector and other partners	**Comms Team**	**S Bustillo**	Ongoing
38	Supported subject to SEG / CMT approval of winter actions & winter financial plan	**Public/ Staff Messaging & Communications**	**Promote Alternative Virtual / Self Care Services:** Build our communications strategy to promote alternatives to ED to the public, and utilise new research to target specific demographics with tailored messaging - local radio TV, social media.	**2 - Medium**	Direct patients to self care resources, alongside care alternatives, reducing patient attendance rates at ED and redirect to other parts of the system that are better suited to care for patients.	Comparison of attendance rates on prior year alongside the use of tracking links and social data on reach of messages. Ongoing engagement with communities will provide insights where appropriate	**Comms Team**	**S Bustillo**	Dec 23 & Ongoing
39	Supported subject to SEG / CMT approval of winter actions & winter financial plan	**Public/ Staff Messaging & Communications**	**Public Sector Awareness Raising:** The strategy will also target specific internal services to raise the profile of Right Care Right place information and materials amongst all NHS, HSCP and Primary care staff to encourage staff to promote alternative services to ED.	**2 - Medium**	Increase awareness of ED alternatives, specifically right care right place messaging emphasising self care and reduction of incorrect signposting	Track email open rates, tracking link access and use baselining surveys to test knowledge with groups. Ongoing engagement with communities will provide insights where appropriate	**Comms Team**	**S Bustillo**	Dec 23 & Ongoing
40	Supported subject to SEG / CMT approval of winter actions & winter financial plan	**Public/ Staff Messaging & Communications**	**Virtual and Remote Care Awareness:** The strategy will also target specific internal services to raise the profile of the FNC and similar services such as OPAT to encourage staff to promote services within their own specialties. Ensure primary care messaging is clear and the that the safety, efficacy and positive patient outcomes of virtual care is made clear vs F2F	**2 - Medium**	Increased awareness of FNC for both public and staff. Increased use of FNC.	A mix of email open rates, tracking links on digital and physical materials will be sued to gauge awareness over time. Ongoing engagement with communities will provide insights where appropriate	**Joshua Kane Comms Team**	**S Bustillo**	Dec 23 & Ongoing
41	Supported subject to SEG / CMT approval of winter actions & winter financial plan	**Public/ Staff Messaging & Communications**	**Targeted Comms, SIMD:** Communications will be developed to target the most and least deprived areas of NHSGGC. This work is building off the initial survey work carried out in late 2022 aiming to use this intelligence to target the largest users of flow 1 and 2 pathways. Comms will be aimed at ensuring patients know how to access support and advice at the right place and right time.	**2 - Medium**	Increased awareness of ED alternatives including digital self care and access routes to alternatives amongst SIMD 1 and 5.	Use of tracking links, ongoing survey work to track changes in access as well as analysis of patient access data with previous years same periods to assess any changes. Ongoing engagement with communities will provide insights where appropriate	**Comms Team**	**S Bustillo**	Dec-23

ID	Current Status of proposed action	Theme / Issue	Winter Action	Winter Impact Rating 3 High 2 Medium 1 Low	Intended Impact	Intended Impact - How will the action be measured?	Service Lead (Responsible)	Executive Lead (Accountable)	Proposed Timeline for completion
42	Supported subject to SEG / CMT approval of winter actions & winter financial plan	**Public/ Staff Messaging & Communications**	**Targeted Comms, Men's spaces**: Communications will be developed to target tradionally male dominated spaces across NHSGGC. This work is building off the initial survey work carried out in late 2022 aiming to use this intelligence to target males with messaging on the importance of seeking advice and support online rather than just attending ED directly. Comms will be aimed at ensuring patients know how to access support and advice at the right place and right time.	**2 - Medium**	Increased awareness of digital support and ED alternatives amongst men using a mix of direct and indirect marketing approaches	Use of tracking links, ongoing survey work to track changes in access as well as analysis of patient access data with previous years same periods to assess any changes	**Comms Team**	**S Bustillo**	Dec-23
43	Supported subject to SEG / CMT approval of winter actions & winter financial plan	**Public/ Staff Messaging & Communications**	**Ongoing Evaluation of Services:** Carry out further service evaluation surveys using the text survey developed and deployed in May/June 2023. This survey will be completed during and following winter to provide updated intelligence on usage of the service, as well as insight into potential behaviour changes and public suggestions for awareness raising approaches.	**2 - Medium**	Provide ongoing intelligence on public perception of ED, public suggestions and insight into promotion of messages and knowledge levels of alternatives amongst Flow 1 & 2	Through survey completion and insights extracted from analysis	**Joshua Kane Comms Team**	**S Bustillo**	Ongoing
44	Supported subject to SEG / CMT approval of winter actions & winter financial plan	**Public/ Staff Messaging & Communications**	**Power of Attorney Awareness Raising:** Develop key messaging on the importance of up to date power of attorney to help facilitate more effective care delivery both in acute settings and when transferred to community or rehabilitation.	**2 - Medium**	Increase publics awareness of the importance of power of attorney	A mix of email open rates, tracking links on digital and physical materials will be sued to gauge awareness over time. Ongoing engagement with communities will provide insights where appropriate	**HSCP & Comms team joint working**	**S Bustillo**	Dec-23
45	Supported subject to SEG / CMT approval of winter actions & winter financial plan	**Public/ Staff Messaging & Communications**	**Home for Lunch:** Continue to build a culture focussed on Discharge Without Delay for all patients and carers and staff including comms campaign. Repeat 'home for lunch' campaign	**2 - Medium**	- Increased awareness /Increasing proportion of pre-noon discharges.	Evidence from patient records and discharge rates	**Comms Team**	**S Bustillo**	Dec-23
46	Still in Discussion	**Optimum Patient Flow & Bed Capacity**	**Review Discharge lounge opening hours across the acute sites** - consider optimum extension to hours and opening over festive public holidays	**2 - Medium**	Provides additional capacity to support increased flow	Supports optimum patient flow and supports earlier discharge from ward	**Sector Directors**	**William Edwards**	Dec-23
47	Supported subject to SEG / CMT approval of winter actions & winter financial plan	**Optimum Patient Flow & Bed Capacity**	Hospital transfer process for patients from Care Homes. Raising awareness of the 'red bag scheme' and the simplicity of process would help, and understanding what information is needed to make decisions	**2 - Medium**	Efficiency in delivery of care for Care home patients	Measurement: reduction in LOS/ USC care performance	Sector Directors link with HSCP Heads of service	William Edwards	by October 2023
48	Supported subject to SEG / CMT approval of winter actions & winter financial plan	**Primary Care**	Develop a General Practice winter response plan to support practice flexibility this in winter	**2 - Medium**	Supports sustainability and early action to support winter pressures	Provides further support to general practice over winter period	Allen Stevenson/Ann Forsyth	Kerri Neylon	
49	Supported subject to SEG / CMT approval of winter actions & winter financial plan	**Primary Care**	GPOOHs will refine the services escalation plan in preparation for winter	**2 - Medium**	Supports sustainability and early action to support winter pressures	Provides further support to general practice over winter period	Allen Stevenson/Ann Forsyth	Kerri Neylon	
50	Supported subject to SEG / CMT approval of winter actions & winter financial plan	**Alternative (or Virtual) UUC Pathways**	**FNC patient feedback** - seek continuous feedback from patients to ensure quality care being delivered through virtual consultations and inform improvements to service	**1 - Low**	Patient Experience Measurement Framework/Increase confidence in virtual consultations/Increased patient engagement from 1500 baseline	Patient experience response volume and outcomes	**Daniel Connelly**	**S Bustillo**	Ongoing
51	Supported subject to SEG / CMT approval of winter actions & winter financial plan	**Community Services**	**HSCP Community OOHs Service Details** - Develop a consolidated source of current HSCP Community OOH service details and develop a communication plan to provide contact details and promote /reinforce community services that are available to all core emergency services.	**1 - Low**	Direct Contacts to HSCP OOH's Community Teams to source alternatives to admissions - will need implementation to quantify	Deliver Comms plan and consolidated information available to staff	**Alison Noonan**	**Stephen Fitzpatrick**	Sep-23
52	Supported subject to SEG / CMT approval of winter actions & winter financial plan	**Primary Care**	**Community Pharmacy** Regular monitoring and reporting of current beyond core hours community pharmacy provision along side consideration of demand / needs (Core hours are M-F 9- 5.30pm 8 Sat 9-1 and Current baseline tbc)	**1 - Low**	Early awareness of any changes to enable early discussions to minimise impact to service	Current baseline being collated - changes will be monitored and reported through winter plan	**Alan Harrison**	**Gail Caldwell**	Ongoing through Quartlery update

ID	Current Status of proposed action	Theme / Issue	Winter Action	Winter Impact Rating 3 High 2 Medium 1 Low	Intended Impact	Intended Impact - How will the action be measured?	Service Lead (Responsible)	Executive Lead (Accountable)	Proposed Timeline for completion
53	Supported subject to SEG / CMT approval of winter actions & winter financial plan	**Interface Care**	**Respiratory** - within available resources work to further replicate the current pilot in Renfrewshire HSCP . Consider further scale up of / support to the community respiratory service during winter	**1 - Low**	Admission avoidance, patients able to be supported in own homes and communities wherever possible.	Data from Renfrewshire shows that over a six month evaluation period, 89% of referrals to the CRT did not require hospital admission. This equates to an avoidance of 42 admissions and saving of 448 bed days.	**Claire Harrow**	**William Edwards/ Susanne Millar**	Dec-23
54	Supported subject to SEG / CMT approval of winter actions & winter financial plan	**Interface Care**	**Heart Failure** - develop diagnostic pathway to minimise delays to diagnosis across GGC, with subsequent focus on reduced LOS and admission avoidance where possible	**1 - Low**	Reduced length of inpatient stay and Bed Occupancy, reduction in waiting times for heart failure diagnosis	Reduced LoS for HF patients, 20% reduction in bed occupancy.	**Claire Harrow**	**William Edwards/ Susanne Millar**	Dec-23
55	Supported subject to SEG / CMT approval of winter actions & winter financial plan	**Workforce/ Recruitment**	Work with HEI's to develop a comms to students to promote working in NHS roles during academic gaps (festive breaks, summer breaks, between placements)	**1 - Low**	To increase availability of resources of students (from relevant backgrounds and admin backgrounds) Impact is gauged as low as we already have large numbers of bank staff, including students. We already have campaigns to attract students following their first placement.	Increase in bank staff, supports filling bank shifts = measured through BRAVE reporting to SEG	**Steven Munce**	**Anne MacPherson**	Oct-23
56	Supported subject to SEG / CMT approval of winter actions & winter financial plan	**Workforce/ Recruitment**	Expand use of mass shortlisting and site specific recruitment used for band 5 nursing roles to HSCP and Facilities staff as already done with staff bank	**1 - Low**	Cohort / talent pool approach is achievable, but availability of registered nurses for HSCP roles may be limited. Cohort recruitment of facilities staff already in place, but can be expanded to deliver additional candidates Approach suitable for expansion to HCSW roles also	Cohort recruitment in place for given roles, additional resources recruited	**Steven Munce**	**Anne Macpherson**	Oct-23