



Delivery Plan

2024-25 to 2026-27

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1 Introduction

Background and Context

The Delivery Plan has been developed in response to the Delivery Plan Guidance which was circulated in December 2023 and February 2024. The plan updates our previous Medium-Term Plan for 2023/4 to 2025/26 and reflects both the ten national 'Recovery Drivers' and our local key priorities.

The plan is a three-year plan for 2024/25 to 2026/27. Our plan contains details of our key deliverables for 2024/25 and is aligned to our three-year financial plan covering 2025/26 to 2026/27 and our existing three-year workforce plan covering 2022/23 to 2025/26.

Our Delivery Plan sets out our direction for the coming three years and within each section of our plan we have set out our key deliverables in 2024/2025. In addition, we have reviewed the new 'Delivery Plan Framework of Indicators' and agreed whole systems improvement trajectories for each framework indicator - these are contained within **Appendix 1**. Our Delivery Plan is therefore structured around the 10 national areas of recovery known as 'Recovery Drivers':

1	Improved access to primary and community care to enable earlier intervention and more care to be delivered in the community
2	Urgent & Unscheduled Care - Provide the Right Care, in the Right Place, at the right time through early consultation, advice and access to alternative pathways, protecting inpatient capacity for those in greatest need
3	Improve the delivery of mental health support and services
4	Recovering and improving the delivery of planned care
5	Delivering the National Cancer Action Plan (Spring 2023-2026)
6	Enhance planning and delivery of the approach to health inequalities and improved population health
7	Take forward the actions in the Women's Health Plan and support good child and maternal health, so that all children in Scotland can have the best possible start in life.
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 and fast track the national adoption of proven innovations which could have a transformative impact on efficiency and patient outcomes
10	Climate Emergency and Environment

Strategic Direction

Our Delivery plan sits within the context of our long-term clinical strategy - '**Moving Forward Together**' and is aligned to our corporate objectives and operational priorities to deliver Better Care, Better Health, a Better Workplace and Better Value. A summary of our corporate objectives can be found in **Appendix 2**.

The further development of our Moving Forward Together (MFT) clinical transformation strategy remains central to our medium and long-term planning. Our MFT Clinical strategy is based on the following key principles:

- Promotion of healthy living supporting people to maximise their own health
- Providing person centred care, at the right time, in the right place
- Moving more care towards delivery in the community
- Centralising specialist care, where there is evidence to support this
- Allowing practitioners to work to the top of their licence
- Providing joined up care through better team working
- Removing unnecessary barriers between primary and secondary care
- Maximising the potential benefits from ehealth and technologies
- Delivering our plan through the efficient use of available resources

Our MFT vision is a holistic approach to healthcare focused on integration across primary, community, specialist and acute care, supported by the right infrastructure. Over the past year we have developed a revised Clinical Vision and Roadmap which outlines a comprehensive vision for transforming healthcare delivery across NHS GGC focussing on patient-centred care, whole system pathway development, prevention and self-management and embracing technology to deliver sustainable services. This is supported by a suite of Target Operating Models (TOMs) and development of a demand and capacity model. MFT will continue to evolve and underpin our future planning.

Work continues across the whole health and care system in GGC to develop a clinically-led Infrastructure Strategy. The work we have undertaken to date will support us in the delivery of a whole Systems Infrastructure Programme Initial Agreement. This work will continue to be taken forward collectively with our 6 HSCP partners across the entire Board area to deliver whole system solutions and improvements for our patients.

The principles of Realistic Medicine (RM) and Value Based Health and Care (VBH&C) are also important elements of our planning processes. Building on progress to date, our aim is to continue to ensure that the practice of RM enables the delivery of VBH&C across NHS GGC. Our approach will focus on areas such as, clinical sustainability, shared decision making, future care planning and further growing the practice of RM which underpins VBH&C. We recognise the importance of the Scottish Government VBH&C Action Plan and associated vision and will continue to ensure local work is aligned to those principles.

Communications & Engagement

The importance of our Communication and Engagement strategy in supporting our continued transformation of services cannot be understated. 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 over 40,000 staff, effective, timely engagement and impactful communications continue to be a fundamental deliverable. As we detail our approach to delivering the key priorities aligned to the national drivers of recovery, it should be

noted that our planned approach to communication and engagement supports all aspects of planning and delivery of services.

Financial Context

Our delivery plan is framed around the exceptional and significant financial challenges that we and our six HSCP partners currently face. Our plans for the future, including some of our deliverables for 2024/25 are dependent on funding which is yet to be confirmed. In addition, several of our existing service improvement and redesign projects are reliant on unconfirmed non-recurring funding.

Our three year Financial Plan for 2024/25 to 2026/27 will be submitted in tandem with the Delivery Plan and will be subject to approval by the NHSGGC Board in April 2024. The financial plan highlights a deficit of £48.3m for 2024/25 and a deficit of £37.9m and £7.2m for the subsequent years. A summary of the financial plan is shown below. The full scale of the financial challenge for 2024/25 is however £226.9m.

	2024/25 £m	2025/26 £m	2026/27 £m
Recurring forecast Deficit	(218.3)	(133.0)	(98.3)
Non Recurring Pressures	(8.6)	(1.9)	(0.9)
Total Deficit	(226.9)	(134.9)	(99.2)
Recurring Savings Target	128.6	82.0	82.0
Non-recurring Savings	50.0	15.0	10.0
Remaining Deficit	(48.3)	(37.9)	(7.2)

Key Financial Risks

There have been a number of risks identified for 2024/25 and these are detailed below;

Planned Care

- The financial plan incorporates additional activity from phase 2 of the NTC on the agreement that additional funding is provided
- The need to review the service provision may potentially impact on the activity that can be delivered within the current funding constraints

IJB

- The impact of potential savings plans within the IJB's financial plans for 2024/25 could have a detrimental effect on the performance of the board dependant on areas targeted for savings
- Additional pressure may arise due to the financial position of the IJB's and the need to enact the integration schemes

Capital

- Reduction in capital funding available may have an impact on the overall financial position as the capital plan needs to be reprioritised potentially resulting in increased

maintenance costs for works that would have originally been part of the plan but have been stopped due to the need to carry out some of the larger projects

Allocations

- Timely communication of all allocations is required in order to ensure that no additional pressures will result from any reduction in allocations. Clarity on the incorporation of pay award inflation is also required

Income

- Risk around the uplift of income due to be received from Service Level Agreements and other income from NES and NSD

Sustainability and Value Programme

Our Sustainability and Value programme is well established and will play an important role in addressing the 2024/25 financial challenge with a recurring target of £128.6m being delivered from a combination of our well-established processes and key emphasis on overarching initiatives incorporating the areas noted below:

- Non Pay expenditure
- Infrastructure and asset management
- Energy Management
- Management of prescribing costs
- Income and innovation
- Service reviews

In addition to this the Sustainability and Value programme will also drive focus on the efficient use of the Boards resources through the use of benchmarking and best practice to ensure the Board is as productive as possible and enable the Board to effectively control expenditure from areas such as:

- Reduction in agency for both medical and nursing
- Switching agency use to bank for all areas
- Removal of band 3 rotas for juniors
- Maintain cessation of non-framework agency
- Improvement in sickness levels
- Removal of agency from all non-clinical areas

This process will be maintained via the governance arrangements provided through the Sustainability and Value Performance Board.

2 Recovery Drivers

2.1 Primary and Community Care

'Improved access to primary and community care to enable earlier intervention and more care to be delivered in the community'

Developing Our Primary Care Board Strategy

NHSGGC's first Primary Care Strategy is under development and will shape and inform our high-level implementation plan for primary care for the next five years (from 2024 to 2029). Over the early months 2024/25 we will seek Board approval for the strategy to further develop primary care's contribution to the wider system deliverables i.e. frailty, unscheduled care and minor illness. Following approval, a detailed implementation plan will be developed.

Our strategy is being developed using the three horizons methodology as set out in Section 1 and sets out our ambitions in the short and medium term as follows:

Short Term – we will initiate work to enable:

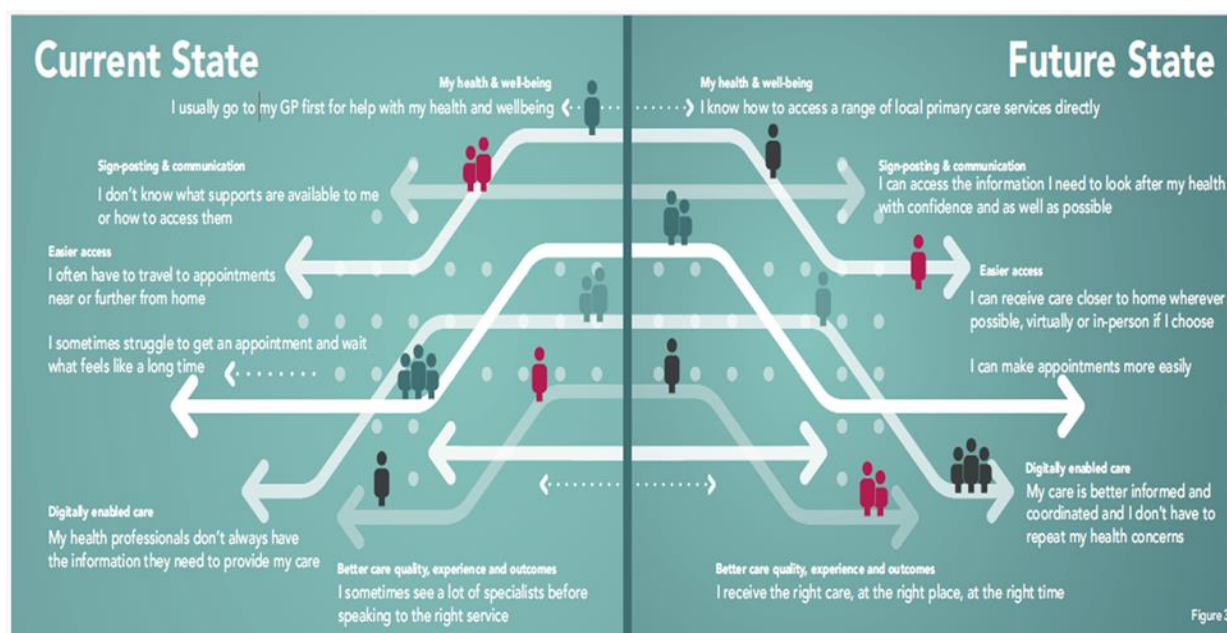
- A sustainable workforce that is sufficiently staffed and skilled and shares a common purpose
- Step-change in data and digital technology innovations to improve patient health and care outcomes
- Integrated care and well-connected services, supported by effective teams, improved system-wide working, leadership and planning
- Patients have an improved understanding of available services and are better able to navigate between primary care services

Medium (2–4 yrs) – Long Term (5yrs > beyond) – our work aims to enable:

- People to access the right service at right time, more flexibly and in ways that suit them
- Strengthened prevention, early intervention and wellness
- Better access to trusted information on health and care
- Strengthened contribution to reducing health inequalities

As part of our Primary Care Strategy implementation, we will continue to develop the role of primary care and build primary care health intelligence to inform service planning and strengthen the evidence base to improve our patients' journey and outcomes as set out in **Figure 1**.

Figure 1: Improving Patient Journeys



This section of our Delivery Plan focusses on the specific asks within the Delivery Plan guidance, pending the approval of our Primary Care Strategy 2024-29. This sets out how we sustain services in primary and community care to continue to support early intervention and care delivery in local communities close to where people live.

Planning Priorities

Within this section we set out how we aim to progress delivery in the following areas:

Delivery of core primary care services

On approval of the NHSGGC Primary Care Strategy by the NHS Board, we will continue to collaborate, engage and communicate with the public and with our independent contractors and providers i.e. General Practice, General Dental Services (GDS), Community Pharmacy, Optometry and our community services on our strategic priorities. Our priorities are optimising workforce, digitally enabled care, and effective integration, interfacing and all system working including collaborating with the Centre for Sustainable Delivery on care pathways.

Community Treatment and Care (CTAC) services

Since 2019, through the Primary Care Improvement Plans (PCIPs), there has been investment to support the development of Community Treatment and Care (CTAC) services. We continue to build and develop these services, encompassing the pre-existing variation in service availability across HSCPs due to local pre-PCIP arrangements including treatment room services, available funding, workforce and premises.

A national programme is underway with 4 selected HSCP demonstrator sites (out with NHSGGC) to inform the requirements to achieve full delivery of the 2018 GP Contract. We anticipate reviewing the insights gained from these demonstrator sites during 2024/25. Pending this, during 2024-26, we will further develop our Quality Improvement (QI) approach to improving

efficiencies within allocated resources, with appropriate skill mix to inform our workforce plan and refine our service delivery model for CTACs. This will then inform our future planning to further refine the service delivery model.

To support the refocused role of General Practice on providing complex continuity of care we will continue to work with Public Health Scotland (PHS) and Scottish Government (SG) through the national primary care data intelligence group to develop further the General Practice data set in order to identify potential opportunities for change.

Out of Hours service

General Practice Out of Hours service (GP OOH) provides people with urgent advice and treatment during evenings and weekends when they are referred to the service by NHS 24. The service is delivered by both employed and sessional staff that undertake telephone, video and face to face consultations along with home visits to patients and also supports access to hospital care where necessary.

The service is modifying their model of care to ensure the GP OOH service is stable and sustainable and supports patient safety as well as the safety of staff working within the service. As part of these developments the service is planning to undertake a further test of change with Near Me consultations and is exploring frequent users of service. The learning will be shared with the wider system to inform the right care, at the right time and in the right place.

NHSGGC's Emergency Dental Service is accessed by calls from patients to NHS 24 on 111. Patients can expect to be led through an algorithm which establishes if the patient needs self-care e.g. pain relief, or whether an appointment should be made for the patient to attend Glasgow Dental Hospital for urgent dental care. This service is available for both patients who are unregistered and those who are registered to local General Dental Practices.

Both Out of Hours services support patients to receive the right care at or as close to home as possible. This means fewer people need to go to secondary care, which increases hospitals' capacity to focus on patients with a greater clinical need.

Early detection and improved management of the key cardiovascular risk factor conditions

Primary and community care services play an essential role in addressing health inequalities and facilitating a healthier life course, through both opportunistic and routinely integrated intervention as part of wider system actions. Primary care teams support successful primary prevention and early intervention by signposting to self-help advice, referral or encouragement of self-referral to a wide range of community programmes and support services. Targeting service reach to our most deprived / vulnerable communities we will continue to deliver services where funding is available:

- **Community Link Workers:** through the PCIP, HSCPs will continue to work with SG 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 cessation, healthy weight and diet, physical activity and alcohol intervention
- **Identification of carers:** enabling access to appropriate carer support.
- **Vaccination and screening programmes:** promote uptake of routine and non-routine vaccination and screening programmes across primary care (with ongoing dedicated work with populations where there is known lower uptake)

In addition, we will prioritise prevention of cardiovascular disease (CVD) risk factors by embedding a common risk factor approach within clinical pathways in line with the SG work on secondary prevention and cardiovascular disease. This will include the promotion of smoking cessation, weight management, alcohol intervention and physical activity within chronic disease patient pathways. A communication plan promoting refreshed patient referral pathways and local service provision will be initiated by Public Health with Primary Care teams in May 2024.

We will continue to deliver the Diabetes Early Intervention and Prevention Framework and promote early identification and intervention in higher risk groups including Black and Minority Ethnic (BME) and mothers with Gestational Diabetes. The development of T2DM as a pathfinder for wider approaches to Chronic Disease Management will continue with the ongoing roll out of My Diabetes My Way care planning and self-management functionality; opt-out intervention pathways for Weight Management and Control it Plus education along-side a programme of support for GP practices (QI; access to practice data and training). We will continue to test innovative solutions, promote digital engagement and reduce barriers, working closely with community partners to promote uptake of digital self-care tools e.g. remote blood pressure monitoring.

Pharmacy within general practice teams and community mental health teams will continue to undertake medicine reviews and optimisation in priority patients, including those with cardiometabolic disease and/or mental health conditions; undertaking risk assessments and recommending lifestyle interventions where required.

We will continue to strengthen primary care links to non-clinical support through the ongoing development of social prescribing networks recognising the impact of wider determinants on health outcomes.

Community Pharmacy

The Community Pharmacy network continues to play an important role in primary care and supporting the health care needs of citizens within NHSGGC. From October 2022 until September 2023, Community Pharmacies supported around 800,000 interventions of care under the National Pharmacy First service and a further 3500 patients' needs were met by our ever-increasing number of Community Pharmacy Independent Prescribers (CPIP). All Pharmacies can offer the Pharmacy First service with around 30% of the network now having a CPIP available at certain times during the week to be able to prescribe prescription medication without the requirement to attend a GP practice. NHSGGC will continue to support and

development this network of pharmacies through local and national discussions to further enhance care in local communities.

We are currently running pilots in relation to supporting medication supply at a local Community Pharmacy for patients being discharged from hospital and also the utilisation of CPIPs within the OOH period to support pressures on GP OOH service and attendance to ED. These pilots, looking at new ways of working, are due to report in early summer 2024 and we will explore all recommendations that arise from the findings for future developments.

Eyecare Services

As part of our commitment to increasing the delivery of hospital-based eye-care into a primary care setting where appropriate, NHSGGC will continue to progress the roll out of the Community Glaucoma Service. The NHSGGC Community Glaucoma Service is provided for patients who have a lower risk glaucoma or high pressure within their eyes.

Throughout 2024/25 we will continue to identify patients who are eligible for discharge from Hospital Ophthalmology in Glasgow City, East Renfrewshire and East Dunbartonshire Health and Social Care Partnerships (HSCPs) and issue letters and registration information to these patients. An exercise was undertaken to identify patients from West Dunbartonshire, Renfrewshire and Inverclyde Health and Social Care Partnerships and they are on schedule to be discharged 2024/25.

We plan to safely discharge 1000 patients within 2024/25 and a further 1000 patients in 2025/26 on the basis that sufficient capacity and numbers of suitably qualified optometrists within an HSCP/NHS Board are secured to adequately support patient care. Further developments during 2024-26 will be considered as part of any nationally agreed priorities for eyecare.

Dental Services

NHSGGC will continue to monitor patient de-registration data by HSCP area to identify potential areas of restricted or limited access to dental services. In addition to assessing population need, and the demand on urgent and unscheduled care, there is a need to determine the impact of the changes to the Statement of Dental Remuneration (SDR) under Determination 1 on NHS General Dental Services (GDS), devised by the Scottish Government. The ability of NHSGGC to monitor service delivery, to plan and adapt to change will be predicated on appropriate data intelligence to support this work. We will work with partners in other territorial Boards, SG, PSD and PHS to ensure there is timely access to relevant data.

NHSGGC will continue to engage with GDS to understand local service pressures (such as recruitment and retention) and to explore opportunities to support service delivery through schemes, such as the Scottish Dental Access Initiative (SDAI).

Non-emergency patient transport services

Primary and community care services may provide information to patients on local public transport routes within the community. For those who require transport to and from hospital appointments, we will inform them about the NHSGGC patient transport service. This service is available to anyone who has a medical condition or mobility requirement that necessitates ambulance transport to attend pre-arranged hospital appointments.

Key Deliverables 2024/25 – Primary & Community Care	
Core Primary Care Services	
<ul style="list-style-type: none"> • Approve and launch the NHSGGC Primary Care Strategy 2024-2029 and commence delivery of its Implementation programme with annual refresh • Review of enhanced services within general practice in line with national developments budget allocation to work within GMS allocation • Develop and implement 2024/25 General Practice Sustainability work plan • Scope NHSGGC requirements for contingency for general medical services (GMS) contract failure e.g. 2c work in readiness to ensure continuity of service 	
Community Treatment and Care (CTAC) services	
<ul style="list-style-type: none"> • NHSGGC will commence the development of a CDM model of care and support planning, which will be embedded and implemented throughout NHSGGC by December 2026 • Further develop standardised reporting across the 6 HSCPs - to measure CTAC activity and capacity • Promote the use of Connect Me (In healthcare) BP pathway to GP practices, which delivers a pathway for diagnosis, intervention and treatment and ongoing monitoring of high blood pressure 	
GP Out of Hours	
<ul style="list-style-type: none"> • GP OOHs will undertake a test of change with Near me Consultations to consider an approach to embedding Near Me into GP OOHs services • Agree and embed the revised GPOOHs sustainable model 	
CVD Risk Management	
<ul style="list-style-type: none"> • Deliver smoking cessation and adult weight management interventions as part of Cardiovascular care pathways • Extend access/ improve uptake of diabetes education (Control it Plus) and self-management programmes including the roll out of standardised care plans for patients with T2DM 	
Eyecare	
<ul style="list-style-type: none"> • Continue to progress the roll out of the Community Glaucoma Service 	
Dental	
<ul style="list-style-type: none"> • Continue to monitor patient de-registration data by HSCP area to identify potential areas of restricted or limited access to dental services. Continue to engage with GDS to understand local service pressures (such as recruitment and retention) and to explore opportunities to support service delivery through schemes 	

2.2 Urgent & Unscheduled Care

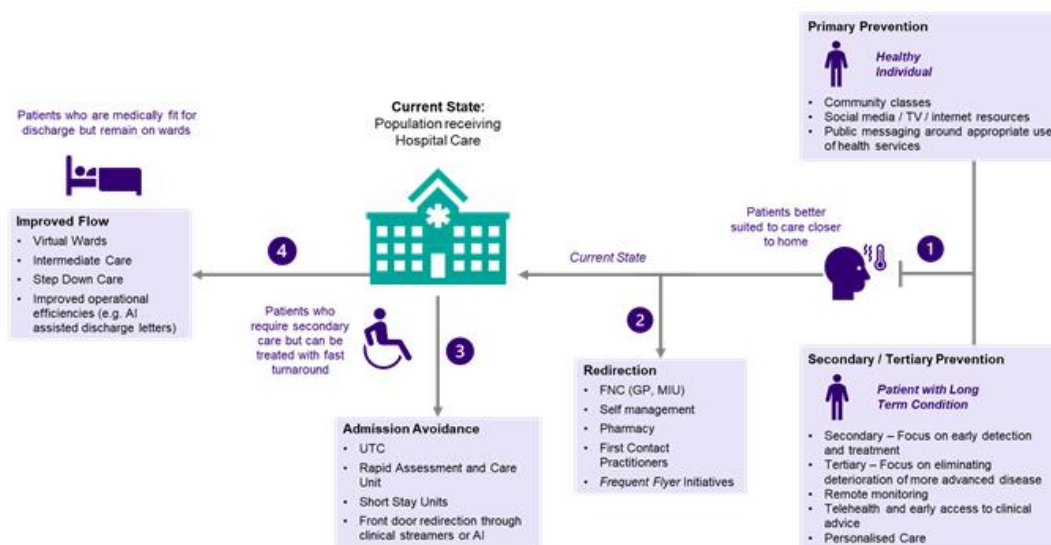
‘Access to urgent and unscheduled care, including scaling of integrated frailty services to reduce admissions to hospital’

We continue to progress our programme of ongoing redesign and improvement to transform the way in which people access urgent and unscheduled care (U&UC), with the aim of providing person centred care, at the right time, in the right place. The implementation of virtual and alternative pathways has, to date, shown a positive impact across our acute, community and primary care services. We remain committed to further developing our Urgent Care pathways in those areas that will have the greatest impact for our patients and staff.

Redesigning Urgent Care Delivery – Target Operating Model

As part of our redesign of urgent care we have developed a Target Operating Model (see Figure 2). Our vision is to provide immediate access to urgent advice or urgent care through a “digital front door” when clinically appropriate. Emergency care will be provided in the right place at the right time, whether that is by supported self-management, primary care, community providers or in our acute hospitals. Only those who require to do so will attend our Emergency Departments, eliminating delays and optimising emergency care for our most urgent patients.

Figure 2: TOM for Urgent and Unscheduled Care



Based on the findings of our Discovery report (provided through CfSD), alongside our own performance analysis and self-assessments, we have identified a range of opportunities to support delivery of our Target Operating Model which are elaborated on throughout this section.

Communication - Patient and Public Messaging

Our U&UC programme is supported with a significant communication plan using our digital platforms, traditional media and community outreach means, and we will continue to raise awareness and support our patients to access the most appropriate pathways as an alternative to ED. Our targeted campaigns will focus on supporting self-care where appropriate and increasing awareness of our community services, including Pharmacy, Optometry and Dental services.

Our acute pathways will build on our wider approach to health inequalities and primary or secondary prevention by routinely signposting to self-help advice, referral or encouragement of self-referral to a wide range of health improvement programmes as well as strengthening connections to our network of non-clinical support services reflecting wider life circumstances and social issues facing patients.

We will also build on our recent positive work focussing on our student population, Men's spaces and to our most deprived communities.

Community Urgent Care Pathways and links between Primary and Secondary Care

The priorities set out in the primary and community care section of this plan outline a range of areas focused on primary prevention and early intervention community programmes and support services across primary and community care that will support delivery of urgent care pathways within the community (see section 2.1).

Our key areas of focus are as follows:

Primary Care: Our Primary Care and Digital strategies outline a range of actions to support primary, secondary and tertiary prevention particularly through remote monitoring, telehealth and early access to clinical advice, such as remote management of COPD in the community via the Dynamic Scot app.

Professional to Professional pathways and Call before you Convey: Progress continues in developing our links between primary, community and secondary care. This will focus on increasing access to 24/7 Senior Decision Maker advice through our Professional-to-Professional pathways for our GP Practices, GP Out of Hours, SAS and our Care Homes across GGC as a minimum, and with the aspiration to further expanding this access where appropriate. We will build on the success of our Care Home Call Before Convey and Community Rehab Falls Pathways.

Flow Navigation Centre (FNC): Our FNC has maintained a high discharge rate whilst also supporting an increase in the number of assessments particularly during the winter period. We will continue to maintain the current capacity and further maximise the FNC using current pathways and the development of additional pathways where the FNC can provide clinical input. We have successfully implemented the scheduling of appointments to our MIUs through our FNCs and as an alternative for our EDs who are redirecting appropriate patients with Minor Injuries. We will continue to optimise both pathways and aim to further extend this availability to our GP practices.

Community Pathways: We have continued to develop our acute medical pathways for patients in the community setting. We will build on this work with further pathways driven by a continuous review of data from our front door presentations. This will also evolve to include surgical and other specialty pathways.

Redirection: We have implemented a refreshed pathway for the redirection and signposting of Minor Injuries across all our adult and paediatric ED's supported by robust recording and reporting processes and a targeted patient communication campaign. This has had a significant impact on the number of patients that have been redirected away from our ED departments to the most appropriate care. We will continue to work with our acute sites to promote this work and maximise this pathway, whilst also using our redirection outcome data to support its further development including a focus on Minor Illnesses. This has further been supported by a strong internal and external communications campaign, which will continue as appropriate through 2024-2025.

Mental Health: Our mental health strategy describes actions to shift the balance of adult and older adult mental health care through a model of enhanced community mental health service provision, which delivers services earlier and reduces the need for acute inpatient care. We will continue to develop the mental health pathways in NHSGGC that currently link SAS, EDs, Police, FNC, NHS24, distress response services and our Mental Health Assessment Units (MHAUs).

Reducing Avoidable Unscheduled Admissions and Caring for People Closer to Home

We are committed to further developing our Frailty Programme and supporting people to access care closer to home, our plans to support this include:

- Reviewing the Community Integrated Falls Pathway in collaboration with SAS and NHS24 to identify alternative patient flow opportunities with a view to improving non-conveyance, and work towards SAS referral to Community Rehab Teams being embedded as the 'business as usual' approach
- Seeking to extend Care Home engagement and use of the Care Home Falls pathway, using the intelligence we have gained to date to enable Care Homes to connect to and with technology used within FNC. We will also review this pathway in collaboration with SAS and NHS24 to identify opportunities earlier in the pathway to direct to FNC
- Early evaluation of our Care Home Call Before You Convey model is demonstrating a positive impact with calls from homes to HSCPs for support with deteriorating residents helping identify those at high risk of conveyance to hospital, and we will develop a model to scale up across all Care Homes should recurring resource be secured
- Review the Home First Response Service pathways to ensure identification of frail individuals at the earliest point of arrival or pre-arrival to ED
- We will continue to develop community frailty pathways across all 6 HSCPs, sharing learning to influence spread of those with greatest impact and using the advanced specialist skills of Frailty Practitioners to support prevention and early intervention

- This work connects to wider strategic work across HSCPs and the community, focussed on developing an asset-based approach to avoiding institutional care including in acute hospitals

Virtual Hospital Beds - Hospital at Home and Interface Care

Hospital at Home

Our Hospital at Home service has capacity for up to 20 beds, during 2024/25 the service will work to maximise use of existing capacity and resource, we will:

- Increase referrals to Hospital at Home from GPs through working with practices who have lower levels of referrals to Hospital at Home, sharing patient criteria and live data on bed availability to encourage increased use of the service.
- Extend access to the service through:
 - GPs in the North-West locality who normally refer to QEUH
 - Increasing referrals to Hospital at Home from Acute Assessment Units

The Hospital at Home services is dependent on continued HSCP funding allocation from within the Glasgow City HSCP Health Budget, at the time of developing the plan GCHSCP Health Budget was not yet formally confirmed.

Interface Care

The Heart Failure and Outpatient Parenteral Antimicrobial Therapy (OPAT) elements of our Interface Care programme have been delivered to date using non-recurring Scottish Government Interface funding of £2.3m over a two-year period, while Respiratory work has been progressed where possible within our existing resources.

Our OPAT service has treated an average of 45-50 patients per week, avoiding an average of 300-350 inpatient bed days per week, while 93.5% (n.86) of referrals to the Respiratory service in Renfrewshire avoided inpatient admission in the first year of the service operating, equating to 774 bed days.

During winter 2024 we have also delivered expansions in our virtual bed capacity through pilot projects in Paediatric OPAT and Cardiology, the pilots were supported using non-recurring Scottish Government winter funding.

All of the above programmes are being formally evaluated, however at this point ongoing delivery of existing interface care services and any further expansion of these services is dependent on additional recurring funding being secured.

Improving Flow within our Acute Hospitals

In 2024/25 we will take forward a focussed piece of improvement work on short stay acute urgent pathways, to identify where these pathways can be further refined to improve assessment and treatment processes and reduce length of stay.

The Discharge without Delay (DwD) bundle has been rolled out to 130 adult acute wards, and a programme of sustainment and continuous improvement of our approach to DwD is now in place. Based on learning from our self-assessment, in 2024/25 we have identified three priority

areas for the coming year: Planned Date of Discharge (PDD), pre-noon discharges and Criteria Led Discharge.

- We will review and improve our approach to setting and updating PDDs, with increased involvement of patients and families in the process and ensuring all partners across the health and care system are part of the conversation
- We will implement a standardised NHSGGC approach to Criteria Led Discharge, this approach will improve flow within our hospitals and is expected to contribute towards both improvements in pre-noon discharge as noted above, and in our weekend discharge rate. We aim to increase our pre-noon discharge rate, initially to 20% of discharges and moving towards a longer-term figure of 30%

Key deliverables 2024/25 – Urgent & Unscheduled Care	
Communication - Patient and Public Messaging	
<ul style="list-style-type: none"> • Increasing awareness and usage of all alternatives to ED among our patient populations including self-care, FNC and Primary and Community Care alternatives • Continue to promote our redirection message and optimise this pathway to further develop and widen its scope with a focus on minor illness 	
Community Urgent Care Pathways and links between Primary and Secondary Care	
<ul style="list-style-type: none"> • Increase Professional-to-Professional pathways to provide increased advice and support to community urgent care pathways • Further maximise our Flow Navigation Centre using current pathways and the development of additional pathways • Further develop our acute medical pathways support for patients within the community setting, driven by a continuous review of data from our front door presentations • Increase our scheduling of appointments to MIUs and aim to further extend this availability to our GP practices 	
Reducing Avoidable Unscheduled Admissions and Caring for People Closer to Home	
<ul style="list-style-type: none"> • Increased non-conveyance to ED as a result of the Falls pathway • Increased identification of frail individuals at the earliest point of arrival or pre-arrival to ED • Enhanced frailty pathways across HSCPs 	
Hospital at Home and Interface Care	
<ul style="list-style-type: none"> • Driving internal and external awareness of H@H and Interface care among key stakeholders via ongoing communications to increase referrals to H@H from GPs • Extend access to the H@H service through: <ul style="list-style-type: none"> ○ Providing access in the Northwest locality to GPs who normally refer to QEUH ○ Increasing referrals to Hospital at Home from Acute Assessment Units • Maximise capacity and admission avoidance via Interface Care programme (subject to service evaluation and available funding) 	
Improved Flow	
<ul style="list-style-type: none"> • Ongoing communications support to drive Home For Lunch early discharge messaging internally and externally • Implement standardised approach to Criteria Led Discharge to support increased rate of weekend and pre-noon discharges 	

2.3 Mental Health

'Improving the delivery of mental health support and services, reflecting key priorities set out in the Mental Health and Wellbeing Strategy'

The key priorities for improving the delivery of mental health support and services, are set out in our refreshed Strategy for Mental Health 2023-2028.

Our strategy emphasises the importance of prevention and early intervention. Progress has been made around delivery of public mental health training, access to distress brief intervention services, and reducing mental health stigma.

The key themes of the strategy include:

- A joint approach to, and strengthening of, the relationship across strategies covering all mental health services (perinatal and infant mental health, child and adolescent mental health, learning disability, adult and older people's mental health, alcohol and drug recovery services, and forensic psychiatry mental health)
- Shifting the balance of adult and older adult mental health care through a model of enhanced community psychiatric service provision and related reduction and rationalisation of retained psychiatric mental health inpatient beds
- Creation of a regional Child & Adolescent Mental Health Service (CAMHS) Adolescent Intensive Psychiatric Care Unit (IPCU) adjacent to the existing adolescent inpatient facilities (Skye House) located on the Stobhill site
- Reflection of changes in context and policy drivers, and identification of changed or new recommendations in response
- Recognition of, and response to, the significant impact of the Covid-19 pandemic on mental health care and support from both a patient and staff perspective

The most recent Health and Wellbeing survey showed that fewer people (and particularly young people) have a positive view of their mental and emotional wellbeing compared to the last survey pre-pandemic. Almost a quarter (24%) of all respondents had scores which indicated depression, rising to nearly a third (32%) of respondents in the most deprived areas.

We will maintain our commitment to public mental health and wellbeing through delivery of suicide prevention initiatives and improving access to distress support.

Mental Health Strategy

The requirement for significant adult and older adult service change was identified before the Covid-19 pandemic and formed the basis of the 5-year Mental Health Strategy from 2018.

Our Mental Health Strategy proposes a system of stepped/matched care, allowing for progression through different levels of care, with people entering at the right level of intensity for their treatment. The aims of the strategy include:

- Integration across services to provide a condition-based care approach
- Shifting the balance of specialist psychiatric delivered care further into the community

Looking at population projections, which show a contraction in the working age population, and a small increase in the over 65 population, there is not currently any evidence to suggest there will be a major increase in demand for admission to psychiatric inpatient services up to 2028.

Wide engagement has taken place whilst developing the strategy. The first tranche of community psychiatric changes will be supported by optimising the use of our inpatient beds. Discussions are ongoing with Healthcare Improvement Scotland (HIS) to inform proportionate engagement and/or consultation.

Learning Disabilities

The work being undertaken to support patients with learning disabilities is detailed in our 'Coming Home' Implementation plan. This sets out the objectives to:

- Work with HSCPs to develop community capacity and infrastructure to ensure people delayed in our in-patient services are discharged to homes in their communities with support from community learning disability services
- Close our remaining long-stay provision and reduce assessment and treatment beds, to release resources which can help develop support in communities, working to prevent unnecessary admissions

Improving Access to Mental Health services

The aim for Adults & Older People is to reduce waiting times and maintain the 18-week referral to treatments (RTT) standard. This will be achieved through:

- Development of the Adult Groups Psychological Therapies service
- Support for digital and peripatetic solutions that help balance demand and capacity across the six HSCPs
- Careful management of the balance between treatment and assessment

The aim for CAMHS is to:

- Consistently meet the 18-week referral to treatment (RTT) standard to ensure children and young people are waiting and seen in less than 18 weeks. Continuous monitoring of demand and capacity, along with vacancies and long-term absences will help to achieve the balance of need and support across NHSGGC
- Continue to undertake analysis on factors that impact engagement with CAMHS. This will be used to inform potential interventions to enhance engagement and reduce non-attendance
- Provide young people with online information regarding key conditions and the care offered for those seen by CAMHS, as described in Care Bundles
- Continue to develop delivery of the national Eating Disorder Service Specification. This will include consolidating tests of change undertaken or underway in expanding the role of AHPs to support young people with eating disorders, particularly those with neurodevelopmental co-morbidities
- Continue to develop delivery of the national Neurodevelopmental Service Specification. This will include reviewing clinical requirements to meet the Neurodevelopmental Service Specification, and demand and capacity modelling to refine options

Tackling Inequalities

As outlined in the Strategy for Mental Health 2023 – 2028 a focus will be maintained on:

- Developing programmes of work to address mental well-being within vulnerable groups and communities, and support Third Sector Interface (TSIs) in the dispersal of Scottish Government Community Mental Health and Wellbeing funding to projects that benefit our most vulnerable groups
- Developing new (or expanding on) community-based developments to support those with borderline personality disorder, or those in need of mental health rehabilitation, care home liaison, and/or community mental health acute care
- CAMHS will continue to ensure accessibility for all children and young people with timely, age-appropriate, accessible, delivery within comfortable settings, as close to home as possible
- The LGBT Charter will be reviewed and renewed to reflect the evolution of our programme which is designed to encourage greater inclusion within an organisation whether for service users, young people, pupils, staff or other stakeholders
- CAMHS will implement the recommendations of our ethnicity and diversity training needs analysis which was undertaken in 2023. Advanced training will be delivered on how to practice ethically and without discrimination

Developing Primary Mental Health Teams

Following changes to Recovery and Renewal funding, a review will be undertaken aimed at developing Primary Mental Health teams, with appropriate scaling/matching towards the resource/financial envelope available. The (specialist) primary care mental health service workforce and delivery model, and interface with Primary Care will also be reviewed.

The CAMHS teams are already multi-disciplinary and have strong links between Tier 3, Tier 4 and Inpatient CAMHS.

Forensic Mental Health Services

The adult Forensic Mental Health (FMH) and Learning Disabilities team provides services within NHS GGC, as well as national and regional services. Our medium and low secure inpatient services form a key component of the Scottish Forensic Estate and are supplemented by the Community Forensic Intellectual Disability service and our Forensic Community Mental Health teams who support patients that are subject to compulsory measures and those with particularly complex needs and significant risk.

Managing the demand for our services with the available capacity remains challenging, particularly in relation to the limited provision of medium and low secure beds and against the national backdrop of rising costs. In line with Scottish Government recommendations, the focus for Forensic Mental Health in NHS GGC will be to continue to deliver quality FMH services and take forward recommendations from the Independent Forensic Mental Health Review (2021).

Our Forensic CAMHS service works closely with the three Secure Care providers, and other specialist CAMH services. As part of the Mental Health Recovery & Renewal (MHRR) we will support the planning to establish the delivery of regional Forensic CAMHS services for children and young people with forensic needs and those who are in secure care and prison. We will

work with the West of Scotland (WOS) regional planning network to develop the business case to allow GGC to host a regional FCAMHS and Secure Care Hub. The Delivery of this is dependent on the allocation of additional funding which currently remains unconfirmed.

Improving Data Collection on Service Performance

Adults & Older People/CAMHS are working with Scottish Government, NHSGGC eHealth, and Public Health Scotland on the development of the Child & Adolescent Psychological Therapies National Dataset (CAPTND). This will be supplemented by work on the wider CAMHS specification standards. We aim to be able to report, either routinely or on an ad-hoc basis for each standard in the specification.

Improving Support & Developing the Mental Health Workforce

A key priority for the Staff Health Strategy for the whole NHSGGC workforce is to strengthen support for mental health and wellbeing, including stress.

Mental Health workforce developments include Recovery & Renewal and Mental Health Outcomes Framework initiatives such as pharmacy support in community mental health, group psychological therapies and peripatetic solutions for delivering Psychological Therapies.

Converting government funding for such initiatives into longer term or recurring resource will support sustainability.

Improving the Mental Health Built Environment & Patient Safety

As we develop adult and older people's enhanced community services, assessment of the quality and safety of the built environment will be a key criterion in reconfiguring and rationalising mental health inpatient beds. This will include addressing specific needs such as eating disorders, secure rehabilitation facilities, and mitigation against suicide risk.

CAMHS will finalise the capital and workforce plans required to operationalise the West of Scotland Intensive Psychiatric Care Unit (WOS IPCU). We will work with Regional Planning to finalise referral routes and operational guidelines. The Delivery of this is dependent on the allocation of additional funding which currently remains unconfirmed.

In line with the Scottish Government's new self-harm strategy, further analysis will be undertaken on the increased prevalence of self-harm amongst children and young people, including the influence of social media; review the patient journey for those referred to CAMHS for self-harm or suicidality; and consider service response to enhance support, and reduce distress.

Key Deliverables 2024/25 – Mental Health
<ul style="list-style-type: none">• Deliver the national standard of 90% of people starting treatment for Psychological Therapies and CAMHS• Finalise the planning required to operationalise the regional Child & Adolescent Intensive Psychiatric Care Unit (IPCU), should funding be allocated• CAMHS to develop and deliver the national specifications for Neurodevelopmental services and eating disorders• Further development of the mental health unscheduled care pathway• Progress recommendations from the Independent Forensic Mental Health Review

2.4 Planned Care

‘Recovering and improving delivery of planned care’

The Context for Planned Care

Over the next three years we will continue building towards a tiered model of care as outlined in the Target Operating Models formed through the MFT process and the following core principles will guide our service delivery:

- Deliver maximum activity from our core capacity with a clear focus on productivity and efficiency
- Sustain an effective year round elective surgery programme, by protecting defined elective beds and workforce on sites across NHSGGC
- Focus on cancer, urgent and long waiting patients in all specialties to recover performance against waiting times standards
- Increase the scope of day and short stay surgery and ensure that the procedure location is appropriate to patient complexity
- Accelerate workforce development, in particular the theatre nursing workforce and expanded ANP/APP roles
- Make best use of developments in digital technology to enhance patient pathways and communication for our patients and clinical teams
- Standardised approaches across NHSGGC reducing unwarranted variation
- Actively engage and collaborate at a regional and national level supporting the work of the Centre for Sustainable Delivery (CfSD) in effective service redesign and transformation

A new National Access Policy and Waiting Times Guidance has been issued by the Scottish Government. We are currently working through the implications of these two documents for NHSGGC. We have a redrafted Access Policy currently under review with the intention of ratification in early 2024/5.

Outpatients: Generating Efficiency & Accelerating Service Transformation

Efficient Processes

A key objective is to continue reducing outpatient waiting times. To improve access for our longest waiting patients we are placing a strong focus on increasing efficiency and reducing unnecessary variation. We are standardising clinic templates and working to improve productivity; furthermore, we will aim to use our capacity flexibly across NHSGGC in order to smooth waiting times within individual specialties.

In addition, our strategy for outpatients aims to optimise our interactions with patients and improve patient access to information at every part of the patient journey. We have already implemented a number of processes to help with this including regular waiting list validation, patient focussed booking, active clinical referral triage of new referrals, one-stop clinics, and patient-initiated review/follow up to strengthen patient-led decisions in their own care.

Where appropriate we will aim to make best use of technology to support service efficiency and effectiveness; for example extending our automated validation of waiting lists, increasing patient

access to digital information about their referral and treatment, expansion of electronic booking following the recent pilot in ENT and Neurology, implementing the national Digital Dermatology programme, and more generally increasing web-based information to help patients and GPs access information at an early stage to support greater patient self-management.

Building on work in recent years to establish virtual patient management via video, we will continue to explore opportunities to increase this where there is clear benefit for our patients.

Service Transformation

Nurse and AHP-led pathways are well established across NHSGGC but we believe there is further opportunity to invest in staff development and expand nurse led pathways, knowing these pathways evaluate well with patients and deliver efficient and effective care.

When redesigning patient pathways, we will work closely with the national Specialty Delivery Groups (SDGs) led by the Centre for Sustainable Delivery. We aim to accelerate implementation of any new pathways coming out of the SDGs ensuring they are implemented at pace across NHSGGC.

Following the publication in 2023 of the Review of Audiology Services in Scotland, our Adult and Paediatric Services are working together through the recommendations and local implications. A recent discussion on this at the ENT CfSD Specialty Delivery Group gives a clear example of how we can use SDGs to share and learn from experience across Scotland.

Addressing Service Sustainability

Whilst we are seeing a reduction in waiting times across most specialties, there are a small number of services where waiting times are not reducing, and some services where reduction has been reliant on additional capacity such as waiting list initiatives and/or insourcing; examples include Gastroenterology, Gynaecology and Spinal. We recognise the impact this has for patients, and we will continue to review and revise detailed proposals for these services in order to develop a more sustainable service position over the longer term.

Inpatients/Daycases: Building Capacity and Maximising Productivity

Over the next 3 years we aim to build further capacity within NHSGGC by increasing the separation of scheduled care from unscheduled care, maximise the use of short stay and daycase surgery, and, where appropriate, consolidate areas of higher volume activity (e.g. Cataracts and Arthroplasty). Efficient Cancer and Diagnostic pathways are key to helping reduce waiting times and this is outlined in more detail in section 2.5.

Elective Surgical Hubs

We are committed to protecting capacity for elective surgical care all year round and aim to achieve this by increasing access to daycase and short stay surgery, in particular with specialties such as Gynaecology, Orthopaedics and General Surgery. NHSGGC will continue building the model of Elective Centres through our Surgical Hubs at IRH and GGH, whilst also increasing the complexity of patients able to be managed at our ambulatory care hospital sites – Stobhill ACH and Victoria ACH. Where there is benefit for patients, we are using the Surgical Hubs to consolidate subspecialty work. Where appropriate we will ensure cross-Sector cooperation and

coordination to make best use of all available theatre capacity; for example, in Orthopaedics the GGH and IRH sites are managing an increasing volume of our Arthroplasty activity.

Our more complex patients will continue to be managed through our Acute Hospitals/Regional Centres, with a similar focus on reducing inpatient length of stay through early rehabilitation after surgery.

Underpinning this model of care will be patient prioritisation and validation of waiting lists (admin, patient and clinical), efficient pre-operative assessment processes that target resources more selectively to match a patient's individual needs, and an emphasis on providing patients with support and advice to help patients 'wait well' for surgery.

Efficiency and Productivity to Maximise Capacity

NHSGGC recognises it is essential to use all resources effectively. All our theatre teams have efficiency programmes in place to maximise patient throughput, and we are ensuring there is consistent use of data to inform operational performance management, to reduce any unnecessary variation, and to help identify areas where service redesign may be required.

A number of specialties use common waiting lists for efficient patient management, for example in Orthopaedics. In other specialties we will be extending our use of high-volume theatre lists; for example in Ophthalmology.

New technology has the potential to help improve efficiency and we have developments in a number of areas. We have recently introduced a new electronic process for pre-operative assessment to optimise patient management ahead of surgery and help reduce cancellations. We are improving the visibility of data dashboards for all operational teams, and we will continue to engage with the national work exploring a new electronic theatre scheduling tool.

Our teams are working with CfSD through the new national Peri-operative Delivery Group, and we will use this forum to share and learn from others across Scotland. The Atlas of Variation has been reviewed by the Realistic Medicine Leads and Chiefs of Medicine in NHSGGC and will continue to inform practice as further data is published. For 2024/25 NHSGGC would welcome a national assessment of procedures of low clinical value to help inform standardising of practice across Scotland.

Supporting Workforce Development

Workforce recruitment, retention and development remains a significant challenge for NHSGGC, similar to all Boards across Scotland. This will remain an area of focus by using expertise across NHSGGC to share learning, support skills development and build flexibility and resilience within teams. An example of this is our GGC wide theatre nurse training delivery programme; this developing programme will maximise opportunity for training our own staff and utilise educator resources across NHSGGC more efficiently, as well as standardise programmes for consistency with agreed training timescales, support, and shared resources.

Addressing Service Sustainability

A number of our patients continue to experience long waiting times for some routine operations. This is particularly across Orthopaedics, including Spinal, Gynaecology, and Urology. Detailed plans are in place for these specialties as outlined:

Orthopaedics: Orthopaedics has the largest number of patients waiting for routine surgery. Our developing network of elective surgical hubs has a focus on Orthopaedic surgery, and we are consolidating subspecialty work where this delivers benefit for patients. Our existing local expertise in daycase and short stay surgery is ensuring patients are managed effectively and efficiently. We are committed to continuing to increase capacity at these sites but recognise that this will require additional investment to be achieved. Our local capacity is augmented with additional capacity from the emerging NTC network, and we will continue to work with NHS Boards across Scotland to ensure this capacity delivers for our longest waiting patients. We understand a national plan for Orthopaedics is being developed to help address inequity of waiting times across Scotland and look forward to engaging with the Scottish Government in its development.

Spinal: The long waiting times in Spinal remain a challenge, additional external capacity has been explored but without success. Subject to available finance, an internal solution is emerging with Neurosurgery and South Orthopaedics working together to generate a revised model of care.

Gynaecology: Developments in surgical techniques will see laparoscopic 23-hour surgery being used in NHSGGC. It is proposed to expand this approach over time, enabling longer waiting patients to be seen more quickly with a reduced length of inpatient stay. Further review of Gynaecology provision in 2024 will drive further opportunities for efficiency.

Urology: In 2023/4 NHSGGC participated in the national peer review process for Urology. This has identified several areas of focus for NHSGGC and we will take forward a programme of prioritised actions in 2024/5 working closely with colleagues across the West Region.

Key Deliverables 2024/25 – Planned Care	
Outpatients	
<ul style="list-style-type: none"> • Carry out a regular programme of three stage validation of waiting lists • Implement an NHSGGC Access Policy in line with new national guidance that maximises use of available resource whilst remaining patient centred in delivery • Seek reassurance of standardised practice and flexible use of capacity to reduce variation in outpatient waiting times across key specialties, e.g. Orthopaedics • Undertake a clinically led review of current practice in relation to use of PIR/PIFU. Identify further opportunities to develop Nurse/AHP led services, including for Sleep and Gynaecology services • For any new pathways coming out of the CfSD SDGs, review any implications for rapid implementation in NHSGGC • Engage with CfSD Peer Reviews and develop clear implementation plans from the recommendations • Work towards a more sustainable service model for Spinal Services 	
Inpatient/Daycase	
<ul style="list-style-type: none"> • Focus on theatre efficiency including use of improved theatre dashboard and analytics • Re-examine opportunity for productive opportunities in key specialties (for example, day surgery rates, single procedure lists, high volume operating) • Continue use of targeted clinical validation of waiting lists for efficient patient management • Build on the elective surgical hub model and increase elective capacity away from the main hospital sites, with a particular focus on Orthopaedics 	

- Implement laparoscopic 23hr surgery in Gynaecology
- Create a cross-Sector Urology strategy and delivery plan
- Accelerate the delivery of high-volume cataract care
- Work towards a more sustainable service model for Spinal Services
- Continue to build the theatre workforce to address gaps in Nurse and Anaesthetic staffing provision
- Make use of all available external capacity for maximum impact for the longest waiting patients, particularly in Orthopaedics
- Identify where further use of technology could optimise all aspects of the patient journey

2.5 Cancer

'Delivering the National Cancer Action Plan (2023-2026)'

In line with the Cancer Strategy for Scotland, 2023-2033, NHSGGC is committed to progressing rapid cancer diagnosis, optimal treatment delivery and improved outcomes for patients with cancer.

We aim to improve patient centred access to cancer services, with particular focus on challenged cancer pathways. We will work across Primary and Secondary Care to progress positive redesign and innovation; and deliver sustainable service provision for the future.

Improving Cancer Waiting Times Standards

Recovering performance against the national cancer waiting time standards is a key objective for NHSGGC. We aim to achieve over 95% performance for the 31-day decision to treat until first treatment target.

Performance against the 62-day referral to first treatment target remains challenging as the pandemic recovery period continues. A suite of improvement actions continues to be implemented with a strategic focus on high volume and challenged patient pathways.

In the coming year, cancer pathway groups will remain focused on delivering sustainable waiting times improvement and targeting challenged tumour groups, including Breast, Colorectal, Lung and Urology. Multidisciplinary work will continue to deliver efficiencies across the whole patient pathway, working in partnership across Acute and Primary Care to manage demand appropriately and provide optimal access to cancer care.

We continue to deploy additional capacity, where possible, across cancer pathways with a focus on early diagnosis and access to initial treatment. In particular we will augment improvements in patient waiting times to first consultation in Breast services and will continue to ensure patients are directed into appropriate streams through robust referral vetting.

Colorectal pathways will benefit from further enhancement of the diagnostic pathway, three stage waiting list validation will continue to be carried out and the use of qfit is well established within NHSGGC.

We will also continue to implement Scotland's Optimal Lung Cancer Diagnostic Pathway, working to expand rapid access to key diagnostics tests, such as PET-CT, and expedite cancer diagnoses and through redesign, further embed successful elements of the Urology pathway, such as straight to test processes and additional diagnostic capacity. Workforce development will also continue, building on successful initiatives to expand the scope of practice in the multidisciplinary teams.

Increase Diagnostic Capacity

PET-CT

PET-CT is a key diagnostic test for patients on the cancer pathway and NHSGGC provides this scan for all WOS patients. We currently have two PET-CT scanners in Gartnavel General Hospital (GGH), with radioactive tracer being manufactured on site within NHSGGC in the PET Production Unit.

As demand from cancer referrals increase, significant pressures on the capacity requirement for PET-CT across NHS Scotland have been identified. With the increases in clinical indicators across a number of cancers, PET CT scanning will become more critical in the diagnostic pathway realising the full potential of this type of scan. Currently we are scanning approximately 5,500 cancer patients per year, the majority being on the cancer pathway. The National Strategy for PET CT is anticipating that within the next 2 years the requirement for these scans in the West of Scotland will reach approximately 8,000 patients. This growth does not include the ongoing research into dementia and medicines development, which will have an additional impact on PET CT scanning. It is evident that as the demands for PET CT continue to grow it will remain a significant challenge for us to meet this increasing demand.

In early 2024, we will finalise our plans to meet increasing demand through a short, medium and long term plan to increase PET-CT capacity. The delivery of this is dependent on the allocation of additional funding which currently remains unconfirmed.

Workforce Development

Workforce planning and development remains critical to increasing our capacity. Work is underway to develop and redesign workforce to support increase in demand through:

- In-house training of Reporting Radiographers and Band 5 Radiographers receiving full training in CT scanning
- A CT training program for Band 5s across the 3 sectors (Band 5s within the South Sector may also receive training in MRI)
- Three Sonographers are currently undergoing training and are due to qualify in September 2024. Once qualified, they will provide additional capacity of 90 slots per week (260 per month) following preceptorship, which is expected to be completed in Q3 of 2024

As demand continues to rise, it will be beneficial for the diagnostic service to undertake further workforce development e.g. through training of, Assistant Practitioners, Sonographers and Reporting Radiographers. This will provide further capacity, flexibility, and resilience within the service. We will remain agile in response to future opportunities to support this initiative.

Renewal of Equipment to support increase in Diagnostic Capacity

As part of our efforts to increase diagnostic capacity, the renewal of outdated equipment remains a priority for NHSGGC. A rolling programme of replacement, which includes scoring prioritisation to renew outdated equipment is already in place and will continue.

Rapid Cancer Diagnostic Service

Clinical studies have evidenced improvement to patient outcomes with early cancer detection.

To support delivery of the optimal lung pathway, a research study (RADICAL) is being undertaken by NHSGGC in partnership with Qure.ai. This will detect radiological features of lung cancer on chest x-rays to enable prioritisation of reporting of those patients, taking the time from initial referral to CT report from 3-6 weeks to around 4 days. The study will continue until early 2025.

The outcomes from the study will subsequently be evaluated and presented to the Innovation Design Authority and if deemed feasible, taken to the National Planning Board where a decision will be made on National Procurement.

In 2024/25 the service will work with clinicians, imaging and labs to develop an optimal Head and Neck/ENT diagnostics pathways to support rapid diagnostic and treatment for Head and Neck/ENT cancers.

Endoscopy (including new alternatives)

Maximising Capacity and Efficiency

Endoscopy services continue to manage a significant backlog of patient demand built up during the COVID-19 pandemic. Strategies are in place to help prioritise patients; three stage waiting list validation and use of qFIT is well established within NHSGGC and we will continue to evolve these approaches. We recognise the importance of balancing Endoscopy resource 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.

We have a clear strategy to maximise use of all available capacity and generate incremental increases in capacity over time. This requires a strong focus on efficiency from all our available sessions. 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 we are supporting national work on implementation of the new Endoscopy Reporting System.

Alongside this we will continue to engage with colleagues across Scotland to ensure the clinical pathways in place across NHSGGC reflect best practice and implement any new pathway changes where this is indicated. For example, in the Colorectal cancer pathway work is underway to finalise and approve a double qFIT pathway.

In terms of the newer modalities, NHSGGC is using Cytoscot (previously Cytosponge) and Transnasal Endoscopy (TNE) with appropriate patients to help add to the overall diagnostic capacity. Our use of Colon Capsule Endoscopy (CCE) was evaluated in 2023 and has now been stopped due to the high rate of conversion to colonoscopy for our patients.

Endoscopy will be an integral element of a number of elective patient pathways; a timely and efficient Endoscopy service is key to delivery of Planned Care targets previously outlined.

Developing the Workforce

NHSGGC recognises the need to continue investment in Endoscopy staff training and development. Training programmes are being supported and this is helping to build the levels of Endoscopy workforce required for the sustainable delivery of services over the medium and longer term. In addition, NHSGGC facilitates a number of our Endoscopy operators to provide teaching sessions at the National Training Academy. The number of trained Nurse Endoscopists in NHSGGC now slightly exceeds pre-COVID levels and as these newly trained staff gain experience this will generate even greater stability for our service.

Use of Additional External Capacity

For many years NHSGGC used external capacity to augment the local base capacity. Our strategy is to continue developing the Endoscopy workforce to build local capacity that will reduce reliance on external capacity over the longer term. However, over the short/medium term this external capacity is vital to reducing the backlog of patients. Recurring and non-recurring investment is required to support this strategy.

The long-term arrangements are in place with the GJNH to deliver annually agreed levels of activity. In addition, in recent years NHSGGC has benefitted from non-recurring investment in a mobile Endoscopy unit on the GGH site and insourcing at the QEUH. Our financial plan for 2024/25 indicates we would wish to continue using this additional capacity for 2024/25.

Confirmation has been received from Scottish Government indicating continued funding for three quarters of 2024/25 for the mobile endoscopy unit, however the financial value has still to be formalised. The use of insourcing will be subject to available funding.

Embedding Optimal Cancer and Clinical Management Pathways

Work continues to further implement Scotland's Optimal Lung Cancer Diagnostic Pathway.

The diagnostic pathway remains a key deliverable and work is ongoing to embed key elements of the optimal pathways. Options are being explored to expand rapid access to key diagnostic tests, to ensure that long term sustainable capacity is available and there is an equitable service for all cancers.

As part of the programme to embed Scotland's Optimal Head and Neck Cancer Diagnostic Pathway, a Head & Neck Diagnostic Hub will be progressed at the Queen Elizabeth University Hospital campus. The Hub aims to provide a sustainable, high quality, patient focussed service with the formation of a multidisciplinary diagnostic hub to manage ENT (Head & Neck) referrals and will facilitate the delivery of a sustainable model for faster access to initial secondary care consultation and diagnostic testing.

NHSGGC will also take forward further pathway improvements to enhance diagnostic provision, digital pathology reporting and workforce role expansion.

To streamline the bladder cancer pathway, the National Haematuria pathway has been embedded across NHSGGC. Clinical services will continue to engage in improvement work across the whole Urology pathway which has been highlighted as a key priority within our improvement plan.

Delivering a single point of contact service for cancer patients

NHSGGC recognises the patient benefits of having a main point of contact throughout their cancer pathway. This access point allows patients to easily discuss their clinical care, receive advice on their appointments, investigations and results, and feel empowered to input into their own care. We aim to ensure all cancer patients are supported by a Clinical Nurse Specialist throughout their cancer pathway to act as a key contact.

In addition, the programme to establish Navigator posts will continue to be embedded in the year ahead. Navigators communicate with patients, carers and primary care regarding appointments, facilitate navigation to diagnostic tests and investigations and signpost to appropriate services. Navigator posts have been implemented in the key cancer tumour groups of Urology and Gynaecology and will expand to Lung Cancer in early 2024.

Configure services in line with national guidance and frameworks on effective cancer management

NHSGGC will continue to embed the Framework for Effective Cancer Management, supporting clinical leadership across the cancer agenda and ensuring clinically prioritised patients remain the focus for timely consultation and treatment. The programme includes the implementation of a new Cancer Performance System to drive the use of information to improve patient care. In addition, the new system will ensure timely monitoring and management of patients following a cancer pathway, allowing improved analysis and targeted plans for waiting time and service improvement.

Significant work has been undertaken to implement a robust governance structure to support effective cancer management. This includes a focus on optimal diagnostics, dynamic tracking and escalation, appropriate treatment and rigorous cancer performance management.

Supporting the Oncology Transformation Programme

NHSGGC will continue to engage with national work to review Oncology service provision and work collaboratively to ensure the national optimisation of resource, and service infrastructure planning. We recognise the importance of sharing data and best practice to inform ambitions for cancer care across NHS Scotland.

We note the Scottish Cancer Network as a dedicated national resource to facilitate a 'Once for Scotland' approach to cancer services, which will potentially assist in delivering equitable access to care and treatment across Scotland. We will engage with national forums to identify collaborative solutions to the recognised significant growth in demand for Oncology Services and medical workforce challenges. In particular, we will inform capacity planning to address the demand increase for Systematic Anti-Cancer Therapy (SACT); due to additional treatment regimens, higher complexity, and extended treatment over longer time periods.

Key deliverables for 2024/25 – Cancer Care

- Finalise short, medium and long term plans to increase PET-CT capacity
- Renew equipment as per rolling replacement plan
- Continue to develop the diagnostic workforce to support growth in demand
- Expand rapid access to key diagnostic tests to ensure long term sustainable capacity
- Continue to implement a suite of improvement actions with a strategic focus on high volume and challenged patient pathways
- Progress Head and Neck pathway and support work to improve flow across the pathway
- Continue to focus on service efficiency, specifically to use three stage waiting list validation for Endoscopy and review clinical pathways to ensure vetting to investigation is appropriate and standardised across NHSGGC
- Continue to support training programmes to build Nurse Endoscopist capacity within NHSGGC over the medium/longer term
- Use additional capacity as a short/medium term measure to help reduce the backlog of patients waiting for Endoscopy: GJNH, mobile unit and insourcing subject to final confirmation of funding

2.6 Health Inequalities & Population Health

'Enhance planning and delivery of the approach to tackling health inequalities and improving population health'

NHSGGC's Public Health Strategy for 2018-2029 (Turning the Tide through Prevention) sets out the strategic direction for reducing health inequalities. Our 2024/25 Public Health priorities (contained within the January 2024 Director of Public Health Report: Stemming the Tide) reflect updated epidemiology evidence and community feedback (including our local 2022/23 Health and Wellbeing Survey). Our population structure continues to change (with an increase in older people and those living with a long-term condition), leading to an increased need for health and social care. Life expectancy and healthy life expectancy have also worsened. Whilst population health post-pandemic shows significant challenge, there are opportunities to mobilise resource and expand system capability to improve access and help reduce inequalities.

Our priorities for reducing health inequalities and improving population health are also reflected in other sections of our Delivery Plan:

2.1: Primary and Community Care

2.3: Mental Health

2.7: Woman and Children

2.9: Digital

Tackling Local Health Inequalities

The NHSGGC work on equality and human rights (outlined in '*Fairer NHSGGC: Meeting the Requirements of Equality Legislation*') aims to ensure equitable and fair access to services and to reduce inequalities, and considerable progress has been made against the mainstreaming actions. As the Scottish Government is reviewing the Public Sector Equality Duty, with regulatory change expected in April 2025, NHSGGC has identified work to deliver during the transitional period.

Improved access to service pathways for Black and Minority Ethnic (BME) patients remains a priority, building on work undertaken with the chronic pain service, maternity service and diabetes health improvement team. This included staff focus groups (to understand staff confidence and issues in delivering appropriate services to BME communities) and assessing and improving accessibility of all patient-facing information in the services. Additional sessions were also held to explore potential cultural understanding of pain with NHSGGC interpreters and the chronic pain services. The focus this year will be on designing and commissioning the BME Health and Wellbeing Survey to develop a fuller understanding of the health needs of this population.

In 2023/24, a peer worker programme was implemented within the vaccination programme to maximise contact with communities who find it hard to engage with NHS routine engagement activity. Targeted engagement with the most vulnerable populations will continue this year, exploring opportunities across a wider range of programmes to reduce barriers to participation. With lower participation rates for people registered with a learning disability across cancer screening programmes (e.g. 44.5% compared to 60.6% for bowel screening), this will be a dedicated area of focus. Building on previous achievements we will continue the programme of targeted vaccination delivery and monitoring the uptake rates.

The impact of deprivation; financial constraints and the impact of the cost of living has been felt across all population groups. Working with partners to build financial security is a priority. Broadening digital access and reducing barriers to health care remain vital to ensure vulnerable people can engage in self-care and access services.

Support the National Mission on Drugs including the implementation of MAT Standards, delivery of the treatment target and increasing access to residential rehabilitation

NHSGGC continues to deliver against its Framework for Addressing Drug Harms, designed to embed a coherent and comprehensive approach across NHSGGC to support local delivery against the range of national drug use and drug harms policies and strategies. We will continue to improve access to appropriate services for both alcohol and drugs. As part of this, Glasgow City Health and Social Care Partnership will establish a Safer Drug Consumption Facility (SDCF); a supervised and controlled healthcare setting where people can consume drugs aimed at reducing the risk of overdose and infectious diseases whilst offering support and access to healthcare services.

MAT Standards

Implementation of the MAT standards are planned and led by Alcohol and Drug Recovery Services (ADRS) in local authority areas, monitored and reported via each HSCP and Integration Joint Board (IJB). Timescales for implementation of all 10 standards specifically in all justice and custody settings is April 2026. Over the coming year, our Board-wide MAT Standards Implementation Group will remain in place to ensure consistent and continued progress across all GGC in both community and custodial settings.

Learning from lived experience in our communities to drive service improvement remains a priority and NHSGGC Alcohol and Drug Partnerships are involved in the National Collaborative and developing the Charter of Rights.

There will be opportunities to embed learning from an exemplar protocol (developed by Healthcare Improvement Scotland) for the interface between alcohol and drug recovery services and mental health services which will support the implementation of MAT 9.

Residential Rehabilitation

With increased Scottish Government funding to improve access to abstinence-based residential rehabilitation services, work will be undertaken across NHSGGC to review pathways and demand for service. Whilst each area has different commissioning structures and service provision, the work will be led by Health Improvement Scotland via Greater Glasgow and Clyde Residential Rehab Improvement Hub (where all ADPs are represented).

Support improved population health, with particular reference to smoking cessation and weight management

Findings from our most recent Health and Wellbeing Survey show that general physical and mental health indicators have declined and health behaviours still pose a threat to population health and life expectancy, particularly for disadvantaged groups. NHSGGC continues to deliver a range of health improvement services to support people to improve their health. We will monitor the levels of asthma related hospital admissions as one indicator. To address recent challenges in achieving the smoking cessation Local Delivery Plan (LDP) target, the service has developed a robust series of improvement plans to maximise capacity and increase levels of engagement.

Prevention of overweight and obesity remains a priority, as these levels continue to rise along with the prevalence of Type 2 Diabetes. NHSGGC continues to deliver a comprehensive approach to weight management, weight maintenance and supported lifestyle changes, adopting a life stage approach to tailor services to different age groups. The delivery of smoking cessation improvements and weight management interventions is dependent on the allocation of additional funding which currently remains unconfirmed.

Redirection of wealth back to local communities aligned to “Anchors Strategic Plan”

Recognising our potential to not only improve the health and wellbeing of communities as part of core business but to use our resources to contribute to building wealth within our local communities, NHSGGC remains committed to our role as an anchor organisation. Our Anchor Strategic Delivery Plan (2023 -2026) and associated annual action plans (monitored through the Sustainability Governance Group) aim to improve community wealth building outcomes.

Progress last year included strengthening pathways into NHS employment from local communities and increasing diversity in the supply chain. Our 2024/25 annual action plan will continue to focus on those three themes of procurement, workforce and land/assets (the latter two also linked to the Workforce and Climate section of our Delivery Plan), and we will continue to influence through our partnerships (including the Glasgow City Economic Region and national Anchors Network).

Commitment and contributions (leadership, funds, staffing and other resources) to Community Planning Partnerships (CPPs)

As part of our strategic population needs assessment and planning process with local partners, the Board-level Health and Wellbeing Survey Report has been disaggregated into a series of Local Survey Reports. With significant changes in relation to perceptions of social support and quality of local services the strengthening of communities (e.g. through developing social capital and optimising local assets) is vital to reduce health inequalities. The Public Health Directorate and the devolved Health Improvement Teams (HSCPs) will continue to engage and support the structures underpinning Community Planning Partnerships to jointly create solutions to address the post pandemic health challenges contained in the reports. We will initiate a programme of local engagement with Community Partners, Third Sector and Voluntary Partners to ensure local intelligence and local voices inform priorities and drive the development of our joint delivery framework.

Improve custody healthcare and ensure that the deaths in custody toolkit is implemented

Prison Health Care

National research has highlighted a need for more effective training and guidance for staff to support family engagement after a death in prison custody occurs. Implementation of the standard national process (Toolkit) for both NHS and Scottish Prison Service staff (which outlines best practice responses following a death in prison custody) will ensure that any death in custody is dealt with in a respectful, timely manner.

Police Custody Health Care

Appropriate health improvement support, referral and signposting is a fundamental feature of the assessment process for all individuals referred to the Police Custody Healthcare team. Strengthening of pathways for mental health and drug support will continue, including the

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development of appropriate direct access to services. The PCHC Workforce review will be completed to enhance assessment and care delivery and compliance with national requirements, including the MAT standards referenced earlier.

Key Deliverables 2024/25 – Health Inequalities & Population Health

- Further develop our understanding of the health needs of BME populations within NHSGGC
- Reduce barriers to participation in cancer screening programmes with a focus on people with Learning Disabilities
- Reduce barriers to participation in vaccination programmes for children and adults.
- Improve access to drug and alcohol services across NHSGGC
- Establish the Safer Drug Consumption Facility in Glasgow City centre and develop an evaluation framework
- Deliver universal and targeted programmes to improve population health including smoking cessation initiatives and healthy weight interventions for adults and children
- Promote NHSGGC as a local employer within the Local Employability Partnerships (LEPs), including involvement in local recruitment and employability drives
- Deliver a programme of community engagement with local HI Teams, Third Sector Interface organisations and partners
- Improve custody healthcare in line with the deaths in custody toolkit

2.7 Women and Children's Health

'Take forward the actions in the Women's Health Plan and support good child and maternal health, so that all children in Scotland can have the best possible start in life.'

We continue to deliver the Best Start Maternity programme and Neonatal plan, with a significant number of recommendations on track for completion during 2024. Best Start remains a key project for our Moving Forward Together (MFT) clinical strategy and is a key element of the strategic vision for future clinical and care services in NHSGGC.

Our five-year Maternity and Neonatal Strategy will be finalised and published during 2024 with a commitment to build on the priorities outlined in Scottish Government's Best Start five-year plan. The strategy sets out nine key areas of strategic intent for our maternity and neonatal services:

1. Delivering personalised, family centred, responsive care, throughout the pregnancy, birth, newborn and family journey
2. Safe high-quality care for all
3. Maximising the potential of specialist services
4. Reducing inequalities
5. Using our estate & resources to provide the best care & value for money
6. Developing our team and wider workforce opportunities
7. Positive engagement and consultation
8. Clinical governance and quality
9. Public protection

We will continue to focus on the redesign of our model of antenatal and postnatal care and developing sustainable systems and structures to facilitate midwifery and obstetric continuity of carer. The full delivery of this may be dependent on additional resources which currently remain unconfirmed.

Our work to address health inequalities will include continuation of our work to improve the experience and outcomes of maternity care for the most vulnerable women in our communities, including those living with deprivation and social complexity, asylum seeking and refugee women. We will also continue to work to improve the experience and outcomes of global majority women. We will do this through working collaboratively across professional specialities, community and third sector groups and will seek the views and engagement of all women who use our services to shape and improve them. We will also provide additional training and education for staff in anti-racist and trauma informed approaches to care.

We have progressed provision of choice of place of birth for women across NHSGGC through establishing 'Alongside Midwife-led' units and optimising our Glasgow homebirth team to enable more women to access this choice. We continue to seek to develop transitional care arrangements to enable late preterm babies who would have previously required care on the neonatal unit, to stay with their mothers in the postnatal ward setting. We have progressed our work with HSCP and Primary Care colleagues to develop more co-location of midwifery services for multi-disciplinary antenatal care and enhance communication and collaborative working between maternity services, health visiting, social care and primary care and we will continue to seek more clinical space in community settings across NHSGGC for antenatal care.

The announcement of the Royal Hospital for Children Neonatal Unit as one of three neonatal intensive care units allows us to move forward with plans for the delivery of care for the most premature and sickest babies as part of a Scotland wide coordinated approach. We will work with the Scottish Government and colleagues in the West Region to support the new model and assess the impact of change in pathways of additional future workload.

We will continue to roll out our communication and engagement plan to ensure involvement in the development of our services and build a shared vision with our staff, women and families.

Child Health Reviews

The Revised Universal Pathway continues to provide an opportunity to assess the child and promote, support and safeguard the child's development and wellbeing.

Developmental concerns in children at the 27-30 months assessment are high in NHSGGC (with nearly 1 in 4 children having a developmental concern). Collaborative work across NHSGGC is focusing on actions to address 'speech, language and communication' concerns, given the rise in these concerns and work is also progressing to improve completion rates for the 4–5-year visit to support identification of any new unmet need and action to address pre-school entry and lead to improved outcomes for children.

Timely completion of the child health assessments, including the three highlighted in the Delivery Planning Guidance, is included within the Board Assurance Framework and is being supported by the roll out and use of a micro strategy based dashboard.

Key areas of focus moving forward will include Quality Improvement work to encourage completion of the 4- 5 year visit, completion of the antenatal visit, increasing continuity of care, additional HPI recording and compliance with national guidance and improving weighing and measuring of children by Health Visitors. We will also aim attention at further development of pathways for speech, language and communication and ND issues detected by health visitors linked to the SG Early Childhood Development Transformational Change priority.

Women's Health Plan

Progress continues against the priority areas identified in the Women's Health Plan (2021-2024) to reduce women's health inequalities and improve access to health care. This includes the launch of the Menopause Referral Guidance and accompanying FAQs for GPs and updated Long-Acting Reversible Contraception (LARC) prescribing data which is now routinely shared with HSCPs.

Development work to review women's feedback from the community to identify improvements in relation to health services and support will continue into this year.

Local Child Poverty Action Reports

Local Poverty Actions Reports (LCPARs) are regularly reviewed within NHSGGC to understand and identify good practice to reduce child poverty. Work continues to positively impact on the three drivers of child poverty: income from employment, income from social security and benefits in kind, and costs of living.

Board-level areas of work to support local authorities to take forward the actions in their LCPARs, including employability and apprenticeship programmes, financial advice for staff and co-located financial inclusion services will continue to be expanded.

Delivering high quality paediatric audiology services

The Independent Review of Audiology Services in Scotland – Final Report and Recommendations was published in August 2023. NHSGGC has established a Working Group with an Action Plan linked to the recommendations, and a formal reporting structure through the Board's operational and clinical governance structures. We continue to work with the National Project Lead on implementation of the Report recommendations; and, once established, we will work with the National Implementation Group.

As part of the recommendations, a key focus for the department will be the review and development of a workforce model to support the sustained delivery of high-quality audiology services. This model will account for the requirement to support the development of extended scope roles with links to national training, and support succession planning and ongoing attainment of CPD requirements within the department.

We have already begun a review of our clinical governance processes with an action plan to support this. We will continue to develop quality measures such as internal audits, whilst also working towards the National Quality Standards in Paediatric Audiology as key priority.

Key Deliverables 2024/25 – Women and Children	
Best Start	
<ul style="list-style-type: none"> • Continue to implement our redesigned model of antenatal and postnatal care to support greater levels of continuity of care • Further establish Transitional Care in our postnatal services to enable babies requiring transitional care to stay with their mothers in the postnatal ward setting • Increase the number of women supported to access midwife led intrapartum care • Work with the Scottish Government and the West Region to support the delivery of the Best Start Neonatal Level 3 redesign • Roll out our communication and engagement plan to ensure involvement in the development of our services and build a shared vision with our staff, women and families 	
Child Health Reviews	
<ul style="list-style-type: none"> • Improve the completion rates of the 13-15 month, 27-30 months and 4-5 years assessments • Increase the proportion of child development assessments completed within the assessment window to higher than 2022/23 	
Women's Health Plan	
<ul style="list-style-type: none"> • Promote consistent management and referral of women experiencing abnormal bleeding • Undertake analysis of the HWB Survey to understand and use the lived health experience of women to shape health services to meet their needs 	
Local Child Poverty Action Report	
<ul style="list-style-type: none"> • Fully implement financial inclusion training and tools to help increase financial enquiry and referral to money advice services by health visitors and midwives 	
Delivering High Quality Paediatric Audiology Services	
<ul style="list-style-type: none"> • Supporting Scottish Government in delivery of the national review 	

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- Develop a staffing model and succession plan to support paediatric audiology service to support the ongoing sustainability of the service

2.8 Workforce

'Implementation of the Workforce Strategy'

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

NHSGGC recognise our workforce is a major driver in ensuring sustainability of services. All workforce related activity will be delivered in line with the NHSGGC Financial Plan and Sustainability and Value Programme. This will include exploring opportunities for sustainable workforce change linked to our Moving Forward Together, Clinical and Infrastructure plans.

The whole time equivalent (WTE) of resources employed by NHSGGC has increased from 33,654 to 36,585 an increase of 2,931 WTE in the period from April 2019 to November 2023. Whilst positive, in 2024/25 NHSGGC will require to review its overall establishment with likely reductions to achieve financial balance.

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

For the last three years, we have partnered with Investors in People (IiP) to enable benchmarking and continuous improvement of the leadership, people and culture development processes across NHSGGC. We have implemented a phased approach to assessment and utilising the international IiP framework, we have achieved IiP accreditation across the site clusters of Inverclyde Royal Hospital (pilot site), Corporate, West and Clyde. Assessment of the North and South Clusters will be complete by the end of April 2024. We will continue to build on this progress as we aim to achieve a higher level of accreditation in the future.

Workforce inclusion and equality remain key areas of focus across NHSGGC. We will continue our commitment to deliver on the Workforce Equality Action Plan, helping to ensure that NHSGGC is an inclusive employer. This plan is informed by the Scottish Government's Fair Work agenda, including the associated Anti-Racist Employment Strategy. In 2024/25 we will continue to tackle discrimination in all its forms to ensure a Better Workplace for all staff.

Planning Priorities

Staff Health and Wellbeing

The health and wellbeing of our workforce is of the utmost importance and the aim of the NHSGGC Staff Health Strategy is to improve staff wellbeing, promote a caring workplace, reduce and prevent ill-health and reduce sickness absence. An action plan will monitor progress, and these key outcomes will allow us to measure improvements:

1. Achieve 80% or more iMatter score in relation to the organisation cares about my health and wellbeing

2. Increase awareness of resources available to support staff health and wellbeing to at least 80% of respondents in the 2024 Staff Health Survey
3. Reduction in all sickness absence by 2025 from current level towards target of 5%
4. Increase awareness of the Staff Health Strategy from the 2022 Staff Health Survey by a minimum of 5% in the 2024 Staff Health Survey

Deliver a Clear Reduction in Sickness Absence by end of 2024/25

NHSGGC levels of sickness absence have been above the internal target of 5% for a sustained period, impacted in part by the challenge of COVID-19 and the impact upon our workforce's mental health and wellbeing. From January 2023 through to December 2023, sickness absence has averaged at 7.0% (2.8% short term and 4.2% long term).

All areas of the organisation are supported with detailed reporting providing visibility of those with any periods of absence, absence reasons and volume of absences over agreed periods. This reporting is published on a daily, weekly and monthly basis, enhancing monitoring and supporting a reduction in absence. All directorates have agreed action plans and target trajectories. All long-term sickness cases have been reviewed. Additional HR support is offered to those managing sick absence performance, in line with the Attendance Management policy.

Psychological Absence accounted for 27.7% of all absence in 2023. To help address these absences, a Staff Health Strategy covering the period until March 2025 was developed and was approved at the NHSGGC Board meeting in December 2023. The Strategy has an important role to play in supporting staff mental (and physical) health and wellbeing and this is reflected within the four strategic objectives identified within the Strategy:

1. Strengthening support for mental health and wellbeing including stress.
2. Promote NHS Greater Glasgow and Clyde as a fair and healthy workplace in line with Fair Work Nation principles.
3. Address in-work poverty and promote holistic wellbeing to mitigate inequalities in health.
4. Support for managing attendance.

There is a wide range of work underway to deliver on these priorities, including support around stress, mental health, bereavement, menopause and physical activity. This includes delivery of an evidence based, high quality Occupational Health Psychology and Mental Health team and a single point of entry into the service to make it easier for staff to access the support that they require.

Achieve further reductions in agency staffing use and to optimise staff bank arrangements

Acute Services

NHSGGC have successfully stopped the routine usage of Premium Rate Agency (PRA) resources. This has reduced from an average of 617 shifts per week at the beginning of 2023. Tight controls have been put in place to ensure it can only be authorised at executive level. No PRA shifts have been booked since 2nd January 2024.

Overall agency use within Nursing and Midwifery has reduced from over 1,100 shifts per week at the start of 2023 down to an average of fewer than 500 shifts in the past few weeks. The usage of Standard Rate Agency (SRA) resources will continue to be reduced during the delivery plan period. The immediate intention is to reduce agency resource usage and return nursing pay spend to a balanced budget position, and then to further reduce agency spend to zero by end of October 2024.

Within the remaining usage of SRA, there is a significant demand for Registered Mental Health Nurses (RMN) to support patient observation within an Acute setting. Targeted recruitment of RMNs is underway by the NHSGGC Staff Bank to meet this demand. Senior nursing leaders will review the service model with a view to securing a longer-term solution to support Acute services.

Any agency usage within NHSGGC is only enacted following a robust local review of resource availability conducted by a lead nurse and then confirmed by a Chief Nurse. Monitoring and control measures are overseen by the Executive Nurse Director with all agency usage reported on a daily and weekly basis, including at the Chief Executive's Strategic Executive Group meeting.

Engagement of the existing staff bank workforce and targeted recruitment of registered nurses via dedicated, simplified routes is ongoing.

Health and Social Care Partnerships (HSCPs)

The usage of Health Care Support Worker (HCSW) SRA resources within HSCP Mental Health Inpatient settings has been reduced by more than 90% throughout 2023 with work to continue to remove this in all but exceptional circumstances.

Targeted training and upskilling of existing Acute HCSW is to be provided to increase bank resources available to be deployed in this area. NHSGGC intend to eradicate the use of Agency HCSW usage at the earliest opportunity.

Agency Registered Nursing usage is already very low (average 5 per week) and being reduced further.

Staff Bank Optimisation

NHSGGC has the largest Staff Bank in Scotland and operates an efficient, adaptable model which can react to demand. An internal review will explore how the Bank can be maximised further. NHSGGC Medical Bank operates across the West of Scotland, while the Staff Bank (providing nursing and midwifery, interpreting and administrative staff) is focused on NHSGGC, and providing small amounts of support to NHSGJUH.

As part of a West of Scotland procurement exercise, NHSGGC will be utilising neutral vendors for the future engagement of all NMAHP resources and will continue to utilise a neutral vendor for doctors. Opportunities to further optimise the use of bank resources within NHSGGC are under review.

The NHSGGC Staff Bank will include Estates and Facilities Directorate staff to deploy supplementary resources at an optimum cost.

Achieve Reductions in Medical Locum Spend

The key focus in reducing medical locum spend is to continue to recruit doctors to the NHSGGC Medical Bank, providing additional resources for key areas. A focus on team service planning will ensure that all job planning is complete and that job plans satisfy the agreed policy. In recent rotations it has become apparent that an increasing number of trainees are choosing to work less than full time hours. This results in unfunded gaps within staffing rosters, in turn necessitating the use of a supplementary workforce, i.e. clinical fellows and medical bank resources with the cost borne by NHSGGC.

Additional reporting is under development to provide a daily and weekly view on the usage of agency resources. This monitoring and control will include analysis on the highest rates being charged for individual doctors and will encourage our neutral vendor supplier to ensure that all agencies are complying with terms and conditions.

NHSGGC is focused on reducing the reliance upon additional junior doctor shifts as a supplementary workforce. The use of supplementary medical shifts to close roster gaps is unfunded and the financial impact is growing as we look to backfill the gaps created by less than full time NES funded trainees. A review is underway aligned to reducing junior doctor spend.

An implementation plan for eRostering in 24/25 with a view to implementing across all services and professions by 31st March 2026

NHSGGC completed the Project Initiation, Readiness, Deployment and Adoption phases for the Early Adopter areas at Inverclyde Royal Hospital in 2023 (May-Nov).

Initial resources have been identified within the Board to support the business change and roll out of the e-Rostering programme. Further resource will be required to support the wider roll out due to the supplier failing to provide a payroll interface alongside their roster product. Resource for double entry was not expected at this stage in the programme and will be modelled in line with Boards who have already demonstrated the need for such additionality.

NHSGGC Staff Bank are engaged alongside SSTS and Payroll 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.

The learning from the early adopter areas is being used to inform an options paper, providing recommendations on the next steps to move NHSGGC forward towards the implementation of Healthroster.

Medium-Term

NHSGGC acknowledges the three-year Medium-Term period exceeds the end point of NHSGGC Workforce Plan 2022-25, NHSGGC Workforce Strategy 2021-25 and the Health and Social Care: National Workforce Strategy.

NHSGGC will continue to focus 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. A review

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of the Workforce Plan Actions for 2024-25 has been undertaken to ensure no action has unintended financial risks.

Throughout the medium-term, NHSGGC will require to focus on an overall reduction of WTE. This will be achieved through our existing vacancy management process, which has a particular focus on future budget planning as well as requiring authorisation from service and finance leads. Workforce planning groups will consider how to best redesign services to deliver high quality, safe patient care whilst also maintaining a balanced budget.

Medium Term Priorities 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
- Digitally enabled workforce
- Improved Workforce processes via technology and automate

Key Deliverables 2024/25 – Workforce
<ul style="list-style-type: none">• Continue reduction in nursing and medical agency spend• Continue to attract registered nurses and doctors of all grades to the NHSGGC Staff Banks• Reduce sickness absence levels across the organisation• Implement and deliver the key elements of the Staff Health Strategy• Consider options for the delivery of eRostering• Design, deliver and develop new roles• Implement the recommendations from external audit of Job Planning• Maintain budget planning focus within vacancy management process

2.9 Digital Services & Technology

‘Optimise use of digital & data technologies in the design and delivery of health and care services for improved patient access’

Digital Strategy

A core principle of NHSGGC’s *Digital Strategy 2023-2028 – Digital on Demand* is to **maximise the benefits of technology**. We will innovate and exploit the potential for digital technology to transform service delivery and measure the benefits to track our progress. We will achieve this while educating and up-skilling staff, to ensure they have the necessary skills to use the digital systems they need to maximum potential. We will build on our existing Digital tools to maximise value and ensure that digital is prioritised to maximise efficiency gains, for example virtual pathways including appointments and remote care of patients where appropriate. We will design for digital equality from the start, including the requirement for non-digital alternatives where needed to avoid digital exclusion.

We will support clinical services to expand the reach and grow the uptake of virtual consultations and remote monitoring. The Patient Hub will be rolled out further, to enable citizens to access services and manage their appointments electronically, while reducing environmental impact and the costs of paper and postage.

We will continue to support the NHSGGC recovery plan by providing data, information and live dashboards to help clinical services monitor and optimise the delivery of planned and unscheduled care. We will work with Mental Health to support the new Child and Adolescent Mental Health Service and Psychological Therapies National Dataset (CAPTND) and associated reporting.

Digital Literacy

The Digital Delivery Plan includes a Workforce Digital Literacy & Skills Programme. The scope of the programme will include learning and education for staff to use existing and emerging digital tools to ensure that maximum benefit is achieved. All NHSGGC staff have access to the national Microsoft365 (M365) ‘Skills Hub’ which provides guidance, as well as access to training on the M365 toolset. We will continue to build the library of learning resources and improve signposting and develop new opportunities to support staff in getting maximum value from M365 and other key tools. NHSGGC will engage with NES to maximise development and sharing of learning resources.

In addition, a series of digital learning sessions will be delivered, targeted to specific staff roles to deliver learning and training for specific topics including, use of data, dashboards and reporting and clinical systems.

Digital Priorities

Virtual Consultations – using a robust programme approach, eHealth will engage with clinical specialties in prioritised order to identify and remove any digital barriers to increasing uptake of virtual consultations. This will include analysis of performance data to identify improvement opportunities, configuration of TrakCare and other clinical systems to better support virtual appointments, providing required equipment and access to the required tools and systems, benchmarking and ongoing monitoring.

Clinical services will be supported to implement a six-month improvement trajectory for each speciality to raise their virtual uptake across the Board to the level of their highest performing site with potential to change over 15,000 consultant appointments per month from face-to-face to virtual.

Moving Forward Together Programme – in line with MFT Programme, maximise the opportunities for virtual and remote care using digital channels for patients.

Planned Care

- Outpatient clinic capacity - review of TrakCare setup and establishing sub-specialty/pathways for operational workflow, performance monitoring, and queue modelling. Stage 1 will complete by March 2024 and implementation by June 2024.
- Gooroo forecasting and planning tools - projected use from March 2024.
- Waiting Time Guidance published in November 2023. EHealth supporting development of new access policy, planning for process changes required and technical changes or configuration required in TrakCare.
- Right Decision Platform - continued co-ordination and support for development of referral protocols. New publication of indicative waiting times available to GPs.
- Implementation of national Endoscopy system across NHSGGC Acute sites though 24/25

Workforce Data Analysis

The Workforce Data Analysis Project will provide details of alternative methods for capturing data from a range of existing reporting systems including eESS, Allocate Rostering/Bank and LearnPro.

As part of NHS Scotland COVID response an innovation project was expanded to provide an interim virtual asynchronous digital dermatology appointments service. Following referral to ANIA a new national solution is due to be made available to NHSGGC during 2024/25. This does not directly replace the original solution, instead aims to reduce demand for Acute patient appointments by GPs capturing images as part of the referral process, and through vetting thereby reducing the number of appointments necessary.

Throughout 2024/25 we will transition GP practices to the new Cegedim Vision system, providing training and support and validating the migration of data from the old system. We will seek opportunities to use the capabilities of Vision to deliver additional value, for example an integrated system for GP practices to book clinical services including phlebotomy.

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A new Dental Electronic Patient Record charting system will be implemented. The Open Eyes Ophthalmology EPR will be rolled out more widely. We will continue to enhance data sharing with HSCPs via Clinical Portal and electronic referral management.

The national eRostering system will be rolled out more widely across NHSGGC including both nursing and medical staff.

NHSGGC is hosting the national programme to support implementation of a single LIMS across a consortium of 12 NHS Boards. NHSGGC will implement the new LIMS following the implementation of the new NHSGGC Laboratory Managed Services Contract which includes replacement analysers and infrastructure; implementation is scheduled for 2025. In addition, NHSGGC are leading on the specification of the Genetics Module within the LIMS product. Digital Pathology is live within NHSGGC with the current contract taking us to 2026. Next stage is to explore options to sustain and enhance this capability post 2026.

NHSGGC is fully committed to ongoing compliance with the Network and Information Systems regulations in accordance with the refreshed Scottish Government Public Sector Cyber Resilience Framework and has completed the 2023 audit cycle.

A new integrated Pharmacy Management System, fully integrated with HEPMA, will be implemented which will streamline the process of ordering medicines stock in hospitals.

Digital and Innovation

We will build on NHSGGC's leading role in the innovation space, to transition key programmes to "business as usual" and maximise benefits by rolling out more widely. This includes scaling up the Heart Failure pathway, COPD remote management and Orthopaedics digital pathway. Through establishment of a Programme-led approach, we will further progress our experience of AI research and innovation into operationalisation focused on corporate priorities and development of an organisation strategy for Artificial Intelligence (AI).

Medium Term priorities for Digital Services and Technology include:

- Implement digital tools to support ongoing service efficiencies and optimise the benefits of innovation and existing tools. Exploit the potential for digital technology to transform service delivery whilst educating and upskilling staff
- Provide reports and live dashboards to monitor and optimise delivery of planned and unscheduled care
- Significantly expand virtual consultations
- Improve workforce digital literacy & skills
- Transition GP practices to the new Cegedim Vision system
- Implement new national eRostering system, single LIMS system and Pharmacy Management system
- Transition key programmes to BAU and implement the Enabled By AI strategy, Chest XR, Head CT, Discharge Planning, Pharmacy and Medication

Key Deliverables for 2024/25 – Digital	
Optimising MO365	
<ul style="list-style-type: none"> • Implement Cancer MDT app in additional specialties • M365 Licence Management – continue removing inactive user accounts • SharePoint and OneDrive file migration - dependent on availability of national security and compliance measures • Extend federation to additional HSCPs, dependent on their migration to M365 • Continue implementation of workforce digital skills and literacy programme 	
Delivery Plan	
<ul style="list-style-type: none"> • Implement a digital first programme for virtual appointments with significant increase in virtual clinics including video and advice • Implement digital tools to support virtual pathways • Commence transition to new GP system • Implement new Pharmacy Management System • Expand Remote Blood Pressure Monitoring reducing need for physical appointments Dependent on uptake by GP practices • Expand PCR test results pathway, reducing need for face-to-face appointments. Dependent on uptake by clinical services • Roll out Patient Hub for electronic appointment notification • Implement further cyber security controls to improve cyber security posture • Scale up COPD remote management model, which aims to reduce bed days, ED attendances and unscheduled admissions - The delivery of this is dependent on the allocation of additional funding which currently remains unconfirmed 	
Leadership in Digital	
<ul style="list-style-type: none"> • Deliver a Digital Literacy & Skills programme to support staff in the use of existing digital systems and the adoption of new digital tools 	

2.10 Climate

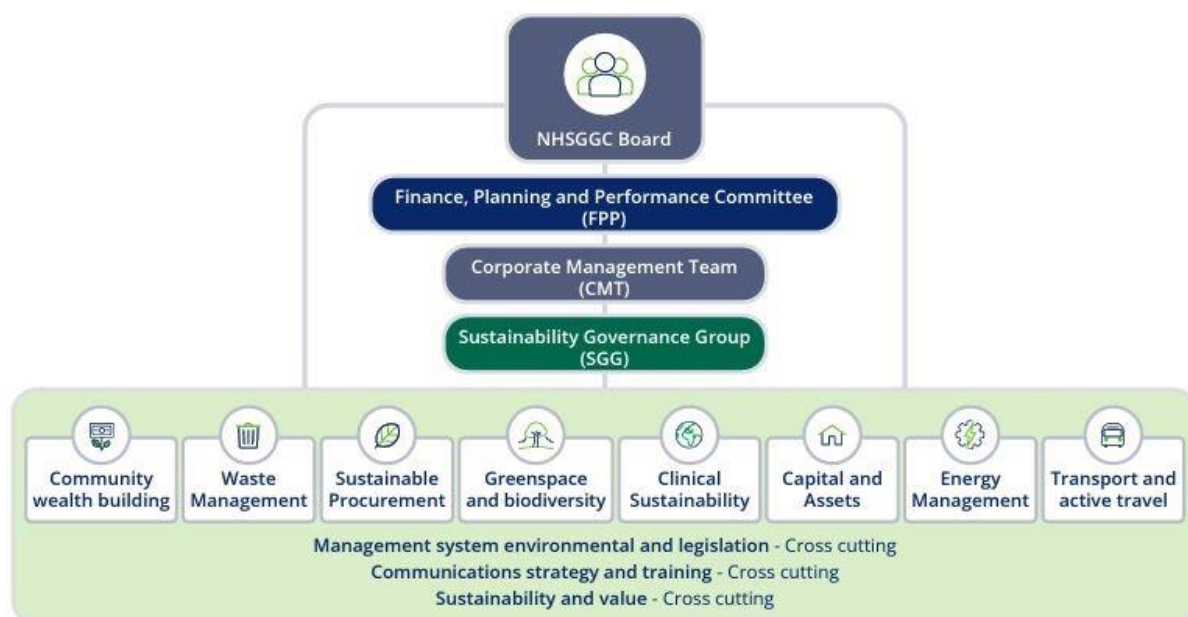
'Climate emergency and environment'

Climate Change & Sustainability Strategy

In August 2023, NHSGGC launched their Climate Change & Sustainability Strategy (2023-28). The delivery planning objectives are weaved throughout this strategy, and this is underpinned by a comprehensive governance framework which has been established to help deliver national outcomes and targets in line with the NHS Scotland Climate Change and Sustainability Policy (DL38). The governance structure can be seen below:

Figure 3: Sustainability and Governance Structure

NHSGGC Sustainability Governance Structure



Each of the working groups above has developed a charter which details their 5-year plan and supports the overall ambition of the strategy. Summary of each relevant section below:

The **Sustainable Transport & Active Travel Group** oversees the management of our NHSGGC owned vehicles, and the promotion of active and sustainable public and/or private transport options for staff, patients and visitors. As part of their remit, the group has exceeded targets for fleet decarbonisation of small and medium vehicles in the year 2023/24 and continues to work towards Scottish Government targets for 'net zero'.

The **Waste Management Group** oversees all projects related to waste minimisation, increasing efficiency, and the enactment of circular economy principles, across all waste streams. The two main objectives are, the implementation of Dry Mixed Recycling (DMR), and the enhancement of clinical waste segregation to maximise recycling and minimise clinical waste disposal. NHSGGC enters a new General Waste & Recycling contract in April 2024, which encompasses all non-clinical waste streams. This presents an opportunity to collaborate and explore new avenues for financial and non-financial savings.

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The **Clinical Sustainability Group** oversees delivery of the National Green Theatres Programme and its 'bundles' that are released from the Centre for Sustainable Development (CfSD). The actions held within are designed to ensure significant financial and carbon savings are made. These actions include turning off Heating, Ventilation and Air Conditioning (HVAC) and Anaesthetic Gas Scavenging Systems (AGSS) during out-of-hours period.

The **Energy Management Group** collaborates with Capital and Estates to set policy, benchmarks, and targets, helping to deliver savings, and develop large multi-stakeholder capital schemes for heat and power decarbonisation, such as district heating. The Group supports the Sustainability & Value (S&V) Net Zero initiatives providing both carbon and financial savings. Additional schemes around renewables (predominately Photovoltaics (PVs) have also been initiated.

The **Greenspace & Biodiversity Group** oversees initiatives designed to support and contribute to enhanced biodiversity, climate change adaptation/mitigation and a reduction in air and noise pollution, in line with our Climate Change & Sustainability Strategy, Scottish Government's climate change targets, and the Scottish Biodiversity Strategy. High quality greenspace complements and enhances the NHSGGC built environment by supporting improved physical and mental health and wellbeing for patients, staff and visitors and offering wider community wealth building and socio-economic benefits to the communities within which our sites are located.

An **Environmental Management System (EMS)** is being implemented within the scope of the Estates & Facilities Directorate, as part of a broader compliance-based, integrated management system approach. Studies have been carried out to map the activity of the Estates and Facilities Directorate against both the ISO14001 (Environmental) and ISO9001 (Quality) standards. A methodology has been introduced to identify significant environmental/organisational risks, which will be recorded as part of the Management System. A staff awareness program will commence once the methodology has been piloted and effectiveness can be ensured.

Key Deliverables 2024/25 – Climate and Environment
Sustainable Transport and Active Travel
<ul style="list-style-type: none">Review electric vehicle fleet and install EV managed service to monitor dataProgress decarbonisation software installation for increased monitoring of efficiency This is dependent on the allocation of additional funding which currently remains unconfirmed
Waste Management
<ul style="list-style-type: none">Achieve Scottish Government non-clinical waste recycling target of 70% by 2025Implement new General Waste & Recycling Contract
Clinical Sustainability
<ul style="list-style-type: none">Board-wide implementation of Bundle A actions
Energy Management
<ul style="list-style-type: none">Develop and Produce Decarbonisation Plans for large acute sites.Deliver carbon reduction target for 24/25
Greenspace & Biodiversity

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- Undertake mapping exercise of greenspace resource to identify opportunities to expand provision, maximising beneficial use
- Allocate available block grant funding to appropriate greenspace & biodiversity projects

Environmental Management System (EMS)

- Establish Environmental Policy and Objectives to effectively manage environmental risk and legislative requirements through centralised and controlled documentation of organisational and governance arrangements

3 Conclusion

Our Delivery Plan sets out how we plan to continue to deliver the ten key national recovery priorities and our local priorities. Our plan is aligned to our corporate objectives and our 2024/25 operational priorities.

2024/25 will be an extremely challenging year given increasing demand for all our services and the exceptionally challenging financial context for us and our six HSCP partners. We remain committed to continue implementing our longer-term clinical strategy – ‘Moving Forwards Together’, which will support us to deliver and transform services to provide sustainable improvements in capacity and delivery across the system, whilst providing access to the right care, in the right place, at the right time.

We are indebted to all our staff across the health and care system, and their continued hard work as they strive to deliver patient centred care.

Appendices

Appendix 1: NHSGGC Delivery Plan Framework Indicator Trajectories - see
separate file

Appendix 2: NHSGGC Corporate Objectives

Appendix 3: Glossary of Terms, Abbreviations & Acronyms

Appendix 2: Corporate Objectives

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	<ul style="list-style-type: none"> 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. 	<ul style="list-style-type: none"> 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. 	<ul style="list-style-type: none"> 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. 	<ul style="list-style-type: none"> 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.

Appendix 3: Glossary of Terms, Abbreviations and Acronyms

ADRS	Alcohol and Drug Recovery Services
AGSS	Anaesthetic Gas Scavenging Systems
AHP	Allied Health Professional
ANP	Advanced Nurse Practitioner
APP	Advance Practice Provider
BME	Black and Minority Ethnic
BP	Blood Pressure
CAMHS	Child & Adolescent Mental Health Services
CAPTND	Child & Adolescent Psychological Therapies National Dataset
CCE	Colon Capsule Endoscopy
CDM	Chronic Disease Management
COPD	Chronic Obstructive Pulmonary Disease
CPD	Continuous Professional Development
CPIP	Community Pharmacy Independent Prescriber
CPP	Community Planning Partnership
CfSD	Centre for Sustainable Delivery
CTAC	Community Treatment and Care
CVD	Cardiovascular disease
DMR	Dry Mixed Recycling
DwD	Discharge without Delay
ED	Emergency Department
ENT	Ear, Nose and Throat
EMS	Environmental Management System
FMH	Forensic Mental Health
FNC	Flow Navigation Centre
GDS	General Dental Services
GMS	General Medical Services
GP OOH	General Practice Out of Hours
H@H	Hospital at Home
HCSW	Health Care Support Worker
HEPMA	Hospital Electronic Prescribing and Medicines Administration
HIS	Health Improvement Scotland
HSCP	Health and Social Care Partnership

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HVAC	Heating Ventilation and Air Conditioning
IJB	Integration Joint Board
IPCU	Intensive Psychiatric Care Unit
LARC	Long-Acting Reversible Contraception
LCPAR	Local Poverty Actions Report
LDP	Local Delivery Plan
LEPs	Local Employability Partnerships
MAT	Medication Assisted Treatment
MFT	Moving Forward Together
MHAU	Mental Health Assessment Unit
MHRR	Mental Health Recovery & Renewal
NES	NHS Education for Scotland
NMAHP	Nursing Midwifery and Allied Health Professionals
OPAT	Outpatient Parenteral Antimicrobial Therapy
PCHC	Police Custody Health Care
PCIP	Primary Care Improvement Plan
PDD	Planned Date of Discharge
PHS	Public Health Scotland
PRA	Premium Rate Agency
PSD	Practitioner Services Division
QI	Quality Improvement
RM	Realistic Medicine
RMN	Registered Mental Health Nurse
RTT	Referral to Treatment
S&V	Sustainability and Value
SACT	Systemic Anti-Cancer Therapy
SAS	Scottish Ambulance Service
SDAI	Scottish Dental Access Initiative
SDCF	Safer Drug Consumption Facility
SDG	Specialty Delivery Group
SDR	Statement of Dental Remuneration
SG	Scottish Government
SRA	Standard Rate Agency
T2DM	Type 2 Diabetes
TNE	Transnasal Endoscopy

TOM	Target Operating Model
TSI	Third Sector Interface
TTG	Treatment Time Guarantee
U&UC	Urgent and Unscheduled Care
VBH&C	Value Based Health and Care
WoS	West of Scotland
WTE	Whole Time Equivalent