NHSGGC System Reset – Staff FAQs

1. What is the System Reset?

The System Reset is a focused 12-day initiative to help stabilise patient flow, reduce hospital occupancy, and improve the experience for patients and staff.

It brings together teams from across our Whole System to unblock discharge delays, launch new pathways, and ensure patients receive the right care, in the right place, at the right time.

Equally important, the System Reset aims to support staff wellbeing by reducing sustained over-capacity pressures, simplifying escalation, and creating space for teams to focus on safe, high-quality care.

2. Why is the System Reset important?

Our hospitals are operating at consistently high occupancy, which impacts Emergency Department performance, delivery of planned care capacity, staff and patient safety and wellbeing.

The System Reset provides a short, concentrated period to test and accelerate actions that improve safety, patient flow, and discharge planning ahead of winter.

3. What are the main objectives of the System Reset?

- Reduce occupancy across acute sites to create safer, more effective care environments
- Improve 4-hour Emergency Department performance
- Balance daily admissions and discharges to support flow
- Support timely, safe discharge through discharge multi-agency planning (MAP)
- Embed new FNC+ Plus and Virtual Hospital pathways that prevent avoidable admissions and enable early step-down.

4. How long will the Reset last?

The System Reset will run for 12 days, starting Thursday 20 November 2025 to Monday 1 December 2025, with daily review and reporting.

Some actions tested during this period will continue as part of our longer-term improvement plan.

5. What will happen during the Reset?

The Reset will focus on coordinated actions across Acute, Interface, and HSCP teams to improve patient flow and safety:

- Discharge MAP audits on every site to identify patients whose discharge can be safely progressed
- Daily huddles, senior reviews, and decompression activity to maintain safe flow across Acute
- Interface and pathway launch – Discharge to Scan, Headache, OPAT, Call Before You Convey actively pulling patients from acute care
- HSCP support and commitment – close partnership working to unblock community discharge and care-at-home delays
- Visible leadership and live feedback loops through QUEST Escalation & Decompression meetings and site huddles to resolve issues in real time
- Additional staffing and services (including over weekends) will be provided from pharmacy, diagnostics and facilities teams.

6. How will the System Reset aim to benefit patients?

Our System Reset will aim to reduce occupancy levels and improve patient across NHSGGC – continuing our unwavering commitment to ensuring that all patients get the right care in the right place at the right time. This will:

- Reduce waits for admission or discharge and delays in care
- Minimise patients cared for in non-standard areas, wards or sites
- Earlier access to diagnostics, therapy, and community support
- Improved continuity and safety of care by allowing for a more organised and efficient system
- Reduce time spent in ED.

7. How will this affect me and my team?

- More predictable bed flow and reduced over-capacity pressures
- Simpler escalation and communication processes
- Stronger multi-disciplinary collaboration
- More visible senior leadership support throughout the 12-day period.

Every role remains vital – all contributions with every patient, to care, discharge planning, documentation, or communication helps create capacity for patients who most need it.

8. How can staff contribute to the success of the System Reset?

- Engage actively in new processes and pathways
- Escalate challenges and offer feedback and ideas on what is working well
- Continue to do what is best for our patients on a daily basis delivering the best care possible
- Proactively engage with and discuss the Systems Reset across your staff teams.

9. What are some of the key pathways supporting this Reset?

From 20 November, several key pathways from our Interface & Urgent Care Team will actively pull patients from acute care:

- Discharge to Scan – outpatient diagnostics for medically-fit patients
- Headache Pathway – rapid outpatient review for low-risk presentations
- OPAT – intravenous therapy delivered safely in the community
- Call Before You Convey (SAS) – pre-hospital triage and diversion.

This is just the start of the expansion of FNC+ Plus and the rollout of our Virtual Hospital capacity.

10. What support will be available for staff?

- Senior leadership teams will be available to support ward teams and assist with problem-solving and escalation
- FAQs, daily Core Briefs, and updates will be shared through StaffNet and HSCP communication channels
- Information will be readily available from site teams to support delivery of actions and enable escalation as required
- A “thank-you” message and short video will close the System Reset, highlighting what’s been achieved and next steps.

11. What happens after the Reset?

The outcomes from the 12-day period will feed directly into our Transforming Together Programme.

A summary of learning, key metrics, and sustained actions will be presented through the Whole System Flow Group to guide ongoing improvement, sustained action and future potential resets.

12. How can I provide feedback or raise ideas?

Fill in the following form to share your feedback or improvement ideas: System Reset FAQ Feedback Form

*1. What is the Discharge MAP process?

Discharge MAP is a key part of the System Reset, bringing teams from across Acute, HSCP and community services together to focus on safe, timely discharge.

It involves reviewing patients who no longer need acute care, identifying barriers to leaving hospital and agreeing actions to resolve them.

The aim is to improve patient flow, reduce delays, and support our shared Home First approach — ensuring patients receive the right care, in the right place, at the right time.