NHS Greater Glasgow and Clyde	**Paper 23/75**
Meeting:	**NHSGGC Board Meeting**
Meeting Date:	**Tuesday 31st October 2023**
Title:	**Annual Delivery Plan**
Sponsoring Director/Manager	**Jennifer Armstrong, Medical Director**
Report Author:	**Fiona MacKay, Director of Planning**

1. Purpose

The purpose of the attached paper is to share the Annual Delivery Plan with the NHSGGC Board for approval. The plan was approved by the NHSGGC Finance, Planning and Performance Committee, submitted to Scottish Government (SG) on 8th June 2023 and subsequently signed off on 7th August 2023.

2. Executive Summary

The paper can be summarised as follows:

- The ADP was developed in response to the Delivery Plan guidance issued by SG in February 2023 and incorporates key GGC priorities
- The ADP narrative is accompanied by a detailed action plan with targets and milestones
- Progress on the action plan is being reported to SG quarterly
- The ADP was informed by the 10 recovery drivers as outlined in the delivery plan guidance
- The plan links with:
  - The Board's 3-year Workforce Plan
  - The Digital Delivery Plan 2023–26
  - Turning the Tide
  - Sustainability Strategy 2023-28
  - Quality Strategy
  - 3-year Financial Plan
- GGC corporate objectives and operational priorities are embedded in the ADP

- The plan was developed on a cross system basis, linking with IJB Strategic Plans and local strategies
- Positive feedback on the ADP was received from SG, along with some requests for additional information which has been provided. Formal approval from SG was given in August 2023

3. Recommendations

The NHSGGC Board is asked to approve the ADP.

4. Response Required

This paper is presented for **approval.**

5. 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 impact
- Better Care Positive impact
- Better Value Positive impact
- Better Workplace Positive impact
- Equality & Diversity Positive impact
- Environment Positive impact

6. Engagement & Communications

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

The ADP was developed across health and care systems with planners (corporate and HSCP) and was informed by operational colleagues. Directional statements and drafts were produced for each section with approval through the Tactical Recovery Group, Strategic Executive Group, Corporate Management Team and the Finance, Planning and Performance Committee.

7. Governance Route

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

- Recovery Tactical Group
- Strategic Executive Group

- Corporate Management Team

8. Date Prepared & Issued

20th October 2023
24th October 2023

Fiona MacKay, Director of Planning

Annual Delivery Plan

2023-24

NHS Greater Glasgow & Clyde

Contents

1 Introduction

1.1 Background and Context

The Annual Delivery Plan (ADP) has been developed in response to the Delivery Plan Guidance which was circulated in February 2023. The plan reflects key priorities for NHSGGC, and is aligned to our operational priorities. It covers the period 1st July 2023 to 31st March 2024.

The plan focusses on 'recovery and renewal' to:

- Make rapid improvements in capacity and sustainability to support system performance through 2023 and in preparation for winter 2023/24
- Make progress in delivering the key ambitions in the NHS Recovery Plan
- Continue innovating and transforming the NHS for the future

The Recovery and Renewal phase has 10 drivers of recovery which are outlined in the delivery plan guidance. These 10 drivers for recovery will inform both the ADP and the Medium-Term Plan (MTP):

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

We have also noted our plans for the cross-portfolio priorities as outlined in the delivery plan guidance:

- Finance and sustainability
- Value Based Health & Care
- Integration
- Improvement Programmes
- Services Sustainability

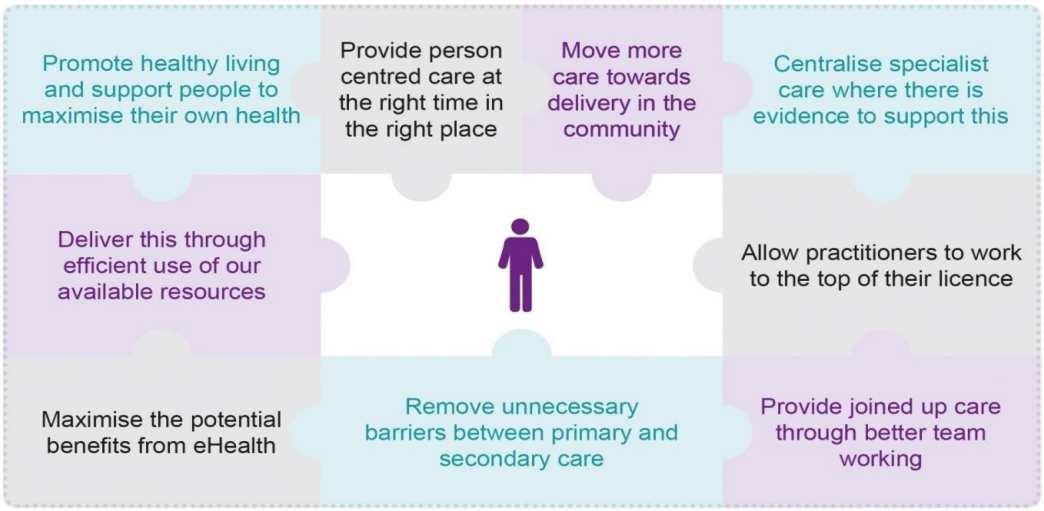
The Scottish Government (SG) Delivery Planning Template has been completed to enable monitoring of this programme of work, and monthly reports will be reviewed by Directors and Chief Officers.

The Board is currently finalising high level operational priorities for 2023/24 which will be used to inform personal objectives across the organisation. They are drawn from our corporate aims – Better Health, Better Care, Better Value and Better Workplace. The operational priorities also link to our longer term corporate objectives. The priorities were developed alongside the ADP and can be easily aligned, although they include some additional local priorities which are not in the national planning guidance **(see Appendix 1).**

1.2 Strategic Direction

The Annual Delivery Plan focusses on the next 9 months which will be a period of recovery and renewal. Moving Forward Together (MFT) remains the strategic document which describes the strategic vision for future clinical and care services in NHSGGC. The MFT principles are summarised in **Figure 1.**

Figure 1: MFT Principles



Over the last 3 years, we have taken a portfolio approach focussing on key projects, and have applied a rigorous project management approach in implementing change. The portfolio includes the redesign of urgent care, reprovision of the Institute of Neurological Sciences, implementation of the trauma network, development of a thrombectomy service, development of the Parkhead Hub, mental health strategy implementation and Best Start.

Having recently moved on from a stabilisation period, we have revisited the transformational aspirations described in MFT. The MFT blueprint sets out our vision for transformational service

change by creating a tiered model of care with less dependency on hospital care, delivering more services in the community or within patients homes, through cross-system working and by embracing digital technologies. The blueprint is underpinned by the need for good quality and high performing NHS estate and infrastructure and the use of digital technology to ensure the needs of our staff, patients and the public are met now and in the future.

The NHSGGC Digital on Demand Strategy 2023-26 supports the MFT strategic ambitions. It is also worth noting that the supporting Digital Delivery Plan 2023-26 is directly aligned to NHSGGC 2023/24 ADP.

We have begun work across the health and care system in GGC to develop a clinically-led Infrastructure Strategy. This work is supported by the Scottish Government and is being carried out in collaboration with facilities and healthcare planning experts. It is a programme of short, medium and long-term redesign and investment designed to gradually transform the NHSGGC infrastructure arrangements so that they better meet the challenges faced and support the transformation of clinical services. This includes the investment required to retain the existing estate in a safe, effective, and fit for purpose manner over an extended period. The output from this work is informing our three year Delivery Plan.

1.3 Communication and Engagement

As Scotland's largest Health Board, providing health services to over one million local residents, delivering specialist regional services to more than half the country's population and employing 40,000 staff, effective, timely engagement and impactful communications continue to be a fundamental deliverable.

NHS Greater Glasgow and Clyde's Stakeholder Communication and Engagement Strategy sets out the organisational approach to communications and engagement to support the delivery of our goals and build trusted relationships between the Board, our patients, their carers and our communities.

We focus on supporting all parts of the organisation to deliver effective, clear and engaging communications, patient engagement and public involvement opportunities for the benefit of our staff, the general public and our wider stakeholder community. Key to this is the provision of ongoing development of patient and carer feedback systems to ensure we continue to enhance our role as a listening organisation, which effectively provides support and wider public consultation opportunities, where required, in line with national guidance and best practice.

One of our fundamental aims is to ensure that the relevant stakeholder communities receive up-to-date, accurate and easy to understand information on the key issues and decisions that affect them. Recent priority programmes of work, including MFT, winter planning and the delivery of key Public Health campaigns such as seasonal vaccinations support have engagement at the heart of NHSGGC's planning and execution processes. Likewise, the ongoing commitment to the development of staff communication channels as part of our Internal Communications and Employee Engagement strategy to ensure access to essential information remains at the forefront of NHSGGC's objective to grow a great community.

Throughout this plan, we will reference key campaigns and the communications and engagement activity undertaken to enable effective implementation in line with national guidance and best practice.

NHSGGC proactively encourages feedback to inform service improvements, ensuring that care is safe, effective and person centered. We strive to support service improvement through

feedback, patient experience and public involvement, learning from complaints as well as Scottish Public Ombudsman reports.

In 2022/23, 1,550 pieces of feedback were received through Care Opinion (an increase in 68% from the previous year). Of all the feedback received, 76% was identified as being positive with areas for improvement relating to communication and the information we share.

Our Patient Experience and Public Involvement (PEPI) team have continued to provide Care Opinion training to staff throughout the last 6 months with 100% of respondents advising that the training has prepared them to be confident in responding to feedback. There are currently 247 staff members who can respond, which is an increase of 58 staff members on the previous year.

In addition to capturing feedback, it is essential that we learn from feedback to improve our services through actively listening to feedback and experiences of people using services in NHSGGC, whilst aligning to the person-centered improvement objectives and how this is used to make improvements to care experience.

In 2022, NHS Greater Glasgow and Clyde produced its first Engagement and Involvement Overview report. This provides a range of examples that support the organisation in progressing Operational Priorities and the wider priority for person-centred care:

"To deliver a person-centred approach through effective public and stakeholder engagement by ensuring patient and service users' experience is included in the design and delivery of the remobilisation of services."

This demonstrates activity taking place to support the development of strategy and policy, organisational wide activities and service level involvement. For 2022/23 it demonstrates the direct involvement of over 7,500 people in these areas. Forthcoming activities will include:

- Emergency Department (ED) and wider unscheduled care usage
- Strategy development such as Primary Care Strategy development and Maternity and Neonatal strategy
- Specific aspects of mental health redesign
- Person Centered Visiting (PCV)
- Implementation of the Person-Centered Care Plan
- Using the Care Experience Improvement Model (CEIM)
- What Matters to You Day

2 Primary & Community Care

2 Primary & Community Care

This section of the ADP sets out the plans and priorities within primary and community care that will be delivered over the course of 2023/24. Significant focus remains on providing care within local communities and ensuring we are offering alternatives to hospital admission where appropriate.

In line with GGC Public Health priorities, primary care will continue to play an integral role in addressing health inequalities and unmet needs as well as supporting those experiencing multiple disadvantage.

There are therefore multiple linkages between this section of our ADP and four other sections as follows:

- **Section 4 Mental Health**
- **Section 7 Health Inequalities**
- **Section 3 Urgent & Unscheduled Care**
- **Section 10 Digital**

2.1 Developing an Overarching Primary Care Strategy

We are in the process of developing a five year primary care strategy for the Board, covering the period from 2023/24 to 2028/29. In developing the strategy significant service engagement has taken place in phase 1, **Figure 2** sets out scope of our first primary care strategy.

Figure 2: Scope of the Primary Care Strategy

- General Practice
- GP Out of hours service
- Mental Health in Primary Care
- Community Treatment and Care (i.e. phlebotomy and treatment rooms including Chronic Disease management)
- Pharmacy Service
- Vaccination
- Community Optometry
- Dental and Oral Health
- Community Link workers
- Advanced Practitioners including MSK Physio and Advanced Nurse Practitioners (ANPs)

A detailed communication and engagement plan has been developed and a number of workshops have been held with a wide range of service stakeholders. The purpose of the workshops was two-fold:

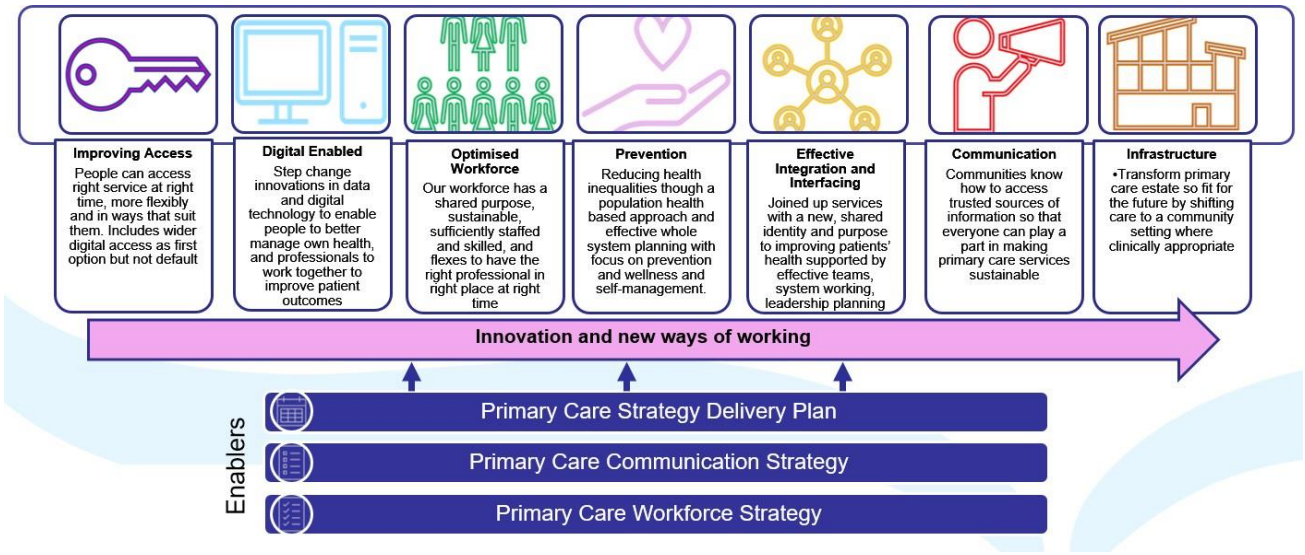
- to ensure the early involvement in the development of the strategy and build a shared vision and a set of strategic priorities

- to harness the ambition and motivation within our teams to further improve services and consider new ways of working within our existing resources.

In addition a public survey using Involving Peoples Network (IPN) and Health and Social Care Partnership (HSCP) engagement groups has been undertaken to gather public views on how we should shape and transform our primary care services.

Figure 3 sets out the seven strategic themes on which our primary care strategy is being developed.

Figure 3: Key Cross Cutting Strategic Themes of our Developing Primary Care Strategy



The strategy will be fully developed and completed by the end of 2023, with implementation commencing in 2024/25.

2.2 General Practice Primary Care Improvement Plan (PCIP)

During 2023/24 we will continue to work within the developing guidance and available PCIP resources (as part of the 2018 GP contract) to work with stakeholders to refine and agree service level and interventions in line with the Memorandum of Understanding (MoU), realistic medicine and clinical evidence.

The section below sets out the key priorities in the next year for primary and community services this has been developed in parallel with the Primary and Community Services Medium Term Plan and our five year primary care strategy which is in development (due to be completed by the end of 2023).

2.3 Key ADP Priorities in 2023/24

2.3.1 Community Treatment and Care Centres (CTAC) - Overarching priorities

Pre 2018 GP contract, a number of HSCPs had developed local treatment centres. Under the 2018 GP contract these have been further developed to transfer workload from GP practices to HSCPs. It is important to note that each HSCP developed CTAC services from different starting

points e.g. some had existing treatment room services and facilities, whereas others had no provision and recent development has been limited by space / facilities and available resources to deliver on the contract commitments. Developments will continue to be in line with the MoU local priorities and future guidance from Scottish Government.

CTACs have developed over the last four years where space / facilities and resources have allowed and they continue to support a variety of services including phlebotomy and treatment room interventions. We are committed to the review of the list of treatment room services including Chronic Disease Measurements.

During 2023/24 through our established CTAC and Quality Improvement (QI) group we will:

- Develop QI approach to improving efficiencies within allocated resources, with appropriate skills mix to inform our workforce plan and refine our service delivery model

2.3.2 Prevention, Inequality and Wellbeing

Primary care services play an essential role in addressing health inequalities and facilitating a healthier life course, through both opportunistic and routinely integrated intervention. Primary care can support successful primary prevention by referral / encouragement of self-referral to a wide range of community programmes. Our focus in 2023/24 will include:

- **Community Link Workers -** through the PCIP, HSCPs will continue to work with Scottish Government to seek support for a sustainable model of funding for community link workers to tackle health inequalities and support social prescribing within primary care
- **Social Prescribing Networks** – connect with and strengthen community services to modify intermediate causes of ill health associated with life circumstances and social issues (e.g. co-located Financial Inclusion support for patients with money worries)
- **Active referral for modifiable risks –** to maximise inequalities sensitive health improvement programmes for smoking, healthy weight and diet, physical activity, alcohol
- **Identification of carers** - enabling access to appropriate carer support
- **Vaccine Transformation Programme** – maximising ad hoc access to vaccination for individuals at risk
- **Delivery of cervical screening** initiative with a focus on hard to reach groups

Our focus on secondary and tertiary prevention includes routine intervention on health behaviours. We will learn from initial pilot work and embed lifestyle interventions as core elements of clinical pathways for ongoing chronic disease management.

As part of our primary care strategy we will continue to develop the role of primary care as community advocates and build primary care health intelligence to inform service planning, public health interventions and strengthen the evidence base in relation to inequalities.

2.3.3 Early Detection & intervention and admission avoidance

As part of our early detection and intervention plan during 2023/24 we will develop and begin to implement the roll out of Chronic Disease Measurement across the 6 HSCPs to inform our chronic disease management programme.

In developing our plans we will be cognisant of the variation in starting positions of each HSCP in its development of Care and Treatment Centres (CTAC). There is also variation in IT, appointing systems, premises and capacity to provide specific monitoring (collection of measurements).

Key actions during 2023/24 include:

- **Developing a plan to pilot the testing of a multiple morbidity monitoring appointment service** (using learning from successful West Dunbartonshire HSCP pathway) for example:
    - Health Care Support Worker (HCSW) led CTAC - chronic disease measurement service – delivered through the upskilling of our current phlebotomy workforce. During 2023/ 24 we will plan and commence the pilot, which we will evaluate and review
    - Following evaluation if it is recommended that this is rolled out further in future, it will ultimately require significant work to review and "reset" to prioritise to set clinical sessions for chronic disease measurement in all HSCP areas within a set time frame (this would form part of our MTP)
- **As part of PCIP we will review our existing Treatment room services, where they are established within HSCPs** - the purpose of the review would be to identify potential opportunities for future expansion or refinement of interventions to ensure we deliver services that meet the MoU and have the biggest impact for patients. Developments will continue to be in line with the MoU local priorities and future guidance from Scottish Government. **We will consider and assess how we may be able to support self-management through use of technology** to enable us to support early detection and improved management of cardiovascular risk factors e.g. diabetes, high blood pressure and high cholesterol e.g. BP monitors, support for diabetic control and weight+ cholesterol management through accessible and user friendly virtual platforms for support. Our assessment will incorporate a review of evidence of success of any existing technologies, patient feedback and clinical evidence
- **Diabetes Improvement Plan - Prevention, Early Detection & Early Intervention**
    - During 2023/24 we will evaluate our diabetes pathway pilot - at present we have engagement in our diabetes pathway across GPs and CTAC, with 3 pilot sites collaborating to provide a structured approach to provision of monitoring and management of diabetes
    - As part of our diabetes improvement plan during 2023/24 we will undertake the development of a standardised patient held care plan with all newly diagnosed patients

2.3.4 Aligning Primary Care community based services with existing Mental Health and Wellbeing Resources

During 2023/24 we will review the emerging mental health & wellbeing pathways within Primary Care which support the development of early intervention and self-management for mental health and wellbeing.

We will continuously review our developing plans in line with available mental health and wellbeing funding updates from Scottish Government that will support us in delivering the mental health strategy and Action 15 supporting us to increase our mental health workforce (this will include the valued role of community link workers).

2.3.5 General Practice In hours

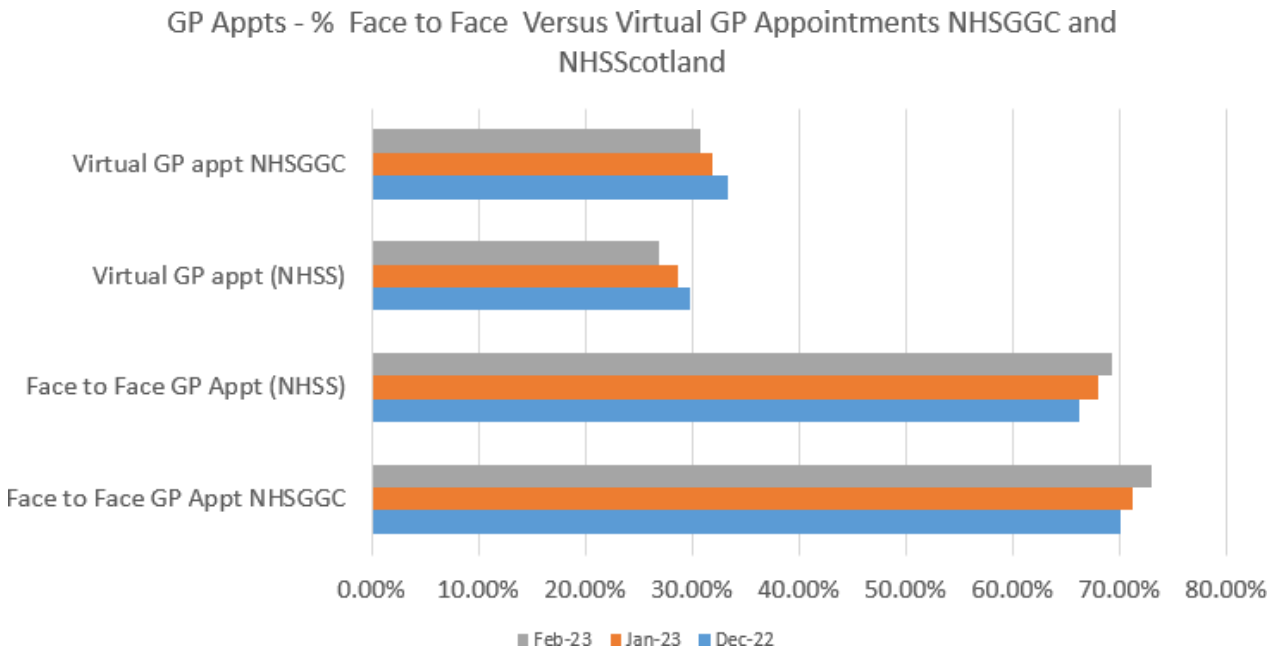
GP Access

In comparison to national data for general practice, NHSGGC shows the following rate of direct GP contacts across Dec 2022-Feb 2023 (shown as the rate of contacts per 1,000 population) over the last available 3-month period are above the Scottish average.

- December 2022 – 281.57 (Scotland: 268.86)
- January 2023 – 305.18 (Scotland 289.02)
- February 2023 – 303.47 (Scotland 279.89)

In NHSGGC the data shows a continuing overall increase in physical appointments, whilst virtual appointments show a gradual decline, since March 2020. The percentage split across the previous 3-month period is shown below, with Scottish figures for the same period. Since April 2022, NHSGGC has continually trended at a higher level of physical GP appointments and a lower level of virtual appointments than the Scottish average. The last three months of available data is set out in **Figure 4.**

Figure 4: Face to Face Versus Virtual GP Appointments in NHSGGC and NHS Scotland Dec 2022 to March 2023



A number of practices in NHSGGC are participating in the national programme for Access and during 2023/24 we will consider learning for further roll out as part of general practice sustainability.

General Practice Sustainability Work Plan

Given the ongoing workforce related sustainability issues within general practice, in November 2022 we developed a sustainability action plan and escalation framework for general practice. The action plan is closely monitored by the Primary Care Programme Board reporting into the Corporate Management Team and the Finance, Planning and Performance Committee.

GP IT Re-provisioning

During 2023/24 we will develop further the programme plan to transfer GP practices to a single IT system to meet clinical requirements in general practice and commence initial role out phase for existing practices with the Vision IT System.

Delays to the updated Vision Anywhere system until July 2024 have prompted a review of the programme to support an interim migration step for some practices in advance of July 2024 which is subject to practice agreement. The programme will take an estimated 20 – 22 month migration schedule for GGC EMIS practice. It will require over 200 GGC practices, encompassing circa 7000 staff to be retrained on completely new systems and all clinical information migrated between platforms. This will be taken forward within our MTP.

2.3.6 Urgent Care – General Practice Out of Hours Service (GPOOHs)

Using available service demand and activity data we will continue to ensure we are making the best use of our clinical resources. In addition during 2023/24 we will:

- Outline, agree and implement the GPOOHs service delivery model and the number of sites that will be in operation. This will include ongoing work around workforce planning and demand for service to ensure sustainability of the service. During this period, we will take the opportunity to rebrand as urgent care and increase awareness and communication on accessing appropriate care in the OOHs period. This will be measured by demand and performance on service along with workforce capacity

- Invest in the recruitment and retention of salaried GP workforce to improve stability of service. During this period we will also review Terms and Conditions (T&C) for salaried GPs to maintain retention of the workforce. This will be measured by the number and hours carried out by salaried GPs. Following intensive recruitment we now have 47 salaried GPs. In 2023/24 we aim to invest in the development of the role of the salaried GP to ensure retention. Workforce turnover will also be measured for retention and response to iMatters

- Invest and develop our primary care nursing workforce to support service stability and reduce bank costs. We will scope out the potential to develop further primary care ANP roles and consider changes to skill mix to strengthen the multi-disciplinary team. This will be subject to the availability of available workforce and training capacity

- Further develop and establish the urgent care OOHs pathways in collaboration with Scottish Ambulance Service (SAS) / Flow Navigation Centre (FNC) and Mental Health (MH). This impact will be measured through the number of direct contacts to these areas and review of patient outcomes. Establishment of the pathways will ensure the patient is seen in the right place and at the right time (see community out of hours services section below).

2.3.7 Community Out of Hours Services – Supporting Alternatives to Admission

During 2023/24 we will:

- 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 – with the aim of sourcing alternatives to admissions. The impact of this will be measured through the

number of direct contacts to HSCP OOHs Community Teams to source alternatives to admissions. In order to do this we will design and implement a method to quantify information consolidated for all six HSCPs and develop communication methods and a test of change will be completed initially before full roll out

- Introduce a telephone software tool on a phased basis for community OOHs teams to facilitate professional to professional advice between Local Community Teams and GPOOHs. This can be extended further to Acute Services including EDs etc. (please note this excludes Emergency Social Work – as a single point of access is already in place) – the implementation timeline will be dependent upon contractual arrangements with current supplier. This will be a phased plan for service transitions agreed with six HSCPs. Ultimately it will culminate in completion of a phased transition to a software telephone platform that facilitates professional to professional access and transaction recording

2.3.8 Further Development of our Integrated Community Falls and Frailty Programme

Integrated Community Falls Pathway

During 2023/24 we will:

- Further develop the NHSGGC Integrated Falls Pathway developed in 2022/23 in collaboration with SAS, HSCP Falls Leads and other key stakeholders 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 and seen in ED. The impact of this will be measured through the increased number of patients not conveyed to hospital following a fall. At present approximately 20% of patients are not conveyed to hospital following a fall, we will work with SAS partners to achieve and sustain a 30% non-conveyance rate

- We will also continue to promote the falls pathway flow for referrals to Community Rehab teams (within our 6 HSCP teams), with referrals from SAS via the NHSGGC Admin Hub to partnerships to support multifactorial assessment; prevention and early intervention. This work is ongoing and the impact will be measured through increasing the number of patient referrals to Community Rehab teams, increasing from the current baseline of ~20 per month to ~40 per month.

Integrated Frailty Pathway

During 2023/24 we will:

- Further develop our integrated frailty pathway to support early turnaround at the acute hospital front doors via the Home First Response Service (HFRS) that has been established at the Queen Elizabeth University Hospital (QEUH), Glasgow Royal Infirmary (GRI) and Royal Alexandra Hospital (RAH) sites. During 2023/24 we will work to increase the percentage of patients with a frailty diagnosis discharged to community services from 20% to 40%

- HSCP Care Home and Discharge leads are participants in national working groups on the future of Multidisciplinary team (MDT) conversations and await confirmation of funding positions from SG prior to agreeing local rollout plans

- Review nursing homes Locally Enhanced Service (LES) in line with national care homes framework developments

Primary Care will be active participants in the development of the frailty programme as part of a whole systems approach.

2.3.9 Provision of Infection Prevention and Control (IPC) Support to General Practice and Dental Practice

IPC updates and alerts are provided through our well established Infection Prevention and Control Unit (IPCU) and also our local primary care network. In addition to providing regular and routine IPC information updates, there are three other routes of support for general practice and dental practices as follows:

- The well-established 'Partnership Prevention and Control of Infection Support Group'. The group has representation from HSCPs (membership includes professional nurse advisors). In addition, the group has a detailed work plan which covers primary care and mental health services
- The dedicated HSCP Infection Prevention and Control Team's (IPCT) main focus is to support care and residential homes however they also provide information and can signpost both general and dental practices to IPC advice
- The Public Health Protection Unit will also provide advice to general practice and dental practice as required
- The National Infection Prevention and Control Manual is also a source of information for GP and Dental Practices and is updated regularly and promoted Nationally

General practitioners and dental practitioners can seek IPC advice and signposting through any of the above the above routes to support meeting their IPC responsibilities as independent contractors.

2.3.10 Community Optometry

In 2023/24 NHSGGC will launch and develop the pathway for the transition of patients with Glaucoma to the Community Glaucoma Service.

During 2023/24 we will:

- Work with the primary and secondary care interface group to develop the community Glaucoma pathway
- By the end of 2023/24 – we anticipate that up to 1,000 patients with Glaucoma will be supported through the primary care Community Glaucoma Service.

2.3.11 Community Pharmacy

On average the 288 Community Pharmacies across NHSGGC complete over 80,000 Pharmacy First or unscheduled care supplies of medicines per month (approx. 68% of this activity is through Pharmacy First which provides ~55,000 prescriptions per month). The Pharmacy First service prevents the patients having to access other services e.g. GP, GPOOH, minor injuries etc.

During 2023/24 there will be focus on the following key areas of service delivery to further support other healthcare service providers:

- 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. We will also investigate the potential to set up a GP referral process directly with local IPs

- We will investigate and pilot an unscheduled care service at weekends which will include collaborative working with the FNC and GPOOH service, directing patients to IPs working within community pharmacies as a triage centre. We plan to have a test of change in place for this by December 2023

- 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. A review of the service will be undertaken in quarter 4 of 2023/24 with recommendations expected by end of March 2024. Current early results show a reduction in discharge time on average of 2 hours for patients - further evaluation will be completed within primary care to supplement this information in quarter 4.

2.3.12 Primary Care Dental Services within the Board

In the post-pandemic period, NHS General Dental Services (GDS) have demonstrated a change in service delivery amidst a time of uncertainty, increased financial/recruitment pressures and proposed changes in how services are remunerated. The effects of this include:

- A change in business models to reduce (or cease) the proportion of NHS care delivered

- Difficulties in recruitment and retention of staff into NHS roles (being experienced across the whole profession, not just GDS)

- A reduced capacity to deliver routine care to registered patients

- The de-registration of NHS patients – either as patients moved to private care or removal of non-engaging patients from lists

GDS dentists **do not have a contract** with NHSGGC. Provided they adhere to the Terms of Service (set out in GDS Regulations) and Clinical Governance arrangements, they are free to change their business model – including the delivery of NHS work. There is a risk more GDS practices will opt out of NHS services if the Scottish Government payment reform programme is not deemed attractive to services. We will continue to review this position and mitigate any emerging risks.

The Public Dental Service (PDS) is an NHSGGC managed primary care service set up to deliver dental care for patients not suitable for care in GDS e.g. complex children, adult special care and priority groups. Included in this offer is daytime urgent care for unregistered patients. This type of service is not currently offered by all NHS boards and is not funded for the provision of routine care. This service has seen increased demand in NHSGGC, which reduces the capacity for the PDS to deliver care to the service's core patients. There is a need to prevent any further impact on the PDS if de-registrations continue to increase. Staff employed in the PDS are on a national contract, which is currently under review. The extant contract prevents the ability to explore flexible working arrangements.

The PDS continues to work to increase capacity and improve access for patients within the extant funding and framework. The PDS have utilised non-recurring monies to support additional

unscheduled/occasional care to areas with access problems, in particular Inverclyde. The service has also increased the number of dentists staffing the Out of Hours service to meet increased demand and re-distributed the patient load across services for daytime urgent care across more clinical sites and additional services, such as undergraduate student outreach.

During 2023/24 the service will achieve this through the following key actions:

- A pilot/test of change is under consideration with a view to increasing available appointment slots within the 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
- Monitoring de-registration figures by HSCP area to identify potential areas for restricted or limited access - identifying any changes in unscheduled care demand by HSCP area
- Promoting awareness of the revised Scottish Dental Access Initiative – continuing to monitor and lobby for other HSCP areas if we detect increasing access problems
- Increasing provision of routine care to patients who are registered with the Public Dental Service – this will be assessed by monitoring capacity, demand and activity and utilisation of available capacity

Many of the NHS patients who have been de-registered have not engaged with dental services for several years and may only engage with services when problems arise. Others have been moved onto private care arrangements. There are no reliable mechanisms to produce accurate or meaningful trajectories; either for the likely demand for care from unregistered and deregistered patients, or the likely numbers of patients to be deregistered moving forward.

2.3.13 Involvement in the Potential Development of a Community Ear Care/Hearing Service

We would welcome the opportunity to be involved in discussions with Scottish Government about the potential future development of an appropriate model for a community ear care/hearing service. The development of community ear care/ hearing services would help address quality of life issues including frailty and isolation.

3 Urgent & Unscheduled Care

This section of the ADP sets out the plans and priorities for Urgent and Unscheduled Care (UUC) services that will be delivered during 2023/24.

3.1 Context: Implementing a Whole Systems Governance Structure

In 2022, the governance process for UUC care was reviewed, and a whole systems governance structure was established to align with the new collaborative UUC programme (**see Figure 5**). The new whole systems governance structure for UUC, delivers the two fixed anchor points of the FNC and Discharge without Delay programme and the three 'High Impact Changes identified' as our most productive Opportunities for Improvement as Virtual Capacity, Community Focused integrated care and Rapid Acute assessment and Discharge).

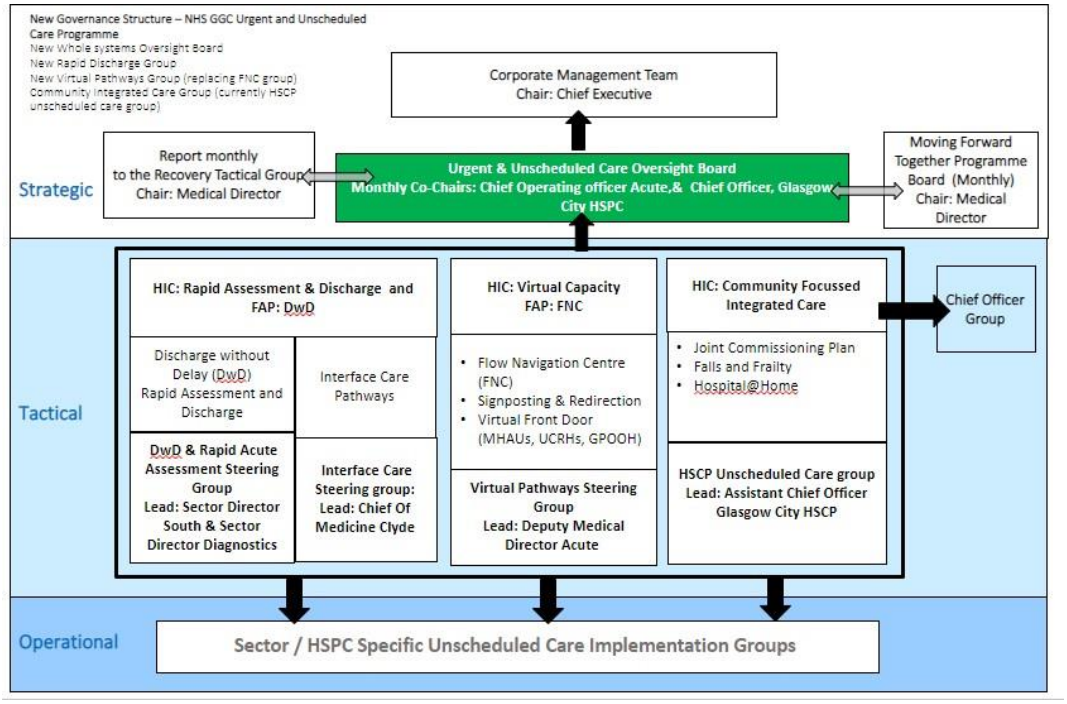
Four subgroups are responsible for taking forward the redesign and improvement work as follows:

- Virtual Pathways (including Interface Care) Steering Group
- Community Focussed Integrated Care Steering Group
- Discharge Without Delay Steering Group
- Rapid Acute Assessment Steering Group

Our programme of redesign & improvement is fully aligned with the key themes of the ADP guidance of:

- early intervention and prevention of admission to hospital to better support people in the community
- improving hospital discharge and better supporting people to transfer from acute care to community supports
- improving the primary / secondary care interface jointly with acute to better manage patient care in the most appropriate setting

Figure 5: Whole Systems Governance and Reporting Structure – Redesign of Urgent & Unscheduled Care



Each of the workstreams have developed a detailed work plan with a significant programme of ongoing redesign and improvement. The implementation of alternative pathways within each of the workstreams has, to date, shown a positive impact across our acute, community and primary care services and with our NHS 24 and SAS partners, however there is a large programme of ongoing work to further support our significant unscheduled care pressures.

In summary significant further work is planned in 2023/24 with the key aims of:

- 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
- 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
- Optimising flow within our hospital - through the embedding of our DwD programme across our acute wards

3.2 Key ADP Priorities in 2023/24

This section sets out the key priorities of our ongoing programme of redesign within UUC during 2023/24 which focusses 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.

Our summary of our key priorities that will make the greatest impact in 2023/24 are:

- **Reducing Attendances:** Phase 2 Redesign Urgent Care - Transforming the way in which people access urgent and unscheduled care, enabling patients to receive the right care at the right time – focussing on maximising the impact of our Flow Navigation Centre and building on existing pathways and remote consultations to deliver this
- **Reducing Admissions:** Alternatives to inpatient care - Optimise Virtual Capacity pathways (including remote monitoring) to deliver care closer to home and prevent admission – focussing on building on early Outpatient Anti-Microbial Therapy (OPAT) benefits and linking in with FNC to offer alternatives to admission along speciality pathways such as falls and respiratory presentations
- **Reducing Length of Stay:** Rapid assessment and streaming - Increasing proportion of patients on a short stay pathway - focussing on lower risk – high impact presentations supporting safe and early discharge home
- **Optimising Flow –** focussing on the roll out and sustainability of our Discharge without Delay programme 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.

Figure 6: UUC Redesign Programme Key Priorities in 2023/24

Reducing Attendances: Phase 2 Redesign Urgent Care - Transforming the way in which people access urgent and unscheduled care, enabling patients to receive the right care at the right time
Further develop our FNC and virtual alternatives Designed to offer a virtual alternative to the need for face to face, in person attendance and in-patient care, this work is focused on driving innovation and improvement in virtual pathways making best use of technology where appropriate and increasing capacity across NHSGGC. 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. During 2023/24 we will: • 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 • 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 our workforce model to support extended operating hours beyond 10pm and clinical rotation

- Continue to evaluate our FNC and further engage with patients who have used our FNC to seek feedback / facilitate further improvement
- Create a framework to improve and increase the availability of Professional to Professional discussion. This will include refreshing implementation plans to support upscaling these offerings to avoid admissions and provide care / advice to keep patients at home
- 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
- Support with a robust and ongoing communications strategy which promotes alternatives to ED to the public, and utilises new research to target specific demographics with tailored messaging. The strategy will also target specific internal services to raise the profile of the FNC and encourage staff to promote the service within their own specialties.

Signposting and Redirection

Our ED's continue to deliver signposting and redirection and work is underway to refresh the implementation plans ahead of winter 2023/24 to support upscaling these offerings and reviewing 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.

During 2023/24 we will:

- Review our data and coding to ensure consistency of recording and to ensure all activity is fully captured and reported
- Complete our benchmarking with other Health Boards and review this learning to refresh our approach and develop a refreshed implementation plan ahead of winter
- Increase the use of signposting and redirection across all GGC sites
- Consider 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

Scheduling access to our wider emergency and unscheduled care services

During 2023/24 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 (over the last five months they have supported an average of 1,355 patients per month)
- Take the lessons learned from the success of Minor Injuries Unit (MIU) scheduling and consider how they may be applied to ED attendances
- Review same day emergency access across sectors and increase our use of Ambulatory Care pathways as part of developing our medical and surgical pathways.

Reducing Admissions: Alternatives to inpatient care - Optimise Virtual Capacity pathways to deliver care closer to home and prevent admission

Community Focussed Integrated Care

Our well-established Unscheduled Care Design and Delivery plan has allowed us to progress existing initiatives. We are delivering on 3 key priorities:

- **NHSGGC Community Falls Pathway:** the new community falls pathway was developed ahead of winter 2022. Since November the number of non-conveyed patients following

a fall has ranged from 124 to 152 per month. In March the percentage of patients not conveyed increased to 29.3%, a marked increase on previous months

- **Home First Response Service (HFRS) –** the service commenced in its first phase in December 2022 and the aim of the project is to assess frail patients at the front door with a view to supporting their discharge and avoiding admission. The target set is to discharge 20% of patients referred to the HFRS. The early impact of the teams work in the first four months of operating is positive, with between 32% and 42% of frail patients at the acute front door being referred to the team and assessed and discharged home. Qualitative data from patient questionnaires has been overwhelmingly positive thus far
- Hospital at Home (H@H) service commenced on 31st January 2022 within Glasgow City HSCP and is delivering reduced admittance by providing care direct to patients within their home or homely setting. The service has published its first phase evaluation and since February 2022, it is estimated that 1861 bed days have been saved in that period as a result of H@H

During 2023/24 we will:

- Further develop our NHSGGC Community Falls Pathway (See **Section 2 - Primary and Community Care** for our plan and key actions in 2023/24)
- Continue to develop our HFRS through the Integrated Frailty Pathway (See **Section 2 – Primary and Community Care** for our plan and key actions in 2023/24)
- Prepare a plan to establish our H@H service as business as usual and expand our capacity up to 100 places
- Work to establish a communications strategy for staff, patients and the public to effectively promote the services as they roll out to different areas.

Further Developing our OPAT Service

A hub and spoke OPAT model is now established. The new OPAT IC pathway has however had a significant impact - there are now an average of 46 patients per week avoiding hospital admission and the pathway is saving the equivalent of over 300 inpatient bed days per week or over 40 acute beds at any one time. The hub at Queen Elizabeth University Hospital (QEUH) is operating at capacity (within available current space and staffing) with spokes at GRI, RAH and Inverclyde Royal Hospital (IRH).

During 2023/24 we will:

- Focus on maximising throughput and ensuring the ability to continually accept new referrals in QEUH, IRH and RAH
- Optimise service use at each NHSGGC site, 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 Integrated Care Pathway

During 2023/24 we will continue to develop our Heart Failure Integrated Care Pathway. There are two phases to our plan as follows:

Phase 1 – due to be completed by early Summer 2023

- Further development of Lenus Platform (Storm ID) with eHealth and software partners to provide features such as speech to text, onward referrals etc. A test of change with Inhealthcare Application is now underway in the North sector

Phase 2 – commencing Summer 2023 onwards

- Develop and implement the diagnostic pathway, minimising delays to diagnosis
- 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. This should be possible within existing ambulatory care space at each NHSGGC site (subject to ambulatory care space being secured for OPAT at GRI).

Implementing our Respiratory Interface Care Pathway

The respiratory interface care pathway is being developed within available existing resources and is currently at a pilot stage within Renfrewshire. To date initial estimates are that 55/61 patients have avoided admission to hospital, equating to a saving of the equivalent of approximately 440 bed days.

During 2023/24 we will continue our development of the pathway (within our existing resources) we plan to:

- Complete the respiratory service pilot underway in Renfrewshire HSCP. 14/28 GP practices are currently participating. It is anticipated that the remaining 14 practices will roll out the pathway by the end of summer 2023
- Secure further engagement with the four GGC HSCPs not currently delivering respiratory admission avoidance pathways

Reducing Length of Stay: Rapid assessment and streaming - Increasing proportion of patients on a short stay pathway

Developing Rapid Assessment and Short Stay Pathways

This workstream seeks to optimise flow through early assessment, access to senior clinical decision makers and improvement in waiting times and demand management for diagnostic services. The Rapid Acute Assessment (RAA) has set up Short Life Working Groups (SLWGs) with Labs and Imaging to undertake a process mapping exercise.

During 2023/24 we will:

- Improving Imaging and laboratory processes – undertake process mapping to identify and implement best practice to support improvement in the turnaround times for UUC patients
- Develop our data capture to establish current capacity and demand to optimise turnaround times for short stay patients
- Review 24/48 hour stays of Flow 2 patients across EDs through process mapping - variances between sites will be identified and improvement opportunities scoped to implement best practice

For blood science, key tests are already monitored against a 1 hour turnaround time from receipt to authorisation. Current Key Performance Indicators (KPIs) are met. All management and quality objectives for laboratories are reviewed on a yearly basis under the annual management review (separate review for reach lab) as part of ISO15189 standards and is a requirement for regulation.

ED/Acute Assessment Unit (AAU) patients requiring a scan or x-ray are taken immediately and in turn as soon as the referral has been received and a porter is available. The reporting radiology hub report on imaging in turn however the clinician can view the images on Primary acute Care System (PACS) immediately.

Further data analysis will be undertaken to provide assurance. Work is ongoing to determine whether improvements can be made providing a positive impact on services.

Optimising Flow: Aligning discharge and admission patterns

Discharge Without Delay (DwD)

This workstream seeks to optimise flow by aligning capacity with demand across the system. Improvement will be enacted through refining discharge processes, improving patient experience by simplifying the discharge process and improving length-of-stay by ensuring the necessary arrangements have been made to safely discharge patients on the planned day of discharge.

Within the acute sector we continue to roll out our DwD Bundle to all 130 identified adult acute medical, surgical and Department of Medicine for the Elderly (DME) wards, implementation of Planned Date of Discharge (PDD), adopting our 'PLANS' approach
(PDD Performance: **L**earning from Day of Care Audit: **A**ctive Wards: **N**eeds Analysis: **S**tructure Ward Huddles) to enhance discharge planning and staff communication, and we continue the development of our DwD dashboard to support ongoing monitoring and reporting.

HSCPs are equipped with dedicated multi-disciplinary teams including Allied Health Professionals (AHPs), Elderly Care Advanced Nurses or Specialist Nurses. The team proactively reach into hospital wards to prevent unnecessary delays and manage early supported, safe, timely and effective discharge. All HSCPs continue to develop the use of local data to understand and project demand and predict complexities of need to inform local responses around recruitment. This includes the re-alignment of resources and use of local intermediate care facilities to provide a more suitable alternative pathway to acute hospital in-patient services offering a step up/step down approach.

During 2023/24 we will:

- Finalise implementation of the DwD bundle, in 130 acute adult wards in the first instance
- Support clinical areas to fully implement Criteria Led Discharge
- Continue to build a culture focussed on Discharge Without Delay for patients, carers and staff
- Scope wider role out of DwD across additional wards
- Optimise the use of interim beds using lessons learned from Winter 2022/23
- Expand our intermediate care capacity to support rapid discharge outcomes
- Develop and implement a new communications campaign following on from Home For Lunch to promote the wider work around DwD, support internal and external implementation and secure buy in from stakeholders

3.3 Best Start Maternity and Neonatal Plan

We continue to deliver the Best Start Maternity programme and Neonatal Plan. Best Start remains a key project of our Moving Forward Together (MFT) clinical strategy and is a key element of the strategic vision for future clinical and care services in NHSGGC.

We are in the process of developing our five year Maternity and Neonatal Strategy for the Board which will cover the period from 2023/24 to 2028/29. We continue our commitment to the priorities outlined in Scottish Government's Best Start five-year plan and are developing our strategy on the following 5 strategic themes:

1. Personalised family centred, responsive care
2. High quality specialist care
3. Reducing inequalities
4. Reconfiguration and utilising our estates effectively
5. Developing our team

A detailed communication and engagement plan is being rolled out to ensure involvement in the development of the strategy and to build a shared vision with our staff, women and families.

During 2023/24 we will:

- Continue to undertake engagement with women, families, staff and partners
- Fully develop and complete the strategy

3.4 Best Start Maternity Services

During 2023/24 we will continue to implement the Best Start programme, our key actions in 2023/24 include:

- Continuing to redesign our model of antenatal and postnatal care to support greater levels of continuity of carer. This will include an enhanced first point of contact process to enable better pick up of women for their booking appointment with their named midwife; development of individual community midwife caseloads by postcode; movement of booking appointments from hospital outpatient clinics into community midwifery clinics
- Establishing alongside midwife-led units at the QEUH and Princess Royal Maternity (PRM) sites to ensure access to midwife-led intrapartum care settings in Glasgow as well as Clyde. Optimise staffing within existing resources of the Glasgow homebirth team to enable more women to access this choice
- Establishing a transitional care unit at PRM to enable babies requiring transitional to stay with their mothers in the postnatal ward setting
- Developing plans for more local community hubs for multi-disciplinary antenatal care; build more co-location of midwifery services within HSCP locations to enhance communication and collaborative working between maternity services, health visiting, social care and primary care
- Undertake a deep dive of current processes, systems and outcomes for induction of labour, to inform service improvement to ensure clear evidence-based care, informed choice for women and families, reduced waiting times for induction of labour, reduce length of stay resulting from induction of labour and reduce unnecessary medical interventions
- Build a robust engagement approach with the women and families we serve through regular outreach, surveys, creation of a third sector liaison group and maternity voices partnership

3.5 Neonatal Services

During 2023/24 we will implement the recommendations of the Best Start report once a ministerial announcement has been made.

Ahead of this, during 2023/24 we will progress the following key actions:

- We will work with Maternity and Paediatric Services to establish patient flow to ensure we can deliver babies and their care in the best location
- We will continue to lead on Family Integrated Care, including engaging families in service redesign, as recognised by BLISS and UNICEF
- We will undertake structured parent feedback on our service
- We will work within existing locations to reduce separation of mothers and babies while also working with maternity services to develop a Transitional Care model, initially in PRM and with an aim to spread to other areas
- We will look for innovative methods of supporting prompt discharge to home including development of a 7-day liaison service
- Work to support remote resuscitation will be continued as recommended in the 'Ockenden Review'
- A workforce review will be undertaken to ensure that the service with the third highest level of deliveries in the UK has the correct establishment of medical, nursing, AHP and support staff to deliver the quality of care demanded by families
- We will strengthen our data management to support quality improvement and assessment of performance. This to include tendering for a full electronic patient record (EPR)
- We will improve our process of review of adverse events including mortality review

4 Mental Health

4.1 Overview, Background and Links to Improvement Plans

This section of the ADP focusses on the Adult and Older People's Mental Health and Child and Adolescent Mental Health Service (CAMHS) plans for 2023/24. This work also aligns with the content of the NHSGGC Adult Mental Health Strategy which identified a range of key principles on which all of our local plans are based. With focus on prevention and early intervention, the principles noted below encompass the primary aim of ensuring increased community based responses and access to services remain relevant to, and are inclusive of the whole complex of mental health services:

- **Integration and collaboration:** A whole-system collegiate approach to Mental Health across HSCPs and the NHSGGC Board area, recognising the importance of interfaces and joint working with Primary Care, Acute services, Public Health, Health Improvement, Social Care and third sector provision
- **Prevention:** Services should maintain a focus on prevention, early intervention and harm reduction as well as conventional forms of care and treatment
- **Choice and voice:** Providing greater self-determination, participation and choice through meaningful service use, carer and staff engagement, and involvement in the design and delivery of services. Staff wellbeing at work is recognised to be an important part of the provision of quality patient care
- **High quality, evidence-based care:** Identification and equitable delivery of condition pathways, based on the provision of evidence-based and cost-effective forms of treatment
- **Data analysis:** Routine data collection and analysis is used to improve service quality, productivity and strategy implementation
- **Matching care to needs:**
  - A model of stepped/matched care responding to routine clinical outcome measurement and using lower-intensity interventions whenever appropriate: "all the care they need, but no more"
  - A focus on minimising duration of service contact consistent with effective care, while ensuring prompt access for all who need it – the principle of "easy in, easy out"
  - Shifting the balance of care from hospital to community services where appropriate
  - Equalities sensitive services
- **Compassionate, recovery-oriented care:**
  - Attention to trauma and adversity where that influences the presentation and response to treatment
  - Recognition of the importance of recovery-based approaches, including peer support and investment in user and carer experience that generates community and social impact

Alongside the ADP and the MTP, Services are also planning and developing a series of funded workstreams associated with the SG Mental Health Recovery and Renewal (MHRR) Plan as follows:

- **Adults and Older People** – these workstreams focus on the mental health needs of those hospitalised with COVID, increasing access to Psychological Therapies, reducing waiting times for Psychological Therapies, increasing post diagnostic Dementia support, developing pharmacist and pharmacy technician support within mental health, and subject to funding agreement with Scottish Government, resume development of Mental Health and Wellbeing in Primary Care Services
- **CAMHS** - these workstreams focus on adapting and improving mental health services ensuring that children and young people get the right support, at the right time, and in the right setting. We aim to ensure that CAMHS is available, responsive, effective and equitable to all children and young people who need the service and these plans will also be underpinned by GIRFEC principles. At present, workstreams within phase 1 of the programme are nearing completion or ongoing, whereas there is still work to do in the phase 2 delivery. Most of the phase 2 workstreams require regional planning and/or delivery with some other workstreams focused on Board wide developments. Some of these workstreams will be linked into actions with both the ADP and MTP

Our key actions in 2023/24 are:

- To further improve access to services
- Deliver services that meet CAMHS standards and Neurodevelopmental Specifications (published in February 2020)
- Improve the CAMHS and Psychological Therapies National Dataset (CAPTND) which are set out in **Section 4.3.**

4.2 Improving Access to Services

4.2.1 CAMHS

We aim to meet the 18 week RTT to ensure children and young people are waiting less than 18 weeks. We will continue to focus on reducing the numbers waiting longest. The longest wait is currently 46 weeks with only 3 children waiting over 40 weeks.

We will aim to maintain this through each quarter of 2023/24 with the longest waits being targeted each month to further reduce the length of waits. The workforce plan will be reviewed to focus on professional groups able to increase case holding capacity to create a larger core of nursing and psychology staff.

The trajectories are noted below in support of number patients waiting over 52 weeks as follows:

- Quarter 1 – no waits over 52 weeks
- Quarter 2 – 90% of referrals seen within 18 weeks
- Quarter 3 – 90% of referrals seen within 18 weeks
- Quarter 4 – 90% of referrals seen within 18 weeks

4.2.2 Adults and Older People

We aim to reduce very long waits and maintain the 18 week RTT standard through development of:

- the Adult Groups Psychological Therapies service

- a combination of digital and peripatetic solutions to help balance capacity/demand across the six HSCPs
- manage the balance between treatment and assessment

Q1 – Reduce >52 weeks waiting to 60
Q2 – Reduce >52 weeks waiting to 45
Q3 – Reduce >52 weeks waiting to 35
Q4 – Aim to have no waits longer than 52 weeks

The longer waits are attributed to those patients who require complex assessment which may include:

- Psychotherapy – some group interventions require a set amount of people to participate with same presenting issues for a particular type of therapy
- MDT/DBT – very small teams and patients can choose which therapy in relation to their needs (an area we will expand in phase 1 of bed reconfiguration which should assist with waiting times)

4.3 Delivery of Services to meet the standards

4.3.1 CAMHS

The national children and young people's Neurodevelopmental Specification has formed the basis of the Specialist Children's Services (SCS) NHSGGC specification to deliver a new service model and pathway. This is currently being piloted in two locality areas with the aim to roll out across the Board. During 2023/24 we will deliver the following key milestones:

- Quarter 1 – progress pilot with Inverclyde and West Dunbartonshire
- Quarter 2 – full implementation in Inverclyde and West Dunbartonshire
- Quarter 3 – roll out commenced to all locality areas
- Quarter 4 – full implementation in all locality areas

Additional funding to enhance capacity to deliver specialist diagnostic assessment has been welcomed and additional staff have been employed. Demand and capacity modelling will be reviewed to take account of increased demand. Pathways will be developed that upskill existing staff supporting children and families to access resource and ability to contribute to the diagnostic process.

4.3.2 Adults and Older People

We will resume paused planning/development when funding allocation is identified with Scottish Government on proposals for Mental Health and Wellbeing in Primary Care Services (MHWPCS) as submitted to SG in 2022 to inform 2023/24 - 2025/26 funding decisions.

Currently there is no direction on the level of funding for 2023/24 (or beyond) and slippage in timing will require refreshed local plans to be developed, limiting areas of implementation in 2023/24. As such, we are focussed on the optimisation of existing resources and will review the role of Primary Care Mental Health Teams to maximise that resource and to align more with the vision for Health and Wellbeing hubs.

Q1 – Survey capacity for mental wellbeing in Primary Care
Q2 – Seek / identify funding allocation identified with Scottish Government

Q3 – Resumption of planning processes for MHWPCS
Q4 – Develop agreed phased implementation plans for 2024/25

We will develop local procedures to support national guidance on locations of concern, suicide clusters and suicide memorials as follows:

Q1 – Multi-agency agreement on suicide cluster procedures
Q2 – Draft proposals for local procedures
Q3 – Submitted recommendation for local procedures
Q4 – Procedures and support adopted

We will further develop the mental health pathways in NHSGGC that currently link SAS, EDs, Police, FNC, NHS 24, distress response services and Mental Health Assessment Units (MHAUs). To support this, improve MHAU accommodation, implement agreed workforce plan and, implement the urgent care data framework with the following key milestones in 2023/24:

Q1 – Identify MHAU accommodation needs
Q2 - Proposals to improve MHAU accommodation
Q3 - Review / refine existing mental health / distress response pathways
Q4 – Implementation of MHAU workforce plan

Maintain access to first responders, GPs, etc. to MHAUs and distress response services to maintain contribution to reducing ED presentations.

Q1-4 Maintain activity.

4.4 Improving the CAMHS and Psychological Therapies National Dataset (CAPTND)

We (Adults and CAMHS) are working with Scottish Government, NHSGGC eHealth and Public Health Scotland (PHS) on the development of the CAPTND core dataset.

We will undertake the following in 2023/24:

- Quarter 1 – gap analysis for missing data items with plan to include
- Quarter 2 – options in place to allow for collection of missing items
- Quarter 3 – 100% of data fields are reportable
- Quarter 4 – full compliance with no data field has a 0% return

4.5 Programme for Government

NHSGGC have carried out an initial analysis of mental health spend in comparison to frontline costs. The percentage of direct costs for adult mental health are currently 13.75% which slightly exceeds the 10% target however the current percentage of spend on the mental health of our children and young people is 0.64%, which is below the targeted 1%.

It is worth noting however that the spend within CAMHS excludes the nationally funded child inpatient unit and regionally funded adolescent inpatient unit. Should NHSGGC be responsible for the cost of funding both these units, then this would significantly increase our total spend on CAMHS.

5 Planned Care

Our Planned Care plan was submitted to SG as requested on 17 March 2023. This section of the ADP summarises the plan submitted in March and addresses some of the initial feedback we have received by providing further clarity on the priorities that will be delivered over the course of 2023/24. In setting out this plan we have submitted commitments to levels of activity and waiting list predictions in a number of areas, for example new outpatients, treatment time guarantee (TTG), Endoscopy and Imaging. In addition we are currently working on additional requested measures for productive opportunities. These are being discussed with Scottish Government teams and we will be submitting our proposals shortly.

There are multiple linkages between this section of our ADP and other sections as follows:

- **Section 6 Cancer Care**
- **Section 10 Digital**

5.1 The Context for Planned Care

Service activity has continued to increase over the last 12 months. In 2023/24 we aim to make best use of all base capacity, identifying where there is scope for greater efficiency, working across all specialties but with a particular priority on those specialties with the longest waiting patients.

NHSGGC recognises the demands from unscheduled care remain a significant challenge for the wider health and care system but we are committed to delivering elective care year round and reducing variation in levels of elective activity across the year.

Workforce recruitment, retention and development remains a significant challenge for NHSGGC, similar to all Boards across Scotland. This will remain an area of focus in 2023/24. The impact of the impending opening of the National Treatment Centres (NTC), including expansion of services at Golden Jubilee National Hospital (GJNH), is recognised as a risk for recruitment and retention in NHSGGC and we will continue to work closely at regional and national levels to support building the levels of workforce required for the future across all NHS Boards.

5.2 Key ADP Priorities

This section outlines the key priorities for planned care in 2023/24:

Increasing Outpatient Capacity through Pathway Redesign
Service transformation across NHSGGC is a key strategic objective with a focus on maximising base capacity and delivering productivity gains through redesign of patient pathways. Our services are all using the Active Clinical Referral Triage (ACRT) process to ensure patients follow the optimal individual pathway and we will continue our review of specialty pathways for further redesign opportunities in 2023/24. There are already at least 10 patient opt-in pathways in place across Orthopaedics, ENT, and Gastroenterology and in 2023/24 we will work in conjunction with the Centre for Sustainable Delivery (CfSD) Specialty Delivery Groups to identify opportunities in other specialties.

We now have clear TrakCare processes for Patient Initiated Review (PIR) and Patient Initiated Follow-up (PIFU) and we will scale up use by all specialties during 2023/24 alongside robust monitoring of implementation. Our pathway work on PIR and ACRT is linked with the principles of Realistic Medicine and in 2023/24 we will strengthen the links between these two areas of work; an example is recent discussions on the Atlas of Variation.

NHSGGC was an early adopter of the EQUIP programme with all current areas implemented. If further opportunities are identified nationally we will use our existing programme to implement these.

In 2023/24 we will undertake a further analysis of our use of base capacity in order to identify any further opportunity to make changes that will maximise use. In addition NHSGGC uses a number of digital dashboards for operational and performance management and these will be reviewed in 2023/24 to identify any changes required to assist increased focus on service productivity.

We recognise there are a number of specialties with particular challenges meeting current outpatient demand. We have undertaken a detailed review of these specialties including Gynaecology, Dermatology, Orthopaedics and Ophthalmology. Short and longer term strategies for recovering the waiting time position in these specialties have been examined and detailed plans are in place. Actions are many and varied and focussed on reducing unnecessary demand or unwarranted variation in patient pathways and making best use of the entire MDT. Examples include cross site/Sector appointment of patients to maximise available capacity, development of new or extended roles (for example Colposcopy Nurses, Community Glaucoma Service), pathway redesign (e.g. Orthopaedic APP role expansion in Clyde), improved advice for GPs (e.g. Gynaecology Menopause pathway, Dermatology pathways), as well as short term insourcing such as Gynaecology and Gastroenterology.

Our Primary/Secondary Care Interface meetings provide an important steer for our outpatient redesign programme and we are continuing to develop use of the Right Decision Platform and exploring additional options for providing advice to GPs in order to ensure Primary Care have good information to help manage patients.

We are committed to improving waiting times for the longest waiting patients and in the first half of 2023/24 we have clear targets to eliminate waits over 78 weeks and significantly reduce waits over 52 weeks.

Waiting List Validation

Three stage waiting list validation is well established across NHSGGC specialties for outpatients, inpatients/daycases and Endoscopy. We have recently commenced implementation of an automated admin process for validation (Netcall) and this will be rolled out across all appropriate specialties in 2023/224.

This is augmented with clinical validation and all our specialties have a process in place for this. Given the numbers of patients waiting, our specialties will take a targeted approach to cohorts of patients where validation is expected to have greatest impact.

New developments for a National Elective Coordination Unit (NECU) will bring additional arrangements for clinical validation. NHSGGC is committed to working with CfSD to assess the potential benefits from the NECU clinical validation and to ensure our local approach is consistent with NECU. Early in 2023/24 we will identify a cohort of patients to engage in the NECU clinical validation process and provide helpful comparison with internal validation processes. Furthermore we are interested in exploring with NECU the option for broader

support beyond validation in some areas of specialist work, potentially Colposcopy and/or Spinal.

Protecting Elective Beds

Elective surgical inpatient and daycase (IPDC) activity occurs across 9 different sites in NHSGGC with in excess of 600 elective theatre sessions provided every week. To further enhance this activity, in 2022 NHSGGC began to establish a network of Surgical Hubs across NHSGGC. Our vision is to develop these Hubs as centres providing high volume elective capacity throughout the full year, insulated from the varying pressures of unscheduled care. Winter planning discussions currently underway for winter 23/24 are being framed around protecting these beds. The table below shows the current bed profile and specialties using these Surgical Hubs:

IRH	15-30	Ortho, Gen Surg
GGH	12-24	Ortho, Gen Surg
SACH	12	Ortho, Gen Surg, Urol
VACH	12*	*beds to be re-established in 23/24 and specialties determined

In 2023/24 we will continue to build on this model, for example, we are currently exploring the resource requirements and activity impact of extending Gartnavel General Hospital (GGH) elective wards from 5 to 7 days. Our new 'Day of Surgery' audit currently being trialled aims to further support the Hub approach by facilitating better streaming of all specialty patients to the most appropriate elective site.

Through this combined approach of existing elective surgical capacity and additional protection for a defined cohort surgical beds we aim to continue increasing capacity for patients on the IPDC waiting list with priority for urgent, cancer and longest waiting patients.

Maximising and Increasing IPDC Capacity

There are a number of specialties experiencing particular challenge in meeting the national waiting time targets – Orthopaedics, Neurosurgery, Urology, Gynaecology, General Surgery and Paediatric ENT.

Critical to all of these areas is a trained and resourced theatre workforce that enables flexible use of theatre sessions. Recruitment events are being held regularly to attract staff and a priority area in 2023/24 will be to accelerate theatre staff development. We are already supporting training programmes for band 4 staff and Operating Department Practitioners (ODPs), and are about to begin an in-house anaesthetic skills programme to increase the number of dual trained theatre nursing staff. A review of Anaesthetics provision has been agreed for IRH.

The Orthopaedic waiting list remains an area of significant concern for NHSGGC. We will continue to build on recent activity increases by increasing elective Orthopaedic activity particularly at GGH, IRH and Stobhill Ambulatory Care Hospital (SACH). This will be facilitated by the Surgical Hub model described above. Opportunities are being explored for additional short internal capacity such as immersion weekends/weeks, taking account of bed availability. NTC and GJNH capacity in 2023/24 will expand opportunities for regional support in Orthopaedics and will be targeted towards all our longest waiting patients, noting the start date for the Forth Valley NTC capacity has been delayed into September.

Neurosurgery provides a significant service for the West of Scotland (WoS) region. The spinal service outsourcing contract with Ross Hall is being extended and concurrently we are developing a spinal plan with Orthopaedics for longer term sustainability. A review of job plans has identified some limited opportunity for increasing capacity and this will be targeted towards the longest waiting patients.

Improvement in Urology will focus on establishing common principles for delivery across the core service in each Sector, reducing variation to maximum effect and managing patients in an ambulatory care setting wherever possible. The Urology Cancer pathway is an area of particular focus as noted in the section below.

Gynaecology and General Surgery also have a significant cancer caseload leading to challenges in accommodating the longest waiting patients. Focus for these areas will be to increase utilisation of available sessions, maximise daycase surgery and agree the optimum theatre profile across NHSGGC, identifying where any consolidation could deliver improved capacity for our longest waiting patients.

In Paediatric ENT we will implement the recently agreed service redesign, with new ANP roles supporting outpatients and clinical validation which releases consultant time for additional elective theatre sessions.

Increasing Daycase and Short Stay Surgery

In 2023/24 there will be particular focus on increasing daycase and short stay surgery; daycase data is being shared with services to help identify where there is opportunity to increase. We note that Laparoscopic Cholecystectomy and Laparoscopic Hysterectomy are key focus areas nationally and we will support this with work at a local level.

Enhance Recovery After Surgery (ERAS) principles have been embedded in models of care in NHSGGC General Surgery for many years and are particularly important in helping to reduce length of stay and manage patient complexity post COVID.

Short stay Arthroplasty is already in common practice in some parts of NHSGGC and this will be extended further in early 2023/24 to benefit patient experience and maximise patient throughput in particular at the Surgical Hub sites. We are in the process of identifying lists for 4 joint days and expect to begin monitoring and reporting of these in quarter 2 of 2023/24.

In 2022/23 NHSGGC has worked jointly with the GJNH to support early opening of the GJNH Eye Centre by providing operators for the additional capacity. As a result of this NHSGGC has benefitted from an additional 800 patients being seen above the allocated Service Level Agreement (SLA). Locally our Ophthalmology team are actively engaged with the national workstream to deliver high volume cataract lists in 2023/24.

Over the last 2 years we have successfully extended our robotic programme into Colorectal, Gynaecology and ENT helping to reduce inpatient length of stay for a number of complex priority procedures. We will consider the full impact of the Robotic programme and the potential for any change in 2023/24.

Cancer as a Priority

The Cancer Care section of the ADP outlines key activity in Cancer, Endoscopy and Radiology.

A key challenge for cancer pathways has been the growth in Urgent Suspicion of Cancer (USOC) referrals, with a 47% increase in referrals from pre pandemic levels. With our GP lead we are exploring the introduction of referral proformas and, once approved, this referral policy

will be fully implemented across all cancer types. It is expected this will begin to address the growth in referrals.

We closely monitor the 31 and 62 day waiting time targets; a package of improvement actions is being implemented as set out in our cancer action plan which has been shared with the Scottish Government.

A key deliverable for 2023/24 is to ensure appropriate capacity is available to support all elements of our cancer pathways. We are working closely with clinical teams to identify options to further streamline patient journeys, and prioritise cancer patient access to clinic, diagnostic and theatre capacity. Director level review of all patients waiting in excess of 100 days is in place.

There is particular focus on the Urology cancer performance. Demand and capacity modelling is helping to target resource and we are identifying options to expand the Diagnostic Hub model in 2023/24. We are reviewing the role of Clinical Nurse Specialists for potential to standardise and extend their role assisting the pathway. The Prostate and Bladder pathways are also being reviewed to ensure they meet best practice and resource allocated to deliver against each element and help clear backlogs in Robotic Assisted Laparoscopic Prostatectomy (RALP) and Radiofrequency Ablation.

Improving Theatre Productivity

As we move into a more stable theatre template position we are placing a renewed focus on theatre productivity and this will be a key area of work for the next few months reporting through Directors Access and to the Board's Acute Services Committee.

This work will include robust focus on increasing session utilisation and general efficiency across the theatre day; quality improvement programmes are already underway in all theatre suites, eg addressing late starts. We will link with CfSD work in this area throughout 2023/24.

Linked to this is the importance of robust theatre scheduling and an effective and efficient pre-op assessment process. We have refreshed our elective theatre standard operating procedure to drive improvements in scheduling and begun to develop and trial a new pre-op assessment pathway that targets resources to patients with greatest need. We will continue to implement this locally but welcome the accelerated work at a national level on digital solutions for this.

Digital Developments

A number of developments for planned care are described below:

- In 2023/24 we will review the elective dashboards and identify changes that could promote more effective use.
- We will continue to test and roll out new ways of digital communication with our patients, for example the redesign of our pre-op assessment service which will streamline processes with an electronic patient questionnaire and workflow. In the longer term we aim to develop technology that enables patients to be able to see their own patient journey from referral to appointment.
- Improving communication with our patients, for example the roll out of automated patient validation in Health Records using Netcall
- We will move to digitally sending patient appointments and associated correspondence. In other areas this has been shown to positively impact on DNA rates

National and Regional Working
Our work at a regional and national level covers clinical service delivery and engagement with national and regional planning/improvement workstreams. Many of our clinical services provide a national and/or regional role, managing patients on our waiting lists from across the region and Scotland-wide. In addition NHSGGC benefits from regional support; GJNH and the future NTC contracts significantly increase the level of inpatient/daycase activity available to NHSGGC and we would wish to target this towards the longest waiting patients. In 2022/23 we explored opportunities of regional support to Urology; at that time it was not able to deliver our requirements but we remain open to other regional opportunities and welcome discussion around this area. In terms of engagement in national and regional planning/improvement workstreams. We are currently reviewing our clinical and managerial leads for the CfSD Specialty Delivery Groups these groups and will confirm this to the CfSD. We have established monthly reporting and meetings for the CfSD Heatmap, and we have a monthly meeting with the Scottish Government Performance Team looking across the broad spectrum of the waiting times agenda; this gives a particular focus to our priority specialties where there is greatest challenge to reduce waiting times.

6 Cancer Care

This section focusses on our progress and the key improvement actions we are undertaking in 2023/24 to continue to deliver the 3 year National Cancer Action Plan.

It is important to note that there are key linkages between this section and two other sections of our plan as follows:

- **Section 5 Planned Care** this section sets out our plan to recover our performance against the national waiting time standards
- **Section 4 Mental health** sets out further details of our plan to embed the Psychological Therapies and Support Framework

6.1 Full Adoption of the Cancer Management Framework (2023 – 2026)

Developed in December 2021, we have a comprehensive 'Cancer Management Framework Action Plan' which sets out how we deliver the 8 key elements within the Framework for Effective Cancer Management; the action plan is regularly updated and submitted to the Scottish Government, we have made good progress in its delivery and have received very positive feedback.

The action plan has 51 actions spread across each of the eight elements of the framework as follows:

- Corporate responsibilities
- Optimal referral
- Initiating the pathways
- Dynamic tracking & Escalation
- Optimal Diagnostics
- Effective MDT meetings
- Treatment
- Collective Strength

In total there are 51 Board actions of which 30 are complete – with 4 of these being actions we continually repeat on a monthly basis as part of the framework. The remaining 21 actions are on track to be completed during 2023/24. The detailed action plan is reviewed regularly by our clinical and operational management team and is also reviewed formally at our monthly Cancer Management Group (CMG), this ensures scrutiny of our progress against our plan with input from Acute Directors and Chiefs of Medicine.

We are committed to supporting clinical leadership across the cancer agenda, ensuring clinically prioritised patients remain the focus for timely consultation and treatment. This includes a focus on optimal diagnostics, dynamic tracking and escalation, appropriate treatment and rigorous cancer performance management.

We are actively engaged in all existing cancer national groups and we look forward playing an active part in the upcoming National Oncology Transformation Programme and confirm that we will support future data requests and or advice needed.

6.2 Diagnostic Capacity and Workforce

6.2.1 Protecting Endoscopy Capacity

The current gap between demand for Endoscopy and base capacity pre-dates the COVID-19 pandemic with typically 30% additional activity required to reach target waiting times. Through 2022/23 we have increased our core capacity and are now achieving 90% of pre-COVID activity for new patients. This has stabilised the waiting list but we are still managing a significant backlog of new and repeat/surveillance patients built up over the last 3 years when capacity was reduced for a variety of reasons.

Our approach in 2023/24 is to continue maximising base capacity, and then alongside use of short term temporary capacity we will use longer term investment in new staffing to build a more sustainable workforce model (subject to resource availability). This will allow us to begin to facilitate a phased reduction in reliance on short term temporary capacity.

The key actions we will undertake are outlined in **Figure 7.**

Figure 7: Summary of Key Actions to Protect Endoscopy Capacity

Waiting List Validation
Three stage waiting list validation and use of qfit is well established within NHSGGC and we are continuing to explore additional areas for targeted use of waiting list validation, balancing the demands of new and repeat scopes; for example, use of second qfit validation
Pathway Redesign
The GI pathway has been implemented in NHSGGC and is working well and the 'new' Gastroenterology ACRT pathways are now well embedded in clinical practice; review of the impact of these ACRT pathways is underway and will help to inform any further work required in 2023/24.
Workforce development
We are supporting a programme of Nurse Endoscopist training to build more resilience in the workforce and would aim to continue adding to training posts as resource becomes available. A number of Endoscopy unit staff are also participating in the Assistant Practitioner Endoscopy Course made available through the National Endoscopy Training Academy. As well as this several basic skills and upskilling endoscopy courses are organised within the Board supporting both internal and external training opportunities.
Maximising and Increasing Capacity
We will continue to focus on maximising utilisation and working with clinical teams to identify job planned operator sessions for Endoscopy and maximise these wherever possible. We recognise more automated technology would assist routine monitoring of quality performance indicators and drive improvements; this is an area we would like to see developed and are supporting national work on implementation of the new Endoscopy Reporting System. It is essential that the Endoscopy resource is balanced across both new patients (symptomatic and bowel screening) and repeat/surveillance patients to ensure those patients at the highest clinical risk are prioritised for care. Consequently in 2023/24 we propose to direct slightly more of our core capacity towards repeat/surveillance patients. There are a number of options for the expansion of Endoscopy capacity utilising the current Endoscopy rooms; for example use of current unfunded sessions, funding sessions above the usual 42 weeks, funding sessions into extended days or 6 day working. We are exploring each of these options and recognise all of these developments would require additional resource

and recruitment lead in time that requires us to continuing short/medium term additional capacity at present.
Use of Additional Capacity
Short term capacity in 2023/24 will be provided as follows: • One further year of the mobile unit accommodation • Use of waiting list initiatives • Locum sessions • Insourcing contracts, and • GJNH capacity, including a small increase in allocated capacity in 2023/24
Use of New Technologies
CCE, TNE and Cytosponge are well embedded in practice within NHSGGC. We are engaging with national discussion on extended use and we will further evaluate impact in 2023/24 to ensure maximum application for the investment required.

6.2.2 Protecting Radiology Capacity

The challenges to managing demand across the Radiology modalities mirror the complexities for clinical specialties of balancing competing pressures to deliver urgent and emergency access alongside demand for planned care. The range of Radiology involvement in patient pathways is increasing and therefore it is critical to our long term planning that we develop flexibility and resilience in our workforce through consolidation of core services and innovation with role design.

With agile utilisation of capacity, in recent months we have reduced the waiting times for CT and MR. However, we recognise the need to further reduce waiting times, including for our longest waiting patients in specific pathways and modalities.

The key actions we will undertake to both protect current capacity, improve utilisation and expand our current radiology capacity and workforce are outlined in **Figure 8**.

Figure 8: Summary of Key Actions to Protect Capacity, Improve Utilisation and Expand Radiology Capacity and Workforce

Continue to provide additional MRI and CT capacity through use of 3 mobile scanners
Diagnostics have secured funding for 3 mobile scanners (1 x CT and 2 x MRI) until March 2024. This resource will provide additional capacity of circa 800 CT and 800 MRI scans per month. The mobile scanners will provide an average of 3% per month (n=40) capacity for cancer tracked patients.
End to end review of ultrasound service
We are undertaking an end-to-end service review of our ultrasound service to identify methods of working and find operational efficiencies by September 2023. Following completion of the end to end review we plan to develop an SBAR outlining recommendations and to seek agreement to proceed with development of a business case for additional funding to provide resource and redesign if this is recommended following service review.
Workforce development
Ultrasound: Workforce development and redesign is already established with in-house training of Reporting Radiographers. Six additional Sonographers are currently being trained through the ultrasound academy and mentorship from Consultant Radiologists. 3 of the Sonographers will be qualified by September 2023 and will provide additional capacity of 90 slots per week (360 per month) following preceptorship. Preceptorship is expected to be completed in Q3. The remaining 3 Sonographers are expected to qualify in September 2024 and following preceptorship will provide further additional capacity, as part of our medium term plan, additional slots as per above. Preceptorship is expected to be completed in Q3 of 2024. **CT:** Band 5 Radiographers are receiving full training in CT scanning. This will provide further flexibility and resilience within the service.
Continue with rolling action plan on renewal of equipment
NHSGGC CT capacity benefitted from the decommissioning of the Louisa Jordan Hospital and the allocation of a CT scanner that was temporarily accommodated on the QEUH campus. A permanent site for this is now required with funding agreed for 3-4 day operating, as well as the funding necessary to provide for staff before this can be considered core capacity. The diagnostic service has an active rolling replacement plan in place to renew outdated and 'not fit for purpose' equipment. Due to the age of the equipment and in the event there are any unexpected equipment failures, any resultant downtime may impact our ability to deliver the current service levels. Approval of capital funding to meet replacement plan requirements in 2023/24 was received in Q1. We will therefore commence the procurement process of new equipment, as per the replacement plan, to be installed and commissioned by the end of March 2024.
Review appointments protected for cancer diagnostics
Due to increased demand on CT, MR and US for USOC patients, there is a need to review the number of appointments the service protect for this patient cohort. The service Is undertaking a review of the number of protected appointments available and implement additional protected appointments for USOC patients if required.
Use non-recurring funding to increase lung diagnostic pathway in PETCT

Non Recurring funding has been allocated to allow PETCT session to run at the weekends. This short term funding aims to provide a PETCT scan for lung patients keeping the wait for a PETCT within the target of 14 days, with the intention that this improve the turnaround time.
Currently the target for PETCT scan is 14 days. With the non-recurring funding for lung cancer patients we will run additional scanning sessions to improve the scanning turnaround time. We will tie in with the Petite project which links with urgent Lung patients referred across all Boards to scan between at 7 and 10 days.
As the funding is time limited and is buying additional capacity, after this period the waiting time will revert to the current position.
Moving forward PETCT requires additional scanning capacity and a modernised PET production unit identified by the National Scottish Clinical Imaging Network (SCIN) Group. Therefore as part of our medium term plan we will progress the procurement and implementation of a 3rd PET CT scanner and PET production unit upgrade for WoS patients.

Continue further Recruitment within our Imaging teams to enable extended hours imaging service

Recruitment to all current vacancies has now been completed to provide sustainability of the service.

We will continue to ensure we are maximising our base capacity as well as undertaking a scoping exercise to consider options to extend an 08:00 to 20:00 scanning service Monday to Sunday on all NHSGGC sites

Making best use of our capacity reducing DNAs through the potential Introduction of text appointment reminders

Patient 'did not attend' (DNA) rate in all imaging modalities is high. We are reviewing current systems and processes with the aim of providing greater agility for patient booking and reducing unused appointments due to patient DNA.

The 2022 - 2023 DNA Rates, which we would aim to reduce are:

CT: 2.4% (n=3718) of total activity 151020
MRI: 4.5% (n=3095) of total activity 64970
US: 5.9% (n=6487) of total activity 103643

This will also consider the potential cost and benefit from any future upgrade of the diagnostic patient focused administration and telephony system.

6.3 Diagnostic pathways and Scottish Cancer Network clinical management pathways

We are committed to adopting nationally agreed optimal diagnostic pathways and National Scottish Cancer Network clinical management pathways.

In 2023/24 a key deliverable is the implementation of the recently published Optimal Lung Diagnostic Pathway, we will continue to work to embed they key elements of the new pathway involving diagnostic services seeking improved clinical outcomes linked to early diagnosis.

During 2022 we piloted rapid access to initial chest imaging for GPs within the North and as of October 2022 it was fully rolled out across the Board area.

Wider diagnostics elements of this pathway include:

- Potential to provide next day CT scanning with immediate reporting - the use of Artificial intelligence (AI) will be considered to facilitate this pathway
- Access to PETCT scanning is also included in this pathway. At present the rate limiting factor to reduce the turnaround time for PET CT is capacity. As referenced within **section 5 our planned care section**, work is underway to develop a business case to secure additional PETCT scanner, and to upgrade the PET Production Unit. As set out in figure 1 above in the short term while this is being progressed we are developing a plan to utilise non-recurring funding to establish temporary extended weekend hours for PET CT, and purchase of fluorodeoxyglucose (FDG).

6.4 Cancer quality performance indicators and cancer staging data

Annual QPI Clinical Audit reports are produced for each tumour type which provide 12 months of data assessed against all cancer Quality Performance Indicators. A bi-annual summary of the key issues from the Cancer QPI report is presented by the Chief of Medicine for regional services to our acute clinical governance committee. All of these reports provide an analysis of our Cancer Performance relative to the WoS and highlights any data or performance issues. The majority of issues identified are taken forward by the appropriate Sector Director and Chief of Medicine and reported back through the acute clinical governance committee.

6.5 Provision of a Single Point of Contact for Cancer Patients

As part of our 22/23 ADP we are committed to introducing new cancer navigator roles to provide a single point of contact for cancer patients, their role is to co-ordinate and facilitate access to priority imaging and biopsy appointment, supporting the initiative of patient prehabilitation ahead of surgery/chemotherapy/ other cancer treatments.

Over the last year significant progress has been made to build a team of pathway navigators and have recruited to the roles as follows:

- Gynaecology Pathway - 2 pathway navigators in post
- Urology Pathway - 4 cancer pathway navigators in post
- Lung Pathway – following pilots in other specialities, 4 pathway navigators have been funded and recruitment is now underway

As a new role, during 2023/24 we will fully assess and evaluate the benefits of the cancer navigator roles.

6.6 Signposting to Prehabilitation Resources

Oncology patients are already referred (where clinically appropriate), to Maggie’s Centre prehab service and also signposted to the national prehab website for cancer pathways. In addition (where clinically appropriate) patients undergoing cancer surgery / chemotherapy / other cancer treatments are signposted and or referred to the Maggie’s prehabilitation service.

6.7 Embedding the Psychological Therapies and Support Framework

Our Clinical psychology service provide psychological therapies for people affected by cancer within the Beaston West of Scotland Cancer Centre (WoSCC). The Psychological Therapies and Support Framework was developed within the West of Scotland Cancer Network, prior to its adoption at a National level and psychology were heavily involved in its inception and development. The ongoing implementation of this framework continues to sit under West of Scotland Cancer Network (WOSCAN), within the Psychological Therapies and Support Framework Steering Group.

In addition there is a regional WOSCAN Prehabilitation steering group taking forward this agenda, which includes representation and contribution from the psychology team.

6.8 Signposting and referral to Third Sector Cancer Services

As appropriate we signpost and refer patients to the Maggie's centre, Macmillan Cancer Support and the Beaton Cancer Charity. Signposting is undertaken through a number of means; written patient information literature, written formal patient communication and it is discussed in person at outpatient and pre-operative assessment appointments.

7 Health Inequalities

This section of the ADP sets out the plans and priorities within health inequalities that will be delivered over the course of 2023/24.

The Public Health Strategy for 2018-28 'Turning the Tide through Prevention' sets out the strategic direction for reducing health inequalities across NHSGGC. Our local Public Health priorities for 2023/24 for are set in the context of pandemic, global conflict and austerity that led to deteriorating trends in both healthy life expectancy and life expectancy and increasing health inequalities within NHSGGC and across Scotland and are closely aligned to the SG Directorate for Population Health Prevention Care and Wellbeing Portfolio.

The NHSGGC priorities for reducing health inequalities also support a shift to prevention which is relevant to five other sections of our ADP as follows:

- **Section 4.2.1 Children and Adult Mental Health and Wellbeing**
- **Section 2.3.3 Obesity and Prevention and Early Intervention on Type 2 Diabetes**
- **Section 2 - Reducing Drug Related Deaths and Harms**
- **Section 2.3.2 Vaccine Preventable Diseases**

7.1 Reduction in Health Inequalities

7.1.1 Equality and human rights

The NHSGGC work on equality and human rights aims to ensure that we provide equitable and fair access to services and reduce inequalities and address barriers where we identify them. The mainstreaming actions cover the organisation's core functions and set out how we will ensure equality considerations are embedded into how we do our business.

In April 2020, NHSGGC published 'Meeting the requirements of Equality Legislation: A Fairer NHSGGC 2020-24.' This document sets out our priorities for action over this 4-year period and outlines how we intend to meet the requirements of the Public Sector Equality Duty (PSED). The 8 outcomes for our current equalities scheme relate to the protected characteristic, including one specific outcome each on race and sex. Our equalities mainstreaming actions take into account the national strategies around race. The Scottish Government are in the process of reviewing the effectiveness of PSED, with regulatory change to be implemented in April 2025. To ensure compliance for 2024/25, NHSGGC will continue to drive Mainstreaming Actions at the completion of our current reporting period (April 2024) and will identify several equality outcomes which we will deliver during the transitional period until the implementation of the new PSED regulations in April 2025.

During 2023/24 we will:

- Meet the requirements of the Public Sector Equality Duty (PSED) through mainstreaming actions and delivery of outcomes including those specific to the protected characteristics of race and sex. This will be measured through Publication of Monitoring report on current Equality Scheme 'Meeting the requirements of Equality Legislation: A Fairer NHSGGC

2020-24' (April 2024) and Publication of Transition Equality Scheme for 2024/25 (April 2024) to ensure compliance until the implementation of the new PSED regulations in April 2025

7.1.2 Vaccine preventable diseases

Design and implement of the Vaccine Transformation Programme ensuring that NHSGGC's high childhood immunisation uptake rates are maintained and adult rates are improved. In 2023/24 the Immunisation Service will continue to seek ways to improve uptake in vaccination, deliver vaccination services using a person centred approach and target communities of interest and marginalised groups where up-take is lower.

Section 7.9 of our ADP provides further details on the NHSGGC work under the Women's Health Plan.

During 2023/24 we will:

- Through targeted engagement, protect most vulnerable population from the effects of vaccine preventable diseases, especially Covid and flu (reducing the risk of severe disease and averting associated hospitalisations and deaths). The impact will be measured through the proportion of eligible population immunised during spring and winter campaigns with analysis of key target communities and marginalised groups with lower up take.

7.2 Healthcare in police custody and prison - improvement of continuity of care

Police Custody Health Care (PCHC) currently complete a health assessment for approximately one third of people who come through Police Custody. PCHC are unaware of the patient's onward destination (community setting or prison) and therefore, continuity of care between services can be difficult, further hindered by the different IT systems in place across services and location.

Prison Healthcare is provided on four sites in Greater Glasgow and Clyde – His Majesty's Prison (HMP) Barlinnie, HMP Low Moss and HMP Greenock, and the new Community Custody Unit for women in Glasgow the Lilias Centre; and is hosted by Glasgow City HSCP.

The Chief Officer for Glasgow City is the Executive lead for Prisons Health Care and PCHC.

A Prison Health Care workforce review is currently underway with particular emphasis on the delivery of the core primary healthcare, mental health and alcohol and drug services within prisons. The review will consider the staffing requirements associated with Medication Assisted Treatment (MAT) implementation alongside skill mix of core staff and visiting specialists as well as health improvement services. GP and nursing clinical management structures are yet to be defined as part of the review. This review may require a revisiting of the agreement with Scottish Prison Service (SPS) to deliver Prison Health Care, given the complexities of need as evidenced in the health assessment.

MAT Standards require to be implemented across all justice settings in Scotland by April 2026 and PCHC and Prison Health Care are currently working with the MAT Implementation Support Team (MIST) at PHS to map current progress and implementation status. MAT reporting templates currently in place for community settings are currently being reviewed for use in PCHC and Prison Health Care.

During 2023/24 we will:

- Develop an implementation plan for all 10 MAT Standards in justice settings. This will include the approval of a Standard Operating Procedure regarding Methadone and Buprenorphine in PCHC implementation in 2023 (Standard1)
- The Prison Health Care workforce review will be completed which will include a redefined skill mix and consideration given to enable implementation of the MAT standards. Trauma Informed training will be made available to staff in all justice settings

7.3 National Mission on Drugs

NHSGGC is committed to fulfilling the aim of the National Mission to reduce drug deaths and improve the lives of those impacted by drugs. After many years of steady increase, drug deaths have started to fall in GGC, and our focus is now on ensuring that this encouraging trend is sustained and accelerated across all six of our local authority areas. The National Mission on Drug Deaths Plan 2022-2026 provides a framework for achieving that and for addressing wider health harms from drug use.

7.4 Implementation of MAT standards

MAT standards are planned and led by Alcohol and Drug Recovery Services (ADRS) in each of our local authority areas, and each ADRS has a MAT standards implementation plan which it monitors and reports on through its HSCP and Integration Joint Board (IJB). To drive progress towards full implementation of the MAT standards across GGC, a board-wide MAT standards implementation group meets regularly to facilitate coordinated action and information sharing between local ADRS and to identify areas where support at board-wide level is required. Over the coming year, this structure will remain in place to ensure continued progress in implementing all ten MAT standards to schedule across all GGC and in both community and custodial settings.

7.5 Access to residential rehabilitation

All six Alcohol and Drug Partnerships in GGC have processes in place to ensure continued improvements in access to residential rehabilitation (including via the Prison to Rehab Pathway), alongside access to other services such as crisis response and stabilisation. This includes participation in the GGC Residential Rehab Improvement Hub and exploration of joint commissioning arrangements to meet needs as effectively as possible.

During 2023/24 we will:

- Maintain monitoring arrangements for MAT standard implementation across NHSGGC including the identification and response to unmet needs and the deployment of limited staff and other resources are optimally aligned with need. Identification of opportunities to further improve Residential Rehabilitation services.

  As we continue to roll out the MAT standards, we expect to see an increase in the number of people who are prescribed MAT, which will in turn contribute towards the National Mission target of increasing the number of people who are prescribed community-based Opioid Substitution Therapy across Scotland.

  The impact of this will be monitored through existing MAT standards monitoring arrangements; treatment data from individual HSCP areas in order to track progress towards the National Mission target across GGC (treatment data indicators under development).

7.6 Establishment of Women's Health Lead and delivery of the Women's Health Plan

The Women's Health Plan (2021-2024) aims to reduce women's health inequalities by raising awareness around women's health, improving access to health care and reducing inequalities in health outcomes, both for sex-specific conditions and in women's general health. The Plan adopts a life course approach and there are 66 actions across 6 priority areas.

7.7 Women's Health Lead NHSGGC

One of the medium-term goals was the appointment of both a National Women's Health Champion and a Women's Health Lead in each Board. This role is held by the Interim Director of Public Health in NHSGGC, supported by named people in the Equality and Human Rights Team.

7.8 Building on existing best practice

There is already a huge amount of work taking place across NHSGGC which reads across to the vision and actions of the plan. For example, there is a substantial portfolio of work at both Sandyford Services and Acute Gynaecology services.

7.9 Women's Health Plan (WHP)

To implement the WHP, NHSGGC has developed a set of key actions associated with the priority areas set out in the WHP which include:

- Contraception and abortion, sexual health and pregnancy actions include a review of Long-Acting Reversible Contraception (LARC) provision in NHSGGC describing barriers and opportunities and outlining recommendations for mitigation and improvement

- Menopause and menstrual health actions focus on the creation, publication and promotion of NHSGGC gynaecology referral guidelines including menopause referral guidelines and FAQ for primary care, to ensure consistency in initial management and reduction in inappropriate referrals to acute specialist services

Further actions are detailed for:

- Heart health
- Gender and health
- Lived experience

A key deliverable is to review the data on burden of disease and premature mortality in women and establish where there are opportunities to improve existing prevention programmes that impact on heart health including smoking cessation; diabetes; weight management and alcohol and drug recovery services.
We plan to deliver the actions outlined by March 24, and develop further actions in response to review/scoping work.

7.10 Developing an Anchors Strategic Plan

Developing and articulating NHSGGC's role as an Anchor will increase its contribution to Community Wealth Building across the City Region. The role of Anchors and Community Wealth Building is an increasing focus for Local Government Economic Development strategies and are

integral part of social and economic recovery planning at city and regional level. NHSGGC are active partners within the Glasgow City Economic Region.

NHSGGC has an established Community Wealth Building (CWB) system wide planning group reporting as part of the Board's Sustainability Strategy. This work is aligned to the defined anchor themes of procurement, workforce and land/assets. The CWB/Anchors working group completed a benchmarking exercise against a tool from Joseph Rowntree Foundation and a Taking Stock tool designed by Glasgow Centre for Population Health (GCPH) for Glasgow City Region. In addition, a workshop facilitated by Centre for Local Economic Strategies (CLES) (the national organisation for local economic strategies) identified the biggest impact would be achieved by a strategic focus on procurement and workforce. The collated benchmarking responses will inform future strategic planning.

Substantial progress has been made on increasing diversity in the supply chain through Health Anchor Learning Network (HALN) funded project. Through Glasgow City Region's NHS Future Skills and Employment group NHSGGC collaborated with NHS Lanarkshire to map out a common Workforce Issue Matrix and generate solutions working with Local Employability Partnerships.

Scottish Government have since indicated that they will develop metrics for Workforce, Procurement and Land & Assets by June 2023, and it is intended that, benchmarking is completed against these to inform the Anchors Strategy and associated action plans. In addition to subsequent progress monitoring against Anchor action plans to provide focus and illustrate progress.

During 2023/24 our CWB/Anchors working group will:

- Develop a strategic plan by October 2023 building on the existing good practice and current governance arrangements within. This will account for any additional metrics required by the Scottish Government. The impact of this will be measured by the development of an Anchors Implementation Plan to maximise NHSGGC contribution to local economic development and reduce inequalities through our role as a service provider; procurer and employer with key metrics for Procurement; Workforce and Land and Assets

7.11 Accessibility to services – transportation

NHSGGC is a member of the Regional Transport Strategy (RTS) Board for the Strathclyde region. The consultation concluded on 28th October 2022 and the revised RTS was submitted to ministers in March 2023. We will continue to contribute to this process. All new NHSGGC facilities developments have attached travel impact assessments that establish any transport needs or risks that can be addressed at an early planning stage.

Travel information and signposting to reimbursement entitlement is detailed on patient appointment letters. It is also noted within clinical buildings, posters have been produced and displayed in high traffic, patient facing areas.

A review of travel re-imbursement systems to establish performance and improvement opportunities to improve equalities outcomes and reduce barriers to attendance at health care appointments, however further engagement with facilities, local authorities and local travel partnerships is needed to establish the remit of a review. A scoping exercise will be completed to ascertain the feasibility and potential impact of such a review.

8 Innovation Adoption

This section of the ADP sets out the plans and priorities NHSGGC have in relation to adopting innovation and provides detail on what will be delivered over the course of 2023/24.

eHealth play an integral role in Innovation by supporting to improve services through digital pathways, improving efficiencies of service and subsequently improving patient outcomes. There is therefore a link between this section of our ADP and **Section 10 – Digital.**

8.1 Working with Accelerated National Innovation Adoption (ANIA) partners

The NHSGGC Research & Innovation strategy and Digital Strategy are designed to further develop and build on our outstanding research & Innovation ecosystem, allowing Glasgow to play a key role in making the UK the leading Hub for life sciences. A future Artificial Intelligence (AI) Strategy is currently under development.

NHSGGC is working closely with ANIA to progress multiple projects including the OPERA heart failure clinical pathway and a digital platform for remote management of patients with chronic obstructive airways disease (COPD). A key priority for NHSGGC in 2023 is to ensure robust evidence generation through the careful design of Innovation projects to support decision making for subsequent adoption based on value, risk, potential impact and cost. The Chief Executive of NHSGGC and the Research and Innovation Director are members of the Innovation Design Authority which advises on which projects should progress through the ANIA pathway and Board adoption.

In NHSGGC the Glasgow Biomedicine model managed through R&I finance enables revenue generated by industry-funded research and innovation to be re-invested into research, enabling capacity building. This cost recovery through external funding will enable capability to respond to the Board's delivery needs. NHSGGC innovation continues to expand at pace, along with the infrastructure, skills and expertise in data governance processes, clinical evaluation and validation and AI capability.

AI research activity and evaluation is continuing in the year ahead through externally funded projects, such as Dynamic-AI COPD, and others in breast cancer screening, osteoporosis, heart failure and pathology. Post i-CAIRD, NHSGGC will commence work with an industrial partner (Philips) to transition to a fully digital workflow, staged over the next two years. A near-clinical digital pathology research environment with dedicated scanning capability has been established, enabling ongoing AI research discovery and evaluation studies.

8.2 Reducing barriers in innovation adoption through collaborative working

NHSGGC host the WoS Innovation Hub that supports delivery of the National Health and Social Care innovation objectives set by the Chief Scientists Office (CSO) and Scottish Health and Industry Partnership (SHIP) and works in collaboration with NHS Scotland innovation partners including the CfSD, NHS National Services Scotland (NSS) and the Innovation Test Beds of the North and East regions.

The WoS Innovation Hub acts as a “front door” and single point of contact for innovators, academia and industry and provides end-to-end support for innovation projects in the region. It aims to transform delivery of health and social care by driving forward the early adoption, or early rejection of novel devices, products and services through an end to end pathway. Currently NHSGGC are supporting 42 active innovation projects, 15 in the start-up phase and a further 5 being scoped.

NHSGGC will maintain its commitment to hosting the WoS Innovation hub and through that deliver:

- The WoS Regional Test Bed – under SLA with CSO provide infrastructure, capabilities, resources, and environments to progress national and local innovation priorities which provide inputs to the ANIA pipeline, bring external investment and robust evidence generation. These are particularly focused on the SHIP Demand Signalling Plan 2022-23 catalyst competition priorities

- Living Laboratory Programme with University of Glasgow – which is leading on multi-year Innovation Partnership for Pharmacogenomics service development and evidence building for NHS Scotland

- Completion of the iCAIRD Programme – that has delivered digitisation of the NHSGGC Pathology service in addition to numerous Radiology and Pathology AI research projects and industry capabilities

During 2023/34 NHSGGC will also continue to support innovation commissions to bring investment, co-develop solutions, and build robust evidence. This includes the vCreate Neurology project. Completing further national tests of change, which build on proven remote diagnostic pathways, in services aligned to Neurology.

9 Workforce

This section of the ADP sets out the plans and priorities within workforce that will be delivered over the course of 2023/24. One of our key priorities for 2023/24 is in relation to eRostering, and there is therefore a key linkage with **Section 10 – Digital.**

The NHSGGC Workforce Plan 2022-25 details our approaches to meeting the challenges of supply, training, development and service delivery, and is detailed across the five workforce pillars (Plan, Attract, Train, Employ, Nurture). This is also complemented by our own Workforce Strategy until 2025.

NHSGGC workforce planning and delivery planning are already well aligned. The utilisation of the Annual Delivery Plan to seek workforce updates, and the plan to integrate workforce and service delivery in future is welcomed.

NHSGGC are participating in the pre-implementation testing phase of the Health & Care (Staffing) (Scotland) Act 2019 (HCSSA) and have stated an intention to test all chapters across the Board, inclusive of all health care professions. This will support the Board to have the required guidance and supportive structures in place to enable local application and implementation of the Act. NHSGGC has offered to be a pilot to test the national guidance and tools.

NHSGGC understands the importance of delivering eRostering to facilitate the reporting of impact and outcomes to Parliament.

9.1 eRostering across all workforce groups

NHSGGC have completed the Project Initiation phase and are engaged in the Readiness phase. NHSGGC are scheduled to move into the Deployment phase during May and June 2023, with Adoption lasting until the end of August 2023. Resources have been identified within the Board to support the business change and roll out of the e-Rostering programme. NHSGGC Staff Bank are engaged on the configuration of key systems, including the instances of Allocate already in use. This is designed to ensure optimal integration between substantive and supplementary resources as the benefits of the e-Rostering programme.

9.2 Three Year Workforce Plan

9.2.1 Workforce Implementation of the Workforce Strategy

An associated action plan was created in order to measure progress. Each action is linked to the senior leader with responsibility for its delivery with a clear timeline and regularly provided updates. The latest version of the action plan is included below.

The NHSGGC Workforce Planning Steering Group, which is chaired by the Director of Human Resources and Organisational Development, provides support and guidance to all stakeholders in partnership.

NHSGGC are progressing the workforce planning actions detailed within the Workforce Plan 2022-25. In summary:

- **Planning and resourcing strategies to ensure required workforce in place to support recovery of services and increased service demand**

NHSGGC have undertaken a number of approaches to establish and retain the required workforce. Nursing & Midwifery is particularly challenging, with a 16.1% vacancy rate among Band 5 nurses in Acute and HSCPs. All recruitment routes are open, with over 600 newly qualified nurses and midwifes targeted for recruitment and on boarding this summer. We have recently offered more than 230 internationally trained nurses a substantive role along with 30 Radiographers and we look forward to welcoming them during the spring and summer. Newly qualified AHPs are currently being recruited to a Band 4 role, in advance of graduation and registration later in the year.

There is currently a 6.1% vacancy gap in the Consultant workforce, with hard to fill roles noted in older people's services, mental health services and imaging.

Through routine recruitment of registered nurses over the winter, through recruitment fairs, on site events, using social media and new career videos, we have been able to maintain the nursing establishment over last winter. This provides a strong base from which to build, using the larger campaigns to close the vacancy gap.

NHSGGC continues to focus on staff retention, noting that the staff turnover rate has reduced from 12.4% last year to 11% year to date. This is anticipated to reduce further over the next year as the rate of leavers continues to stabilise.

As part of our whole system approach, NHSGGC also recognises the current vacancy rate and upcoming challenges expected within the social care sector. Recent and upcoming NHS Scotland pay deals (now 20% above the Living Wage) and improved terms and conditions will continue to attract carers away from the social care sector. Any further reduction in care home staff and care at home workers will reduce community capacity and further impact our ability to discharge from acute services.

- **Making use of new roles, training and development opportunities to support workforce diversification**

NHSGGC has created multiple routes for training, development and to attract people into new roles. The Assistant Practitioner, Assistant perioperative Practitioner and Associate Practice Educator roles have all been developed and aligned to the National Education for Scotland (NES) Development and Education Framework for HCSW, with the first candidates starting in August (in line with the academic year and college provision of training). Recognising the administrative duties which Senior Charges Nurses (SCNs) undertake, a SCN Administrative Assistant role is being introduced at band 4, which has been mapped to 15 hours per ward area, thus releasing time for the SCN to provide clinical leadership and supervision to the clinical team.

In terms of advanced practice the Board remains active through the Transforming Nursing Roles work; continuing to support ANPs, District Nurse ANP roles, Clinical Nurse specialists and have successfully trained and are training additional Emergency Department Advanced Clinical Nurse Practitioners.

International nurses are being supported initially as Band 4 as they are coached and supported to complete the required Objective Structured Practical Examination (OSCE) and gain registration with the Nursing and Midwifery Council (NMC). The Board are also actively supporting return to practice nurses, with a guarantee of a post following successful re registration with the NMC. Operating Department Practitioners are recruited using Annexe 21, allowing them to train while working, with a guaranteed post following successful registration with The Health and Care

Professionals Council (HCPC). NHSGGC also encourage HCSW to undertake the Open University pre-registration programme with success in both Acute and Mental Health Nursing through this opportunity. Work also continues to introduce Medical Associate Practitioners into multi-disciplinary teams across our Board.

- **Enhancing local supply pipelines and cement your role as an 'anchor institution', for instance your approach to apprenticeships and community outreach**

NHSGGC is engaged with all 6 Local Employability Partnerships and has an Employability Action Plan in place along with supporting procurement who equally can enhance job opportunities through local suppliers. Our work is well underway. NHSGGC offers a number of employability routes, using our Healthcare Academy model build core skills and provide confident and capable candidates for HCSW roles, trained and supported by our internal practitioners. Supported internships are also used to provide opportunities for specific groups, for example long term unemployed, 16-24 year olds with a learning disability. This work also supports the Glasgow City Deal.

The use of technology and automation to support increased efficiency, mitigate growth requirements and ease workforce supply pressures.

The Board's commitment to sustainability delivered by improved processes and use of technology, is embedded within all of the 2022-25 Workforce Plan actions. The plan remains aligned with the Board's Sustainability and Value Programme, aiming to deliver savings and efficiencies. The Boards recently approved Digital Strategy also commits to our approach to a digitally enabled workforce.

- **Use of national and local workforce policies to maximise recruitment, retention and wellbeing of staffing**

NHSGGC recruitment services are utilising all available channels for recruitment. In the local area we host on site recruitment events, utilising social media as well as traditional newspaper and journal advertising, complemented with radio advertising for specific initiatives. NHSGGC is represented at all key Royal College of Nursing fairs and events. NHSGGC Staff Bank operates an 'always open' approach to recruitment, continually recruiting and onboarding new workers who prefer a more flexible approach.

NHSGGC is committed to reducing and removing all premium rate agency usage. NHSGGC employs a range of controls from rostering masterclasses, huddles, etc. as well as new, enhanced processes to ensure all possible resourcing solutions have been investigated before considering premium rate agency (PRA). A 'break glass' process is now in place, whereby the Executive Nurse Director has sight of all PRA usage and approves each request. Appropriate monitoring is in place to ensure that all PRA usage is well understood. NHSGGC have created an action plan to support the reduction and removal of PRA resource. This action plan supports the reduction of demand and an increase in supply of substantive and staff bank resources. The action plan has supported a 35% reduction in agency usage compared to a 6 week baseline established from PRA usage in January & February 2023. A glidepath trajectory has been modelled to forecast the future reduction of PRA, with a target of zero PRA usage by end October 2023.

Staff retention is more challenging as a result of the increased opportunities presented by other territorial boards, primary care and agency work. In addition there is the challenge of the increased opportunity within the job market for entry level posts within and outwith health and social care, where similar earning potential exists in less demanding environments. The Retire and Return scheme has been successfully used in NHSGGC with over 400 people accessing this pathway so far. Other key initiatives in staff retention include:

- New roles and routes to careers

- Staff engagement through a new Internal Communication and Employment Engagement Strategy
- Enhance iMatter participation and action planning
- Increased training and development opportunities
- Succession and Career Planning
- A focus on Diversity and Inclusion, in liaison with our Equality Networks

Our mental health and wellbeing plan is embedded without our Staff Health Strategy, with a key action ensuring that there are a number of preventative initiatives in place, including:

- Occupational Health Counselling and Psychological Therapies
- Learnpro module – introduction to psychological health and well being
- Peer Support framework
- Let's talk webinars with topics including stress, sleeping better and psychological first aid
- Training - Mentally healthy line manager training, stress awareness sessions and mindfulness
- Rest and relaxation hubs – introduced early in the pandemic and continuing based on staff feedback
- Health and wellbeing groups (previously HWL) undertake a wide range of initiatives for example there are planned stress awareness road shows which will be taking place at different sites across NHSGGC in April
- Online staff health and wellbeing resource (HR Connect)
- Following a recent staff health survey a new action plan is being finalised in partnership and will have a focus on Mental Health, in work poverty, Fair Work and reinforcing staff support at local level.

- **Addressing and reducing barriers to delivering exemplary workforce practice**

NHSGGC are focused on delivering the actions contained within the NHSGGC Workforce Plan 2022-25. The ambitions within this action plan are all underpinned by the desire to address and reduce barriers to delivering exemplar workforce practice. NHSGGC is utilising a range of approaches to enhance recruitment from all markets, from local to international and from traditional media to emerging channels. NHSGGC has deployed a range of initiatives to improve staff retention and to protect the health and wellbeing of our workforce.

Appendix 2 contains an updated progress report for our 2022-2025 Workforce Plan Actions.

10 Digital

This section of the ADP sets out our plans and priorities to optimise the use of digital and data technologies in the design and delivery of health and care services for improved patient access that will be delivered over the course of 2023/24.

There are multiple linkages between this section of our ADP and three other sections as follows:

- **Section 5 Planned Care**
- **Section 8 Innovation Adoption**
- **Section 9 Workforce**

10.1 Maximising use of and increase benefits of Microsoft 365

NHSGGC were a pilot Board in phase 1 of the national collaboration programme. Of the 6 Local Authorities that NHSGGC partner, Federation/Azure Business-2-Business (B2B) has been fully implemented with 3 (Glasgow City Council, East Renfrewshire Council and Renfrewshire Council) the other Local Authorities have not yet implemented M365. NHSGGC are in regular contact with those organisations and will lead the Azure B2B work.

NHSGGC are currently working with Renfrewshire Council staff to utilise Azure B2B functionality by implementing shared MS Teams channels to support and improve discharge processes. This has involved technical, security and Information Governance staff from each organisation and will develop a repeatable approach for other services and Local Authority partners. NHSGGC have allocated internal resources to complete and continue this work during 2023.

NHSGGC utilises PowerApps capability in the provision of the Gynaecological Cancer MDT App. This tool is generic and will be further developed for regional cancer MDTs; Molecular Tumour is now live from May 2023. Head & Neck Cancer MDT will go live before end of June 2023, and Urology and Pancreatic Cancer MDT's before April 2024, digitally supporting the MDT transformation programme.

There is increasing use of both PowerApps and Power BI to meet business challenges and adoption of eForms etc. eHealth support for using these tools and maximising the benefits of the M365 suite is in place through the eHealth Programme Management Office (PMO) process. Business Analysts assess the requirements and advise of the best fit solution, increasingly this is M365.

NHSGCC is migrating its Intranet to SharePoint Online, working with the Communications Directorate to ensure that the look and feel of information presented is modern, accessible and useful to staff. NHSGGC also make use of MS Forms to displace other similar applications and has signed off its use via the acceptance and publication of a Data Privacy Impact Assessment (DPIA) for this product.

Further adoption of the wider M365 toolkit is predicated on the completion of national work around Security & Compliance products, such as Microsoft Cloud App Security (MCAS), to secure data that is stored or processed in the M365 environment. NHSGGC is actively engaged in the national Operational Delivery Group in the implementation of these tools.

M365 data access and security is controlled using technologies such as InTune, Microsoft Application Manager and soon to be MCAS. The egress of data on to unmanaged devices will be completely locked once MCAS is implemented across NHSGGC – this is dependent upon the national work to agree and implement a 'live' policy. It is envisaged that once the policy is provided by NSS, NHSGGC can implement across its estate within 4-8 weeks.

Licenses are granted by eHealth adding a user's account to an Active Directory licensing group. This in turn synchronises to Azure Active Directory to provision the user's license. NHSGGC removes unused licenses after 60 days of inactivity, in line with Board policy.

Individual DPIA are completed for each use case involving the processing of data within the M365 product set. This is then assessed for residual risk following any mitigations and either agreed or rejected. An Acceptable Use Policy (AUP) is then developed to guide staff in using the product(s) to achieve the goal set out in the DPIA. It would be preferable to have Guardrails in place at a tenancy level. This is an area of focus nationally. The Information Governance (IG) and Information Security (IS) aspects have been met for Exchange Online. National work is underway at the tenancy level to agree these for other areas such as SharePoint Online, Teams and OneDrive and NHSGGC IG representatives are engaged in that process.

A national SLWG has been formed to evaluate the status of the Business Classification Scheme for use in a Once for Scotland implementation within SharePoint Online and suggest how all Boards can implement this in a consistent manner. However, there is not yet a standardised approach to the migration of data into SharePoint Online and OneDrive currently. NHSGGC's ability to progress with migration of potentially sensitive information to the M365 platform is dependent on implementation of the national security and compliance controls previously mentioned.

NHSGGC has piloted the implementation of sensitivity labels which has been successfully implemented to the chosen pilot group. It is anticipated that this will be rolled out more widely along with the remaining security and compliance features once the implementation path and dates have been agreed nationally.

NHSGGC eHealth have resourced a dedicated team to support the Workforce Digital Literacy & Skills Programme within the NHSGGC Digital Strategy who will work with services to document and then develop solutions using the M365 toolkit. This will also evaluate the evergreen nature of M365 and will be posting all staff updates to inform them of opportunities afforded by the updated technology. All NHSGGC staff have access to the national 'Skills Hub' via their Microsoft Teams home page, which provides guidance, hints and tips as well as access to training on the M365 toolset.

10.2 Implementation of the National Digital Programme

10.2.1 CHI Programme

NHSGGC have had representation on the New CHI Programme Board for several years, carrying out early proof-of-concept work along with NSS and the supplier. More recently, significant testing has been carried out on many downstream platforms to aid the final development and integration of the New CHI System. eHealth are currently awaiting confirmation of timescales for the final round of User Acceptance Testing (UAT) testing and Go Live from NSS. It is anticipated that this will go live in September / October 2023.

10.2.2 Child Health System

NHSGGC are closely engaged with the national programme team to implement the new Child Health solution prior to March 2025.

10.2.3 GP IT Re-provisioning

NHSGGC have been actively involved in the Re Provisioning Programme since its inception. As a majority EMIS Board, the main migration activities will commence from Q3 2023/24, when it is anticipated the national data migration tools (Stalis) become available. Given the recent delays in the delivery of the Vision Anywhere solution until summer 2024, we are liaising with a number of EMIS practices to migrate to the V3 platform and move again to the Vision Anywhere system when it becomes available. Whilst this will incur additional migration costs, this will de-risk the project due to the EMIS support end date of June 2026. Currently the programme is targeting completion in late summer 2025, subject to the commencement date and delivery of Vision Anywhere in 2024.

Moving to the new Vision GP IT system will deliver improvement functionality, facilitate exchange of information between practices, and give GPs access to shared care and other digital services. We will deliver these benefits to 14 Vision practices and 30 EMIS practices by end March 2024.

10.2.4 eRostering

NHSGGC is working with the national eRostering team to plan and implement the new eRostering system in early adopter areas, which will include at least 4 areas. During 2023/24 this phase of the rollout will be completed and detailed planning for further rollout will be completed. There is a dependency on the delivery of national integrations to eESS, SSTS and Payroll.

The new eRostering system will enable improved workforce planning through better data.

Key project stages include:

- 20 Feb 2023 – 17 Mar 2023: Initiation
- 20 Mar 2023 – 12 May 2023: Readiness
- 05 May 2023: Go/no-go checkpoint
- 15 May 2023 – 23 Jun 2023: Deployment
- 26 Jun 2023 onwards: Adoption

10.2.5 Laboratory Information Management System (LIMS)

NHSGGC is hosting the national programme team to support implementation of a single LIMS across a consortium of 12 NHS Boards. NHSGGC will implement the new LIMS in 2024 following the implementation of the new NHSGGC Laboratory Managed Services Contract which includes replacement analysers and infrastructure. In addition, NHSGGC are leading on the specification of the Genetics Module within the LIMS product.

10.2.6 Hospital Electronic Prescribing and Medicines Administration (HEPMA)

NHSGGC has rolled out HEPMA to 360 inpatient wards and theatres and has started the process of implementing HEPMA in selected outpatient areas. HEPMA will be extended to additional outpatient areas in 2023/24, and the HEPMA system will be upgraded to support the go-live of the new Pharmacy Management System which is targeted to go live in late 2023.

The new Pharmacy system fully integrated with HEPMA will reduce admin work for nursing staff and enable more efficient supply of medicines to wards.

10.2.7 PACS

NHSGGC consolidated 9 PACS instances into 3 sectoral instances and upgraded to version 12. NHSGGC is fully engaged with the ongoing PACS re-provisioning programme led by NSS. The national programme is targeting contract award in Q2; local implementation planning will begin subsequently. This will reduce risks of legacy infrastructure and consolidate multiple separate instances into a more integrated configuration.

10.2.8 Virtual Consultations

NHSGGC's digital strategy identifies the need to increase the use of technology to support patient care including virtual consultations. We will offer options for how citizens communicate with NHSGGC and how our care teams deliver appointments, consultations and care. Options include, but are not limited to: telephone, live or recorded video, walk-in and "asynchronous" – which allows citizens and care professionals to communicate remotely, at mutually convenient times.

Significant infrastructure has been implemented to support ACRT and virtual consultations. The majority are carried out by telephone with an increasing video uptake particularly in Mental Health Services, AHP and Nurse led clinics. The focus for 2023 is to increase the number of virtual outpatient appointments, particularly video consultations.

eHealth will continue to work closely with clinical services to encourage and support their increased uptake of these capabilities. This will help services maximise capacity and enable improved services such as advice referrals. We will target 3 additional specialties to increase the use of virtual consultations to at least 20% by the end of March 2024.

10.2.9 Remote Blood Pressure Monitoring

eHealth are working with HSCP Primary Care Developments leads to offer the solution to new GP practices and migrate existing practices / users of the legacy Florence system onto IHC. To date NHSGGC patients represent over 50% of all patients on the pathway. Currently 700 patients across 36 Practices, targeting enrolment of at least 1,800 additional patients during 2023/24. Practice engagement will continue throughout 2023/24 to maximise uptake by practices and patients and reduce the need for physical or remote practice appointments / reviews for patients within the pathway parameters.

10.2.10 PCR Test Results

The Prostate pathway will integrate PCR test results and will direct patients with abnormal results for appropriate appointments, while informing in-range patients of their results without the need for face-to-face appointments. This pathway has the potential to remove the need for potentially 4,000 appointments per year when fully utilised.

We will reduce the need for appointments by 1,500 by end March 2024 (this is dependent on the conclusion of outstanding integration work).

10.2.11 Ophthalmology EPR

NHSGGC has actively engaged with the National Ophthalmology EPR Programme (Open Eyes) since developing the statement of requirements and Outline Business Case (OBC) as part of a Scottish Government commission. Through 2022/23, Ophthalmology clinicians and eHealth have configured and tested several clinical pathways for subspecialties and integrated ophthalmic instrumentation and digital outputs for inclusion into Open Eyes. The clinical pathways and learning from this will simplify Open Eyes deployment within other Boards. In addition, NHSGGC Medical Devices Implementation has commenced and is targeted to conclude in Q1 2023/24 in conjunction with an upgrade to version 6 of Open Eyes.

Building on the development and implementation of the Open Eyes Ophthalmology EPR system, accredited Community Optometrists are being trained and supported to use Open Eyes to monitor stable glaucoma patients within a community setting. The patient enrolment process to National Education for Scotland Glaucoma Award Training (NESGAT) includes the creation of a patient summary document extracted from historical clinical documentation which is inserted into the Open Eyes patient record using software robots. This process was developed by NHSGGC Medical Devices Team and will be utilised by other Boards as they implement Open Eyes and the NESGAT service. eHealth will enable growing use of this pathway via the addition of all Community Optometrists required by the service as they complete their clinical training and as more applicable patients are placed within the NESGAT scheme.

10.2.12 Scottish Vaccination Immunisation Programme (SVIP)

eHealth will continue to support the national immunisation campaigns through Business Intelligence identification of relevant cohorts, clinic set up, scheduling, patient lettering and vaccination recording.

10.2.13 Digital Clinical Notes

A key area for increasing our digital maturity is the replacement of scanned inpatient notes and assessments with digital notes. A number of early adopters have been implemented to pilot and test the capability in TrakCare including the Dental Hospital. Aligned with the Nursing Patient Centred Care Plan a range of digital tools have been developed including the admission record and core assessments. These will be implemented in 3 wards in Q1 2023/24 and then evaluated and a benefits realisation plan completed. In addition, a business case of eObservations will be finalised for review during 2023. The learning from the 3 wards will inform planning for further rollout, with future phases to include medical notes and e-Observations.

Introducing digital clinical notes for nursing will remove paper from the process, reduce the need for scanning, and improve the quality and availability of clinical documentation. It is also an important step towards increasing NHSGGC’s overall digital maturity. We will go live in 50 wards by end March 2024 (this is dependent on approval of the business case including scalable business continuity solution).

10.2.14 Citizens Access

Patient Hub was implemented in response to the COVID pandemic as a tactical solution to patient communications. This work is designed to support the national Digital Front Door programme and will ensure that NHSGGC is well prepared to benefit from the initiative. The system includes functionality to communicate test results, questionnaires, patient information and patient letters. Results services include SARS-Cov2 serology, HIV Viral Load and Lithium. Pre-appointment questionnaire for ENT tonsillectomy service and ENT Tonsillectomy patient evaluation questionnaires are live.

During 2023/24 we will carry out a proof of concept of digital communication of patient letters and associated information (leaflets) in ENT and Neurology. This will include a Print & Post supplier to ensure that physical letters are provided for those patients that choose not to or are unable to interact digitally. The early adopter phase will inform a business case to support the wider roll out across additional NHSGGC services. In addition, further questionnaires will be developed including Pre-Op Assessment, ENT Urgent Suspicion of Cancer and an automated Patient Experience Service Evaluation.

10.2.15 Innovation

We will support NHSGGC Urgent and Unscheduled Care / Interface Care objectives, associated service redesign, and reducing waiting lists for heart failure diagnosis through further adoption and co-development of Heart Failure digital diagnostic pathway, for at least 1,000 patients during 2023/2024.

We will support reduction of bed-days, ED attendances and unscheduled admissions associated with COPD exacerbations by supporting scale-up and evaluation of the Dynamic Scot COPD remote management model, with 1,200 patients being remotely managed by the end of March 2024. Development of local business case and procurement will progress while longer-term national adoption progress via CfSD ANIA pathway is awaited.

We will build on Healthcare Improvement Scotland evidence for use of the co-developed vCreate remote digital platform for neurological patient care, which reduces wait times, improves quality of care and saves on average £675/patient, by utilising Scottish Government funding to deliver further national tests of change in services allied to Neurology.

We will support clinical services shifting the balance of care by exploring new approaches to delivery of Orthopaedics services via digital pathway approaches. Undertake co-development and initial evaluation with up to 100 patients by end March 2024, to build evidence for and inform future approaches.

We will explore the potential to improve efficiency of services, improve patient outcomes and automate tasks through wider evaluation and adoption of Artificial Intelligence-based services, for example to reduce time to diagnosis of lung cancer, through establishment of a 2-year programme-led approach to progress NHSGGC's experience of AI research and innovation, into operationalisation focused on corporate priorities and development of an organisation strategy for AI.

In support of many of these deliverables, we will minimise costs and maximise capabilities of continued provision of the Health Data Exchange innovation enabling infrastructure through Joint Working Agreement between NHSGGC, NHS Lothian, NHS Grampian, and Digital Health & Care Innovation Centre.

10.2.16 Organisational Digital Maturity

NHSGGC is working with the national team to plan and complete the digital maturity assessment in Q1 and Q2. Engagement with Local Authority partners has begun and the NHSGGC oversight group has been established.

10.2.17 Leadership

The NHSGGC Digital on Demand Strategy 2023–2028 was approved by the NHSGGC Board in December 2022. There was a period of significant engagement to develop the strategy and included an extended Board Seminar attended by a number of the Clinicians who were involved in the development of the strategy.

The major programmes within the Digital on Demand Strategy are aligned to the Board's Corporate Aims and Objectives, the ADP and Board Operational Priorities. eHealth governance is in place with the eHealth Strategy Board, chaired by the Deputy Medical Director, and is responsible for the oversight of the delivery of the strategy reporting into the Corporate Management Team. Assurance for IT and IG Security is through the Board's Information Governance Steering Group reporting to the Audit & Risk Committee and the delivery of the Digital Strategy is accountable to the Finance Planning & Performance Committee. The eHealth Director reports to the Chief Executive and there is significant support and commitment from the Executive Team to maximise the use of digital and the benefits that it can bring.

Supporting staff to be digitally literate is a key theme of NHSGGC's new Digital Strategy, Digital on Demand. This goes beyond just technical proficiency in, for example, using a specific clinical system, to include more conceptual and transferrable skills and knowledge such as data use, digital safety, and having a "digital-first" approach to quality improvement. It is the broad nature of these capabilities that make digital literacy a foundation for all staff working in modern healthcare settings so that the best quality person-centred care can be achieved. Knowing which tools to use, and when, can support the delivery of care. This is particularly important with the implementation of new clinical systems.

eHealth has a dedicated team to work with services to develop digital literacy across the Board, maximise value from our existing systems and tools including M365, and signpost staff to learning resources that will give them the knowledge, skills and confidence to get the most out of Digital ways of working.

NHSGGC has a mature, multi-disciplinary team of Clinical eHealth Leads (CeHLs) including doctors, nurses and AHPs, with protected time for their digital roles. Our CeHLs are advocates for clinical professions in key governance groups, and champion the uptake and maximisation of digital capabilities across NHSGGC. Our extended network of Clinical eHealth Links includes several hundred clinical colleagues across the Board, who are invited to our annual Clinical Links event and contribute to a series of workshops throughout the year. Several of the Clinical eHealth Leads have undertaken formal IT clinical safety training.

Many of our CeHLs have successfully completed the Digital Leadership Postgraduate Diploma run by Imperial College London and the University of Edinburgh, and others are undertaking the Digital Health and Care Transformational Leaders master's programme this year. They are supported by their CeHL peers, and by the senior eHealth management team. Learning from their experience will be shared regularly via weekly meetings with CeHLs, the formal Clinical eHealth Leadership Group, and through their representation at key Board governance groups.

10.2.18 Network & Information Systems (NIS) Regulation Audits

Network & Information Systems (NIS) Regulations Audits Submission of evidence for the 2023 NIS Audit Programme is due complete by 17th July 2023. The submission will include evidence of engagement between the board and the Cyber Centre of Excellence (CCoE). It is estimated that the formal process will be completed by w/c 11 September 2023 in accordance with the guidance and confirmed timescales from the Specialised Healthcare Alliance (SHCA).

11 Climate

This section of the ADP sets out our plans and priorities in relation to climate and environmental issues that will be delivered over the course of 2023/24. There is a significant focus on reduction in greenhouse gas emissions, climate change and the impact that we have on the environment.

11.1 NHS Fleet and Business Travel

A key agenda item of our Sustainable Travel & Transport Group is achieving the zero tailpipe emissions target by the end of 2025. The Sustainable Travel & Transport Group leads on this agenda as part of the Sustainability Governance Group Framework supporting National Policy requirements.

To date, the fleet size is 416 with over 31% (c130 vehicles) moved to alternative fuels.

The focus has moved towards Hydrogen given the current supply chain issues within the market place, therefore in 2023/224, the Travel & Transport workstream will aim to:

- Introduce up to 4 Hydrogen powered vehicles and;
- A further 20 fully electric vehicles

11.2 Waste Targets, as set out in the DL (2021) 38

NHSGGC's Waste Management Group oversee the waste agenda and form part of the broader sustainability governance framework.

The Group has been established for over a year and well ahead with implementation of Dry Mixed Recycling (DMR) and waste segregation within clinical areas (please also refer to 10.4 Bundle A Actions). The group ensures collaboration with Facilities and Clinical colleagues and is supporting the culture change required on waste management through the development of new training materials, modules communications.

Across our entire estate (all community sites included) 16% of our waste was recycled for FY 22/23 inclusive of Dry Mixed Recyclates (DMR)c, confidential waste and cardboard.

11.3 Reduction in Medical Gas Emissions – N20, Entonox and Volatile Gases

We plan to reduce medical gas emissions (N20, Entonox and volatile gases) through implementation of national guidance. Please see Green Theatre Bundle A objectives in **section 11.4** below for detail on how we plan to achieve this.

11.4 Adopting Learning from the National Green Theatre Programme

NHSGGC's Clinical Sustainability Group was established last year and is currently chaired by the Deputy Medical Director (Acute). The group is instrumental in coordinating the sector groups and links with clinical governance to ensure the smooth and effective delivery of the Green Theatre Bundles. This also includes non-clinical participation from facilities, estates, procurement and energy, which is supported within the wider sustainability governance framework.

11.5 Implementation of a Building Energy Transition Programme

The Energy Management Group is working with capital and estates colleagues to set policy, benchmarks and targets to deliver savings and develop large multi-stakeholder capital schemes for heat and power decarbonisation, this currently includes:

- Establishment of a more formal governance around energy management by the introduction of an energy charter;
- All buildings across NHSGGC are in the process of having Energy Performance Certificates (EPCs) produced along with a state of the art Energy Models
- A 'Pathway to Net Zero Heat' document is planned for 2023/24
- Good Housekeeping measures around energy management being introduced

11.6 Implementation of Scottish Quality Respiratory Prescribing Guide

We plan to implement the Scottish Quality Prescribing guide across primary care and respiratory specialities to improve patient outcomes and reduce emissions from inhaler propellant.

Two Clinical SBARs have been approved through clinical governance and will be delivered by the primary care delivery group which forms part of NHSGGC's Clinical Sustainability structure.

Key actions during 2023/24 are:

1. Metered Dose Inhaler (MDI) Disposal:
    - A target of >95% of all used MDIs dispensed in NHSGGC being collected for safe destruction by the end of 2023
2. MDI Dispensing:
    - Aim to meet the NHS Scotland target reducing emissions from inhaler propellant by 70% by 2028

11.7 Implementation of an Approved Environmental Management System

Q-Pulse is being utilised as NHSGGC's Estate & Facilities Business Management System upon which to build our Environmental Management System (EMS) and Quality Management System (QMS). Strategic build is almost complete, with the system going live in early April 2023.

During 2023/24 we will:

- Commence system implementation following ISO 14001 standard.

Section B: Finance & Sustainability

Identify any risks and issues to delivery of the ADP, with reference to the need for financial balance and associated improvements through, for example, Sustainability and Value Programme.

12 Finance & Sustainability

The Board's three year Financial Plan for 2023/24 to 2025/26 was submitted to Scottish Government in March 2023 and approved by the Board on the 25th April 2023. The financial plan highlights a deficit of £71.1m for 2023/24 and a deficit of £79.8m and £54.5m for the subsequent years. A summary of the financial plan is shown in **Figure 9** below.

Figure 9: Summary of Financial Plan

3 Year Financial Position	**2023/24**	**2024/25**	**2025/26**
	£m	**£m**	**£m**
2023/24 Recurring Forecast Deficit	(190.9)	(175.4)	(143.3)
Non-recurring Pressures	(5.2)	(4.4)	(1.2
Total Deficit	**(196.1)**	**(179.8)**	**(144.5)**
Recurring Savings Target	75.00	75.00	75.00
Non-Recurring Relief	50.00	25.00	15.0(
Remaining Deficit	**(71.1)**	**(79.8)**	**(54.5**

The above plan notes the remaining deficit in 2023/24 and subsequent years and the Board will continue to seek opportunities to close this gap, however the delivery of the recurring savings target of £75m over the next three years remains challenging. There are also a number of priorities that the Board is facing which will impact on reducing the deficit further.

Key Financial Risks

There have been a number of risks and board priorities identified for 2023/24 and these are detailed in **Figure 10.**

Figure 10: Key Financial Risks

Covid-19 costs	The Covid-19 Vaccination funding allocation has been confirmed as £17.7m. On reviewing the adult vaccination programme as a whole the forecasted pressure is currently sitting at approximately £5m. This pressure has not been reflected in the financial plan as work is ongoing to try and reduce this further and dialogue is ongoing with Scottish Government to ensure these costs are supported. There are also still some additional pressures associated with Covid-19 for example infection control measures related to deep cleans circa £1m-£2m and also patient transport cost £2m-£3m which are not reflected in the Financial Plan. Detailed reviews of these costs are currently taking place.
Winter	The Board's winter plan, which identifies a range of initiatives including opening additional beds and supporting the flow within the Acute Division,

	is normally supported by the funding allocation received from Scottish Government. However historically there has always been a gap between the funding received and the plan which adds to the financial challenge detailed above.
Planned Care	Funding had been verbally confirmed to be c£32.8m from Scottish Government. £22.8m is on a recurring basis with £10m non-recurrently for Imaging and Endoscopy. The recurring component is based on an National Revenue Allocation Committee (NRAC) share of available funds, however It should be noted that NHSGGC activity profile is c30% of Scotland significantly higher than the NHSGGC NRAC share at 22.14%. Further work is underway looking at specific specialty needs in line with the new targets, and what the funding requirements will be to deliver the targets.
Unscheduled Care	The impact of delayed discharges and the need to have an additional 204 beds plus 75 at weekends and evenings open out with the winter period has not been included in the financial plan. This will be subject to review in the coming periods.
Prescribing	The detailed prescribing cost growth projection for 2023/24 is now expected to be above the level included in the financial plan. It includes provision for likely cost increases related to growth in new and existing drug treatments, including new drugs approved by Scottish Medicines Consortium (SMC), and makes a realistic level of provision for likely growth in volume / prices. There are also significant pressures being experienced in all areas of prescribing, with increase pricing due to short supply and inflation Work needs to continue to reduce this cost pressure as the Board cannot sustain this level of increase year on year. These cost pressures are being experience in both an acute and primary care setting.
Thrombectomy Service	Discussion is ongoing with Scottish Government for 2023/24. However, indications are that the funding will be reduced impacting on posts previously agreed and recruited to.
Inflation	A review of the impact of inflation in 2022/23 has been carried out and 5% is deemed to be a reasonable amount to include, as some areas are seeing inflation at 10% whilst others are at a much lower level. However it should be acknowledged that this is an area that may fluctuate throughout the year. The inflation rate has been reduced to 3% in 2024/25 and then 2% in 2025/26 on the assumptions that inflation will return to previous rates as the economy recovers.

Energy	Energy for 2023/24 and 2024/25 has been based on informed projections which resulted in an increase of £13.7m and £10.8m. The assumption used for the future years is 5%.This is based on the latest information that is available at the time of setting the financial plan and will be reviewed throughout the year.
Savings	The financial plan highlights a recurring savings target of £75m, it is going to be challenging to deliver savings of this scale, and particularly given the other operational priorities the Board has, for example planned care targets and unscheduled care. The Sustainability and Value programme is fully mobilised and there are a number of initiatives in place to help drive forward plans to deliver savings on both a recurring and non-recurring basis.
Break-Even position	Detail above the Board still has a financial gap of £71.1m for 2023/24 and will endeavour to do everything possible to close this gap, however there are still a number of risks associated with achieving financial balance as highlighted above and also achieving the recurring savings target of £75m.

Sustainability and Value Programme

As we transition from the post pandemic environment we need to recalibrate how we manage and deploy our resources to ensure we can continue to provide excellent levels of care and continue to innovate, invest and excel. To achieve this the Board has commenced its transition from a Financial Improvement Programme approach to a wider Sustainability and Value approach, this move reflects the nationwide approach and collaborative models of working and the need for a wider and more holistic approach to sustainable service provision over a prolonged time scale.

This approach is also aligned to the wider NHS Scotland Aims and objectives:

Aims
- Being environmentally and socially sustainable
- Delivering better value care
- Making effective use of resources
- Optimising capacity within available resources

Targets
- 3% recurring efficiency savings per annum
- Productivity Gain
- Net carbon zero (by 2038)
- Value based health and care

To address the scale of 2023/24 financial challenge the Sustainability and Value programme will look to deliver circa £75m of savings from our well established processes and work streams such as Prescribing, Non-Pay, local and service specific changes, together with savings from service wide packages of work encompassing: Workforce planning, major service redesign, efficiency and productivity gains, estate rationalisation, medicine management and clinical pathway optimisation.

12.1 Capital Plan

The Board's 3 year Capital plan highlights forecast capital resources available for investment of £106m for 2023/24, £64m for 2024/25 and £64.5m for 22025/26 noted below:

FUNDING SUMMARY	2023/24	2024/25	2025/26
	£'000s	£'000s	£'000s
SGHSCD National Formula	39,294	39,294	39,294
SGHSCD Additional Ring Fenced Funding	66,025	27,172	27,879
GP Loans	300	300	300
Requested Capital to Revenue Transfer	(3,000)	(3,000)	(3,000)
Initial Capital Resource Limit (CRL)	**102,619**	**63,766**	**64,473**
Capital Receipts	1,316	350	-
Revenue Budgets	2,038	-	-
Gross GG&C Capital Resources	**105,973**	**64,116**	**64,473**

This figure comprises a general "formula allocation" of £39.3m from SG in respect of our core items of capital expenditure, additional ring-fenced "scheme specific" SG funding of £66m, estimated retained capital receipts of £1.3m from planned property disposals, and £2m from locally generated revenue funded schemes in 2023/24.

A transfer of £3m has also been made from Capital to Revenue funding to assist with expenditure that has historically been included within the capital plan but is revenue in nature.

Scottish Government Health & Social Care Directorate (SGHSCD) Additional Specific Funding

In addition to the National Formula allocation, SGHSCD fund a number of projects that have been agreed in advance either in principle or funding has been secured. The estimated funding streams are shown in the **Figure 11** below, with £66m being requested in 2023/24.

Figure 11: Estimated Funding Streams

Specific Project Funding Requests	2023/24	2024/25	2025/26
	£'000s	£'000s	£'000s
North East Glasgow Health & Care Centre	30,227	2,538	1,015
QEUH Rectification Works	15,740	6,264	16,495
Relocation of Radionuclide Dispensary	5,411	14,610	-
WoS Thrombectomy Service	4,210	-	-
Radiotherapy Equipment Replacement Programme	9,756	3,079	9,761
Institute of Neurological Sciences Project Team	681	681	608
National Infrastructure Board Equipment	-	-	-
Total	**66,025**	**27,172**	**27,879**

North East Glasgow Health & Care Centre

Building work is well underway at the new North East Health Centre and should be complete by Autumn 2025/26. The total gross project cost is £71.6m. £3.3m of the total costs are being funded

by Glasgow City Council, equipment costs at £3m funded by GG&C's share of national formula funding in 2024/25 and the balance of £65.3m being funded directly by Scottish Government.

QEUH Rectification Works

SGHSCD are funding required works to the QEUH on an ongoing basis. The main areas of planned expenditure in 2023/24 are to the atrium cladding and initial works for the manifold system within the Building Energy Centre.

Relocation of Radionuclide Dispensary

The Radionuclide Dispensary relocation project is a national service currently going through the Final Business Case process. Full funding has not, as yet, been fully approved by SGHSCD, although it is anticipated that approval will be given in 2023/24 at the funding levels shown in years 1 and 2 of the plan above. Some fees and other expenditure have been incurred and funded in prior years.

West of Scotland Thrombectomy Service

The West of Scotland Thrombectomy Service at the INS will see two new Bi-Planars installed in 2023/24.

Radiotherapy Equipment Replacement Programme (RERP)

This annual centrally funded scheduled equipment replacement programme provides for high value single items of equipment and will fund a replacement programme for Linear Accelerators and CT Simulators.

INS Project Team

SGHSCD have agreed to fund the core team taking forward the Institute of Neurological Sciences project.

QEUH Project Team

SGHSCD have agreed to fund the core team taking forward the QEUH upgrade works required.

National Infrastructure Board (NIB) Equipment Funding

This centrally funded scheduled equipment replacement programme will fund items such as Endoscopes, Cameras, Ultrasound equipment and MRI Scanner upgrades. Funding is provided on an annual basis based on a prioritised list however, Scottish Government have advised that as things stand there will be no general NIB funding available on 2023/24 due to pressure on the overall Scottish budget however have agreed to fund a small carry forward of expenditure from the 2022/23 allocation.

GG&C Capital funding 2023/24

The above represents the forecast position agreed by the board 26th April 2023. We are in ongoing dialogue with SG colleagues to revise projected spend and funding requirement as schemes progress and to confirm funding support for capital schemes classed as "anticipated allocations" on our monthly SG returns and the funding requirement is updated as the year progresses.

The Board is also in routine discussion with SG colleagues regarding the release of any additional in year capital funding that may become available, to support emerging initiatives that can be completed within the current financial year.

Section C: Value Based Health and Care

Please outline work underway with your local Realistic Medicine Clinical Lead to deliver local RM Plans.

13 Value Based Health and Care

13.1 Background

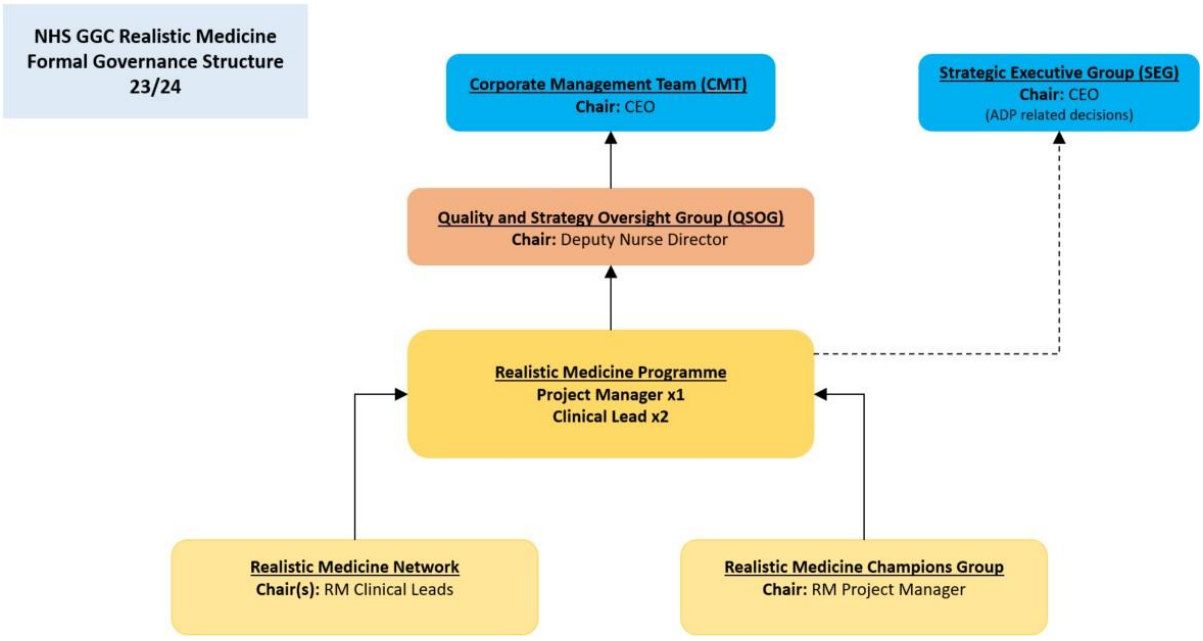
Realistic Medicine (RM) is a well-established key programme of work, our vison is to ensure that all our staff understand the principles of RM and are equipped to embed it in their daily practice across our whole system. We also seek to deliver personal value to patients by empowering them to be more involved in their decision-making. We raise awareness of RM through many different channels across primary and secondary care and ensure up to date tools and resources are readily available to all staff. Clinical Leads for both primary and secondary care have been appointed to ensure the implementation of RM is equitable across NHSGGC.

A funding offer has recently been received to continue delivery of RM and Value Based Healthcare in NHSGGC throughout 2023/24.

13.2 Governance, Reporting and monitoring our progress

Implementation of RM is led by the RM Team, comprising Clinical Leads for
Primary and Secondary Care and the RM Project Manager. Direct oversight and escalation is through the Quality Strategy Oversight Group (QSOG).

Figure 12: RM Governance route in NHSGGC



Reporting of the RM programme progress is regularly reported to the following groups:

- Quality Strategy Oversight Group (QSOG)
- Recovery Tactical Group (RTG)

- Strategic Executive Group (SEG)
- Area Clinical Forum (ACF)
- Corporate Management Team (CMT)
- Scottish Government

A Project Management approach is utilised to support RM progress and a detailed RM Action Plan for NHSGGC reflecting the principal funding conditions is in place. The RM Action Plan is monitored through the Realistic Medicine Network Group to ensure all workstreams are progressed within the relevant timescales.

13.3 Embedding RM in NHSGGC

13.3.1 Local Realistic Medicine Network Group

A local Realistic Medicine Network Group is well established. The group is led by our RM Clinical Leads and has wide membership across primary and secondary care. The group meets regularly to oversee the implementation of an agreed programme of work to ensure that the principles of RM and safe effective and personalised care are applied.

13.3.2 Realistic Medicine Champions

The RM Champions Network, crucial to embedding RM across NHSGGC, continues to expand and gather momentum with 25 champions now recruited across several specialties including Pharmacy and Dentistry. The role of the RM Champions is to:

- Offer advice and information to help empower staff to implement the fundamental principles of RM
- Actively raise awareness of RM events/training and embed best practice across NHSGGC

We are working to proactively increase membership of the group with plans to enhance representation across AHPs, Pharmacy and Dental and extend further to Primary Care staff and include those who have completed the Scottish Quality & Safety Fellowship (SQSF).

13.3.3 Raising awareness of Realistic Medicine

Building on the recent successful RM awareness campaign which included the high profile and well attended 'RM Awareness' week, work continues to improve understanding of RM and provide practical advice for staff. To sustain momentum, work is underway to host an RM conference in September 2023.

13.3.4 Work underway to deliver local RM Plans for value-based health and care

A range of work is underway to deliver our local RM plans for Value Based Health and Care. A high level summary of this is set out in **Figure 13** below.

Figure 13: Work underway to deliver the RM Programme

RM Toolkit App & Website *Promote access to, and utilisation of, the RM Toolkit App & Website.*	• The RM team continues to work closely with Scottish Government and NES to support the national adoption of the Web/App which moved to a national platform in May 2023 • Targeted comms are currently in development to help staff navigate any changes in access due to the transition to a national platform • We will continue to raise awareness of the RM Toolkit encouraging staff to utilise the resource

Realistic Conversation Training *Continue to deliver and improve Realistic Conversation Training*	• This been developed for Anticipatory Care Planning, Shared Decision Making as well as bespoke training for healthcare providers such as Frailty Advanced Nurse Practitioners and Emergency Medicine Consultants • From our evaluation of Realistic Conversations webinars held in 2022, staff ratings were as follows: 90% rated the session as excellent or very good; 50% excellent; 40% very good; 10% good; This exercise will be repeated at the end of the 2023 session cycle • Overall, 476 people signed up for a webinar, approximately 300 people attended and 198 post training evaluations have been submitted • To date, 52% of the attendees were Doctors, 20% in Nursing roles, 9% pharmacists, 7% education roles, 6 AHPs, 4% in project manager/leads and 2% other roles • The webinar portfolio is expanding to include bespoke polypharmacy and de-prescribing sessions commencing in July/August 2023. • Work will continue to improve and tailor these sessions and respond to recent bespoke requests from consultants, nursing staff, AHPs, General Practice Speciality Training Scheme (GPSTS), National Education Scotland (NES) and Pharmacy
TURAS *Increase uptake of nationally endorsed Shared Decision Making Training Module on TURAS.*	• As part of our communications and engagement strategy, the RM team will continue to implement targeted messaging and publicise the shared-decision making (SDM) module on TURAS • The most recent data from TURAS noted that 570 people in GGC have signed up for the SDM module, 348 have completed the module and 222 are currently in progress • We will continue to monitor the completion data for the SDM module and consider a phased implementation plan to ensure all appropriate staff have access to the module • Discussion underway to incorporate the SDM module in the induction for junior doctors • The RM Clinical leads are part of a SLWG with other RM, Scottish Government and NES colleagues to develop a Value-Based Health and Care e-learning Module on TURAS
Shared Decision Making *Further develop use of BRAN and evaluate impact of SDM*	• With support from Health Records, Patient Engagement and Public Involvement (PEPI) and Equalities teams outpatient leaflets for secondary care were redesigned to include BRAN questions. These leaflets now accompany every outpatient appointment reaching approx. 25,000 people per month • Assessing the impact of this is included in the planned activity for RM along with plans for expansion to Primary Care settings • Engagement has taken place with other health boards and the PEPI team to explore ways to evaluate the impact of BRAN on shared decision-making in NHSGGC. It is our intention to commence an evaluation in the coming months focussing initially on the patient perspective of the shared decision making conversation. Scoping and initial planning for the evaluation has begun and the initial result will be available by October 2023 to guide change

	• A pilot of the 'collaboRATE' tool was recently completed focussing on renal medicine, general practice and respiratory medicine. The results of the pilot will be assessed by NES with the aim to utilise it nationally • Work is underway to implement the NICE guidance on SDM (NG197). The RM team will work closely with the Person-Centred Care steering group to monitor the implementation of this guideline in clinical settings, to ensure shared-decision making is part of everyday care in all settings
Treatment Escalation Plans (TEP) and Anticipatory Care Plans (ACP) *Support the promotion and wider adoption of TEP and ACP across NHSGGC*	• Work is underway to reinvigorate TEP progress by reconvening the TEP Steering Group, mapping TEP usage across NHSGGC and scoping completed, ongoing and planned Quality Improvement work • The RM team is also currently supporting the introduction of both TEP and ACP at the QEUH • Since the anticipatory care plan (ACP) form for the Clinical Portal was launched in September 2019, figures have increased from a baseline of 19 that first year to 3109 now completed (Apr 23) • ACP implementation has so far, been focused on primary care however, the RM team are working in partnership with the ACP team to support further roll out in secondary care while continuing to support the work in the community To date: ○ **3109** ACP on clinical portal ○ **1440** staff completed ACP e-module ○ **1116** staff virtually trained in ACP Communication Skills ○ **88** ACP Champions recruited across NHSGGC ○ **26** ACP Refresher sessions • A test of change introducing ACPs to the new Hospital at Home service has recently been completed and a post-project evaluation will commence in May • There are a number of secondary care ACP pilots taking place, including in an ED setting, the Beatson and respiratory medicine. The intention is that these pilots will run until Dec 2023 thereafter next steps for ACPs in secondary care will be determined • The RM team is working closely with a number of steering groups to drive forward quality improvement of ACP. With particular focus on standardisation of access to clinical portal across sites, and the introduction of a new audit tool
Sustainability & Value *Ensure RM is embedded in the Sustainability & Value agenda*	• The RM team will advance work within the sustainability and value agenda for NHSGGC to identify board-wide cost improvement plans to maximise value-based health and care in NHSGGC • To further support this, the RM Clinical Leads are members of the GGC Clinical Sustainability Group, which is currently focussing on the implementation of the 1st bundle of SG sustainability which is centred on 'Green Theatres' initiative. The waste management part of this strategy has been delivered ahead of the SG target with the potential for significant reduction in energy usage and reoccurring savings in the second phase of implementation

13.4 Wider areas of Influence

13.4.1 Transformation Projects and Pathways

There are many ongoing transformation projects within GGC which are aligned to RM principles. These include but are not limited to the elective transformation workstreams implementing national patient pathways such as ACRT, EQuIP and PIR and the Redesign of Urgent & Unscheduled Care.

There is agreement in place to support further implementation of these pathways by identifying common areas of work and with support from RM champions and networks. It is intended that this work will gather momentum over the next year, strengthening our connections with Planned Care and CfSD colleagues.

The RM Clinical Leads will work closely with the Deputy Medical Directors (DMD) for Corporate, Mental Health, Acute and Primary Care to ensure that these workstreams are supported through engagement with front-line clinicians by the network of RM Champions. Bimonthly meetings with the Board Medical Directorate (Corporate) will be arranged to ensure visibility of relevant programmes of change. The RM network will also be tasked with local evaluation of change programmes and to coordinate patient experience surveys.

13.4.2 Atlas of Variation & CfSD

The RM team has led on and facilitated a response to Scottish Government by NHSGGC on the updated Scottish Atlas of Variation. The refreshed Atlas of Variation data was considered and through appraisal from the RM Clinical Leads and the Chiefs of Medicine, has identified no unwarranted variation, though has used the data to formulate recommendations to drive value-based health and care in secondary care in NHSGGC.

The recommendations were submitted to Scottish Government in February 2023 and the RM team will be taking forward NHSGGC actions in collaboration with the Access team, Sustainability & Value board and CfSD to help identify unwarranted variation in health, treatment, service provision or outcomes. NHSGGC utilises a formal process to review Atlas of Variation data and will continue to use this data as a business intelligence tool.

Section D: Integration

Please demonstrate how the ADP has been developed with partner Integration Authorities.

14 Integration

This document is a cross system ADP for NHS Greater Glasgow and Clyde. It has been developed in collaboration with Chief Officers from the 6 Health and Social Care Partnerships in the GGC area. Over the last three years, the Partnerships have promoted a joint way of working, with individual Partnerships leading on specific areas of work. For example, Glasgow City leads on Urgent Care, Mental Health and Addictions Services, East Dunbartonshire leads on Child and Adolescent Mental Health Services and Renfrewshire leads on Primary Care. The Chief Officers work closely to promote a co-ordinated view across all HSCPs.

As this relationship between HSCPs has matured, cross system working with acute services and corporate services has also developed. A Whole System Planning Group has been strengthened, with member ship from planners in HSCPs, corporate planners and representatives from emergency planning, finance and capital planning. This group has been able to progress winter planning, redesign of urgent care and the development of IJB Strategic Plans.

Staff partnership working is embedded throughout our plan with representation as all key planning groups and involvement of the Area Partnership Forum. Our wider staff engagement approach is described in **Section 1.3** of this plan.

The redesign of urgent care is a good example of cross system working. The approved governance structure has established an Oversight Board which is co-chaired by the Acute Chief Operating Officer and the Chief Officer from Glasgow City (lead HSCP for urgent care). The 4 workstreams are chaired by acute directors and Chief Officers, and these groups have agreed a number of Key Performance Indicators to reflect all areas of the system. By looking at urgent care across the system, we are able to maximise the use of resources, and prioritise those areas which will make the greatest impact.

Significant engagement on IJB Strategic Plans takes place through the Whole System Planning Group. Timeframes for the 6 plans are different, but we have been able to identify key areas which Strategic Plans should address, including consistent urgent care priorities, areas identified as priorities through the ADP process and our Digital and Workforce strategies.

To develop the Annual Delivery Plan, we used the process established last year whereby we tested sections of the plan each week, using an agreed timetable, with the Strategic Executive Group (SEG). This group has representation from across the health and care system, including mental health, acute, primary and community, public health and other corporate functions. SEG are able to approve direction of travel section by section, and the detail of the plan can be fleshed out. The action plan is developed alongside the narrative. As the sections evolve, they are also tested with the Recovery Tactical Group and the HSCP and Acute Tactical Groups.

Our cross system approach has highlighted the large number of interdependencies, particularly when we consider resource allocation. Progressing some of the priorities in the guidance will have impacts on other parts of the system e.g effective discharge planning seven days a week. In the current financial environment, implementing priorities which impact other parts of the system will be challenging. Our Finance teams are working together to increase transparency and align Board and IJB priorities.

Section E: Improvement Programmes

Please summarise improvement programmes that are underway, along with the expected impact and benefits of this activity.

15 Improvement Programmes

The key improvement programmes being undertaken at present are summarised in **Figure 14** below. The programmes are set out in more detail within each section of our ADP with clear measurable actions that will be delivered within 2023/24 set out within our ADP action tracker.

Figure 14: Key Improvement Programmes

Improvement Programme	For further details please see
Whole System Urgent and Unscheduled Care Redesign Programme Our programme is whole system and has focussed on improving our patients experience and on taking forward improvements that will have most impact for our patients and staff. The most productive opportunities, key improvement projects within the programme include: ▪ Virtual Pathways – developing a range of alternative pathways to hospital attendance and admission ▪ Rapid Acute Assessment- improving flow and reducing Length of stay by improving our diagnostic rapid assessment and short stay pathways ▪ Discharge without Delay – aligning our discharge patters with our admissions pattern, there are multiple projects within our DwD programme which will improve the patients experience in all areas of the hospital journey ▪ Community focused integrated Care- reducing admissions through our new integrated falls pathway, home first response service and hospital at home service	**Section 3** - Urgent & Unscheduled Care
Best Start Programme We will continue to implement the best start programme and have identified a range of key actions we will deliver in 2023/24 to support this. In addition, we will finalise our Maternity and Neonatal strategy during 2023/24.	
Planned Care & Cancer Recovery Programme Our planned care programme has several work streams • Delivering Framework for effective cancer management • Implementing nationally agreed Redesigned Pathways • Reducing the number of long waiting patients • Protecting and maximising diagnostic & elective capacity • Productive Opportunities & Service transformation – engaging with regional and national work streams to support optimising activity and deliver productivity gains	**Section 5** – Planned Care Recovery
Value Based Health and Care (Realistic Medicine Programme) - we will be aligning the RM principles to all our programmes of improvement, the	**Section 13** - Value Based health and Care

RM programme will support and underpin many aspects of our ADP actions in 2023/24.	
Implementing our Digital Strategy – a significant programme of improvement was set out within our digital strategy. Specific actions in 2023/24 are set out within the digital section of this plan	**Section 10** - Digital
Sustainability & Value Programme The Sustainability & Value Programme will look to deliver circa £75m savings during 2023/24 through the key workstreams of: • Prescribing • Non-pay • Local and service specific changes • Savings from service wide packages of work including: ▪ Workforce planning ▪ Major service redesign ▪ Efficiency and productivity gains ▪ Estate rationalisation ▪ Medicine management ▪ Clinical pathway optimisation.	**Section 12** - Sustainability & Finance

In addition, this year there are several Clinical Strategies that are in development which will lead to further programmes of improvement commencing from 2024 onwards:

- Refresh of our Mental Health Strategy & next phase
- New Primary Care Strategy
- New Maternity & Neonatal Strategy

Section F: Service Sustainability

16 Service Sustainability

16.1 Guidance

As part of the Planning Guidance for preparing the Annual Delivery Plan (ADP), Boards are asked to assess service sustainability by reviewing risk around resilience, affordability, access and efficiency. This assessment may help identify where a regional or a national perspective could help mitigate that risk. In NHSGGC, we have identified the main sustainability risk to be the availability of workforce in some key areas. We have noted some general workforce challenges below, and noted specific challenges in the Clyde area and in the Women and Children's Directorate.

Boards have also been asked to identify how we can work in a more regional and national way by combining capacity and resources to target those most challenged specialities, and provide more capacity. We have been asked to identify what we can and cannot deliver locally now, what capacity and resources we do have and how, on a regional basis, we can jointly tackle the areas experiencing the greatest challenges. The local gaps may be different but working collectively with other Boards within the region this may minimise the gap. These solutions might be interim solutions rather than sustainable solutions. Regional plans have to be submitted by 7th June.

16.2 Workforce

16.2.1 Nursing

Vacancy rates are regularly monitored in NHSGGC. The key challenge currently is a 15% vacancy rate for Band 5 nurses. Hard to fill areas within registered nursing have been identified, including Care of the Elderly, Medicine and Prison Health Care. In a system where multiple opportunities exist, these areas find it difficult to attract candidates for posts. Where vacancies remain unfilled additional support and alternate approaches are deployed, for example target deployment of newly qualified nurses, recruitment of internationally trained nurses, and direct candidate engagement through site based events and attendance of industry events. We have increased our employer profile via expanded digital marketing platforms including bespoke video productions, expansion of social media channels and utilising alternative career sites and job boards that have a global reach.

16.2.2 Medical staffing

There are key areas of challenge within Medical Consultant recruitment, many of which have been acknowledged nationally, for example psychiatry and clinical radiology. These areas are being supported with enhanced recruitment, but also increased efforts in retire and return, assigning clinical fellows, etc. Overall, fewer than 5% (4% in Acute Services) of consultant posts are vacant.

16.2.3 Allied Health Professionals

The vacancy rate for AHPs in NHSGGC is less than 5%. However, NHSGGC has increased the recruitment of internationally trained Allied Health Professionals, particularly in physiotherapy and radiography due to an increased number of candidates who have undertaken post graduate master

level qualifications within Scottish higher education institutions and benefited from changes to the UK immigration system allowing access to a Health and Care Skilled worker visa.

16.2.4 Clyde area

Due to the geography of our Board area, we face some challenges in recruiting to some specialties in the Clyde area. In particular, we have had difficulty in protecting our front door services at IRH and the Vale of Leven (VOL). As well as being geographically distant from our main sites and the bigger population centres, these are smaller hospitals without the flexibility which is possible at other hospitals. This challenge is one which we are addressing locally, and is unlikely to need a regional or a national solution.

16.2.5 Women and Children

From a workforce perspective the Women and Children's Directorate remains an attractive place to work. This is reflected in senior and junior recruitment retention in medical and nursing professions. Specific challenges ahead for 2023/24 include obstetric and gynaecology workforce demands.

16.2.6 Specialist Oncology Service

The specialist oncology service is experiencing consultant workforce gaps. Active recruitment is ongoing but the availability is not in line with current service demands. We are working with colleagues across the country to mitigate this.

17 Conclusion

Our ADP describes the challenging year we face in 2023/24 as we move into the recovery and renewal phase. Whilst we work towards making rapid improvements in capacity and sustainability, we must also make sure that we drive delivery at pace, providing the right care, in the right place, at the right time.

We are indebted to our staff across the health and care system, including those in support services, as they continue to strive to deliver patient centred care.

Appendices

Appendix 1 - GGC Operational Priorities

Appendix 2 – Workforce

Appendix 1 – GGC Operational Priorities

Purpose	**To protect and improve population health and wellbeing while providing a safe, accessible, affordable, integrated, person centred and high quality health service**			
Values	**Care & Compassion** ⟷ **Dignity & Respect** ⟷ **Openness, Honesty & Responsibility** ⟷ **Quality & Teamwork**			
Aims	**Better Health** **Improving health and wellbeing of the population**	**Better Care** **Improving Individual experience of care**	**Better Value** **Reducing the cost of delivering healthcare**	**Better Workplace** **Creating a great place to work**
Corporate Objectives	• To reduce the burden of disease on the population through health improvement programmes that deliver a measurable shift to prevention rather than treatment. • To reduce health inequalities through advocacy and community planning. • To reduce the premature mortality rate of the population and the variance in this between communities. • To ensure the best start for children with a focus on developing good health and wellbeing in their early years. • To promote and support good mental health and wellbeing at all ages.	• To provide a safe environment and appropriate working practices that minimise the risk of injury or harm to our patients and our people. • To ensure services are timely and accessible to all parts of the community we serve. • To deliver person centred care through a partnership approach built on respect, compassion and shared decision making. • To continuously improve the quality of care, engaging with our patients and our people to ensure healthcare services meet their needs. • To shift the reliance on hospital care towards proactive and co-ordinated care and support in the community.	• To ensure effective financial planning across the healthcare system that supports financial sustainability and balanced budgets. • To reduce cost variation, improve productivity and eliminate waste through a robust system of efficiency savings management. • To exploit the potential for research, digital technology and innovation to reform service delivery and reduce costs. • To utilise and improve our capital assets to support the reform of healthcare.	• To ensure our people are treated fairly and consistently, with dignity and respect, and work in an environment where diversity is valued. • To ensure our people are well informed. • To ensure our people are appropriately trained and developed. • To ensure our people are involved in decisions that affect them. • To promote the health and wellbeing of our people. • To provide a continuously improving and safe working environment.

Better Health

NHS Greater Glasgow and Clyde

Child Health	• Ensure the best start for children with a focus on developing good health and wellbeing in their early years through the **Health Visitor Universal Pathway** (HVUP).
Child Oral Health	• Improve children's oral health, **increasing registration** with dental services enabling secondary prevention, focus on **Childsmile** and reducing GAs for tooth extraction.

Better Health

NHS Greater Glasgow and Clyde

Obesity prevention and Early Intervention on Type 2 Diabetes (Children)	• Working in partnership, increase **healthy weight interventions** for children and families, through community Weight Management interventions e.g. **Thrive under Five.**
Early and pro-active intervention T2DM (Adults)	• Focus on **targeted and structured** approaches to ensure **early intervention and prevention** of Type 2 Diabetes in adults; focus on most at risk groups e.g. pregnant women, BAME communities
Drug Related Deaths	• Work towards delivery of the **National Mission on Drug Deaths** Plan 2022-2026, in conjunction with the ADPs, HSCPs/Alcohol and Drug Recovery Services in GGC; rolling out **MAT Standards**.

Better Health

NHS Greater Glasgow and Clyde

Vaccination	• Protect most vulnerable population from the effects of vaccine preventable diseases, especially Covid and Flu; rolling out the **vaccine programme.**
Public Protection	• Ensure robust procedures are in place to protect the most vulnerable in society; finalising the **GGC Public Protection Framework** and benchmark against **NHS National Accountability and Assurance Framework.**

Better Workplace

NHS Greater Glasgow and Clyde

Staff Health and Wellbeing	• Deliver ongoing support to staff physical and mental health and wellbeing; updating **Staff Health Strategy**, deliver **Workforce Equality Action Plan**.
Workforce	• Ensure a **sustainable workforce** through workforce planning that is responsive to changes in the demand for services; focus on new roles and **deliver Recruitment and Attraction** Plan, refresh **training and development programme**.
Partnership Working and Staff Engagement	• **Work in collaboration** with partners, ACF, APF in developing and implementing plans for recovery and redesign; **deliver IiP**, focus delivery of Staff Comms and Engagement Strategy, **increasing leaders visibility**

Better Care

NHS Greater Glasgow and Clyde

Planned Care	• Build on recovery to date, continuing to increase the level of activity within the **Planned Care Programme** in line with the **ADP** reducing waiting times across all specialties focusing on longer term sustainability.
Cancer	• Recover performance against the national waiting time standard acknowledging increase in referrals with Urgent Suspicion of Cancer (USOC); **Maintain 31day and improve 62day target.**

Better Care

NHS Greater Glasgow and Clyde

Unscheduled Care

- Work in partnership to improve unscheduled care pathways across the system; Improve the **Emergency Department 4 hour** wait target
- Improve the **Delayed Discharge** position across the 6 HSCPs and surrounding partnerships - both Acute and Mental Health.

Moving Forward Together/ Clinical Infrastructure Strategy

- Deliver the revised work programme and track individual projects to **drive forward service improvement and redesign** maximising digital opportunities.

Better Care

NHS Greater Glasgow and Clyde

Patient Safety and Experience	• Continue focus in the delivery of safe care and experience; Review and **update the Quality Strategy** , deliver a person-centred approach through **effective public and stakeholder engagement**, ensure continued **robust infection prevention and control** across the system
Primary Care	• Develop extended multi-disciplinary teams in primary care, maintaining access to core services at the right time and in the right place; developing a **Primary Care Strategy**, implement **PCIPs** reaffirm **OoH** strategic direction, improve on **primary care data.**

Better Care

NHS Greater Glasgow and Clyde

Mental Health and Wellbeing

- Ensure a continual focus on improving mental health and wellbeing services across the system; refresh the **Strategy for Mental Health Services in GGC- 2023-28;** Implement of the Next Phase of **Enhancing Community Mental Health Services;** deliver **CAMH** and **Psychological Therapy** targets

Better Value

NHS Greater Glasgow and Clyde

Queen Elizabeth University Hospital & Royal Hospital for Children	• Continue to respond to the requirements of the Scottish Hospitals **Public Inquiry**, the **Court proceedings** against the Parties responsible for delivering the QEUH/RHC construction project and the **Police Investigation**.
Finance	•Implement financial plans to enable the Board to live within the resources available; Develop **feasible financial projections,** Deliver efficiency plans and recurring savings options to help **reduce the underlying recurring deficit.**
Digital	• Continue to provide resilient and secure eHealth systems for services; Deliver the programmes within the **eHealth Delivery Plan**, enabling service improvement and redesign through the use of digital tools; e.g. HEPMA, remote monitoring.

Better Value

NHS Greater Glasgow and Clyde

Sustainability and Climate Change

- Ensure NHS GGC provides safe, reliable and high-quality services that are environmentally, socially and economically equitable; finalise the **GGC Sustainability Strategy**, set out proposal to decarbonize fleet, adopt the **National Green Theatre Programme.**

Workforce Plan 2022-2025
Action Plan

The following is the Action Plan to support the delivery of the seven themes contained within the NHSGGC Workforce Plan 2022-2025 which are also aligned to the NHSGGC Staff Governance Standards and Corporate Objective – Better Workforce.

**The Action Plan is sorted in order of completion date*
***Progress outlined within this Action Plan is effective of 6 June 2023*

Reference	Pillar	Section	Action	Action Lead	Completion	Latest Progress: Update	Status
1	Plan: Immediate Remobilisation	Public Health	Support staff from the Contact Tracing service into positive outcomes ahead of their fixed term contracts ending in September 2022.	Head of Workforce Planning & Resources	Sep-22	Redeployment exercise for Contact Tracing support staff has concluded.	Complete
2	Attract & Employ	NHSGGC Recruitment and Marketing Strategy	Publish and implement the strategy.	Head of Workforce Planning & Resources	Oct-22	Recruitment & Attraction Plan agreed by CMT and published online. Accompanying action plan now being operationalised.	Complete
3	Plan: Immediate Remobilisation	Public Health	Establish a future vaccination workforce.	Director of Public Health	Oct-22	A permanent and substantive vaccination workforce has been established. The permanent workforce is supported by supplementary resources from the Staff Bank.	Complete
4	Attract & Employ	NHSGGC Recruitment and Marketing Strategy	Launch a careers website with improved branding and introduce a 'talent pool' / cohort approach into the recruitment process.	Head of Workforce Planning & Resources	Dec-22	NHSGGC Careers website has been launched. The site will be developed in partnership with Comms. Talent pools exist for bank recruitment, international recruitment and NQNs.	Complete
5	Nurture	NHSGGC Approach to Staff Health and Wellbeing	Implement the Peer Support programme encouraging all staff to complete the LearnPro Level 1 module, "Introduction to Psychological Wellbeing".	Head of Occupational Health and Safety	Feb-23	LearnPro module launched Ongoing promotion via Core Brief	Complete

6	Nurture	NHSGGC Approach to Staff Health and Wellbeing	Establish a 'Train the Trainer' programme to enable continuation of the peer support network.	Head of Occupational Health and Safety	Mar-23	Psychologist has been recruited and 'Train the Trainer' programme has been established.	Complete
7	Plan: Profession Specific	Nursing & Midwifery	Implement the Common Staffing Method within HSCP workforce planning.	Executive Director of Nursing	Mar-23	The Common Staffing Method has been implemented within HSCP workforce planning and is now in place across NHSGGC.	Complete
8	Plan: Medium Term Drivers	Forensic Mental Health	Establish an appropriately sized workforce to facilitate increased medium and low secure beds.	Executive Director of Nursing	Mar-23	Work is ongoing to establish the workforce in this area.	Delayed
9	Plan: Medium Term Drivers	Forensic Mental Health	Establish the workforce for the new Forensic Community Placements Service.	Executive Director of Nursing	Mar-23	Work is ongoing to establish the workforce in this area.	Delayed
10	Plan: Medium Term Drivers	Neurosciences and Spinal Injuries	Establish the (QEUH based) workforce for the new West of Scotland Thrombectomy / Interventional Neuroradiology service.	Executive Director of Nursing	Mar-23	Work is ongoing to establish the workforce in this area.	Delayed
11	Plan: Medium Term Drivers	Podiatry	Establish a return to practice framework.	Director of AHPs	Mar-23	NHSGGC have collaborated with NES to establish an AHP specific return to practice framework and to raise awareness of career pathways. Increased RtP activity within NHSGGC has resulted in 8 placements already underway (at March 2023)	Complete
12	Plan: Medium Term Drivers	Podiatry	Establish Band 4 posts to support pre-registration recruitment.	Director of AHPs	Mar-23	Podiatry Services have pioneered the introduction of a Band 4 preceptorship model to support entry into Band 5 job opportunities.	Complete
13	Plan: Medium Term Drivers	Care Homes	Establish a suitably sized Care Home Collaborative workforce.	Executive Director of Nursing	Mar-23	A suitably sized Care Home Collaborative workforce has been established. This remains under continual review within the context of national strategy.	Complete
14	Plan: Medium Term Drivers	Estates & Facilities	Collaborate with NHS Scotland Assure to address challenges recruiting to electrical, engineering and joinery trades.	Estates & Facilities Director	Mar-23	NHSGGC Estates & Facilities team continue to collaborate with NHS Scotland Assure and remain closely aligned on all developments.	Complete
15	Plan: Medium Term Drivers	Human Resources &	Increase staff bank service provision through the expansion	Head of Workforce Planning & Resources	Mar-23	Staff Bank expansion is under consideration within the Board's governance processes.	Delayed

		Organisational Development	to additional job families.				
16	Nurture	NHSGGC Approach to Staff Health and Wellbeing	Publish a programme of visits to all sites by the mobile unit to promote health and wellbeing messages to all staff.	Head of Occupational Health and Safety	Dec-23	The mobile rest and recuperation unit is being prepared for it's programme of visits. A visitiation schedule will be published through Core Brief to ensure all staff on site can make use of this facility.	In Progress
17	Attract & Employ	Ethical International Recruitment	(Subject to future funding), launch future campaigns including clinical attachment programmes to target hard to fill posts.	Head of Workforce Planning & Resources	Mar-24	Clinical Attachment programme is hosted on Jobtrain with a global reach.	Complete
18	Attract & Employ	Pathways to Employment and Supported Placement	Develop a formal programme for Graduate Apprenticeships.	Head of Learning & Education	Mar-24	Review of current Graduate Apprentice frameworks complete. Next step is to identify gaps and take forward engagement routes to generate options for design / review Scoping potential of GA as a direct entry route to employment, and to identify a pilot area	In Progress
19	Train	Organisational Development	Develop internal career pathways and succession planning.	Head of Organisational Development	Mar-24	The NHSGGC Careers website is live from March 2023 and will continue to be developed for recruitment and retention purposes (in line with the NHSGGC Recruitment and Attraction Plan 2022-2025). The website will include resources highlighting various career pathways available to staff within NHSGGC Board-wide succession planning process is currently being rolled out for internal applicants who are ready for Director and Senior Management Team level vacancies. Registers of successors have been compiled for each Directorate. The database is currently being reviewed and finalised. Organisational Development Advisers are supporting the development of individuals' succession plans. .	In Progress
20	Plan: Profession Specific	Allied Health Professionals	Introduce an AHP Support Worker capability framework and career pathway.	Director of AHPs	Mar-24	Development of generic job descriptions is underway. Plans to support HCSW access learning and development opportunities to enable progression within roles and across the HCSW career pathway are underway.	In Progress
21	Plan: Medium Term Drivers	Public Health	Create and recruit to joint NHSGGC / Public Health Scotland / Academic Consultant posts.	Director of Public Health	Mar-24	Joint Consultant Post has been advertised and filled. New Consultant commenced in April 2023.	Complete
22	Background	Health and Care (Staffing) (Scotland) Act 2019	Implement the duties required by the Act in line with the published timeline.	Executive Director of Nursing	Mar-25	Initial engagement call hosted by Scottish Government Health and Care (Staffing) (Scotland) Act Implementation Team 6th March 2023	In Progress

23	Attract & Employ	Pathways to Employment and Supported Placement	Develop and enhance our employability partnerships e.g. Clyde Gateway.	Head of Learning & Education	Mar-25	Review meetings held during Jan & Feb 23 with all 6 Local Employability Partnerships (LEPs). NHSGGC Workforce Employability Group role, remit and membership has been refreshed for stakeholder consultation. Group will provide forum to monitor employability action plan and to provide governance for programme activity	In Progress
24	Train	New roles	Design, develop and deliver the new roles identified within the workforce plan, through collaboration with the Centre for Sustainable Delivery (CfSD), NHS Academy and NHS Education Scotland (NES).	Head of Learning & Education	Mar-25	Band 4 N&M role progressing through NHSGGC governance framework.Paper introducing MAPs prepared for Medical Workforce Planning Group	In Progress
25	Plan: Profession Specific	Medical and Dental	Collaborate with NES, working closely to shape training and support DDiTs	Board Medical Director	Mar-25	NHSGGC undertake analysis of various trainee feedback surveys to identify improvements to shape future training. NHSGGC have provided feedback on the NES Strategy and will participate in a joint development session to help improve future collaboration, including a focus on improving the quality of medical education and the introduction of SMART objectives.	In Progress
26	Plan: Profession Specific	Medical and Dental	Promote continuous professional development within the Clinical Fellow workforce.	Board Medical Director	Mar-25	An ADME has been appointed with specific oversight for development and training for Clinical Fellows. A mapping exercise has been completed to identify number of clinical fellows NHSGGC wide Educational Grand Rounds have been organised which take place every Wednesday, while fellows are also invited to local teaching within units The Teaching and Learning Centre is scheduled to re-open in September which will further enhance the delivery of CPD and training.	In Progress
27	Plan: Profession Specific	Medical and Dental	Review job planning to deliver optimal direct clinical contact and continuous professional development, teaching and research.	Board Medical Director	Mar-25	An ACT mapping exercise has been completed and results have helped to inform the level, details and spread of ACT funded undergraduate teaching across NHSGGC, with active governance around SPA sessions. The Director of Medical education meets all of the associate DMEs every month to review progress in the educational roles that they undertake. Responsibility for Job Planning sits with Clinical Directors and there is an established process around monitoring established by NHSGGC. Time within job plans for educational activity, such as teaching/ training and including clinical skills and simulation, is reviewed through the job planning process in a similar way to time allocated for clinical activity.	In Progress

28	Plan: Profession Specific	Medical and Dental	Increase the SAS Grade workforce.	Board Medical Director	Mar-25	NHSGGC plan to implement the new SAS contract with opportunities to advertise to specialist grade posts.	In Progress
29	Plan: Profession Specific	Medical and Dental	Design innovative approaches to delivering care within hard to fill specialties.	Board Medical Director	Mar-25	Patient care is being delivered in a more innovative way which includes tele-medicine, virtual care, remote supervision and consultation. There is an active approach to ensure rotas are maintained on all sites. NHSGGC continue to engage with NES on the approaches to recruit hard to fill specialities including Psychiatry, General Practice and Care of the Elderly.	In Progress
30	Plan: Profession Specific	Nursing & Midwifery	Expand the use of advanced nursing roles.	Executive Director of Nursing	Mar-25	The initial planning phase required to deliver this workforce is underway.	In Progress
31	Plan: Profession Specific	Allied Health Professionals	Expand the use of advanced AHP roles with a target of 15 Consultant practitioner posts, across the professions.	Director of AHPs	Mar-25	NHSGGC have introduced two AHP Consultant posts and are considering a further three at this time.	In Progress
32	Plan: Medium Term Drivers	Theatres Workforce	Engage 120 trainees (including Assistant ODP, Advanced Anaesthetic Assistant and Advanced Scrub Practitioner roles) over 5 years, under annex 21 arrangements.	Executive Director of Nursing	Mar-25	The initial planning phase required to deliver this workforce is underway.	In Progress
33	Plan: Medium Term Drivers	CAMHS	Establish an appropriately sized workforce across the six HSCPs to implement the new CAMHS Tier 3 and Tier 4 service specifications.	Executive Director of Nursing	Mar-25	The initial planning phase required to deliver this workforce is underway.	In Progress
34	Plan: Medium Term Drivers	North East Hub	Establish a suitably sized multi-disciplinary workforce.	Chief Officer, Glasgow City HSCP	Mar-25	The initial planning phase required to deliver this workforce is underway.	In Progress
35	Plan: Medium Term Drivers	District Nursing	Recruit 50 new posts as part of the Scottish Government investment.	Executive Director of Nursing	Mar-25	The initial planning phase required to deliver this workforce is underway.	In Progress