

T: 0131-244-1826
E: shirley.rogers@gov.scot

To:

1. Chief Executive, NHS Greater Glasgow & Clyde
2. Chief Officers, Greater Glasgow & Clyde HSCPs

Cc:

1. Chair, NHS Greater Glasgow & Clyde
2. Chairs, Greater Glasgow & Clyde HSCPs

22 November 2018

Dear Colleague

WINTER PLANS 2018-19

Thank you for lodging your winter plan which has now been reviewed against the priority actions for local systems this winter as set out by the Cabinet Secretary:

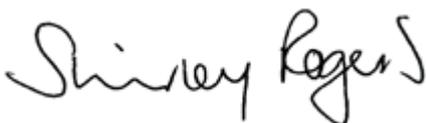
- Clear alignment between hospital and social care
- Appropriate levels of staffing to be in place across the whole system to facilitate constant discharge rates across weekends and holiday periods
- Local systems to have detailed demand and capacity projections to inform their planning assumptions
- Maximise elective activity over winter – including protecting same day surgery capacity

The Cabinet Secretary is now content for you to publish your winter plan. This should now be published as a standalone document on your Boards website and should include the preface you provided which has been replicated in the annex.

Boards are asked to send a link to their published plan to the Scottish Government's [Winter Planning Team Mailbox@gov.scot](mailto:Winter.Planning.Team.Mailbox@gov.scot) once it is available.

I very much appreciate the effort that has gone into preparing this year's winter plans and we will continue to support you throughout the winter period.

Yours sincerely



Shirley Rogers

Annex: Winter Plan – Preface

NHS Greater Glasgow & Clyde

Addressing demand at the ‘front door’		Potential Spend
Building capacity within A&E and Acute Assessment Units to respond to demand at critical times		£574,200
	Medical capacity	£178,000
	Nursing	£109,700
	Physiotherapy/Occupational Therapy	£43,000
	Gynaecology Receiving /Early Pregnancy	£61,500
Point of care Testing: Rapid diagnosis of Flu Symptoms at the ‘Front Door’		£182,000
Improving Management of patients within hospital – Patient Flow		
Ensuring that once admitted to hospital, patients are admitted to an inpatient bed quickly and receive the appropriate medical care.		Potential Spend £675,800
	Clinical nurse co-ordinators within ‘Flow Hubs’, who have oversight of admissions, discharges and bed availability, to prioritise and direct patient movement	£283,300
	“Boarding Teams” – multi disciplinary teams comprising Doctors, Nurses and AHPs to care for patients out with specialty based wards.	£392,500
Safe Discharge without delays, reducing length of stay		
Ensuring when patients are fit to leave, their discharge proceeds without delay.		Potential Spend £531,200
	Additional Physiotherapy and Occupational Therapy to provide capacity for assessment & treatments across 7 days in medical and orthopaedic wards, expediting decisions on discharge.	£79,200
	Additional Consultant ward rounds at weekends – senior clinical decision-making	£42,100
	Discharge Lounge facilities for patients waiting on transport and new initiatives such as the “breakfast club” to allow patients who are ready to leave first thing to be supported & prioritised.	£62,900
	Additional Festive Public holiday staffing	£6,000
	Children’s services: RSV/Bronchiolitis nurse led discharge pathway	£22,000
	Extended hours in Pharmacy over evenings/weekends	£199,000
	Additional Ambulance transport to support discharge & transfer across sites	£120,000
Managing higher patient numbers		
Expansion of core capacity to accommodate additional patient numbers.		Potential Spend £3,208,000
Beds in QUEH/GGH	56	
Beds in RAH	26	
Beds in GRI	32	
Beds in IRH	20	
Beds in VoL	12	
	Total Beds	146
		£2,449,000

Medical HDU/Critical Care		£115,000
Royal Hospital for Children (beds)	13	£129,400
Nursing for flexible deployment		£110,600
Radiology Imaging/Diagnostic Capacity		£244,000
Facilities – Portering/Domestics etc		£160,000
Care Outside Hospital		
Additional provision to strengthen services in the community, reduce hospital admissions and enable early discharge		Potential Spend £785,000
New initiative: “72 hour Supported Time Out” beds within Care Homes		£110,000
Additional Intermediate Care beds (15)		£315,000
Extension of Community Respiratory Service to 7 days		£60,000
Expand Community Capacity		£300,000
TOTAL POTENTIAL SPEND		£5,774,200

The above actions have been costed at circa £6m. However, due to the current allocation of £2.1m, we continue to refine the actions in order to prioritise against available funds.

We continue to work with our partners to identify any additional internal funds, and to discuss the potential for additional finds with the Scottish Government.