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| Board Meeting: | 31 March 2022 |  |
| Subject: | Winter Review |
| Recommendation: | Board Members are asked to:  |  |  | | --- | --- | | Discuss and Note | ✓ | | Discuss and Approve |  | | Note for Information only |  | | |
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## **Background**

An annual review of the winter period is routinely undertaken across NHS Scotland, collectively and within individual Boards. NHS Golden Jubilee (NHS GJ) reviewed its winter arrangements in developing its Winter Plan 2021/2022 and Remobilisation Plan 4, and most recently as part of a collective review across all Boards through the Board Chief Executives group. This paper summaries the high-level reflections and lessons from the winter period October 2021 to March 2022, and forms the basis of the Board response to the collective Board Chief Executives led review.

NHS Golden Jubilee specific reflections and lessons will be considered in future strategic and operational plans, including the 2022 Winter Plan, and Board Annual Delivery Plans. The broader NHS Scotland reflections will inform the Scottish Government’s ongoing refinement of the national Recovery Framework.

## **Summary of findings**

The Winter Review was structured around the following areas:

* Strategic direction
* Response arrangements
* Data, intelligence and modelling
* Workforce
* Rapid reconfiguration and improvement to support capacity
* Communications
* Any other relevant winter related issues

Through engagement with key Divisional leads and Executive colleagues, several key points were identified. These are covered in more detail within the accompanying paper, and summarised below:

Strategic Direction

* Board developed and implemented strategic and operational plans for winter, developed in collaboration with others
* Maintaining Covid light status maximised delivery of core activity, and our ability to support other Boards
* Emergency command structure was not activated during Winter

Response arrangements

* Non-repatriation in cardiology services, underpinned by effective planning, worked well and delivered bed day savings for West of Scotland (approx. 15 beds/day) and reduced pressure on Scottish Ambulance Service (avoiding several hundred ambulance journeys)
* West of Scotland mutual aid and collaboration arrangements worked well
* NHS GJ continues to collaborate locally, regionally and nationally to support collective response to pandemic and winter pressures

Data, intelligence and modelling

* Development of daily, weekly and Sitrep reporting has supported effective and informed strategic and operational decision-making.
* National data continues to be valuable and embedded within Board planning

Workforce

* Despite controls and contingency plans, workforce challenges (including absence) continue to affect NHS GJ and all Boards in managing winter pressures effectively.
* Prioritising cancer, urgent diagnostics, and urgent surgery minimised the impact of workforce challenges for Boards’ most vulnerable patients
* Recruitment, particularly with short lead times, continues to be challenging for all Boards

Rapid reconfiguration and improvement to support capacity

* NHS GJ has provided a flexible and responsive offering in support of winter and pandemic pressures
* Engagement and collaboration with other Boards has worked well, and should be built upon for future winter / in extremis planning
* The flexibility and commitment of staff is fundamental to all reconfiguration and improvement activity

Communications

* Internal and external communications worked well during the winter period
* Receiving Covid guidance in advance of, or in tandem with, public announcements would support more effective and timely local cascade of critical information

## **Option appraisal/risk assessment**

NHS Golden Jubilee’s winter preparations and planning considers clinical and operational risks. Any future proposals or changes arising from the review will be subject to options appraisal and risk assessment.

## **Consultation**

The review was completed within a very short timeframe as a desktop exercise, involving key Divisional leads and Executive colleagues. Direct engagement with staff groups and patients was not possible due to the time constraints for this review. Consideration is being given as to how this could be built in to any future Winter Reviews.

## **Resource implication**

At this time there are no resource implications arising from the review. Any proposals or changes arising from the review will be subject to planning, engagement, appraisal, and sign-off as required.

## **Recommendation**

Board members are asked to discuss the Winter Review, support its submission as part of the wider collective Board Chief Executives review, and note that any action arising from the review will be considered in the Board’s future operational and strategic plans.

**Gareth Adkins**

**Director of Quality, Innovation and People  
18 March 2022**

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**NHS Golden Jubilee – 2021/22**

**Winter Lessons and Reflections**

**18 March 2022**

**Version 0.2**

**1. Introduction**

This paper outlines a summary of NHS Golden Jubilee (NHS GJ) high-level reflections, and where appropriate, lessons from the winter 2021/2022 period. The review was limited in scope to the areas outlined within the request to Board Chief Executives, drawing upon existing internal winter review work and consultation with organisational leads as necessary.

Because of its status as a specialist surgical and diagnostic centre, with no admitting A&E/acute medical facilities, NHS GJ does not face the same winter challenges and pressures as territorial and some other national Boards. Nonetheless, the Board continues to plan for and manage likely and potential pressures that arise during the winter period. The Board’s Winter Plan and Remobilisation Plan 4 most clearly describe NHS GJ’s preparations for winter, but also clinical and organisational priorities and projections during the winter period.

As was the case in winter 2020/2021, the Coronavirus pandemic has placed added pressure and risk upon the health service. NHS GJ recognises these pressures, and the challenges in particular faced by territorial Boards. Throughout the pandemic, NHS GJ has focussed on maintaining a balance between pandemic response and continued safe provision of essential non-Covid services. NHS GJ has, and continues to, be flexible in its approach, supporting other Boards in delivering critical to life, heart and lung surgery and supporting cancer diagnosis and treatment for the people of Scotland. This is alongside continuing to provide as high a level as possible of NHS GJ’s core services such as orthopaedics, ophthalmology and diagnostics.

NHS GJ’s overriding priority throughout the pandemic, and during winter 2021/2022, is striking a balance that recognises the pressures within the broader system while maintaining safe delivery of services to the people of Scotland.

During winter 2021/2022, NHS GJ continued to operate as a Covid-light site, supported by appropriate clinical pathways. As such, the winter pressures associated with the pandemic, and in particular the highly transmissible Omicron variant, did not result in the many of the challenges and pressures experienced by primary and acute Boards. The notable exception to this is workforce absence.

This paper forms the basis of the Board’s submission for discussion at Board Chief Executives. Winter 2021/2022, for the purposes of this review, covers the period between October 2021 and March 2022.

**2. Strategic direction**

NHS GJ’s strategic direction for winter 2021/2022 is articulated in the Board’s Winter Plan 2021, and Remobilisation Plan 4 (RMP4). These are supported and underpinned by operational and clinical specialty plans, outlining delivery priorities, risks and mitigations, and where appropriate contingency plans.

The Board’s winter preparedness planning is cognisant of local, national and regional policy, guidance and commissions. These include formal commissions from NHS Scotland and Scottish Government, and less formal dialogue and planning undertaken through forums such as Board Chief Executives, bilateral engagement with other Boards and stakeholders (including referring Boards with SLA arrangements), and clinical and other professional networks and bodies. Operational and clinical management has continued to engage with other Boards throughout the winter period to offer a flexible and responsive NHS GJ offering that contributes to minimising broader system pressures.

Whilst for a number of years, Scottish Government has not mandated the submission of the NHS GJ Winter Plan, the Board has each year produced a Winter Plan approved through Board Governance and disseminated through the management structure. In 2021/2022, this included undertaking the winter preparedness self-assessment developed by Scottish Government as part of the RMP4 commissioning letter. All areas of the assessment were graded ‘Green’ RAG status, with no areas of concern or non-compliance identified.

NHS GJ’s RMP4 covers the same winter period October 2021 to March 2022 as the Winter Plan, and thus is a core organisational plan in a winter preparedness context. Priorities through to 31 March 2022 are to optimise capacity within the acknowledged constraints:

* Optimise the level of delivery of our core services wherever possible, reducing only in response to staffing pressures or the need to redeploy resources against critical to life imperatives
* Ensure robust planning and commissioning mechanisms are in place between Scottish Government, NHS Golden Jubilee and other NHS Boards to optimise the utilisation of the capacity and capability that we can provide against the prioritised treatment imperatives agreed.

A key objective has been to take the learning from earlier pandemic waves to reduce the level of change that in turn creates unwarranted loss of capacity. To this end, this plan set out the optimal capacity possible, aligned to delivery challenges within territorial Boards and increasing waits in key specialties.

RMP4 assumed that NHS GJ would remain a ‘Green’ Covid-light site to minimise the risk to patients undergoing complex surgery, and the impact on flow and clinical activity. To date, this status has been maintained, with clinical pathways operating well, and additional controls such as on-site pre-admission ‘drive-through’ Covid screening, rapid PCR testing for staff, staff vaccination, and reductions in the number of non-essential personnel within the hospital; all measures designed to minimise Covid transmission risk. As agreed with Scottish Government, Covid-positive ventilated patients would only be admitted to NHS GJ in extremis to avoid compromising Green Covid pathways.

As the focus of the pandemic shifted from emergency to recovery, NHS GJ stood down its emergency command structure, returning to a governance approach closer to pre-pandemic arrangements. In the event of extreme circumstances, including pandemic or winter related emergencies, the Board reserved the option to reactivate emergency command structures as necessary. During winter 2021/2022 there was no requirement for this to be reactivated. The Board managed challenges and issues through business and usual strategic and operational management structures, underpinned by the Board’s robust approach to clinical and organisational risk management and business continuity.

**Key points:**

* **Board developed and implemented strategic and operational plans for winter, developed in collaboration with others**
* **Maintaining Covid light status maximised delivery of core activity, and our ability to support other Boards**
* **Emergency command structure was not activated during Winter**

**3. Response arrangements**

Throughout the pandemic, including winter, NHS GJ has continued to undertake a mix of core and new activity to best-serve patient need. Urgent and elective cardiac, thoracic surgery and cardiology interventions continued, alongside a flexible and responsive offering to support other Boards. During winter, NHS GJ maximised activity in elective surgery, with this in itself contributing to broader efforts to manage system pressures at a time where some Boards have paused their own elective programme. Workforce challenges have affected throughput in some areas, including elective theatres, with steps taken to manage these challenges alongside productivity and capacity increases.

In common with other NHS Boards, patients who are now presenting and being treated at NHS GJ have been on long waiting lists or have in some cases presented later in clinical journeys than usual due to the service disruption across the health care landscape. As a result, we are managing patients with more complex conditions, disease that is more advanced and a degree of de-conditioning due to longer periods waiting. These patients’ needs are more complex, demand more clinician and nursing input, translating into more detailed pre-op assessments, slower throughput for procedures / operations, enhanced rehabilitation and longer lengths of inpatient stay.

Through local planning discussions, and other channels such as Board Chief Executives, options to flex the NHS GJ offering, including changes to our activity in core specialties, were developed and shared. These included proposals in areas such as additional urgent the provision of additional diagnostic capacity, cancer and urgent P2 surgery, and other offerings such as non-repatriation of cardiology and non-ST-elevation myocardial infarction (NSTEMI) patients.

Targeted non-repatriation of cardiology patients post-intervention was a core element of the Board’s Winter Plan, remaining in force throughout the winter period. The non-repatriation agreement is due to end at the end of March. Should winter and pandemic pressures create challenges for ‘home’ Boards in receiving back patients from April; this may have a consequential impact for NHS GJ activity and capacity during the early part of 2022/2023. Going forward, and in discussion with referring Boards, the plan is to re-introduce non-repatriation as a routine element of NHS GJ’s winter preparedness response. This planning will take into account any impact on acute bed resource requirements and we will refine our bed model to meet core service demands.

Through the support offered to other national and territorial Boards, NHS GJ has worked collaboratively to prioritise urgent diagnostic and treatment, including cancer in line with the principles of the Framework for Cancer Surgery. Our planning previously assumed that support for patients requiring urgent Cancer surgery and patients whose surgery is deemed clinically urgent (Priority 2) would continue until 30 June 2021. The majority of services repatriated from the end of June however, NHS GJ was again asked in September to treat urgent cancer patients. This was planned into the Board’s RMP4 and associated activity plans. Recent planning for 2022-23 recognises a relatively small, but ongoing requirement to provide access for cancer surgery for most of the forthcoming year.

Seven-day discharge is embedded as standard practice at NHS GJ. Clinically appropriate patients have continued to be discharged over weekends and on bank holidays. NHS GJ proactively works with the Scottish Ambulance Service and social services to facilitate these discharges where required.

As part of West of Scotland (WoS) mutual aid and collaboration arrangements in the event of a significant flu outbreak, or further pandemic waves, we will continue to consider and explore all options available for critical care and theatre capacity in line with agreed protocols. WoS Boards have agreed that transfers of Covid positive patients to NHS GJ should only occur as a last resort when critical care capacity elsewhere is exhausted. Fortnightly discussions at the WoS Mutual Aid meeting, led by the WoS Director of Planning, worked well, enabling Boards to support one another effectively in managing pandemic and winter pressures.

**Key points:**

* **Non-repatriation in cardiology services, underpinned by effective planning, worked well and delivered bed day savings for WoS (approx. 15 beds/day) and reduced pressure on SAS (avoiding several hundred ambulance journeys)**
* **WoS mutual aid and collaboration arrangements worked well**
* **NHS GJ continues to collaborate locally, regionally and nationally to support collective response to pandemic and winter pressures**

**4. Data, intelligence and modelling**

To enable agile Executive and Senior Management decision-making, significant investment of resource has been provided to develop a suite of daily and weekly performance and Sitrep reports in addition to standard monthly Integrated Performance Reports. This has included detailed analysis of bed utilisation and occupancy by speciality, theatre and cardiac Cath lab utilisation, activity by sub speciality and scrutiny of theatre cancellations.

Reporting rotas and standard operating procedures were developed to meet the requirements to provide seven-day data returns to Scottish Government covering bed occupancy, Covid positive patients and Covid testing volumes and outcomes.

Bed occupancy and activity levels have increased since introducing these reporting mechanisms, and are an important element when looking at bed resource transfer or change. To this end, a detailed bed map covering all wards and specialities is maintained and available as a vital resource management and modelling tool.

The Board continues to utilise nationally available data and intelligence in planning and delivering services. This includes relevant data and modelling undertaken nationally in advance of winter and as part of the ongoing pandemic modelling led by Public Health Scotland. Board planners and operations management accessed information through established channels such as Board Chief Executives, Directors of Finance, HR Directors, Directors of Planning and numerous clinical and operational forums and networks. Sharing of data and intelligence has supported our local response and plans, and has enabled a collaborative evidence based approach to collective planning efforts in advance of, and during, winter 2021/2022.

NHS GJ has, and will continue to, engage with local, regional and national developments in data, intelligence and analysis. These include developments such as the West of Scotland region’s work on modelling and analytical tools.

**Key points:**

* **Development of daily, weekly and Sitrep reporting has supported effective and informed strategic and operational decision-making.**
* **National data continues to be valuable and embedded within Board planning**

**5. Workforce**

Like all Boards, winter presents particular challenges and risks to our workforce, exacerbated by the pandemic, and most recently the Omicron variant. NHS GJ, through its Workforce Planning and Transition Group, operational management teams and Executive level oversight has managed workforce challenges within clinical and non-clinical workforce.

Staff availability is included in departmental Business Continuity Plans to ensure the ability to deliver safe services over the winter. This is augmented by NHS GJ’s commitment to increasing the flu vaccination uptake each year with plans in place for this year’s programme. A staff Covid booster vaccination programme was delivered in line with guidance from Scottish Government. Adopting a peer-vaccinator approach enabled the programme to be delivered efficiently, effectively and quickly, minimising the impact to services from staff absence both to attend clinics and from Covid related absence.

To manage seasonal and pandemic workforce pressures, flexible deployment of nursing and other staff across surgical specialties took place. Staff from across our specialty mix augmented and supported other teams to enable our workforce to be deployed to the areas of greatest need. The redeployment of staff, although necessary, did at times impact adversely on overall morale.

Rota planning for the festive period was undertaken for all staff groups during October to ensure staff were available during peak activity times, allowing teams to effectively manage predicted activity and discharge over the festive period. NHS GJ provided urgent and emergency cardiothoracic services over the Christmas and New Year bank holidays. Over the festive period, the volumes of emergency cardiology patients presenting may increase; therefore NHS GJ worked closely with referring Boards to manage the greater challenges with repatriation of these patients to inpatient beds across the region.

Within our cardiology team, we were fortunate to be able to appoint a locum consultant known to the team. Otherwise, this could have compromised our ability to deliver this service in line with our plans, and to support non-repatriation. Junior Doctor cover was challenging, particularly as the cardiology bed footprint increased from 21 to 33 beds. Staffing the beds more generally was affected both by seasonal and Covid related absence, and the short lead time to recruit additional staff at a time where all Boards’ are doing likewise. This resulted in some occasions where we were not able to open all available beds.

At height of the Omicron wave, we made our onsite patient testing facility available to staff so they could quickly access a PCR test, taking pressure off community testing sites. The added benefit of this was that staff were able to obtain results within 24 hours, helping staff return to work who were negative, minimising operational disruption due to absence.

Winter 21/22 has seen a fairly consistent level of absence during the period from December 2021 until February 2022 ranging between 5.9% and 7.1%. The recent winter period has however seen the Board report its highest sickness absence rates since at least April 2016. The spike in December appears to be consistent with national absence rates. While the reasons for this are still being considered, this could in part be explained by a combination of typical seasonal winter absence and a higher short-term pandemic related absence (both Covid and non-Covid respiratory illness – this was at a higher level than  previous year, potentially due to previous winter’s pandemic restrictions being in force. NHS GJ is also seeing long-term absence increasing as staff members, as patients themselves, have longer waits for treatment of their own.

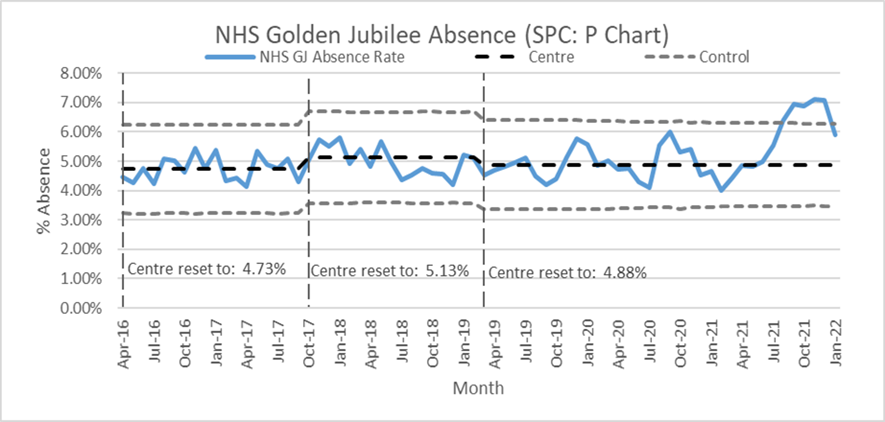


Table 1: *NHS Golden Jubilee staff absence April 2016 to January 2022*

In response to our workforce pressures, in theatres, we reduced staffed theatre sessions in orthopaedics, ophthalmology, cardiac and general surgery. We continue to work collaboratively with NHS Boards to support cancer and urgent surgery, with some Boards providing theatre teams. In addition, we have augmented our workforce with theatre nursing teams from the Independent Sector.

In light of the rising Omicron variant rate, in December 2021 the decision was made to move to homeworking by default for applicable staff. The arrangement currently is for staff to make a phased return to pre December 2021 hybrid working i.e. expectation is that staff still work some of their time off-site to minimise footfall. This is likely to become the default position as NHS GJ emerges from the pandemic. Staff and manager sessions have been arranged and now taking place to support colleagues in transitioning to this hybrid working approach on a more permanent basis. The Executive Team, in consultation with Infection Control, will keep this under review.

All NHS GJ staff can access a range of health and wellbeing services both within the Golden Jubilee and through the [National Wellbeing Hub](https://wellbeinghub.scot/). NHS GJ supported staff through the vaccination programme for Covid and seasonal flu. In line with NHS Scotland Staff Governance Standards, our staff will continue to be involved in decisions affecting their day-to-day working life. See staff communication (section 7).

Training programmes to support staff health and wellbeing were delivered, including mental health awareness training, mindfulness to promote resilience and wellbeing and stress management.  Promotional activity continues across the Board on the benefits of psychical activity and nutrition. Scottish Government funding has allowed us to provide free tea and coffee supplies to staff rest areas, enabling clinical and non-clinical staff to have a hot refreshment during their rest breaks. A continual area of development is financial and social wellbeing, where accessing resources and signposting has been an ongoing feature through various forums and networks within the Board.  NHS GJ also launched a 24/7 Employee Assistance Programme through AXA Healthcare which has been available to staff (and their immediate families) since October 2021.

**Key points:**

* **Despite controls and contingency plans, workforce challenges (including absence) continue to affect NHS GJ and all Boards in managing winter pressures effectively.**
* **Prioritising cancer, urgent diagnostics, and urgent surgery minimised the impact of workforce challenges for Boards’ most vulnerable patients**
* **Recruitment, particularly with short lead times, continues to be challenging for all Boards**

**6. Rapid reconfiguration and improvement to support capacity**

It remains NHS GJ’s intention to increase capacity within our core specialities in a phased manner as pressures on NHS Scotland ease. We will seek to develop and improve our core specialties, augmenting these with additional cancer and priority surgery as appropriate and in line with the needs of NHS Scotland. Our Annual Delivery Plan and specialty specific activity plans for 2022/2023 onwards will reflect this.

All requests from NHS Boards to access NHS GJ capacity should continue to be informed by discussions between operational management and clinical leads and submitted based on a joint agreement between both parties of the specific request.

Of note:

* Internal recovery meetings were scheduled 2-3 times per week to maximise flexibility and optimise use of theatre capacity.
* The (at times) unpredictable increase in demand for administrative staff from all Boards to coordinate the patient pathway with Covid restrictions, lead at times to underutilisation of lists.
* There was excellent engagement with clinical teams from Boards across Scotland working in an agile way to develop SOPS for cancer surgery ensuring the service was supported and safely delivered at NHS GJ
* Effective collaborative working with the management teams from Boards across Scotland to support their services coming to NHS GJ.
* Ongoing operational weekly meetings with Boards utilising GJ theatres for cancer services ensured maximum utilisation of theatre capacity.
* Although necessary to support cardiology services, splitting the orthopaedic wards has had an impact on the seamless fast flow model that was in place pre Covid. Work is now underway to collocate the service, which will support RMP4 activity plans.

NHS GJ is committed to supporting the Scottish Government’s NHS Scotland Recovery Plan. This includes our expedited expansion plans, the ongoing Phase 2 National Treatment Centre expansion, and work to develop and expand diagnostic services including endoscopy locally and nationally. The continued development of the NHS Scotland Academy and Centre for Sustainable Delivery supports accelerated workforce development, innovation and redesign, and a collaborative approach to supporting Boards and NHS Scotland more generally to manage ongoing pressures at this challenging time.

Access to Capacity at GJ from other Boards to support urgent Cancer and clinically urgent patients

We continue to provide emergency and urgent heart, lung and cancer diagnostic imaging and surgical treatments / interventions. Patients remain at the Golden Jubilee for the duration of their hospital stay instead of being repatriated to their local hospital, thereby freeing up much-needed capacity within referring Boards. Throughout winter, NHS GJ has developed, evolved and shared options to provide critical care surge support.

Over the winter period, NHS GJ has continued to collaborate with many NHS Boards to support the delivery of urgent cancer surgery and priority 2 surgeries. To support the delivery of these new services, new Standard Operating Procedures (SOPs) for the commencement of each new service were developed. With our evolved SOP template and the experience gained during the pandemic, we are now able to rapidly react to Board’s needs. For example, urgent complex cancer patients were taken to theatre less than a week after new service requests were received from their Boards. Governance frameworks for the resumption of each core service were developed and implemented ensuring sustainable ‘green’ Covid light pathways were established in each clinical specialty.

Using three of our theatres, NHS Boards, using their own clinical teams, had access to NHS GJ theatre capacity to provide urgent cancer specialties, including:

* Urology and Plastics for NHS Lanarkshire – commenced week beginning 4th October. Cystectomy will continue fortnightly until March 2022, but may be repatriated sooner if NHS Lanarkshire surgeons have completed their training and the Da Vinci RAS programme commences sooner through an additional robot arriving in NHS Lanarkshire.
* P2 general surgery for NHS Greater Glasgow and Clyde, and NHS Ayrshire and Arran
* ENT and upper GI for NHS Ayrshire and Arran – commenced mid- September
* Additional breast surgery for NHS A&A – commenced week beginning 4th October until March 2022.
* Cancer and urgent colorectal surgery for NHS Grampian and NHS Highland
* We are continuing to support urgent revisions and P2 orthopaedic patients, and colorectal for NHS Lanarkshire and NHS Grampian using our Da Vinci robot.
* Allocation of six days/month staffed capacity to undertake Osteosarcoma procedures for NHS GGC - we remain responsive to further increased demand

Theatre nursing and anaesthetic staff worked extended days to support complex cancer cases. The agility and flexibility of NHS GJ theatre, ward nursing teams and educators to teach and learn new skills to care for patients from different Boards with different specialties was critical to this support offering, as is the contribution of all other clinical and non-clinical services that supported and continue to support cancer services.

Consideration must continue to be given to the clinical prioritisation, balancing urgent and critical support to other Boards with the needs of existing priority NHS GJ patients. This includes ensuring that P3 patients are not sent to NHS GJ where this risks displacing NHS GJ P2 patients.

Non-repatriation of cardiology and non-ST-elevation myocardial infarction (NSTEMI) patientsAs referred to in section 3, non-repatriation of cardiology and NSTEMI patients formed a core element of NHS GJ’s support to managing wider system pressures. Early engagement with NHS Greater Glasgow and Clyde, including the Boards’ Medical Directors, Associate Medical Directors and Director of Operations facilitated effective planning for this change. This preparatory work allowed implementation of non-repatriation, including increases in the NHS GJ bed footprint and changes to the patient pathways, quickly once it was required.

While reductions in orthopaedic activity freed up bed capacity, staffing was challenging due to availability of existing staff and lack of time to recruit additional staff. This is not unique to this situation, and reflects the fluid nature of the pandemic.

Throughout, the discussions and decision making between NHS GJ and NHS GGC, and internally within our own Board has worked well, and allowed rapid implementation when it was required. The implementation and subsequent monitoring has also worked well, strengthening our links and working relationships with NHS GGC and other WoS Boards.

NHS GJ has opened dialogue with other Boards to explore options for NHS GJ support in future Winter Plans. We are also reviewing existing pathways, seeking to build upon recent changes, which have acted as a test of change, with the overall aim of developing more streamlined patient centred pathways.

Commissioning of Additional New Facilities to Support NHS Scotland in RecoveryOpening of Phase 1 eye centre and acceleration of nurse training allowed us to work even more collaboratively with Boards by offering out available theatre and nursing capacity. This will increase the activity for Boards, allow Ophthalmologists to increase their own elective activity and provide an opportunity to support their training programmes, which are currently vulnerable due to the current overall decrease in elective activity.

The Vanguard unit was brought on site quickly and opened up 7 days per week to support additional scope activity.

Strategic Partnerships and Innovation

As well as creating additional capacity, and making best use of the national programmes within the Centre for Sustainable Delivery and NHS Scotland Academy, NHS Golden Jubilee is building on the foundations of its many strategic relationships.

Although we have relationships across a range of sectors, we are particularly strengthening our collaborations with:

* University of Glasgow
* University of Strathclyde
* Royal College of Physicians and Surgeons

Working with these key partners allows us to focus on sustainable ways to help the NHS recover and remobilise from the impact of the pandemic. We are working on both facilities and learning opportunities, specifically innovative skills development (e.g. simulations) to support role redesign and increasing employability – both as a response to workforce pressures and to ensure the NHS workforce is sustainable and fit for the future. This is crucially important for the success of the National Treatment Centres programme.

**Key points:**

* **NHS GJ has provided a flexible and responsive offering in support of winter and pandemic pressures**
* **Engagement and collaboration with other Boards has worked well, and should be built upon for future winter / in extremis planning**
* **The flexibility and commitment of staff is fundamental to all reconfiguration and improvement activity**

**7. Communications**

NHS GJ, as a national facility, is not impacted by winter in the same way as many other NHS Boards. Our communications plan for winter is therefore primarily reactive; however, we regularly communicate our support to Boards publicly and directly through ‘aid’ discussions.

During winter 2021/2022, the majority of our winter communications activity focused on Coronavirus (primarily in relation to the quickly spreading Omicron variant), followed by adverse weather. We continued to communicate our support to Boards publicly and directly through regular discussions.

We also worked with clinical and operational services locally to prepare communications plans and messaging if NHS GJ had to reduce planned activity to provide additional critical to life heart, lung and cancer services as at the start of the pandemic. We also worked with Boards on messaging for patients being treated at NHS GJ instead of their local hospital.

The majority of reactive communications require fast, clear and accurate messages to relevant stakeholders. Adverse weather communications are swift and easy to cascade. However, messaging around Covid is more complex. Changes within healthcare were often communicated publicly before guidance was issued to Boards, therefore causing a delay in cascade of critical communication to staff. We understand that COVID continues to be a fast moving situation, however, it would be more helpful if Boards and other public bodies received guidance in advance of or in tandem with public announcements to support swift cascade of critical information. This approach would help with all reactive winter planning communications.

Public, patient and community communications

Supporting the growth of Digital solutions within patient care settings, such as NHS Near Me for video outpatient consultations, continued, as did improving the overall performance and resilience of local clinical and business systems. This combined with the modernisation programme of end user devices to meet modern, secure operating standards gives the NHS GJ a modern, flexible and secure operating environment, fit for purpose for the adoption of digital solutions. In parallel, a wide reaching programme of Cyber Security works to meet the legislative requirements set out in the Scottish Governments Public Sector Action Plan for Cyber Security ensures systems and data are protected from malicious actors.

NHS GJ’s Booking Office and patient coordination / liaison teams supported patients pre-admission and throughout their stay. This included information around winter disruption, COP26 and the pandemic.

Social media and online messages were delivered throughout the winter period, including:

* Social media and website messages on COVID:
  + requirements in healthcare settings
  + hospital visiting
  + general public safety messages
  + national campaign materials
  + direct patient contact to schedule/reschedule appointments and procedures
* Social media and website messages on Adverse weather
  + weather warnings
  + road and public transport information
  + public safety
  + national campaign materials

Workforce communications

A dedicated MS Teams session, attended by over 100 staff members and recorded for those unable to attend, took place on 15 September. Amongst other topics, this included an update on remobilisation and winter planning. Further drop in sessions for staff to ask questions face to face were introduced. All departments are expected to have regular team meetings to discuss the current situation and the impact on individual services.

Throughout the pandemic, NHS GJ has updated an online Covid Hub with the latest information and guidance for staff. This was updated throughout the winter period as required.

Other workforce communication channels utilised during winter, all of which have worked well, include:

* eDigest Weekly all staff email moved to 3 times a week (Monday, Wednesday and Friday) including relevant information relating to winter and COVID, signposting to national campaigns etc.
* Chief Executive emails to all staff on COVID:
  + requirements in healthcare settings
  + general public safety messages
  + switch back to ‘skeleton’ staff onsite with maximised opportunities for working from home
  + national and local Health and Wellbeing Hubs
  + personal responsibility of working in a healthcare environment
* ‘Command’ structure and information cascade process
* All staff Teams sessions for direct communication and engagement with the Chief Executive, Executive Team and senior operational, medical and nursing leadership.
* Standalone all staff emails to support urgent adverse weather notifications:
  + weather warnings
  + road and public transport information
  + public safety
  + work from home where possible
  + adverse weather policy

**Key points:**

* **Internal and external communications worked well during the winter period**
* **Receiving Covid guidance in advance of, or in tandem with, public announcements would support more effective and timely local cascade of critical information**

**8. Other**

Through effective infection controls, NHS GJ minimised incidences of infection during the winter period:

* Clostridioides difficile infection (previously known as Clostridium difficile)- no cases to report since March 21
* Gram Negative/E.coli Bacteraemia (ECB)- no cases to report since September
* One case of MSSA in November 2021
* Surgical Site Infection (SSI) surveillance recommenced in July 2021 for hip and knee surgery and in October 2021 for cardiac. No SSI has been reported in hip and knee surgery since recommencing. Four SSI have been identified in patients following Coronary Artery Bypass Graft (CABG) surgery, since November 2021 SSI levels for CABG has been below the pre-Covid average, no SSI have been identified in cardiac valve patients since surveillance restarted.

Phase 2 Expansion

Construction continued through winter period. Established programme and risk management processes continued between NHS GJ Estates team, lead contractors and principal supply chain partners. Contingency plans were, and remain, in place to minimise and mitigate the impact of any winter pressures. This includes issues affecting contractors and their staff, and NHS GJ (for example, any severe infection control issues that would necessitate additional controls regarding entry to the National Hospital estate.

NHS GJ’s hospital expansion programme has progressed significantly during the winter period. Significant construction milestones were also reached in the development of phase 2, the Surgical Centre, which continues to progress on time and within budget.

Progress has been seen not only in construction of the built environment, but also in development of infection control protocols, patient pathways, recruitment and development of staff skills to enable phase one to make a substantial contribution to NHS Scotland re-mobilisation activities.

Work on Phase 2, the Surgical Centre, continues to programme and budget. Key milestones in the construction programme were met during 2021, including:

• Completion of piling and foundations;

• Completion of superstructure; and

• Completion of pre-cast cladding.

This was achieved with minimal disruption to the hospital or local residents.

The approved full business case for Phase 2 included elements of refurbishment of various areas of the existing building. The Programme Team is progressing these with Clinical stakeholders and the first area due to commence is the refurbishment of Orthopaedic Outpatients on Level 1. This is due to commence on site early in 2022. Significant progress was made in relation to the nine connections between the existing building and Phase 2. A detailed plan is in place in relation to logistics and staff decant.

Hotel Staff Training for Pandemic/future operating  
Training for the ‘new norm’ is important and teams have undertaken extensive training regarding cleaning from the Housekeeping department, and extensive audio-visual support as the hotel flexes its approach to being able to host virtual and in-person events. AV facilities in conference rooms have also undergone upgrade.

Bio-Secure Upgrade to Bedrooms  
Due to the impact of Covid-19, the room should minimise the risk of Covid infection. Bio-security is high on the priority list for all Hotel guests but particularly hospital related.

* Enables a high level of cleaning and sanitising on a daily basis by the Housekeeping team.
* Enables deep cleaning and sanitising in the event of a guest having tested positive for Covid-19.
* Provides visible reassurance that the Hotel is minimising the risk of Covid-19 or similar.
* Reduction of ‘touch points’
* In the event of future waves of Covid-19 or other healthcare emergency, the room should be adaptable for the potential nursing of patients with low clinical needs.

COP26

The clinical and broader workforce impacts of COP26 were minimised through the Board’s involvement in collective planning led by NHS Greater Glasgow and Clyde, and through routine planning and communication channels. Dedicated patient and staff communications were prepared, with real-time updates on travel disruption and other relevant issues shared as necessary. Patients were supported by our Booking Office Team to minimise patient disruption. The Golden Jubilee Conference Hotel supported Glasgow’s hosting of the COP26. This included the use of the facility as a Police Scotland hub, with officers from across the UK accommodated within NHS GJ between duties.