

NHS Greater Glasgow and Clyde	Paper No. 24/152
Meeting:	NHSGGC Board Meeting
Meeting Date:	17 December 2024
Title:	2024/25 Whole System Winter Plan Implementation – Progress Update
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2024/25 Winter Plan Implementation - December 2024 Progress Update

1. Purpose of this Paper

The purpose of this paper is to:

- Provide an update on the progress in implementing the 27 whole system actions associated with the 24/25 Whole System Winter Plan
- Provide an overview and assessment of the impact the actions have had or will have across our system once fully implemented.

2. Executive Summary

The whole system winter plan was approved by the Board in October 2024. This is the first progress report which considers our progress in implementing our actions and an assessment of the impact of the actions. Please note a number of winter actions will be implemented during December and January and therefore their full impact will be realised during January.

Following a request by Scottish Government (SG) during December we developed further whole system actions that if supported financially by SG, will further reduce acute bed day pressures. This additional action plan has been submitted to SG, and we await their response. Further information is contained within section 2.2 of this paper.

In monitoring our actions we assess both action completion and whether the action is delivering the intended impact. Actions are assessed as: '*Completed*', '*On Schedule*', '*At Risk*', or '*Delayed*'.

2.1 Assessing & Measuring the Impact of our Actions

Figure 1 sets out the progress of each action in delivery against the proposed timeline. It also sets out the number of actions meeting the intended impact or on schedule to meet the intended impact versus those not fully meeting the intended impact and those delayed.

Figure 1: Summary of Progress in Delivering the Winter Plan

		Action Delivery Status				Total
		Complete	On Schedule	At Risk	Delayed	
Action Impact Status	Intended Impact Being Met	7	3	0	0	10
	On Schedule to meet intended impact	0	11	0	0	11
	At Risk of not fully meeting intended impact	0	5	1	0	6
	Total	7	19	1	0	27

Figure 1 above shows:

Delivery Status

- Of the 27 actions 26 (96%) are assessed as 'complete' or 'on schedule'
- There is 1 action that has been assessed as 'at risk'.

Impact Status

- Of the 27 actions 21 (78%) are 'meeting the intended impact' or 'on schedule to meet the intended impact' (see action tracker for measurable impact)
- There are 6 actions that are assessed as 'at risk of not fully meeting the intended impact'.

2.2 Additional Whole System Action Plan Submitted to SG to Further Reduce Acute Bed Days

Following a request by SG during early December we have developed additional whole system actions that will further reduce acute bed day pressures. This plan requires additional funding, if supported many of the actions could be delivered in early January and have immediate impact across our system.

The plan sets out 20 additional whole system actions. 8 of which have been assessed as high priority actions that will deliver the highest and most immediate impact across our system to reduce acute bed days. This will in turn improve both emergency department and inpatient flow and improve patient experience.

There are six elements within our additional whole system plan:

1. Reducing Delayed Discharges
2. Demand Reduction
3. Reducing Length of Stay
4. Improving our Whole Systems Processes
5. Expanding our Virtual Capacity
6. Increasing our Acute Bed Capacity

Our additional plan includes:

- Commissioning additional social care and intermediate care beds
- Further developing our Hub and Spoke Senior Clinical Decision Maker Model to support care homes across our whole system
- Sustaining and expanding our Frailty Hub Model to provide frailty support at the front door for assessment support and discharge home with support from community services
- Providing additional AHP support to increase our weekend discharges
- Expansion of our acute rehab team at QEUEH to reduce length of stay.

We await feedback from Scottish Government and if supported these actions will be added to our Whole System Winter Action Tracker. Their completion and impact will be monitored alongside our existing 27 whole system winter actions.

2.3 Key Highlights

Figure 2 highlights some of the key actions that are being progressed for winter 2024/25.

Figure 2 - Key Highlights Impact of Winter Actions
Communication & Public Messaging
Vaccination Campaign Rolling programme of Vaccine communications underway. Regular promotion for staff via Core Brief, Team Talk, Hero Tile on Staff Intranet. Regular press releases issued to media alongside social media collateral. Vox Pop videos being finalised to issue on social media in November.
Public Messaging Campaign <ul style="list-style-type: none">• ABC Campaign Winter collateral being finalised including multiple approaches to media• Initial student campaign comms completes with interim visits to virtual A&E page up to 3,944 = 495% increase on baseline. Evaluation - end December• Home For Lunch Media broadcast feature in development for launch pre-Christmas 'Home for Christmas'. Confirmation of existing posters and leaflets on wards. Replenishing ward collateral as necessary to ensure posters on all wards and visuals on all tablets to be complete for December• Ongoing social media support of redirection messaging underway - tying in with ABC approach above - specifically 3 broadcast opportunities

- POA to look at national comms for December support
- Call Before Convey broadcast piece confirmed in partnership with SAS for BBC to run in coming weeks
- GPOOH service leaflets finalised and distributed to all GP practices and Health and Care Centres in Inverclyde. New media content finalised for all key geography areas. Video content in production for Primary Care and Pharmacy to promote service and ensure clarity on service provision

Expanding OPAT

- South: Service continuing to operate to capacity, average 54 patients / 375 bed days avoided per week over past 8 weeks
- Clyde: Service in development and expected to go live before end 2024

Protecting Planned Care

All Sectors have developed a local plan which is being managed locally and led by Sector Directors as follows:

Clyde	<ul style="list-style-type: none">• Primary driver is Same Day Admissions Unit (SDAU) expansion• Following bed modelling on BADS targets, further exploration of patient home postcode against LoS, to identify to what extent geography / patient transport impacts on LoS and ability to treat as day cases and what 'true' improvement opportunity is. (due to be completed end Nov)• Continue management actions to maximise theatre use at RAH and IRH
South	<ul style="list-style-type: none">• Direct discharge from QEUH theatre recovery is being achieved where possible within design and capacity constraints.• A review of the BADs procedure data has identified opportunities and is linked to a planned expansion of the theatre timetable in early 2025.• Gynaecology is now undertaking Laparoscopic Hysterectomy as day cases / 23 hours surgery at Vic.• The South is ensuring as much elective activity as possible is moved out of QEUH and into GGH & Victoria ACH
North	<ul style="list-style-type: none">• Priority remains on booking USOCs and Urgent cases• Monitoring capacity required for winter beds• Ortho vacancies limiting the ability of the service to tackle long waits however now have Locum in place and Access funding for retire and return consultant to focus on long waits• Bed Modelling action includes commitment to review BADS target performance for urology
Regional	<ul style="list-style-type: none">• Capacity plans are being developed for both Plastic Surgery and Neurosurgery and work is ongoing with the Access Team to manage the position regarding long waiters.• Positive discussions have taken place with the North Sector theatres and ITU team and additional elective IP GA sessions are being turned on from December.

Clinical Management of Boarding Patients

A number of metrics are currently being identified to support the monitoring of the impact of winter Boarding Teams. BI have identified the capability in Trakcare to provide an 'Alert' facility which can be established to identify patients as 'Boarding'. We are currently scoping how this will be established as part of the SOP and recording process for identifying Boarding Patients.

	(Baseline) No of patients recorded as Boarding	Anticipated No. of Boarders in beds per day over winter months	No of Patients recorded as Boarding End Nov 24	Update
Clyde	RAH - 27 IRH - 14 (as @ 31.10)	~ 50 @ RAH ~ 25 @ IRH	RAH - 28 IRH - 15	<ul style="list-style-type: none"> • Additionality will be in place in Jan-Feb and will be staffed through bank • Staffing requirements are being confirmed locally
South	62 (as a@ 31.10)	100 - 110	76	<ul style="list-style-type: none"> • Additionality will be in place Dec-Jan • Will be staffed through bank • South team will be an uplift to existing Boarding Team to support increased winter levels
North	39 (as at 07.10)	~70	56	<ul style="list-style-type: none"> • Additionality will be in place by Jan-Feb and will be staffed through bank • This will include shifts on the medical bank (discussions in place with suitable individual).

Opening Acute Surge Bed Capacity

On track and progressing preparations for the opening of the 3 surge wards (48 beds) identified in Gartnavel Campus (5C and 2C) and IRH (LSouth).

2.4 Actions at Risk

Figure 3 shows the update for the delayed action - H@H Glasgow City. This action has been assessed as 'At Risk' for both delivery and impact.

Figure 3: Actions Assessed as 'At Risk' in both delivery and meeting the intended impact

Action	Impact Rating	Intended Impact	Update
Community Hospital @ Home -(new model from Nov 24) cement H@H as a community health led service, expand geographical coverage to whole of Glasgow City	High	Improve patient experience providing care at home for more patients and avoid hospital admissions. This will reduce bed pressure within acute hospitals - Based on an average length of stay of 4 days and scaling up to a provision of 11 virtual beds it is anticipated that the service could see up to 1,000 patients per year. Noting the average length of stay for an Acute geriatric assessment bed is 11 days	Glasgow City HSCP are in the process of developing a new Hospital at Home model within Glasgow City. The new model will be a community focused H@H model called 'Community Hospital in the Home'. The new service will initially provide 11 virtual beds and will incorporate the Call Before You Convey (CBYC) service. The new model will be supported by a GP with special interest (GPwsi) and lead ANP acting as senior decision makers. The process of staff engagement is near completion, it is expected that this new model will be fully operational by the end of April 2025. The exact date for commencement of the new model in January is contingent on interim RMO cover pending the recruitment of the GPwsi. In the interim period until the new model is fully up and running Glasgow City HSCP have committed to continuing to provide a hospital at home service with the existing hospital team during December.

Figure 4 shows the update for the 5 actions that have been assessed as 'At Risk' in meeting the intended impact and a summary of actions to bring them back on track.

Figure 4: Actions Assessed as ‘At Risk’ in meeting the intended impact

Action	Impact Rating	Intended Impact	Baseline	Update
Vaccination - Deliver our winter vaccination programme for Flu and the COVID booster to all those eligible before 15th December including Care Homes and Housebound (estimate 450,000 patients eligible for Covid and/or flu vaccinations in NHSGGC)	High	To help protect those most at risk from respiratory illnesses	Baseline from 2023/24 NHSGGC Overall: Covid - 49.5% Flu (adults) - 46.8% Flu (children) - 62.6% Health Care Staff: Covid (front line workers only) - 32.6% Flu – 39.6%	Covid 156,133 vaccinated from 464,237 eligible (33.6%) Flu 180,390 vaccinated from 479,054 eligible (37.7%) Adult uptake has been lower than expected in September to November: <ul style="list-style-type: none"> age 65 to 74 group uptake is 45.9% for Covid and 50.1% for flu. Uptake for age 75+ is higher at 70.1% for Covid and 73.9% for flu. Older people care home residents uptake is 78.5% for Covid and 80.6% for flu. Continue with the vaccination programme and monitor.
NHS24 - Reduce direct referrals to ED from NHS24 by the FNC vetting, removing and treating (via virtual consultation) Direct ED Referrals on receipt and engaging with NHS 24 to review outcomes	High	Visible increase in virtual consultations. Reduction in the number of NHS 24 ED Direct Referrals at ED between 102 referrals per week (flow 1) and 212 referrals per week (flow 1 and 2).	Monitoring NHS24 direct referrals to ED - average of 465 direct referrals to ED per week - roughly 1860/month. (Jan to June average 2024 26 weeks) - baseline is 7.24%	For the Month of November the percentage of NHS Direct Referrals to ED was 8.23%. <ul style="list-style-type: none"> Slight increase in ED Direct referrals from NHS 24, as anticipated at this time of year. Slight delay, impacted by the changes to the Virtual Pathways Steering. Further discussion planned with FNC and Steering Group to progress and agree final process.

Action	Impact Rating	Intended Impact	Baseline	Uptake
Redirection to GP out of hours (GPOOHs) - Build on the redirection pathway from QEUH and IRH EDs to GPOOHs and develop pathways to roll this out to GRI and RAH	Med	Ensure patients are seen in the right place and seen by the most appropriate professional	Average of 17 patients per month are redirected to GPOOH	During November 24 - 5 redirections to GPOOH <ul style="list-style-type: none"> • Currently pathway in place at QEUH and IRH only. Pathways being scoped for other sites • Pathways being scoped • Work is underway to commence targeted communication to reinforce redirection position and remind triage nurses of their redirection options. • Redirection numbers communicated to each sector every week
Red Bag Programme - We will maximise use of the recently relaunched Red Bag Programme to improve patient outcomes and facilitate efficient discharge of care home residents who are admitted to hospital	Low	Improved dialogue between acute & care homes and reduced impact on care home time. Reduced loss of original documentation (POA / DNACPR) Better information to support decision making / understand patient's baseline within ED may led to either avoidance of admission or support reduced LoS.	0% Being relaunched	<ul style="list-style-type: none"> • Relaunch and engagement with care homes and SAS during Sept - Nov 24. • Working with acute colleagues through links to key governance meetings e.g. local UC groups to give higher profile across acute system and maximise potential benefits of programme.

Action	Impact Rating	Intended Impact	Baseline	Update
Red Cross Discharge Transport - Glasgow City HSCP Service in GRI & QUEH serving GCHSCP, East and West Dun, East Ren and South Lan areas - maximise the use of commissioned Red Cross transport service through winter to facilitate the timely discharge of patients from acute sites back into Community.	High	Support flow within acute hospitals - avoids ED crowding and ward discharge	727 journeys in 23/24 – unused capacity	<ul style="list-style-type: none"> Requires higher profile across acute system and more effective communication. Targeted action to improve profile, visibility and communication with acute colleagues, e.g. through DWD meetings. Additional areas recently include New Victoria / Lightburn, with slight increase in utilisation.

3. Recommendations

The Board are asked to note the progress to date in implementing the Whole System Winter Actions.

In addition the Board are asked to note that we have submitted an additional plan to Scottish Government to further reduce acute bed occupancy and support our whole system flow and we await confirmation of SG support.

4. Response Required

This paper is presented for **Assurance**.

5. Impact Assessment

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

• Better Health	<u>Positive</u>
• Better Care	<u>Positive</u>
• Better Value	<u>Positive</u>
• Better Workplace	<u>Positive</u>
• Equality & Diversity	<u>Neutral</u>
• Environment	<u>Neutral</u>

6. Engagement & Communications

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

7. Governance Route

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

Strategic Executive Group on 20th November 2024

Corporate Management Team on 5th December 2024

Finance Planning and Performance Committee on 10th December 2024

8. Date Prepared & Issued

Paper prepared: 11th December 2024

Date issued: 12th December 2024