

NHS Greater Glasgow & Clyde

NHS Board Meeting

**Jennifer Armstrong
Medical Director**

16 October 2018



Winter Plan 2018/19

Recommendation:

The NHS Board is asked:

- To note the cross system approach to the development of the Winter Plan 2018/19.
- To approve the Draft Winter Plan, acknowledging that further work will be undertaken prior to final submission to the Scottish Government on the 30th October.
- To approve that delegated authority be given to the Chief Executive to approve the final plan and ensure appropriate sign off by the 30th October.

Purpose of Paper:

The purpose of the paper is:

- To describe the requirements of Winter Planning for 2018/19 as per Scottish Government guidance.
- To describe the approach undertaken across the system.
- To provide assurance to the Board that effective arrangements are in place to respond to the projected level of demand over the winter months.
- To seek delegated authority for the Chief Executive to approve the final Winter Plan for 2018/19 and ensure appropriate sign off as per guidance.

Key Issues to be considered:

The Cabinet Secretary wrote to NHS Boards and Integrated Joint Boards on the 31 August calling for submission of approved Winter Plans by the 30 October 2018 with Health Board Chief Executives, IJB Chief Officers and both Chairs to submit a joint letter confirming that plans have been reviewed and that they are collectively satisfied that plans are fit for purpose.

Our services were significantly challenged last winter with an early surge in demand in December, the severe weather conditions of the 'Beast from the East' and late presentation of increased rates of Flu in March. Demand over the summer months, particularly within A&E and the assessment units has been high with attendances rates sustained at increased levels compared to last year. Total ED presentations are up by nearly 5% on last year.

This plan recognises that additional acute bed capacity and measures in community and primary care will be required to deliver care during the winter period. Effective delivery of Unscheduled Care within the established performance parameters will require robust governance, effective processes and integrated responses from across primary, community and acute services.

Whilst our plan includes initiatives developed to prevent admission and to reduce delays that were not present this time last year, a concern will be our ability to provide a similar level of 'additionality' in service provision within the financial envelope of £2.1 million, the amount allocated by the Scottish Government.

Any Patient Safety /Patient Experience Issues:

The plan aims to ensure effective measures are in place to deliver safe, effective and responsive care during periods when demand for services is intense.

Any Financial Implications from this Paper:

Last winter, the Board received £2.91 million for winter pressures, £2.37 million for 6 Essential Actions and ultimately £8.0 million for winter beds and acute strategy. Although not all directly targeted for winter pressures, a significant proportion was used to support staffing and capacity. Whilst our plan includes initiatives developed to prevent admission and to reduce delays that were not present this time last year, a concern will be our ability to provide a similar level of 'additionality' in service provision within the allocated financial envelope. However, efforts are continuing to maximise the impact of the available resource across both the acute and partnership sectors.

Any Staffing Implications from this Paper: No

Any Equality Implications from this Paper: No

Any Health Inequalities Implications from this Paper: No

Has a Risk Assessment been carried out for this issue? If yes, please detail the outcome:

N/A

Highlight the Corporate Plan priorities to which your paper relates:

Deliver the LDP standards to the agreed level of performance.

Redesign the service across hospital, care home and community settings to reduce demand on acute hospital services, with a view to reducing demand by up to 10%, in relation to ED attendances, emergency admissions and unscheduled bed days.

Further develop whole system working between NHS Board, HSCPs and other key stakeholders to secure system-wide benefits.

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Date – 11/10/18



NHS Greater Glasgow & Clyde

Draft Winter Plan

2018/19

Winter Plan 2018/19

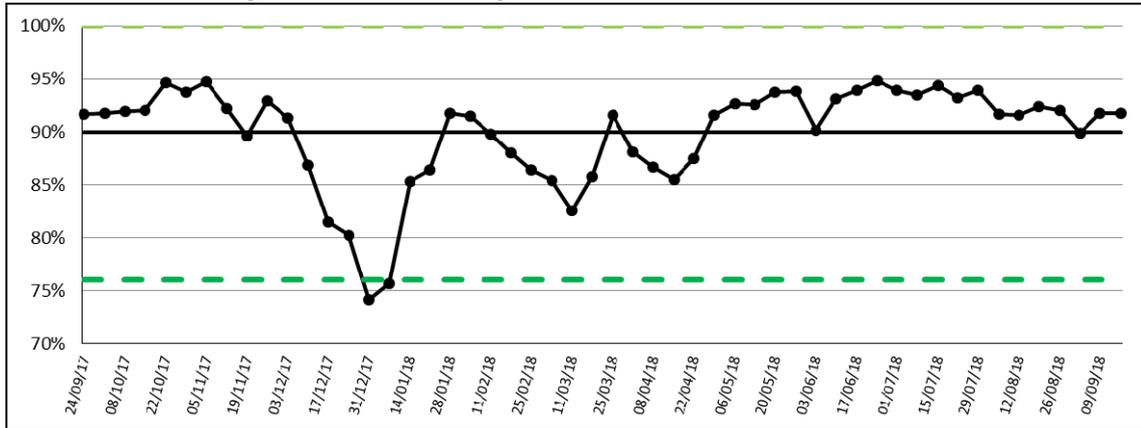
Executive Summary

1. Preparation for winter is captured in the Board's Winter Plan. This document is designed to provide assurance to the Board and the Scottish Government that effective arrangements are in place to respond to the projected level of demand over the winter months.
2. The Cabinet Secretary wrote to NHS Boards and Integrated Joint Boards on the 31 August calling for submission of approved Winter Plans by the 30 October 2018, with a high level outline plan to be submitted by the 2 October 2018.
3. The preparations have drawn on lessons learnt from last winter, a continued focus on Unscheduled Care, the Board's corporate objectives to deliver the Emergency Care A&E standard and to achieve a 10% reduction in emergency admissions through a whole system programme of improvement. There has also been a focus on improving discharge rates earlier in the day and at weekends.
4. Our services were significantly challenged last winter with an early surge in demand in December, the severe weather conditions of the 'Beast from the East' and late presentation of high rates of Flu in March. Demand over the summer months, particularly within A&E and the assessment units has been high with attendances rates sustained at increased levels compared to last year. Total ED presentations are up by nearly 5% on last year.
5. This plan recognises that additional acute bed capacity and measures in community and primary care will be required to deliver care during the winter period. Effective delivery of Unscheduled Care within the established performance parameters will require robust governance, effective processes and integrated responses from across primary, community and acute services.

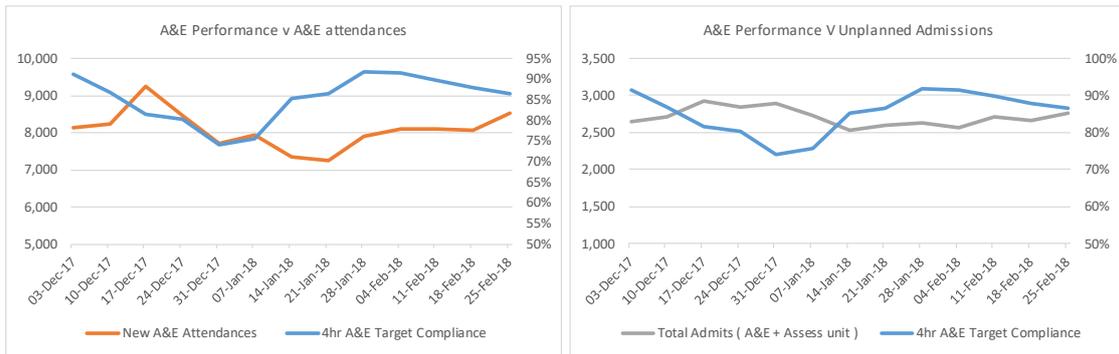
Projected Demand and Performance

- 6. Unscheduled care activity has not abated since last winter. Experience this summer has seen sustained peaks in A&E attendances of 8% over a monthly mean of 21,600. Weekly performance against the 4 hour target has been sustained at 90% or more. Performance on different sites has been more variable, particularly on a day to day basis.

A&E Performance against the 4 hour target



- 7. Demand at the 'Front Door', through A&E and our Assessment Units, translates into a mean of 10,103 admissions per month. Our analysis of previous winters indicate that we should anticipate a seasonal increase during the December and January period of a further 4% in unplanned admissions per month.
- 8. Analysis of weekly trends from last winter indicates the extent to which the resilience of our 'System' is supported by the winter short term step up in capacity. The 2017/18 plan provided for the step up to be enacted from January. Our experience was of an early surge in December. A&E Performance started to dip as attendances increased reaching a peak of 16% above the mean for the period (Week ending 17 Dec). At the same time, admissions surged to 9% above the mean.



- 9. During the 2017/18 winter months, an additional 124 acute beds over the base capacity were funded across the North, South and Clyde sectors. This was based on modelling work which considered monthly trend analysis with projections based on 2%, 5% and 8% increases with the additional capacity provided broadly meeting the 5% increase. This was not always sufficient to deal with the demand last year.

10. Employing a similar methodology but building in the learning from last winter indicates our plans need additional beds within a range of 115 to 150 beds. Our aim is to better utilise intermediate care beds and out of hospital capacity to offset pressure within the acute system. The final configuration of additional capacity is still to be confirmed and will reflect a combination of acute and intermediate care beds.

Preparedness for Surge Demand and Additionality

11. Additional winter bed surge capacity will be required this winter and this capacity should be in place by December. It is recognised that building the resilience to address demand will require a coordinated approach across primary community and acute. Throughout this year and based on analysis of demand and lessons from last winter, a cross system programme of work has been developed. The aim was to address variation in process and pathways across NHSGGC and develop common approaches to managing demand before and after hospital admission.
12. These actions build on the range of quantifiable actions that we know will strengthen our preparedness:

| Key Quantifiable Actions | Impact |
|---|--|
| Extending medical and nurse staffing in A&E and Assessment Units | Ensure sufficient senior clinical decision makers are available at critical times during early evenings and weekends. |
| Strengthened Clinical Co-ordination and Flow Management | Ensure appropriate clinical experience shapes prioritisation of patient flow throughout the hospital, with the authority to expedite obstacles and place patients in the most appropriate locations. |
| AHP capacity to expedite assessment, treatment and discharge planning | Reduce avoidable delays in the patient journey ensuring appropriate care and discharge planning; facilitate 7 day discharge. |
| Boarding teams | Strengthen continuity of care and senior decision-making for patients who at times of peak pressure cannot be accommodated in a specialty ward appropriate to their condition. |
| Additional Bed Capacity | 115 to 150 beds (to be confirmed) |
| Enhanced Medical HDU cover | Increase the capacity of Medical HDU at critical periods enabling more effective patient flow and step down. |
| Support Staff to ensure rapid turnover of beds | Reduce the delays in making beds available following discharge of patients. |
| Extended Pharmacy cover | Enable provision of Pharmacy support outside of regular working hours to facilitate early discharge. |
| Additional SAS Transport | Increase flexibility and responsiveness of ambulance transport for transfers between hospitals. |

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| | |
|--|--|
| Point of Care Flu Testing | Enable rapid identification and appropriate cohorting of patients from point of admission. |
| Intermediate Care Beds | Additional Surge Capacity commissioned on block and spot purchasing basis (to be confirmed) |
| Red Cross Ambulance Transport | HSCP commissioned to support additional discharges |
| Community Respiratory Team extension | Deliver 7 day service |
| Community nursing & Home Care Services | Enhanced cover over holiday periods with contingencies for periods of peak activity. |
| Mental Health Services | Adult, Community Mental Health Teams, Out of Hours and Acute Hospital Liaison Support in place for anticipated levels of demand. |

13. Further work is underway following a cross system Winter Planning workshop on the 20 September. Facilitated by the Health Improvement Scotland Improvement Hub this focused on identifying actions which reduce demand to the Acute Assessment Units. A follow up event in November will confirm how these will be operationalised by early winter.
- i. Stratification of demand utilising the principles of *Realistic Medicine* to avoid over treatment and unnecessary admission
 - ii. Improvement in utilisation of alternatives to admission
 - iii. 7 day service provision – strengthening supporting infrastructure
 - iv. Improved communication between GP and hospital based consultants
 - v. The right care at the right level at time of presentation
 - vi. Development of 72 hour supported community care “breathing space” for people who don’t need acute care
 - vii. A ‘How are you service?’ targeted at patients at risk of admission

Resilience Preparedness

14. Business continuity plans take account of the critical activities of NHSGGC and HSCPs. They include analysis of the effects of disruption and the actual risks of disruption, and are based on risk assessed worst case scenarios. Plans prioritise activities, assess the risks and identify how they will be supported and maintained during service disruption. Business Impact analysis has been completed for each critical service to identify minimum staffing levels to maintain service delivery.
15. The HSCP and Acute Business Continuity Plan framework has been developed to ensure coordination and consistency across sectors. Each plan has an escalation process, with roles and responsibilities identified through relevant action cards. The plans focus on recovery time objectives set for a return to normal operation. GP Practices and Pharmacy continuity plans include a ‘buddy system’ should there be any failure in their ability to deliver essential services.
16. Plans have been tested in recent months with the severe weather and updated from lessons learned. Internal exercises to validate plans are run by individual services to ensure fitness for

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purpose. A further cross system table top exercise to test Escalation Plans is scheduled for early November.

17. Business continuity arrangements within NHSGGC are networked effectively with Local and Regional Resilience Partnerships and will contribute to the West of Scotland Regional Resilience Mass Fatalities Group work plan.
18. NHSGGC leads are meeting in October with Local Authority and Funeral Director representatives to agree a contingency plan which will include cross city transport to maximise mortuary space where needed.

Staffing

19. Staffing rotas for the Winter Period and specifically the Festive Public Holidays are being finalised and will be confirmed by the end of October. Annual leave is actively managed all year including over the winter period, with leave in key services managed according to the demand projections and clinical priorities. There is an absence management process in place and this is applied as business as usual.
20. The Staff Banks and Recruitment service provide both pro-active and reactive activity to help mitigate risks as a result of winter demands and pressures across NHSGGC. The Board has successfully recruited over 450 newly qualified nurses, in post substantively from October. All of whom are registered with the Bank at time of starting. Band 2 Healthcare Support Worker recruitment is underway with the aim to recruit approximately 150 - 200 individuals. Closer working with the Universities has led to a change of process, signing student nurses to the bank prior to the winter period, enabling more responsive support at key periods. Retirees have also been targeted during August and September to promote bank opportunities.
21. A key pressure area is in the Clyde Sector. Owing to the level of demand and an increased number of vacancies, a targeted recruitment campaign has taken place for substantive and bank staff, this included action from the NHSGGC Employability team and local engagement with job centres and workforce employability programmes for Healthcare Support Worker posts.
22. Fill rates will be reported on a daily basis to support shift monitoring, with staff linked into the 'Huddle' reports each morning. Dedicated resource and actions for fill priorities will be confirmed with each sector.
23. The review of the Adverse Weather Policy is underway. A partnership group has been commissioned by the Scottish Government Workforce Directorate to develop a "Once for Scotland" policy. The policy will be approved in November, allowing NHS Boards to incorporate within local policies.
24. The HR Connect site is in place and is updated regularly throughout winter for both bank workers and services. In extreme weather and other high demand situations this will include instructions and guidance for bank staff. Bank workers will be alerted to updates on the website through e-mail and text to ensure regular viewing of this.

Unscheduled Care/Elective Care Preparedness

Clinically Focussed and Empowered Management

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25. From November, management teams will step up to enhanced winter cover arrangements. Each Sector has empowered and clinically engaged local site management with a duty manager of the day focused on managing and coordinating services across the hospital system focused on delivering safe high quality care. There are management cover arrangements at weekends and Public Holidays; a senior manager on call overnight and weekends with enhanced nursing also in place in evenings and weekends. These arrangements are mirrored in each HSCP with locality management structures to ensure systems for dialogue and escalation across the whole system.
26. System wide Director level communication and coordination is in place with daily Chief Operating Officer calls between Acute and IJB Chief Officers.
27. A focus over the summer months within the hospital management structures has been to review and revise arrangements for Consultant in Charge, Flow Hubs and Escalation Policies. The review has enabled us to create visual representation of the core processes undertaken across the hospital system. We have created a model of the Daily Demand and Capacity Cycle to illustrate the various stages and coordination of processes that currently enable us to establish the status of the hospital and estimate the anticipated demand and capacity requirements. In addition we have developed our local escalation policies to ensure that they reflect the required levels of decision making and associated actions to maintain and improve patient flow. During the winter months there will be a focus on increased ward rounds and earlier clinically appropriate discharge from hospital
28. The NHSGGC 6 Essential Actions Programme reflects the following key priorities and work has been progressed across all of the following areas in collaboration with Acute and HSCPs:
 - High volume Admissions – we have identified the highest volume patient conditions resulting in attendance and admission within each HSCP. Subgroups have been formed to focus on a specific condition with the ambition to reduce attendance, admission and hasten discharges.
 - Frequent attendance - HSCPs are undertaking a review of frequent attendees to Accident and Emergency Departments. This data has been shared with GP Practices and Cluster Quality Leads (CQLs) to initiate action and additional meetings held between GGC UCC Programme Manager and Glasgow City to ensure there is planned action to reduce these. Additionally the HSCPs are promoting the “know who to turn to” campaign, to divert patients away from ED.
 - Daily Dynamic Discharge – All Sectors have established DDD working groups to ensure compliance with DDD and aligned to the Exemplar Ward processes. We have undertaken a number of IT improvements to help the ward teams, creating Electronic weekend handover which is targeted to safely track patient tasks and expedite discharges over the weekend and during the out of hours period. We are also promoting the uptake of Criteria Lead Discharges, Discharge Lounge utilisation and overall compliance with Estimated Dates of Discharge to improve the end to end process.
 - Day of Care Survey (DoCS)– NHSGGC completed the National Day of Care Survey in April this year and Sector Action Plans have been progressed to act on the recommendations made in each of the hospital specific reports. We will also participate in the next national DoCS scheduled in GGC for 25/10/2018. On the 02/09/2018, the QEUH conducted an additional mini DoCS to analyse differences between weekend and weekday inpatients - to understand

and measure patient discharge status and the impact this might have on Monday flow and ED performance. Action planning is underway utilising the findings.

- Improving Ambulance Turnaround Times – At a system level, we have an established forum with the Scottish Ambulance Service to resolve issues such as delayed turnarounds and address other priorities. At a sector level work is ongoing to improve performance and the “safe to sit” programme is being piloted at the RAH aimed at reducing delays caused when waiting for trollies. Both GRI and QEUH have conducted visual audits of turnaround times and have identified action plans to address any potential delays in the handover process.

Optimising Patient Flow

29. The proposed uplift in winter surge bed capacity will be complemented by additional measures by the Acute Sector and HSCPs to:

- Reduce the length of stay and expedite discharge and improve time of day of discharge
- Maximise the turnover of HSCP intermediate care beds
- Reduce admissions into hospital
- Provide alternatives to hospital admission
- Increase in pharmacy support focussed on discharge planning, only prescribing and ordering to meet clinical need and stock management on wards

30. Reducing length of stay and expediting discharge will be enabled by the actions described above in the sections relating to Clinically Focused and Empowered Management (Consultant in Charge, Flow Hubs and Escalation Policies) as well as the continued focus on the principles of the ‘Six Essential Actions’ and Daily Dynamic Discharge activities.

31. Our plan envisages a trajectory to improve discharge rates as follows:

| | Current average | Improvement | Target | By When |
|--------------------|-----------------|---------------------|--------|----------|
| Discharge Pre Noon | 18% | 5% | 23% | December |
| Weekend Discharge | 19% | 5% | 24% | December |
| Delayed Discharge | 129 | Winter 17/18 levels | 89 | December |

[Figures based on weekly average over period Jun-Aug 2018]

32. Throughout this year, the HSCPs have worked together to develop a joint action plan reflecting agreed actions common across all 6 partnerships. The objective is to reduce activity by 10% for Attendances, Admissions and Occupied Bed Days. The plan is complemented by individual HSCP plans which focus on local needs with initiatives to address them.

The plan is made up of a combination of detailed activity in relation to particular clinical conditions as well as a range of enabling activity, designed to impact across a number of clinical pathways. Work on these streams will continue throughout the winter and add value on a phased basis.

The following sections describe the areas of work that can be expected to have impact over this winter.

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- **COPD Pathway** – One of several high volume pathways, COPD has been targeted for attention in recognition of a lower proportion of patients being discharged within 24 hours across NHS GG&C than other Boards. The COPD24 pathway will introduce a Multi-Disciplinary Team approach to managing patients within the first 24 hours of presentation. The pathway is supported by a digital dashboard enabling identification of COPD patients and information to be shared digitally across care providers. Care bundles for Admission and Discharge are being finalised for use across all sites and services. Based on the successful Glasgow City community respiratory service, an agreed service model is being developed to secure similar outcomes in each HSCP.
- **Reducing admissions from Care Homes** – The Red Bag scheme is being progressively rolled out across the NHS GG&C with wide scale adoption by late October. The red bag is used to transfer standardised paperwork, medication and personal belongings and stays with the resident throughout their hospital episode and is returned home with resident. This is a simple process for supporting communication and information sharing across care homes and acute services at times of unscheduled care. Evaluation will be facilitated with the Care Home’s dashboard tool introduced earlier this year which identifies and enables monitoring of admissions to hospital from Care Homes. HSCPs are also working closely with care homes, GPs and others to improve clinical support to residents and reduce admissions to hospital
- **Frailty** – HSCPs have agreed a single approach to identify people with frailty in the community and review current service delivery to develop new pathways and ways of working to support people with a frailty diagnosis to live at home or homely setting as independently as they can.

Permission has been granted to adopt the Rockwood et al Dalhousie University Clinical Frailty Scale; West Dunbartonshire HSCP is an early adopter of this tool. The tool itself is easy to apply and provides a common language across services in describing and understanding the person’s level of frailty. Going forward it is anticipated that the Frailty score will determine the requirement for engagement in Anticipatory Care Planning and population of the Key Information Summary.

- **Anticipatory Care Plans (ACP)** – HSCPs have confirmed a standardised approach should be implemented with robust monitoring to track improvement. A well-completed Key Information Summary covers enough useful information to achieve the goals of an ACP. HSCPs are encouraging full use of KIS functionality within EMIS as a practical proxy for an ACP, acknowledging the function of the ACP as a patient held record but noting the 32 pages can be difficult to ensure widespread use. The approach is to target at those with the most fragile health needs and therefore most likely end up being seen by OOH or admitted to hospital. This includes, but is not limited to:
 - Housebound patients
 - Dementia patients
 - Nursing home patients
 - Patients with fragile significant conditions such as severe COPD, bronchiectasis, CF, MND and MS
- **Delayed Discharge** – Continues to be a priority for HSCPs with processes to systematically review and expedite delays. Anticipatory structures aim to ensure that potential areas of need, particularly in respect of the adults with incapacity (AWI) are best met and delays

minimised. Identification and targeting of homecare clients who lack capacity and promotion of Powers of Attorney is part of this process. Access to TrakCare allows early identification of patients known to Social Services. Learning has been pooled across HSCPs to identify best practice and a seminar is scheduled for mid October to focus on questions such as:

- Access to digitised AHP record/ assessment through Clinical Portal/TrakCare/EMIS
- Access to dashboards re inpatients.
- Electronic referrals - reducing time between referral sent to and received by hospital team.
- Accurate reports that provide managers with statistical data to support core tasks such as allocation and managing staff resources.
- Improvements in care pathways with SAS to increase number of patients not conveyed to hospital
- Engagement with OOH services to identify better pathways that manage risk, including NHS24 and SAS
- Better anticipatory care planning & eKIS – more robust use of escalation plans with GP involvement
- Making sure care at home prioritise hospital discharge. Investment in this service and focus on recruitment and retention to sustain performance
- Availability of beds for under 65s with complex needs – with a view to explore joint commissioning
- Dedicated MHO input re delayed discharges
- Additional resources to manage increased demand such as District Nursing, rehabilitation equipment and aids and adaptations

Out of Hours Preparedness

33. The Out of Hours Winter Preparations have been developed having incorporated the lessons learned from the review of last year.
34. There has been considerable work done on a Board wide review of Health and Social Care Out of Hours Services which takes into account local lessons and the recommendations of the Ritchie Report. Actions which will be taken forward this winter include additional pharmacists in Out of Hours services, which also host CPN telephone support.
35. Capacity across the interface between NHS24 and GP Out of Hours has been reviewed. Rostering of Out of Hour's services is informed by predicted levels of demand. High Risk shifts are highlighted with additional staff identified. All rosters are reviewed at regular intervals to manage any additional issues. During the winter months, these reviews will be conducted more frequently to enable mitigation of risks and ensure resilience.
36. Work is also progressing on processes to manage demand more effectively with a cross system work stream focused on 'Redirection', utilising resources such as System Watch which has informed winter capacity planning.

Preparation for & Implementation of Norovirus Outbreak Control Measures

- 37. The Board’s standard operating procedure is available via the Infection Prevention & Control Team icon on all desk tops. This includes an ‘Outbreak’ procedure with resources/guidance and the escalation plan for acute care. There is close working with local Infection Prevention and Control staff (LIPC) and all receiving units to ensure policy and procedure are up to date.
- 38. Communication processes within our hospitals are in place with daily position of bed closures including external issues such as nursing home closures. Board Directors receive a daily email which is cascaded through appropriate forum such as the daily ‘huddles’.
- 39. The Press office is included in this communication and attend any outbreak control meeting where it is decided if information requires to be given to the wider public. The Health Protection Team are also represented at this meeting and can issue information to GPs and nursing homes.
- 40. Cover over the Public Holidays will be in place with on call microbiology and LIPC nurses to review closed wards over weekends and festive periods to facilitate prompt opening of closed wards.

Seasonal Flu, Staff Protection & Outbreak Resourcing

- 41. Last year, 15,500 staff received the flu vaccine equating to a rate of roughly 40%. The ambition for 2018/19 is to achieve a rate of 60%.
- 42. Led by the Occupational Health team with close support from the Public Health Protection Unit, the 2018/19 campaign has been launched with communication media updated and a dedicated web page in place with all the relevant information for staff. Peer immunisation is recognised as being highly effective and will be a central feature of this year’s campaign. To date we have a higher uptake of volunteers to support delivery and have active support by Clinical leads to encourage uptake. Large onsite drop in clinics are planned from the beginning of October to further facilitate access.
- 43. Outside of hospital, the Public Health Protection Unit will support Primary Care on diagnosis, anti-viral treatment and flu immunisation. Care homes are also supported to promote vaccination and encourage uptake in residents and staff. Routine surveillance, utilising the Health Protection Scotland weekly reports is embedded into daily practice. Local outbreaks in locations such as schools, prisons and care homes are actively managed to minimise the spread and potential impact on secondary care.
- 44. Last year, Point of Care Testing was introduced across sites contributing to the rapid identification of patients on admission, allowing appropriate management. Plans are being finalised to build on our experience targeting services where impact was most apparent.
- 45. The table below summarises the flu vaccine-uptake rates in NHSGGC last flu season (2017/18) a significant proportion of the vulnerable population in NHSGGC remained unprotected from the risks and complications of influenza last season. Those practices that achieved a good flu vaccine uptake are encouraged to continue the work this season.

| Eligible Groups | Average Uptake Rate | Range | National Uptake Target |
|-----------------|---------------------|-------|------------------------|
|-----------------|---------------------|-------|------------------------|

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|---|-------|--------------|-----|
| 65 yrs and over | 73.9% | 55.3 - 89.1% | 75% |
| < 65 yrs & 'at risk' | 45.6% | 24.2 – 68.5% | 75% |
| Children 2 – 5 yrs | 54.7% | 10.2 – 93.1% | 65% |
| Pregnant Women (not in another clinical risk group) | 54.2% | 14.29 – 100% | |

Communications

46. All year round, NHSGGC promotes “Know Who To Turn To” messages on our corporate social media platforms. We will continue this throughout the winter period with specific messaging for out of hours and the holiday season. We will supplement this with the following activity:

- For the first time, a regional approach is being promoted to winter communications with a West of Scotland on air and online radio campaign planned for the January-February period across the NHSGGC, Forth Valley, Ayrshire and Arran and Lanarkshire areas. Each board is making a contribution to the campaign which is also being supported financially by NHS 24. The key messages for the campaign will be to ‘Meet the experts’ and encourage people to make use of the local ‘experts’ within minor injuries units, pharmacies and mental health for speedy access.
- This radio campaign will be backed by a suite of Meet the Experts videos to be published on NHSGGC’s social media channels which already have a proven record in promoting alternatives to ED. The videos cover minor injuries, mental health, pharmacies and self-care.
- A social media Countdown to Christmas campaign will encourage people to be prepared for the holiday period. We will also support the NHS 24 Be Health Wise campaign through our social media channels and website.
- A special winter edition of Health News, our digital magazine, will be published in November to 30,000 subscribers with key messages about winter health and self care, accessing services over the holiday period and flu vaccination messages. This will be promoted also via Facebook and twitter (combined direct audience of a further 30,000 followers).
- A winter booklet on accessing services over the holiday season will be produced in print and online. Approximately 80,000 copies are distributed to GP surgeries, dentists, pharmacies and opticians and the online version is published on our website and via social media. The online version is also shared with our health and social care partnerships and NHS 24 to promote on their websites. The publication of the booklet will be accompanied by a media release.
- We will support the national flu campaign with local press releases and case studies. We will work with the Board’s Immunisation Programme Manager to deliver a staff campaign to increase uptake of the flu vaccination programme amongst healthcare workers. This is launching in October. (We have shared our staff campaign across Scotland and have already had interest of other boards seeking to use our campaign with their staff).
- A proactive media statement will be issued to all media before the holiday period signalling that we expect to be busy and asking people only to attend ED if it is an emergency. This

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worked well last year and created a better opportunity to set the media tone rather than reactive statements responding to variation in performance.

- Our communication escalation plan will allow us to respond to service pressures and support colleagues in managing demand; our social media channels allow us to rapidly respond to emergency situations and we can issue urgent messages to the public, to GPs, to staff to respond to situations as they emerge if necessary.

Conclusions

47. This Winter Plan has been developed under the oversight of the Unscheduled Care Steering Group with cross system ownership from across the Acute Division and HSCPs.
48. This plan reflects the progressive improvement in governance, processes, and patient pathways across the Acute Division and HSCPs. The aim is to deliver safe, effective care across all our services for patients requiring emergency healthcare, whilst maintaining planned care.