

<b>NHS Greater Glasgow and Clyde</b>	<b>Paper No. 25/130</b>
<b>Meeting:</b>	<b>NHSGGC Board</b>
<b>Meeting Date:</b>	<b>30 October 2025</b>
<b>Title:</b>	<b>NHSGGC Whole System Winter Plan 2025/26 - Final Draft for Approval</b>
<b>Sponsoring Director:</b>	<b>Claire MacArthur, Director of Planning</b>
<b>Report Author:</b>	<b>Ali Marshall, Depute Director of Planning</b>

## 1. Purpose

The purpose of the attached paper is to:

- Seek approval of the Whole Systems Winter Plan for 2025/2026
- Set out the timeline for approval of the winter plan and confirm proposed monitoring arrangements

## 2. Executive Summary

The paper can be summarised as follows:

### 2.1 Overview

In collaboration with senior system leaders, our streamlined approach for winter 2025/26 sets out our winter planning principles and priorities and brings together the significant work underway at pace and scale as part of our transformation programmes.

The plan outlines our key high-impact milestones and cumulative impact being delivered ahead of winter. It also addresses the critical aspects of winter preparedness including our current context as we head towards winter, our significant winter vaccination programme, support for staff wellbeing and resilience, a targeted public and staff messaging campaign, and our plans for monitoring alongside a new escalation and decompression framework.

## 2.2 Key Priorities for Winter 25/26

There are 7 key priorities identified for winter 2025/26:

1. Whole System Escalation Huddles via FNC+
2. Interface - Expand our Virtual Hospital bed capacity & FNC+ moves to 24/7
3. Protecting Planned Care and Cancer Services – to ensure we deliver our elective programme for our patients aligned to our Annual Delivery Plan (ADP) commitments
4. Implementing the Urgent Care and Improving Flow Commission High Impact actions
5. Implementing and maximising the winter Flu and Covid 19 booster programme
6. Workforce resilience & Staff Wellbeing- ensuring staff resilience and capacity during high-demand periods and staff health and wellbeing is embedded fully and championed at all levels across the respective organisations
7. Reducing bed days & reduce the need for surge capacity through reduction in overall length of stay and reducing patients in delay

## 2.3 Key Points for noting / consideration

<b>Whole System Milestones and Impacts</b>	Our plan contains a number of high impact milestones being delivered through targeted funding from SG through: <ul style="list-style-type: none"> <li>• <b>Interface &amp; Urgent Care Improvement Programmes</b> to improving flow and patient access to urgent care</li> <li>• <b>Protecting our Planned &amp; Cancer Care</b> to maintain progress towards trajectories and support delivery of our elective programme for our patients aligned to our ADP commitment</li> </ul>
<b>In Extremis – plan for Acute surge bed capacity</b>	We have established a new whole system escalation and decompression framework to manage demand, however the plan sets out our contingency in the event our system requires short term additional acute bed capacity
<b>Monitoring the delivery and impact of the plan</b>	From November to March we will monitor progress against the 7 key priorities, current performance, how the high impact actions are impacting KPIs and any specific winter plan highlights through the current formal performance reporting frameworks in place - this is in addition to the local Acute, HSCP and Primary Care performance and governance arrangements
<b>Scottish Government Winter Checklist</b>	This year, Scottish Government will not be issuing a Winter Assurance Checklist as in previous years and instead are seeking confirmation that we have an agreed winter plan in place reflecting our assessment of what is needed locally. SG will publish their <b>National Planning Priorities and Principles for Surge and Winter Preparedness in Health and Social Care</b> at the end of October. This will support a shift in focus from seasonal planning to year-round surge preparedness, recognising that system pressures arise throughout the year.
<b>Risk Themes, Challenges and Mitigations</b>	We have identified a number of risks and mitigations within the plan. We are linking with the Chief Risk Officer to ensure that they are aligned to the Board Risk Policy and captured on the risk management system.
<b>Staff &amp; Public Messaging</b>	Following feedback at Financial Planning and Performance Committee, we have ensured that we will run a number of focus

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	groups with our public stakeholders to ensure our messages have the desired impact, and that we use the right language and tone in our external communications. Additionally, we are working to ensure that we make clear to staff the expected impact the whole-system actions are having on reducing pressures across the system, and that we are able to evidence those throughout winter.
<b>Pharmacy</b>	Following feedback at Financial Planning and Performance Committee, we are considering the best approaches and working with Primary Care, to maximise the contribution of independent prescribers through pharmacy first plus, whilst also working to enhance the consistency of access to our community pharmacy provision.

### 2.4 Timeline for Approval

Feedback on the draft plan has already been received and incorporated via the following governance routes. The proposed timeline to seek approval of the winter plan is as follows:

<b>Draft Version 0.1</b>	
Directors Group	Monday 22 <sup>nd</sup> September
Acute Strategic Management Group	Tuesday 23 <sup>rd</sup> September
<b>Draft Version 0.2</b>	
Corporate Management Team	Monday 6 <sup>th</sup> October 2024
Finance Planning and Performance Committee	Thursday 9 <sup>th</sup> October
Area Clinical Forum	Thursday 9 <sup>th</sup> October
Area Partnership Forum	Wednesday 15 <sup>th</sup> October
NHSGGC Board Meeting	Thursday 30 <sup>th</sup> October
Winter Plan Monitoring Commences	End November 2025 to March 2026

### 3. Recommendations

The Board are asked to consider the following recommendations:

- To approve the 2025/2026 winter plan

### 4. Response Required

This paper is presented for **approval**.

### 5. Impact Assessment

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

- |                    |                               |
|--------------------|-------------------------------|
| • Better Health    | <b><u>Positive</u> impact</b> |
| • Better Care      | <b><u>Positive</u> impact</b> |
| • Better Value     | <b><u>Positive</u> impact</b> |
| • Better Workplace | <b><u>Positive</u> impact</b> |

- Equality & Diversity Neutral impact
- Environment Neutral impact

## **6. Engagement & Communications**

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

The Winter Plan has been developed with input from senior system leaders in GGC, key services and executive leads.

## **7. Governance Route**

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

Directors Group - 22 September 2025  
CMT - 6 October 2025  
FP&P - 9 October 2025

## **8. Date Prepared & Issued**

Prepared on: 15 October 2025  
Issued on: 22 October 2025



# Whole System Winter Plan 2025/26

Building Whole System Preparedness for Winter



Final Draft Version – 15/10/25  
For Approval at NHSGGC Board – 30<sup>th</sup> October 2025

# Contents

**Section 01: Overview**

**Section 02: Approach, Principles & Priorities,**

**Section 03: Winter 2025 Context**

**Section 04: Whole System Milestones & Impacts**

**Section 05: Whole System Escalation, Decompression & Monitoring**

**Section 06: Staff Resilience & Wellbeing**

**Section 07: Winter Vaccination Programme**

**Section 08: Public & Staff Messaging**

**Section 09: Risks, Challenges & Mitigations**

**Section 10: Summary**

**Section 11: Glossary**

This plan has been considered at the following Committees, Meetings & Forums:		
Draft Version 0.1	Directors Group	22/09/25
	Acute Strategic Management Group	23/09/25
Draft Version 0.2	Corporate Management Team	06/10/25
	Financial Planning and Performance Committee	09/10/25
	Area Clinical Forum	09/10/25
	Area Partnership Forum	15/10/25
Final Draft	Area Medical Committee	24/10/25
	NHSGGC Board	30/10/25
Once Approved, this plan is for onward circulation to:		
Final Approved	East Dunbartonshire IJB	13/11/25
	Inverclyde IJB	17/11/25
	East Renfrewshire IJB	19/11/25
	West Dunbartonshire IB	25/11/25
	Glasgow City IJB	26/11/25
	Renfrewshire IJB	28/11/25

# 01: Overview

## 1.1 Introduction

Our Whole System Winter Plan focuses on building a resilient and responsive system which is prepared for the unique challenges posed by the winter months.

The plan is structured into ten key sections, covering critical aspects of winter preparedness, planning principles and priorities, current context, high-impact milestones being delivered through our Transforming Together programme, winter vaccination, staff wellbeing, targeted public and staff messaging, and our plans for monitoring alongside a new Whole System Escalation and Decompression framework.

By focusing on these areas, the plan aims to ensure that we can maintain high standards of care and effectively manage the increased demand during the winter period. Our 25/26 plan will be delivered within our current resources and additional Scottish Government investment received for our Urgent Care Operational Improvement Plan and Planned Care Programme.

Our Whole System Winter Plan will:



Provide assurance ahead of peak winter activity



Build on the good practice, successes and learning from our whole system winter planning over the last 2 years



Streamline our whole system approach - recognise the significant work underway as part of our transformation workstreams, governance and performance management frameworks



Ensure we maximise the scale and pace of ongoing workstreams and identify the key high impact actions to effectively manage our challenges ahead of winter.

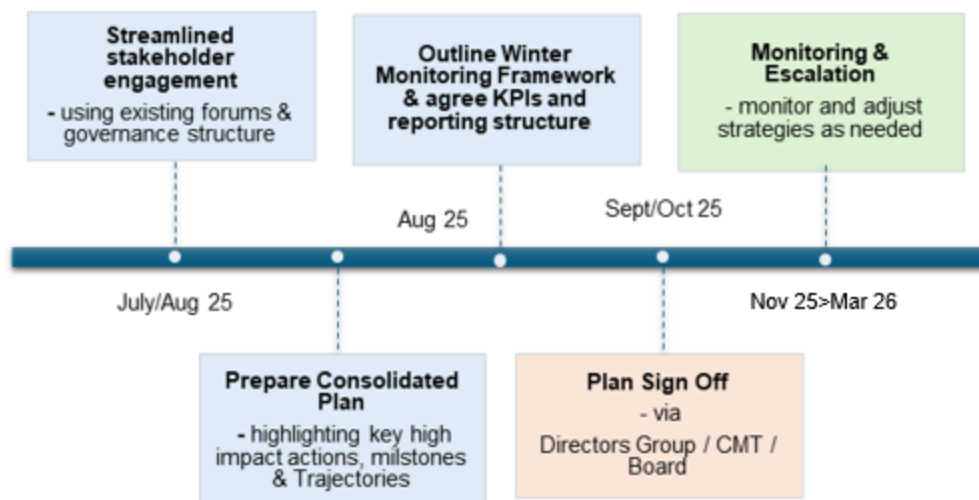
## 1.2 Key Components of our Plan

A consolidated deliverable workplan:	Real-time action completion and impact monitoring & KPIs:	Targeted Communications Plan:
<ul style="list-style-type: none"> <li>• Whole system</li> <li>• Consistent with our:               <ul style="list-style-type: none"> <li>○ Annual Delivery Plan</li> <li>○ 3 year Urgent Care Transformation</li> <li>○ Cancer and planned care plan for 25/26.</li> </ul> </li> <li>• Outputs and high impact actions identified through existing workstreams</li> <li>• Highlighting key milestones</li> </ul>	<ul style="list-style-type: none"> <li>• Using existing performance monitoring frameworks</li> <li>• Identifying KPIs (including LOS, occupancy, waiting times, 4 hour standard &amp; staff KPIs)</li> <li>• Progress against agreed trajectories and milestones</li> <li>• Scorecard through Directors Group</li> <li>• Monitoring to Board/CMT by exception</li> </ul>	<ul style="list-style-type: none"> <li>• Building on existing year-round Urgent Care public messaging, with a key focus on:               <ul style="list-style-type: none"> <li>○ Alternatives to acute unscheduled care</li> <li>○ Transforming Together – Interface – driving awareness of key pathways</li> <li>○ Staff and Public Vaccination</li> <li>○ Discharge Without Delay - Home For Lunch / POA</li> </ul> </li> <li>• Clearly outlining impacts from winter planning with staff across GGC</li> </ul>

## 02: Approach, Principles & Priorities

### 2.1 Planning Approach

A summary of the approach to developing our plan is set out below:



### 2.2 Principles

Our Plan will be built on the following key principles:

<b>Aim</b>	Improve flow and patient access to urgent and planned care, reduce occupancy and provide care closer to home across the whole system through embedding the high impact actions ahead of winter.
<b>Alignment</b>	Ensure our Winter plan is aligned with each of the transformation programmes and workstreams - including Transforming Together, GGC Way Forward, Interface Division & Virtual Hospital, Urgent Care and Improving Flow Commission, Planned Care improvements & the wider Delivery Plan Actions. Our Plan has also been developed in line with our current financial plan.
<b>Whole System</b>	Ensuring a whole-system approach to address winter challenges, with seamless collaboration between health and social care services developed in partnership by our whole system leaders, Sector and HSCP teams.
<b>Escalation &amp; Governance</b>	To deliver a proactive and integrated system wide response we will utilise established governance structures with agreed triggers for defined pressure points.
<b>Monitoring</b>	To ensure the plan delivers intended impact at pace we will use existing monitoring frameworks with a supporting Winter Scorecard to assess progress, performance and impact and triggers for escalation.



## 2.3 Local Priorities

There are 7 key priorities for winter 2025/26:



**Whole System Escalation & Decompression Huddles via FNC+**



**Interface - Expand our Virtual Hospital bed capacity & FNC+ moves to 24/7**



**Protecting Planned Care and Cancer Services – to ensure we deliver our elective programme for our patients aligned to our ADP commitments**



**Implementing the Urgent Care and Improving Flow Commission High Impact actions**



**Implementing and maximising the winter Flu and Covid 19 booster programme**



**Workforce resilience & Staff Wellbeing- ensuring staff resilience and capacity during high-demand periods and staff health and wellbeing is embedded fully and championed at all levels across the respective organisations**



**Reducing bed days & reduce the need for surge capacity through reduction in overall length of stay and reducing patients in delay**

## 2.4 Scottish Government Health & Social Care Winter Preparedness

Scottish Government will be publishing their **National Planning Priorities and Principles for Surge and Winter Preparedness in Health and Social Care** at the end of October. This will support a shift in focus from seasonal planning to year-round surge preparedness, recognising that system pressures arise throughout the year.

This year, Scottish Government will not be issuing a Winter Assurance Checklist as in previous years and instead are seeking confirmation that we have an agreed winter plan in place reflecting our assessment of what is needed locally.

## 03: Winter 2025 Context

### 3.1 Winter 24/25 Activity & Current Baseline

The table below shows the activity and performance during September 24 to February 25 and the current baseline for August 2025

	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Jul-25	Aug-25
<b>IP Admissions Non-Elective (exc. Paediatrics, Oral Health)</b>	11,991	12,345	12,370	12,165	11,708	10,796	11,796	10,758
<b>ED Performance</b>	73.0%	68%	66.1%	62.8%	67.3%	67.5%	70.5%	70.6%
<b>ED Attendances</b>	35,602	35,316	34,630	34,854	32,478	30,920	34,695	36,457
<b>Average Occupancy (% DWD Wards)</b>	95.0%	95.4%	95.1%	94.6%	95.9%	95.5%	94.5%	94.7%
<b># Pts &gt; 12 hours</b>	442	1,137	878	1,239	1,616	970	607	956*
<b># Pts &gt; 8 hours</b>	2,323	3,449	3,029	4,164	4,212	3,284	2,496	3,798*
<b>Acute Delayed Discharge (All Reasons)</b>	298	300	311	273	334	331	312	347
<b>Length of Stay (Non-Elective)</b>	7.5	7.8	7.7	7.8	8.1	8.2	7.4	7.7

\*Aggregated weekly data from Microstrategy

### 3.2 Cost of Living: Vulnerability & Whole System Pressures

Cost of living and poverty related pressures are having an increasing impact on the overall health and wellbeing of our population - impacting on people staying well, staying well at home and ability to effectively discharge. To mitigate the impact of pressures we will:

- Continue to provide non-clinical support - addressing physical health, social emotional and practical needs of patients
- Continue to Connect patients to a wide range of support social prescribing networks
- Where there are shortfalls in funding for social prescribing networks, we will explore a range of funding opportunities with our partners to help sustain the range of services required across GGC
- Connect people into longer term money advice services, advocate to avoid benefit sanctions, connect with community food initiatives and engage befriending support and other community services to meet patient needs post discharge
- Referral to benefit and debt management services will remain a priority action
- Maximise our connections with Community Warm Spaces to support the provision of health information and promote digital access for patients
- Work to support our staff facing money worries will continue to be a priority within our Staff Health Strategy
- Explore opportunities to develop new and innovative solutions to mitigate financial barriers impacting on patient attendance, alongside wider promotion of travel reimbursement

### 3.3 Infectious Diseases-summary of observations from prior seasons 2022/25

#### Covid-19:

- Peak wave mid-July 2024, ~400 in-patients
- No distinct wave observed in winter - from Sept 24 to Jan 25 (numbers declined very low from Feb to May 25)
- Two waves over winter 2023/24 peaking mid Nov ~250 in-patients, early Jan ~300 in-patients
- Peak January and March 2023, ~500 in-patients in each peak

#### Influenza:

- 2024/25 - high overall activity detected (comparable to 22/23), peaking in week 52
- In-patient numbers remained lower than in season 2022/23, peaking at ~230 in-patients (compared to peak of ~340 in-patients in week 1 of 2023)
- Main circulating strain was A(H1N1)pdm09, versus A(H3N2) in 2022/23
- Activity in 2023/24 was high, but lower than 2022/23 and similar to seasons 2017/18 and 2019/20
- Peak of 239 in-patients in 2023/24 in early January coincided with second COVID-19 peak (slowing down by Feb/Mar)
- Weekly number of new cases week 3 to week 10 during 2023/24, represented an increase compared corresponding weeks of previous six seasons (2017/18 to 2022/23)

#### Other pathogens:

- With >4,000 cases in 2024, Pertussis is now returning to longer term trend, with between 1 and 5 cases per month in the second half of 2025, representing the reduction in size of susceptible population, through natural infection and increased vaccination

### 3.4 Infectious Diseases – what may be similar - uncertainties 2025/26

#### Covid-19 – timing and number of waves:

- No specific seasonal pattern seems to have established yet however in the absence of any substantial wave since the summer of 2024, there is increasing likelihood of a Covid-19 wave (or waves) this autumn or winter, which may coincide with the festive period

#### Influenza – timing of peak:

- highly probable to coincide with festive period (end December/ early January), due to mixing patterns (potential to overlap with a COVID-19 peak – similar viral dynamics for transmission)
- Severity of influenza seasons and vaccine match difficult to predict
- Similar level of activity to last winter may occur
- It is still too early to assess vaccine effectiveness in Australia or other parts of Southern Hemisphere, but whole genome sequencing data available to date showed good match between circulating and vaccine strains

#### Levels of other winter pathogens:

- possibly still higher than pre-covid, uncertainty over remaining susceptibility, uncertainties on whether levels of population immunity have now 'caught up'
- Some other pathogens (e.g. mumps) are currently still at very low levels and there is a potential for build-up of population susceptibility and future surge

#### Unknown unknowns:

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

### 3.5 Infectious Diseases – Vaccine Impact

It is difficult to estimate impact in advance - vaccine effectiveness needs to be assessed in each season and is dependent on match of vaccine strains with circulating strains, and protection to infection and severe presentation conveyed by vaccine

**Scale of Covid-19 vaccine impact based on previous seasons:**

- ~27,000 deaths directly averted in people >60 from Dec 2020 to Nov 2021 as a result of the vaccine
- Data for England from Dec 2020 to Sept 2021 there were 230,000 hospital admissions averted in people >45 due to vaccination
- Longer term data will be required to estimate the number of deaths or hospitalisations averted each season by vaccine
- Relative impact of vaccination in any given season may decrease over time as an increasing proportion of the population have prior immunity from natural exposure and or previous vaccine doses

**Scale of Influenza vaccine impact based on previous seasons (including those with a poor vaccine match):**

- At the Scotland level, seasonal influenza vaccination of those aged >65 on average prevented 732 (95% CI 66-1389) deaths from all causes, 248 (95% CI 10-486) cardiovascular-related deaths, 123 (95% CI 28-218) Chronic Obstructive Pulmonary Disease (COPD) related deaths and 425 (95% CI 258-592) COPD-related hospitalizations

## 04: Whole System Milestones and Impacts

### 4.1 Interface & Urgent Care Improvement Programmes

SG confirmed investment of £20.9m to support delivery of the NHS Renewal Urgent and Unscheduled Care and Improving Flow Commission, and a further £2.56m for Hospital @ Home. Our plan contains a number of high impact actions to improve flow and patient access to urgent care. The key elements of the plan will be delivered through NHS GGC, with some elements commissioned by GGC and provided by our six HSCPs via 4 broad themes:

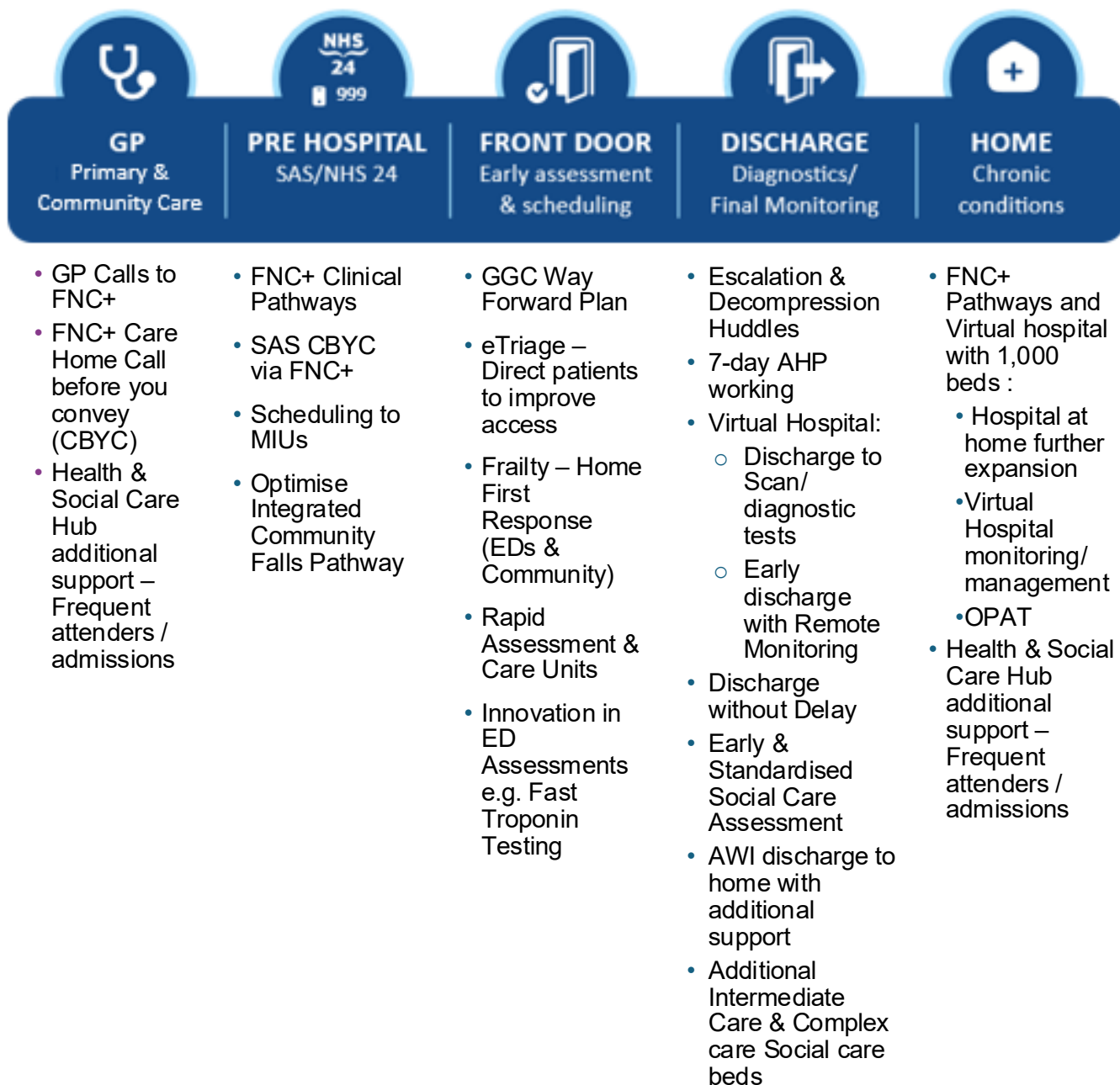
- **Whole System Flow** – to improve outcomes as one system to ensure timely access, sustainable capacity, and coordinated care
- **FNC+** - enhanced urgent care hub providing direct assessment and navigation to the most appropriate service at the right time including eTriage and RAaC development
- **Virtual Hospital** - development of 1000 virtual beds and remote monitoring by July 2026
- **GGC Way Forward** - whole system improvement programme based on the Health Improvement Scotland (HIS) recommendations and engagement with staff

As part of our Operational Improvement Plan and associated funding we have agreed with Scottish Government to move towards the following key Trajectories:

- **A&E 4 hour performance** - moving towards winter we will increase performance to 79% in December and then to 85% by March 2026
- **12/8 Hour delays & Delayed Discharges** – reducing over winter, most long waits should be eliminated by March 2026
- **Ambulance Turnaround** – we will work to continue to ensure we maintain the national target of less than 1 hour

## 4.2 Whole System Urgent Care Key Improvements

The diagram below highlights the key improvements in whole system urgent care through the 5 access points below:



### 4.3 Milestones & Cumulative Acute Bed Days Saved

Milestone category	Winter Preparedness Period		Winter Plan Period
	October - 25	November - 25	December Onwards
Whole System Flow	<ul style="list-style-type: none"> <li>Extended Discharge Huddles with additional Social work support</li> </ul>	<ul style="list-style-type: none"> <li>Criteria Led Discharge (CLD) rollout to 50% of all acute wards</li> </ul>	<ul style="list-style-type: none"> <li>Full Roll out of Criteria Led Discharge across all acute hospital sites.</li> </ul>
	<ul style="list-style-type: none"> <li>Launch 7-day Home First Response Service at QEUH</li> </ul>	<ul style="list-style-type: none"> <li>Expansion to 7-day Home First Response Service at GRI</li> </ul>	<ul style="list-style-type: none"> <li>Home First Response Services fully embedded and impacts realised.</li> </ul>
	<ul style="list-style-type: none"> <li>Implement Integrated Discharge Team Test of Change at QEUH, RAH &amp; GRI to support proactive dynamic discharge process.</li> </ul>		
	<ul style="list-style-type: none"> <li>Opening of additional intermediate care bed capacity across all HSCPs</li> </ul>		
	<ul style="list-style-type: none"> <li>Launch- Red Cross support to assist family/carers of patients experiencing discharge delays.</li> </ul>		<ul style="list-style-type: none"> <li>Red Cross service fully operational.</li> </ul>
Interface FNC+ and Virtual Hospital		<ul style="list-style-type: none"> <li>Launch SCDM for GP calls for acute medicine via FNC+</li> </ul>	<ul style="list-style-type: none"> <li>FNC+Expansion 24/7</li> <li>Full launch medical model – SCDM</li> <li>Expand GP referrals to surgical (subject to hot clinic access)</li> </ul>
	<ul style="list-style-type: none"> <li>Pathway Launch - Mental Health – Clozapine pathway / Paediatric OPAT</li> </ul>	<ul style="list-style-type: none"> <li>Pathway Launch- Cardiology Heart Failure / Discharge to Scan, Remote Diagnostics / Headache / Diabetic Foot</li> </ul>	<ul style="list-style-type: none"> <li>OPAT Beds: expand by 22 to 117 beds</li> <li>H@H Beds: increase paediatric and older peoples service +9 additional beds total 41 beds (baseline 30)</li> <li>Pathway Launch-Paeds (Neonatal &amp; Jaundice)</li> </ul>
	150 Remote Monitored beds - (from 100 beds Sept)	200 Remote Monitored beds	300 Remote Monitored beds
Front Door Redesign		<ul style="list-style-type: none"> <li>Implementation of RAaC Model – October onwards - First phase RAaC pathways in-place</li> </ul>	<ul style="list-style-type: none"> <li>Launch 2nd phase RAaC pathways</li> </ul>
		<ul style="list-style-type: none"> <li>Trauma Assessment Unit extended in Clyde</li> </ul>	<ul style="list-style-type: none"> <li>E-Triage go live (subject to procurement)</li> </ul>
Escalation	<ul style="list-style-type: none"> <li>Escalation and Decompression framework go-live</li> </ul>		
<b>Cumulative Impact Acute Beds saved per month (equivalent acute beds)</b> <b>This does not yet reflect the work being done by HSCPs on NRAC Bed Share</b>			
	249	261	329 – Dec   358 - Jan 370 - Feb

## 4.4 Protecting our Planned & Cancer Care

SG confirmed investment of £38.5m to support delivery of our elective programme for our patients aligned to our ADP commitment:

- By March 2026 no one will wait longer than 12 months for new outpatient appointments, and 7,750 will wait no longer than 12 months for inpatient/day-case treatment
- 31-day standard: 95% of eligible patients should receive their first cancer treatment within 31 days of decision to treat to first cancer treatment
- 62-day standard: 95% of eligible patients should receive their first cancer treatment within 62 days from the date of referral for urgent suspicion of cancer

Our plan contains a number of high impact actions via the targeted investment with elective activity being increased over the winter months to maintain progress towards trajectories.

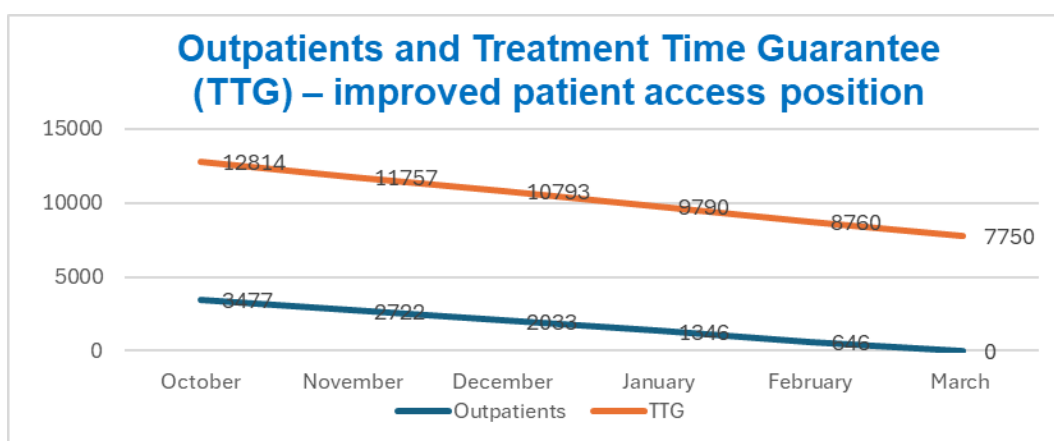
The following principles are key to protect the full elective programme to allow the system to maintain the pace over the winter period:

- Elective procedures cannot be cancelled over winter 2025/26 without impacting progress towards trajectories
- Focus on protecting beds in ACH's. GGH, IRH, INS and RHC and maintain some level of activity at QEUH, GRI and RAH
- Maintain access to beds in Gynaecology to protect elective activity
- Focus on protecting those specialities who face the largest elective challenge to meet the targets
- Insourcing lists to bring additionality in RHC, Orthopaedics and General Surgery IRH, Plastics, Gyn, Urology & General Surgery NVH, Orthopaedics GGH, Plastics, Urology and Gyn in North and INS Neurosurgery and Oral and Maxillofacial Surgery (OMFS)
- Weekly monitoring of impact of UC pressures – we are exploring the potential for the Escalation and Decompression arrangements to include planned care / elective priorities during Winter 25/26 to outline the priority areas and targets for the week ahead and escalate impact of any pauses. This is also to be included in the weekly scorecard to Directors Group



## High Impact Actions

	September	October	November	December Onwards
Outpatients	<ul style="list-style-type: none"><li>• Increase capacity across challenged specialities</li><li>• Build on service design to improve pathways</li><li>• Expand sector-based outpatient activity</li><li>• Embed alternative capacity targeting outpatient care for urgent and routine patients</li><li>• Expand cross sector smoothing to ensure longest waiting patients booked</li></ul>			
Inpatients	<ul style="list-style-type: none"><li>• Increase operative capacity for key specialities</li><li>• Increase elective orthopaedic activity</li><li>• Maximise use of ambulatory and inpatient capacity</li></ul>		<ul style="list-style-type: none"><li>• Protect beds in ACH's. GGH, IRH, INS and RHC and maintain some level of activity at QEUH, GRI and RAH</li><li>• Maintain access to beds in Gyn to protect elective activity</li></ul>	
Insourcing		<ul style="list-style-type: none"><li>• 35 additional lists Mon to Fri</li><li>• 5 additional lists at weekends</li></ul>		
Outsourcing	<ul style="list-style-type: none"><li>• Diagnostic Independent sector outsourcing</li></ul>			



## 4.5 'In Extremis' - Plan for Acute Surge Bed Capacity

We are in the process of delivering significant transformation to how we deliver urgent care - extending the hours and capabilities of our FNC+ and establishing over 300 virtual beds in our virtual hospital by December 2025.

We have established a new whole system escalation and decompression framework to manage demand, and in the event our system requires short term additional capacity, we stand ready to open-up additional acute bed capacity as follows:

- Three wards have been identified as available to provide 53 additional beds for the three month period from January 2026 to March 2026 – with the capability to flex this up to 68 if required.
- The nursing capacity required to provide surge provision if required are being recruited
- Permanent posts have been offered on the rationale that staff would be accommodated into vacancies, and covering sickness and maternity leave gaps, off set against a reduction in supplementary spend currently covering these gaps

Area	Ward	Number of Beds
Clyde	IRH L South - Open 20x beds	20
South	Ward 2c - open 17 beds but can flex to 24 beds	17
South	Gartnavel Site - Ward 5C –Open 16 beds but can flex to 24 beds	16
Total Beds		53 (with capability to flex up to 68)

## 4.6 Primary Care Readiness and Capacity

Ensuring there is sufficient capacity and capability within the Primary Care system is critical to ensuring that patients can remain as close to home as possible throughout the winter period. Primary Care (General Practice, Dental Services, Community Pharmacy, Optometry) covers patients 24 hours a day, 7 days a week, through a combination of in hours and out of hours provision, including over Public Holidays.

**Key actions for winter preparedness and resilience for Primary Care include:**

### General Practice

- General Practice Sustainability Framework will support General Practices to identify, manage, review Business Continuity Plans (BCPs) and escalate risks
- Increased public messaging on full system access for the Right Care, Right Place, Right Time including alternative to General Practice (e.g optometry, pharmacy etc) and the importance of winter vaccinations
- Contributing to whole system leadership for escalation through Board, sector and HSCP specific interface groups
- Primary Care Support, HSCPs and others will work with Local Medical Committee and others to prepare for GP Industrial Action should this be initiated by Scottish General Practitioners Committee
- Promote the use of the NHS24 online app to support self-management

### GP Out Of Hours Service

- Undertake enhanced triage of 1 and 2 hour clinical priority calls from NHS 24 to seek to avoid unnecessary patient travel to Primary Care Emergency Centres.
- Publicise Professional 2 Professional (P2P) route for district nursing, midwifery and mental health, to ensure that these services can promptly access OOH GP as and when required.
- Roll-out enhanced P2P system for OOH Pharmacy service to enable Pharmacy to directly book patients for GP OOH service.
- Publicising and promoting ED redirection of clinically suitable patients from ED to GP OOH service.
- Enhanced monitoring of P2P and Redirection data to identify any themes in utilisation of these services and opportunity to increase.

### Pharmacy First

- Maximising our prescribing capacity within community pharmacies
- Enhance the consistency of access to our community pharmacy provision

# 05: Whole System Escalation, Decompression & Winter Monitoring

## 5.1 Whole System Escalation & Decompression

A new Whole System Escalation and Decompression Group went live in October 2025 with membership across Acute, Interface & Primary Care. This group has been established to develop a coordinated approach to escalation and decompression across our wider system, including identifying the necessary components and data support.

Once a functional service is in place, this group will transition into an operational group.

Escalation	Decompression
Creating a consistent approach across sites, utilising data to inform the whole system response to escalation	Decompression strategies to manage patient flow and reduce pressure on emergency departments
<ul style="list-style-type: none"> <li>• Develop a Standard Operating Procedure and process/initiation protocol for escalation within the FNC+</li> <li>• Explore tech development to support communication during crises (e.g., an app)</li> <li>• Developing consistency in data points for ED escalation and RAG status, and creating a single point of truth for data and reporting</li> <li>• Develop an Escalation Dashboard, focusing on meaningful thresholds for escalation and integrating tech solutions like TrakCare</li> <li>• Developing predictive modelling against measures and metrics to support informed decision-making. (Exploring Cembooks)</li> <li>• Outlining a governance structure to reflect HSCP and the whole system, ensuring alignment with operational, tactical, and strategic levels</li> <li>• Borders and Escalation policy will be reviewed with input from interface and acute with recognition that there will be considerable overlap between patients suitable to board and those suitable for virtual beds</li> <li>• Discharge to diagnostics process will include escalation highlighting available short term capacity for sited under pressure</li> <li>• HSCP escalation measures being developed and a focus on building integrated discharge processes that support 'pull' enabled virtual options</li> </ul>	<ul style="list-style-type: none"> <li>• Identifying the data and dashboards required to support FNC+, including operational, analytical, and submission data flows</li> <li>• Developing the PDD data to ensure it supports escalation and patient timelines</li> <li>• Exploring opportunities for virtual pathways to support decompression</li> <li>• Developing OPEL action cards are designed to provide consistency in escalation processes across different sites. They support informed decision-making and collaboration by linking actions with owners, timelines, accountability, and impact. This approach helps build trust and visibility in actions across escalation, moving away from inconsistency and shifting the focus from ED targets to whole system patient flow</li> </ul>

## 5.2 Reporting - Dashboards/KPIs/Scorecard

- The matrix below sets out the current performance reporting
- From November to March each report will include a Winter specific update covering progress against the 7 key priorities, current performance, how the high impact actions are impacting KPIs and any specific winter plan highlights
- This is in addition to the local Acute, HSCP and Primary Care performance and governance arrangements

Governance Group	November	December	January	February	March	Frequency	Format
<b>Directors Group</b>	✓	✓	✓	✓	✓	Weekly	Scorecard & Whole System Flow Dashboard
<b>Corporate Management Team (CMT)</b>	–	✓	✓	✓	✓	Monthly	Performance Report
<b>Financial Planning &amp; Performance Committee (FP&amp;P)</b>	–	✓	–	✓	–	Bi-Monthly	Performance Report
<b>NHSGGC Board</b>	–	✓	–	✓	–	Bi-Monthly	Performance Report

### Current KPI's covered

- UC - 4 Hour compliance, Attendances, Breaches & 12 Hour Waits
- Occupancy for Tier 2 and Tier 3 - Beds  
Closed/Available/Not Occupied/Occupied/Occupancy %
- Delays
- Planned Care - Activity, progress towards OP & TTG trajectories,
- Cancer – 62 day compliance

## 06: Staff Resilience & Wellbeing

### 6.1 Key Priorities

We will prioritise the resilience and wellbeing of our staff, ensuring they remain supported and capable of delivering high-quality care. Our key priorities for winter include:

- **Protecting staff learning, development and wellbeing time**
- **Promoting messages of looking after own health and wellbeing**
- **Maintaining staff wellbeing and minimising absence where possible**
- **Maximising staff availability**
- **Use Time to Talk across the whole system**

### 6.2 Staff Support & Wellbeing

There are a range of resources provided to support staff wellbeing which can be found at the following link: [Link to Staff Support And Wellbeing Resources](#)

### 6.3 Staff Resilience

Our winter plan considers the impact of winter pressures across all job families in all sectors, directorates and partnership. The following areas are a key area of focus for 2025/26.

#### Staff Bank

- The Staff Bank continues to deliver a high volume of shifts daily. The bank remains open for the recruitment of registered workers and can recruit additional HCSW as required
- The bank continues to focus on engagement, with newsletters and surveys, outbound calls to promote shifts to staff and to capture commitment to work in advance
- Administrative staff continue to be available from the bank, with expansion to provide Estates & Facilities workers, and Allied Health Professionals all underway
- The West of Scotland continues to recruit doctors and to work closely with our neutral vendor agency supplier to ensure supplementary medical resources are available

#### Nursing Recruitment

- Registered nurses are in a strong position at 95% of establishment, moving closer to 100% as we welcome over 500 newly qualified nurses and midwives ahead of winter
- HCSW established at 92% allowing for the flexible deployment of supplementary resources from the bank
- Routine recruitment continues for all nursing and midwifery roles, with strong applicant numbers being received for all advertised roles

We will ensure our staff remain supported and our services continue to operate smoothly as we address the challenges posed by sickness absence and adverse weather conditions.

### **Sickness Absence and Staff Availability**

- Sickness absence remains a key challenge to staff availability which peaks during the winter period
- Sickness absence from November 2024-March 2025 averaged 7.7% with 24.3% total absence (improved from 25.6%)
- Sickness peaks during December and January (at 8.2% & 8.3%) compared to 7% outwith the winter period
- HR continues to provide support through enhance monitoring and reporting, with all Directorates having an agreed action plan and improvement. Additionally, a Board wide action plan had been developed, focused on enhancing wellbeing, improving attendance management, fostering a supporting working environment, promoting work life balance, strengthening employee engagement and facilitating knowledge sharing

### **Adverse Weather**

Following Storm Éowyn in January 2025 and the red warning representing a likely danger to life and severe disruption. Led by Civil Contingencies we undertook a lessons learnt exercise with feedback from across NHSGGC, including with staff side.

#### **Key lessons learnt focussed on:**

- The need to consider the declaration of a critical incident during any future red warning, or other event with likely risk to life and severe disruption for staff and patients
- The need to facilitate early and coordinated planning and communication of service changes, including through potential pre-agreed regional or national approach to standing down non-essential services during a red alert
- Extending planning to amber periods, when high winds could still have had an impact
- Ensuring Staff side input into the coordination group

Guidance and FAQ's have been developed to better support staff and managers when adverse weather occurs.

## 07: Winter Vaccination Programme

### 7.1 Overview

The NHSGGC Winter vaccination programme will be delivered between September 2025 and March 2026 in line with guidance delivered from Scottish Government and the Joint Committee on Vaccination and Immunisation (JCVI).

8 <sup>th</sup> September	22 <sup>nd</sup> September	30 <sup>th</sup> September	7 <sup>th</sup> December	End January	End March
Commence flu vaccination for Pregnant Women and childhood flu vaccination	Commence Adult Vaccination Programme begins Launch of Staff Flu Week	Commence vaccination programme for Care homes, housebound, prisons and those invited into community clinics	All those eligible will have been offered an appointment	Covid vaccine will continue to be offered until the end of January	Flu vaccine will continue to be offered until the end of January

### 7.2 Key Highlights

The key highlights of our vaccination programme are set out below:

**Over 450,000 people eligible for vaccination in NHSGGC**

**Network of 21 community vaccination centres and a targeted staff vaccination programme**

**Community pharmacies will offer drop ins for flu vaccine from the start to the end of the programme**

**School age children will be offered the flu vaccine at school and younger children at children's community clinics**

**Peer support workers will target communities where vaccine uptake is low & develop strategies to overcome barriers**

**Maternity services will offer pregnant women flu vaccination**

**Scottish Ambulance Service Mobile Unit deployed in areas identified as benefiting from a more local response**



### 7.3 Targeting Flu for Frontline and Health & Social Care Staff

Work began in early 2025 to look at increasing attendance for flu for Frontline and All Health & Social Care Workers. We have utilised Public Health Scotland’s Health and Social Care Worker Report as well as local lessons learnt from the 2024 campaign to formulate the staff vaccination strategy for the 2025 programme.

**Key target areas:**

- **On site flu vaccination** utilisation the SAS provided mobile bus
- **Peer vaccination** including Peer Immunisation champions to support promotion
- **Vaccination Champions** to help coordinate acute site drop-ins and
- **Public Health Vaccination teams** offering drop-in clinics at acute sites
- **Acute Ward roaming teams** during Staff flu week, 22nd Sept-28th Sep
- **Increased communications and IT banners** to promote vaccine effectiveness and clinic/drop in locations



[Link to NHSGGC - Winter Vaccination Programme 2025/26](#)



### 7.4 Vaccines

For winter 2025 Covid-19 Programme NHSGGC will be offering the following COVID-19 Vaccines:

<b>Pfizer-BioNTech mRNA (Comirnaty)</b>	All individuals aged 18 years and over, young people aged 12 to 17 years, children aged 5 to 11 years and children aged 6 months to 4 years
<b>Respiratory syncytial virus (RSV) vaccination</b>	Patients who have turned 75 years old between 1 August 2025 and 31 July 2026, will be offered the RSV vaccine in September 2025. Those who chose not to be vaccinated in 2024 but are still aged between 76 and 79 can still engage with the programme.

## 7.5 Key Target Cohorts

### Adult Flu Programme

- Those living in long-stay residential care homes or other long-stay care facilities
- All those aged 65 and over
- All those aged 18 to under 65 years in defined risk groups including:
  - Those experiencing homelessness
  - Those experiencing substance misuse
  - Asylum seekers living in Home Office hotel or B&B accommodation
  - All prisoners within the Scottish prison estate
  - Pregnant women
  - Frontline health and social care workers
  - Non-frontline NHS workers
  - Poultry workers & bird keepers
  - Unpaid carers and young carers
  - Household contacts of those with immunosuppression
- Those in clinical at-risk groups set out in Green Book Chapter 19

### Childhood Flu Programme

- 6m -2 years at risk
- 2-5 years pre school
- Primary schools
- Secondary schools
- Children who are home schooled as well as SEN schools

### Covid Programme

- Residents in care homes for older adults
- All those aged 75 and over
- All those aged 6 months to 64 years in a clinical at-risk group
- Frontline Health, Social Care staff, those working in care homes
- Those aged 65 to 74 and not in clinical risk group will not be offered Covid vaccination during this campaign in line with JCVI advice.

## 08: Public & Staff Messaging

### 8.1 Overview

Communication and public messaging is central to our 2025/26 winter plan.

**Public Messaging** – key to our winter planning is how we communicate with the public. In line with national SG campaigns, we will continue to run local messaging to support national campaigns. We are running a number of focus groups with our public stakeholders to ensure our messages have the desired impact, and that we use the right language and tone in our external communications.

**Our ABC campaign** for urgent care will direct the public to consider alternatives including self-care and community services ahead of calling 111 for advice. We will deliver a number of discrete targeted ABC public campaigns into winter, targeting different groups including students and men as well as working with key local influencer groups to help inform the public on how to appropriately use services

**Promotion of our FNC+** alongside promotion of alternatives to urgent care will ramp up in autumn and throughout winter. We will also deliver strong public messaging around the importance of the vaccination programme for both Flu and the COVID vaccination booster as well as providing support around the value of missed appointments to the NHS

**Governance and Command Structure** – we will report on activity and effectively adapt messaging based on developing service needs and ensure our messages are responsive. The Communications and Public Engagement Directorate is also embedded across services and can ensure integrated communications planning and delivery through services impacted by winter. Additionally, we are working closely with Planning to ensure that we make clear to staff the expected impact of the whole-system actions taking place are having on reducing pressures across the system, and that we're able to evidence those throughout winter.

#### Key target areas:

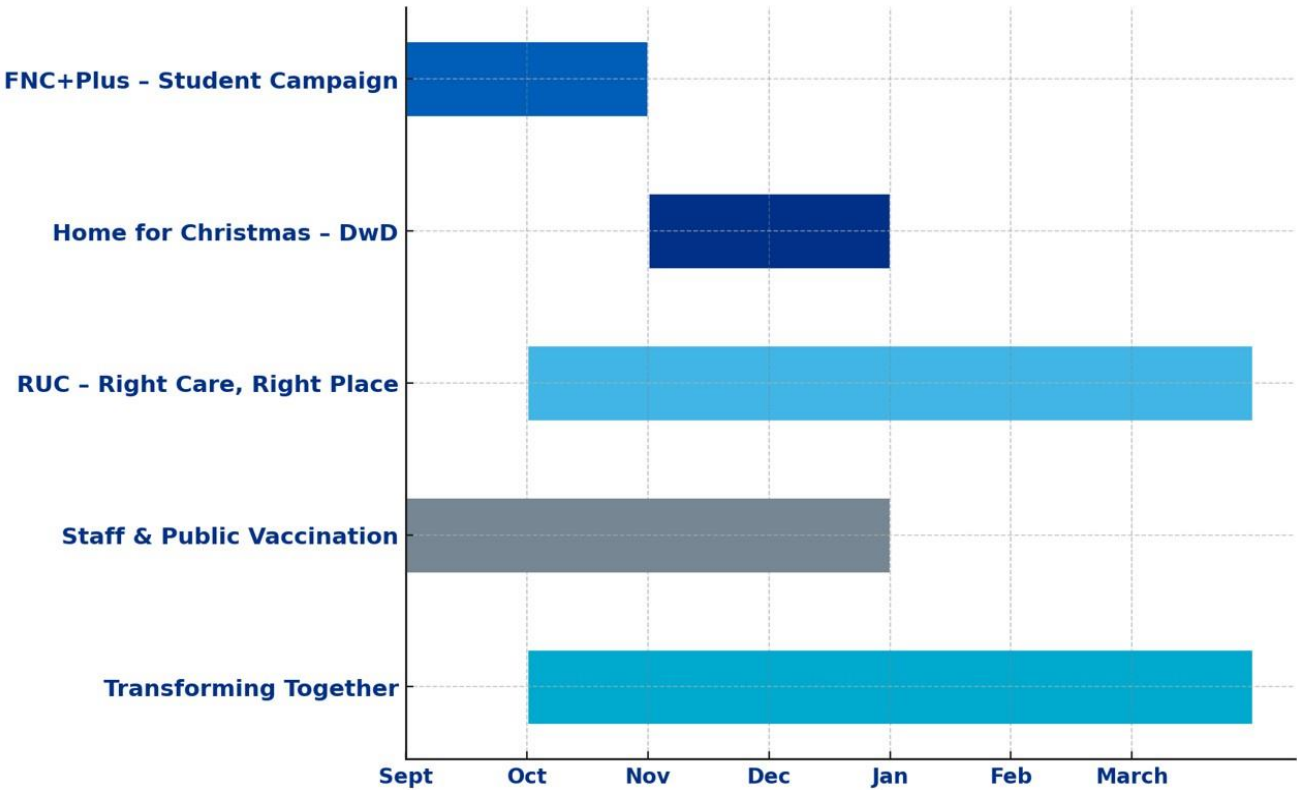
- **Evidence based** key messaging, shaped by public engagement
- **Targeted Winter and Urgent Care** campaign in line with national SG campaigns
- Support for the **winter public and staff vaccination** campaign
- Focussed staff messaging to support delivery of **our alternative and virtual pathways**, and to support **Right Care Right Place** messaging
- Supplemented with advertising spend to maximise key message penetration where possible
- **Impact measurement and feedback** to staff to demonstrate whole-system changes



8.2 Timeline

Our timetable for our winter campaign is detailed below:

Winter PR Activity Timeline



## 09: Risk Themes, Challenges & Mitigations

Risk & Challenges	Impact Description	Mitigation
<b>Impact of the ongoing Cost-of-Living Crisis: Population vulnerability and whole system pressures</b>	This crisis will continue to be felt most acutely by those who are vulnerable, have health issues or are struggling economically. The risks to the service are many – increase in admissions beyond usual winter prevalence, increase in DNAs due to lack of funds to travel to appointments, delayed discharges due to disconnected home heating or energy or the cost of running medical equipment at home. There are also risks to staffing, prohibitive costs of travel to work, lack of nutritious food, and stress and anxiety about money worries may impact on attendance and performance. It is recognised that sustained cost of living and poverty related pressures are having an increasing impact on the overall health and wellbeing of our population. Specifically, this can impact on people staying well and at home as well as ability for an effective discharge to take place.	We will strengthen support for vulnerable patients and staff through targeted cost-of-living interventions, support for staff wellbeing and implementation of our transformation programme for urgent and planned care. All NHSGGC HSCP's/Councils have programmes offering support to the most vulnerable in the community and to combat the crisis, where required and appropriate these will be signposted.
<b>Surge in COVID and Non COVID related demand – Influenza &amp; other winter pathogens 'catching up'</b>	Resurgence of COVID, Influenza, other chronic respiratory or winter pathogens, and seasonal related conditions stretch existing capacity. Delays in treatment for routine conditions results in increasing acuity requirements. Urgent and Emergency care services across primary and secondary care continue to manage high numbers of activity and the consequences of delayed treatment.	We will implement our targeted vaccination campaign to reduce the risk of severe disease, protect vulnerable groups and ease pressure on urgent care. Processes for managing outbreaks in wards are well rehearsed and these will be implemented if required to contain impact.
<b>Availability &amp; Resourcing of workforce</b>	Impact of potential higher sickness absence, current vacancies or potential industrial action on the ability of services to maintain and flex our resources	We will focus on ensuring our staff and teams remain resilient and supported through our staff wellbeing programme.
<b>Further increased demand for Urgent Care impacts our ability to deliver our planned care programme</b>	Significant urgent care pressures create the need to reduce the volume of planned care activity, impacting patient access leading to longer patient waiting times.	We are implementing our transformation programme for urgent and planned care to improve flow, provide care close to home and improve patient access to urgent care.
<b>Whole Systems Flow and Resilience</b>	Risk that length of stay increases, and discharge performance is challenged due to whole systems patient flow not being optimal	We have prioritised the protecting of our Planned Care and Cancer Services to ensure we deliver our elective programme for our patients.
<b>Other 'emerging' potential risks</b>	There are a number of emerging risks in relation to the ability to respond of timeously to referrals for assessment for Care home placements, Care at Home packages and Social Work support.	Our new Whole System Escalation and Decompression framework will manage demand and support patient flow.

## 10: Summary

Our Whole System Winter Preparedness Plan for 2025/26 is designed to ensure resilience ahead of and during the winter period focussed on the 7 key priorities:

- Whole System Escalation Huddles via FNC+
- Interface - Expand our Virtual Hospital bed capacity & FNC+ moves to 24/7
- Protecting Planned Care and Cancer Services – to ensure we deliver our elective programme for our patients aligned to our ADP commitments
- Implementing the Urgent Care and Improving Flow Commission High Impact actions
- Implementing and maximising the winter Flu and Covid 19 booster programme
- Workforce resilience & Staff Wellbeing- ensuring staff resilience and capacity during high-demand periods and staff health and wellbeing is embedded fully and championed at all levels across the respective organisations
- Reducing bed days & reduce the need for surge capacity through reduction in overall length of stay and reducing patients in delay

This is underpinned through our significant vaccination programme, targeted staff and patient messaging campaigns, and prioritising the resilience and wellbeing of our staff, ensuring they remain supported and capable of delivering high-quality care.

Utilising the new whole system framework for escalation and decompression will be key to managing demand and supporting patient flow, and the use of existing frameworks for monitoring performance will be essential to address emerging challenges as we progress through the winter months.

The whole system collaborative approach and the progression of our innovative transformation programme at pace will play a crucial role in preparing and supporting the system to cope with the increased demand over the winter period.

## 11: Glossary

ABC	Ask yourself, be aware, call 111
ACH's	Ambulatory Care Hospital
ADP	Annual Delivery Plan
A&E	Accident and Emergency
AHP	Allied Health Professional
APF	Area Partnership Forum
AWI	Adults with Incapacity
B&B	Bed and Breakfast
BCP	Business Continuity Plan
CBYC	Call Before You Convey
CLD	Criteria Led Discharge
CMT	Corporate Management Team
COPD	Chronic Obstructive Pulmonary Disease
DNA	Did Not Attend
DWD	Discharge without Delay
ED	Emergency Department
FNC+	Flow Navigation Centre Plus
FP&P	Finance, Planning and Performance
GGC	Greater Glasgow and Clyde
GGH	Gartnavel General Hospital
GP	General Practice
GPOOH	General Practice Out of Hours
GPs	General Practitioners
GRI	Glasgow Royal Infirmary
HCSW	Health Care Support Worker
H@H	Hospital at Home



HIS	Healthcare Improvement Scotland
HSCP	Health and Social Care Partnership
HR	Human Resources
IJB	Integrated Joint Board
INS	Institute of Neurological Sciences
IP	Inpatient
IRH	Inverclyde Royal Hospital
JCVI	Joint Committee on Vaccination and Immunisation
KPIs	Key Performance Indicators
LOS	Length of Stay
MIU	Minor Injury Units
MPOX	Monkey Pox
NHS	National Health Service
NHSGGC	National Health Service Greater Glasgow & Clyde
NRAC	National Resource Allocation Formula
NVH	New Victoria Hospital
OMFS	Oral and Maxillofacial Surgery
OOH	Out of Hours
OP	Outpatient
OPAT	Outpatient Parenteral Antimicrobial Therapy
OPEL	Operational Pressures Escalation Levels
PDD	Planned Date of Discharge
POA	Power of Attorney
PR	Public Relations
P2P	Professional to Professional
QEUH	Queen Elizabeth University Hospital
RAaC	Rapid Assessment and Care



RAG	Red Amber Green
RAH	Royal Alexandra Hospital
RHC	Royal Hospital for Children
RSV	Respiratory Syncytial Virus
SAS	Scottish Ambulance Service
SCDM	Senior Clinical Decision Maker
SEN	Special Education Needs
SG	Scottish Government
TTG	Treatment Time Guarantee
UC	Urgent Care