



No.	Notes & Actions
1	<p><b>Welcome and Introductions</b></p> <p>Ross McGuffie welcomed attendees to the meeting.</p>
2	<p><b>CRAG De-brief</b></p> <p>Ross McGuffie noted the requirement to ensure there was focus on AWI as they cover a large number of bed days. Ross also noted he was comfortable with a target rate for health and social care partnerships but stressed the need for those sitting below the target to continue the good work currently underway.</p> <p>Angie Wood agreed and cited that although delays have risen this week there is still some real improvements being made in some locations and we shouldn't lose sight of that. Angie also noted the risk of siloed thinking and stressed continuing collaborative working on improvement issues.</p> <p>Ross McGuffie noted the importance of buy in from professional leads. Ross also noted that data can be used as a starting point to set out a patient's entire journey.</p> <p>Eddie Fraser stressed the values base that needs to be behind care stressing regardless of statistical performance that individuals should be getting the best care possible in the right setting. Eddie also noted the need for strategic, longer-term planning to be undertaken.</p> <p>[redacted s. 38(1)(b)]reflected on the work undertaken on the front door process to address and develop standards. Andrea also noted that there is limited time to fulfil work in this area and stressed the need to tackle the fundamental, chronic issues.</p> <p>Derek Grieve noted the requirement for local systems to provide clarity on issues they face. Derek also noted that the weekly CRAG could have an impact and change dynamic of the group although stressed the importance of learning across systems and from each other.</p> <p>Ross McGuffie noted spikes in AWI's can happen at any point and only so much can be done in that instance to reduce the level of these delays.</p> <p>Eddie Fraser noted the focus on AWI's but stressed the need for sustainability understanding capacity and setting realistic targets.</p> <p>Angie Wood noted she had spent time with the Perm Sec who noted the positive effect of GIRFE. Angie also reiterated, given conversations at CRAG and the potential stress this may put on the system. Angie further stressed that we should not lose sight that it is people that are at the heart of this.</p> <p>Ross McGuffie mentioned that it would be good to understand the extended CRAG membership.</p> <p>Derek Grieve mentioned that Cab Sec has stated that all Chief Officers should be invited to CRAG.</p>

<p>3</p>	<p><b>DD Mission Governance</b></p> <p>Derek Grieve gave an overview of the governance around the DD Mission and CRAG governance including –</p> <ul style="list-style-type: none"> <li>• An amended TOR is in the process of being brought together</li> <li>• There has been with further development of the two workstreams and membership.</li> <li>• Derek Grieve highlighted that Cab Sec was updating the First Minister on a weekly basis.</li> </ul> <p>Derek Grieve posed the open question about the role of the Whole System Group within this new structure.</p> <p>Eddie Fraser expressed the frustration of focus not being on long term planning and instead always on the short term.</p> <p>Angie Wood noted that local systems should feel empowered to take action. Angie also agreed with Eddie Fraser’s point noting the requirement to focus on short, medium and long term.</p> <p>Eddie Fraser also noted that strategic challenges such as depopulation in certain areas are required to be looked at.</p> <p>Ross McGuffie noted he agreed on the requirement for a longer term vision.</p> <p>Derek Grieve reiterated the need to get a steer on the role of the group.</p> <p>Ross McGuffie noted himself and other chairs, Eddie Fraser and Claire Burden, would get together to discuss.</p> <p><b><i>AP 1: Chairs to discuss role of WSOPG in new governance structure.</i></b></p>
<p>4</p>	<p><b>Winter Plan, Lessons Learned</b></p> <p>[redacted s. 38(1)(b)]presented slides on Winter Planning, Lessons Learned.[redacted s. 38(1)(b)]mentioned she would give a brief overview but would circulate to the group following the meeting to allow a more in-depth look. The slides covered :</p> <ul style="list-style-type: none"> <li>• Summary of key findings</li> <li>• Situation, Reflections and recommended actions</li> <li>• Priorities</li> </ul> <p>Ross McGuffie noted that it was good to see the same thoughts echoed throughout the system. Noted that it will be good to look through slides and detail and stated the importance of the whole system approach.</p>

	<p>Derek Grieve mentioned that it is right for work to continue on this but mindful of the multiple demands on people's time and energy. Derek also noted that a challenge for Winter Planning maybe to sustain the work currently being done on targeted DD reduction.</p> <p>Ross McGuffie noted the reducing the number of DDs will not remove pressure at the front door nor improve system capacity.</p> <p><b><i>AP2 Circulate Winter Plan Lessons Learned slides</i></b></p>
5	<p><b>AOB</b></p> <p>N/A</p>

**Actions Summarised from Meeting:**

No.	Action	Owner
1	<b><i>Chairs to discuss role of WSOPG in new governance structure</i></b>	<b>Joint chairs</b>
2	<b><i>Circulate Winter Plan Lessons Learned slides</i></b>	[redacted s. 38(1)(b)]

**From:** [redacted s. 38(1)(b)]

**On Behalf Of** Scottish Government Health & Social Care System Response

**Sent:** Monday, June 24, 2024 4:27 PM

**To:** [redacted s. 38(1)(b)]<[redacted s. 38(1)(b)]@gov.scot>; [redacted s. 38(1)(b)](NHS GOLDEN JUBILEE <[redacted s. 38(1)(b)]@nhs.scot>; [redacted s. 38(1)(b)]

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**Subject:** WSOPG - Papers - 20 June 2024

Good Afternoon,

Please see the below actions and the following attached documents:

- Minutes from WSOPG 20 June 2024
- Winter Planning Lessons Learned - Presented at the meeting by Julie MacBeath ( Note: In terms of some recommendations, these may be superseded by current ongoing priority action )

**Please note, presentations and slide decks are for your perusal only and should not be forwarded**

No.	Action	Owner
1	<i>Chairs to discuss role of WSOPG in new governance structure</i>	Joint chairs
2	<i>Circulate Winter Plan Lessons Learned slides</i>	[redacted s. 38(1)(b)]

If you have any questions, please do not hesitate to get in touch.

Kind regards,

[redacted s. 38(1)(b)]

[redacted s. 38(1)(b)]

**Social Care Assurance Lead**

**Performance and Assurance**

Social Care Immediate Response and Improvement Division

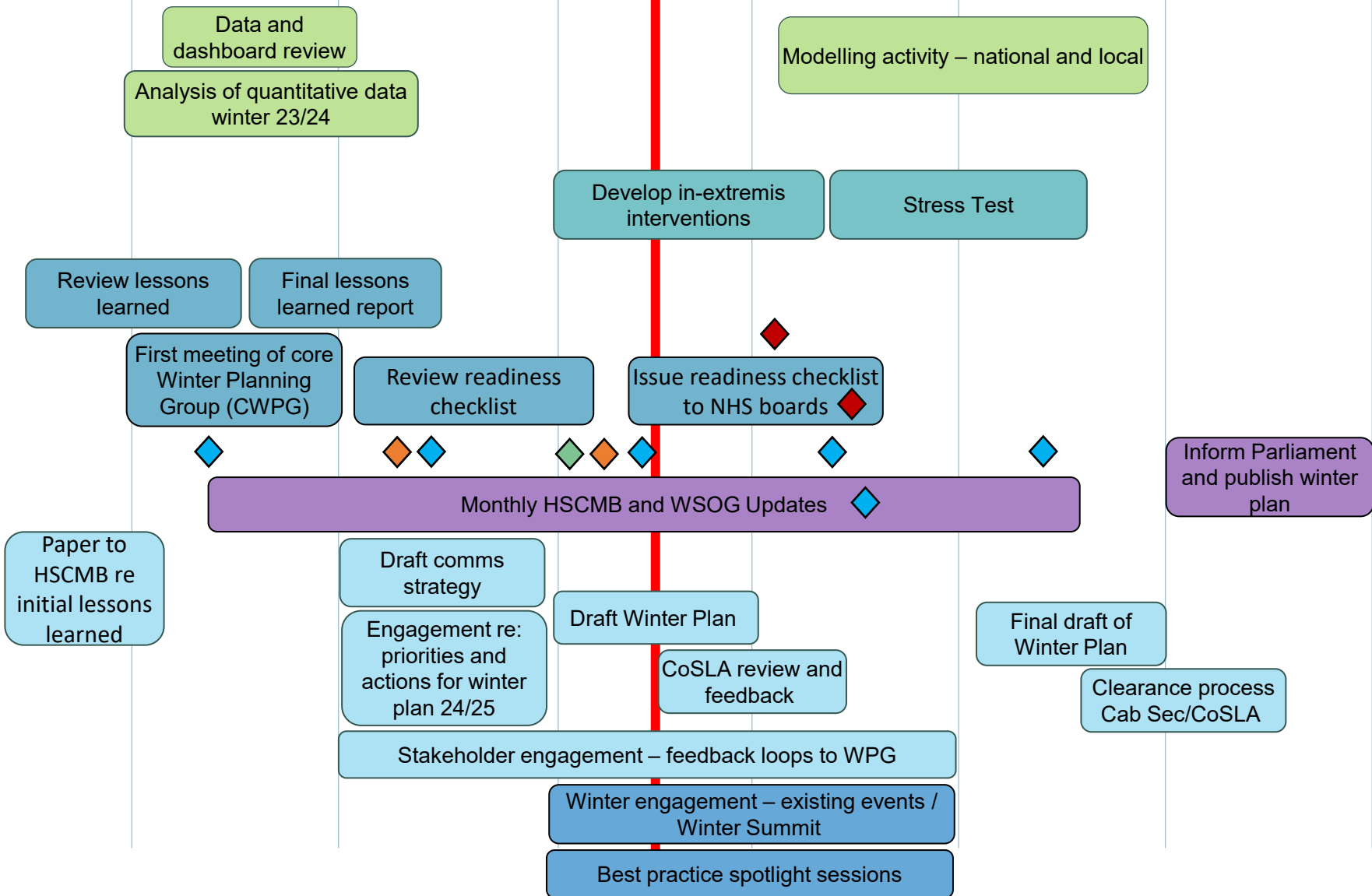
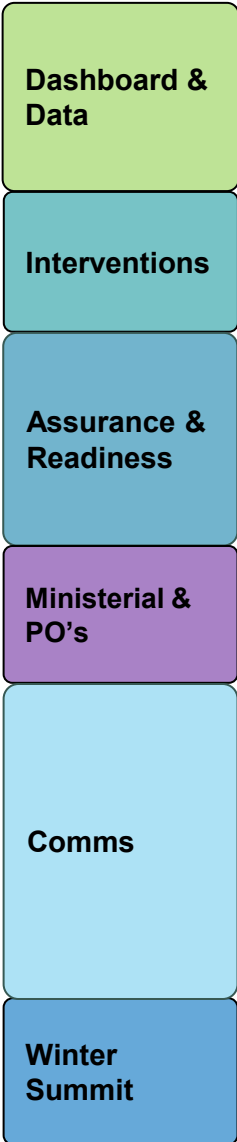
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# Roadmap | Milestones



Coordination and Support from Winter planning team



**Additional Meetings**

- Public Health Communicators Forum  
June 5th ◆
- NHSScotland Strategic Communicators Group  
May 14th, June 11th ◆



# Delivering the winter plan

## Timeline

## Expected Outcome / Impact

Apr - Jun

1. Lessons learned winter 2023-2024	A lessons learned report on winter 2023-2024 will be produced to understand the impact of policy interventions on winter 2023-2024 and the totality of pressures and risks through analysis of quantitative data.
2. Establish Core Winter Planning Group (CWPG) for 2024-2025	Establish a core team of SG colleagues to consider and develop winter plan products with a whole system approach in mind. External HSCPs will be engaged via relevant members.
3. Engagement with HSCPs, including COSLA	Engagement on necessary measures for winter 2024-2025 will seek to establish HSCP involvement, timescales and governance with assistance from CWPG members in line comms plan.
4. Continued stakeholder engagement	Provide monthly updates to HSCMB and WSOG on winter planning and feedback to Core Winter Planning Group.
5. Review and issue readiness checklist to NHS boards	Review and update winter readiness checklist in line with winter 2024-2025 priorities and commission to NHS boards Chief Execs for completion.
6. First draft of winter plan 2024-2025	An initial draft of the winter plan will be produced that builds on policy engagement regarding priorities and actions to mitigate increased pressures that is inclusive of appropriate governance and resilience arrangements.
7. Develop in-extremis interventions	Develop procedures and / or options with associated impact analysis that can be deployed if the system can no longer cope with demand caused by a surge period.
8. Engagement re priorities and actions for winter plan 24/25	Engage with relevant policy teams on their priorities and actions for 24/25 and how it relates to lessons learned exercise.

Jul - Aug

1. Stress test of in-extremis interventions within the HSC system	Ensure that developed procedures / options are fit for purpose in supporting the system if it can no longer cope with demand caused by a surge period and have assurances of its readiness to deploy.
2. COSLA feedback of first draft of winter plan	As co-authors of the winter plan, COSLA will be provided the first draft of the plan to review and feedback ahead of the final draft.
3. Modelling activity – national and local	Project modelling for winter 2024-2025 based on data from previous year provided by WSIA.
4. Best practice spotlight sessions	Work with whole systems group to promote and engage the sharing of intel and best practice across systems with external partners across the whole system through existing channels and networks.
5. Winter Summit 2024	Locally hosted events with key speakers and interactive sessions to engage with as many system leaders as possible on winter planning. A virtual summit will be held after the events as a summarisation exercise to reiterate a whole systems approach to winter.
6. Final Draft of Winter Plan	Capturing COLSAs feedback on draft plan and preparing it for final Cab Sec / Councillor sign off.

Sept - Mar

1. Inform Parliament and publish Winter Plan 2024-2025	Co-ordinate with APS regarding publication of winter plan online. Engage with Cab Sec regarding preference for publicising plan such as parliamentary speech or debate etc. Secure parliamentary slot if / as required.
2. Move into delivery phase	Support transition to delivery phase, which will be overseen by performance and delivery team. Continuous monitoring and reporting, responding with appropriate measures to emerging issues. Providing updates and assurances to Cab Sec and stakeholders.





# Lessons learned

## Summary of key findings:

- Project structure enhanced the whole system focus but more work still required to make truly whole system.
- Stronger collaboration required across SG and wider
- Governance meetings need to focus on solutions and actions with accountability.
- Governance processes and associated timescales need to be clear at outset to ensure robust partnership approach with COSLA and system leaders.
- Stakeholder engagement was disparate and inconsistent which meant that external partners were not always involved in a meaningful way.
- Winter Summit was good networking event but perhaps too health focused and unclear on what it contributed to the development of the winter plan.
- Regular sharing of best practice would shine a spotlight on what is working locally and nationally, to support improvements
- The data dashboard has improved oversight and knowledge of what is happening across the system, lots of meaningful information that can inform actions but still some data gaps
- Winter response can naturally fall into short termism; however, the focus should not just be on winter but annual surge planning, need to change the narrative and build momentum on medium/longer term planning and reform activity
- There should be a clear distinction between resilience and BAU activity with clearer approaches to assessing the level and criticality of the pressures faced to determine trigger points and options (major incident).



# Lessons learned

Situation	Reflection	Recommended Actions
<p><b>Partnership Working / Stakeholder Consultation</b>            COSLA agreed to a joint set of priorities but there were challenges in agreeing and signing off joint plan</p> <p>Stakeholder consultation was patchy and led to criticisms of the plan</p>	<ul style="list-style-type: none"> <li>• COSLA require time to meaningfully review and scrutinise priorities if it is to truly be a joint plan and should agree timescales and approach at outset</li> <li>• Clarity on who is responsible for stakeholder consultation and what is required with feedback and reporting structures will improve accountability and strengthen engagement</li> <li>• If there is a better understanding of wider stakeholder engagement and terms of engagement for winter/surge in place, it will determine strategy and instil confidence, promote positive engagement</li> <li>• Delivery partners can offer rich intelligence and insight to help shape activity and actions.</li> </ul>	<ul style="list-style-type: none"> <li>• SG should agree timeline with COSLA for winter plan</li> <li>• SG should begin stakeholder engagement on winter 24/25 as soon as possible to ensure that a joint SG/COSLA plan can be developed in advance of winter, and with enough time to make an impact on the system.</li> <li>• SG should consider wider stakeholder engagement strategy and how winter/surge engagement fits within that</li> <li>• Terms of engagement should be defined and agreed for winter plan</li> <li>• Clear aims and objectives should be defined for core SG winter team</li> <li>• Key stakeholders should be identified and consulted to ensure that priorities are considered meaningfully and genuinely agreed as a collective.</li> <li>• Clear actions on engagement should be tasked to SG officials involved in winter with regular feedback part of the reporting structure;</li> </ul>



# Lessons learned

Situation	Reflection	Recommended Actions
<p><b>Roles and Responsibilities / Governance</b> Lack of clarity on roles and responsibilities meant it was not always clear what was required from those involved or who was leading on particular actions</p> <p>Various work streams were in train, with some governance agreements. A variety of similar winter reporting products were created, often with much duplication and then not utilised to full potential</p> <p>Discussions at WSOPG, CRAG and other governance meetings were helpful in outlining the issues, however they sometimes felt repetitive due to the membership.</p>	<ul style="list-style-type: none"> <li>• With a dedicated winter planning manager in place there is a risk that winter related tasks will be directed to planning team</li> <li>• Defining and agreeing roles and responsibilities with core SG winter team is required</li> <li>• Strong governance and reporting required to ensure actions are met</li> <li>• There needs to focus on solutions and actions with accountability, making best use of the expertise and authority in the WSOPG</li> <li>• Whilst improvements were noted on previous years, it was felt that the whole system response was not as cohesive and could go further to provide assurance to Ministers. For example, GP’s were not mentioned in the social care response and Ministers were not assured things were under control;</li> </ul>	<ul style="list-style-type: none"> <li>• Clarity on roles and responsibilities is required both internally and externally, with a focus on defining what Ministers, officials, NHS Boards, and other delivery partners are required to do in advance of, and during, winter/surges</li> <li>• The work of the team should be defined by a Terms of Reference (ToR) with clear roles, responsibilities and lines of accountability.</li> <li>• Feedback and reporting structures should be in place and regularly reviewed to provide strong challenge / assurance</li> <li>• Products for reporting on winter should be reviewed and streamlined, ensuring they are fit for purpose, consistent, easy to use and capture the right information from policy and analytical colleagues.</li> <li>• Strengthen links and reporting processes into the WSOPG and CRAG, focus on solutions and actions with accountability;</li> </ul>



# Lessons learned

Situation	Reflection	Recommended Actions
<p><b>Winter Summit</b> The Winter Summit was held in August which was felt to be too late to have any meaningful impact. There were criticisms that it was health focussed, didn't provide opportunity to discuss winter plan and questions about what it actually contributed to the winter plan.</p> <p>It was felt that the winter summit, or other events, would be more impactful if there was</p>	<ul style="list-style-type: none"> <li>• Given current financial climate, it is worth considering whether a standalone winter summit is value for money and best use of resource.</li> <li>• Time and resource required to travel from areas out with the central belt may prohibit attendance</li> <li>• People did not feel they were fully engaged on the winter plan and wanted the opportunity to discuss and contribute</li> <li>• People wanted to learn more about systems and processes that were working well and delivering improvements</li> <li>• Virtual summit will not have the same impact as face to face and limits networking opportunities</li> </ul>	<ul style="list-style-type: none"> <li>• Explore opportunities to undertake engagement through existing events</li> <li>• Work in partnership with WSOPG chairs and their groups to create local engagement events, taking a whole system approach, and hosting in person discussions on winter plan and collating feedback to inform plan and a final virtual summit summarising findings</li> <li>• Work with WSOPG chairs to highlight areas of best practice and share across the whole system, helping to shine a spotlight on what is working locally and nationally, to support improvements and encourage engagement across systems and areas</li> </ul>



# Lessons learned

Situation	Reflection	Recommended Actions
<p><b>Measuring Impact / Assurance</b></p> <p>Whole System data dashboard provided data and intelligence on key priority areas, improving oversight and knowledge of what is happening across the system</p> <p>However, success metrics across some actions remain unclear, it is not always clear whether they are available or not, and it has been difficult to measure impact. In addition, there are some significant data gaps e.g. GP in hours.</p> <p>Checklist and assurance tools provide self-assessment on readiness for HBs but not wider HSC sector</p>	<ul style="list-style-type: none"> <li>• Winter response can naturally fall into short termism and the impact of medium and long term actions ignored.</li> <li>• Dashboard should be used for situational awareness as well emergency planning type incidents</li> <li>• Dashboard is being used all year round and now BAU</li> <li>• The focus should not just be on winter but annual surge planning.</li> <li>• There is a need to change the narrative and merge winter into ongoing/annual surge planning with winter as a set piece to maintain momentum on medium/longer term planning and reform activity;</li> <li>• Readiness checklist provides assurance to SG from HBs but is there an opportunity to expand out to apply whole system.</li> <li>• Readiness and assurance checklist only goes so far and is not aligned with winter plan or performance data/ performance reviews for example.</li> </ul>	<ul style="list-style-type: none"> <li>• Data dashboard should be utilised to inform actions for surge and winter plans;</li> <li>• Policy officials should continue to work with analysts and HBs to agree how actions and their impact can be measured using data and dashboard.</li> <li>• Data gaps should be identified and action taken to integrate to dashboard</li> <li>• SG should work with HBs to understand how they will implement changes and support winter/surge planning on year-round basis (and/or well in advance of winter).</li> <li>• SG should develop reporting framework to build momentum on delivery of medium and longer term actions that will impact winter plan.</li> <li>• Explore ways to use performance data to strengthen and increase level of assurance, to provide a clearer understanding of risks to the system both locally and nationally and inform decision making;</li> </ul>



# Lessons learned

Situation	Reflection	Recommended Actions
<p><b>Pressure on whole system</b> Acute occupancy remained high over winter at around 95%. A&amp;E performance was at record low levels and the rate of attendances at A&amp;E in the older age groups (65-74 and 75+) has increased since the pandemic. SAS (Scottish Ambulance Service) incidents attended returned to similar levels seen before the pandemic Delayed discharges elevated above pre-pandemic levels and remain stubbornly high. Primary Care/General Practice must be involved in national winter resilience planning, and this must be viewed as an ongoing, rolling programme rather than just winter focus</p>	<ul style="list-style-type: none"> <li>CfSD work with Boards in relation to: Community Urgent Care, Flow Navigation (FN), Hospital at Home, Front Door, and Optimising Flow, based on best practice and variation, has set out level of improvement required to ‘close the gap’/ reduce unmet need for unscheduled care through specific change ideas to release capacity/improve patient care.</li> <li>Benchmarking work on FNCs set up, workforce, hours of operation and activity identified 5 priorities: improve data reporting, improve access to Senior Clinical Decision Makers, improve Care Home and SAS support and improve access to scheduled appointments</li> <li>This combination contributed to reduced attendance at EDs, with self-presentations between Feb 23–Jan 24 down by over 90,000 (around 11%) compared to pre-Covid levels.</li> <li>Delayed Discharge and Hospital Occupancy Plan was sent in March 2023 but DDs remained high</li> </ul>	<ul style="list-style-type: none"> <li>Progress work of CfSD to transform and redesign the five key areas of work, which support improve outcomes and increase capacity across the service over the next two years. SG will monitor impact, compliance and progress. Key to this will be locally set improvement plans / goals in line with the CfSD leverage points</li> <li>Continue to work with NHS Boards to enhance their local Flow Navigation Centres to standardise and improve the existing models, providing more access to scheduled A&amp;E appointments and keeping more people in the community through improved links with the SAS and Care Homes. CfSD delivery group driving forward these changes in collaboration with NHS Boards and their partners.</li> <li>Update the Delayed Discharge and Hospital Occupancy Plan and develop more targeted approach to reducing variation, learning from higher performing areas</li> </ul>



# Lessons learned

Situation	Reflection	Recommended Actions
<p><b>Pressure on whole system</b></p> <p>There was a significant rise in RSV compared to previous winters resulting in higher hospital admissions. The influenza season, whilst less severe than last year, lasted over a much longer period of time as compared to recent winters. These factors placed severe strain on the system, resulting in significantly higher hospital admissions thereby adding to seasonal pressures affecting the H&amp;SC system.</p> <p>Covid-19 incidence and admissions were lower compared to recent winters since the pandemic (lowest since start of pandemic) despite new variance resulting in rephasing of winter vaccination programme</p>	<ul style="list-style-type: none"> <li>• Data tracked significant pressures on the system associated with significant rise in RSV and the much longer period of respiratory illnesses, highlighting importance of rolling out vaccination programmes in advance of winter</li> <li>• NHS Boards were incredibly responsive and adapted well to the re-phase. All Boards completed vaccinations of care home residents by the end of October 2023 and just over 25% of 75+ group had appointments brought forward to mid Oct.</li> </ul>	<ul style="list-style-type: none"> <li>• Continued focus on rollout of winter vaccination programmes to encourage early uptake</li> <li>• Rollout and promotion of RSV vaccination programme to encourage early uptake</li> <li>• Impact of the rephasing of winter vaccination programme to be examined to inform future activity and action to support uptake in lower risk groups and access to service</li> </ul>



# Lessons learned

Situation	Reflection	Recommended Actions
<p><b>Resilience and Incident Management</b> Inconsistency in approach to assessing level and criticality of the pressures faced by NHS Boards</p>	<ul style="list-style-type: none"><li>A perceived lack of clarity on SG policy in relation to the declaration of major incidents meant that NHS Boards often sought SG support for local and/or national major incident declarations</li></ul>	<ul style="list-style-type: none"><li>SG should work with NHS Boards to agree a set of consistent trigger points and activities to be exhausted before an NHS Board can declare a major incident during winter</li><li>In May 2024, SG issued new guidance “National Incident Response Levels: for NHS Boards in Scotland” which provides a strategic approach to managing any type and level of incident response impacting a health board. This will improve how disruptive events (inc capacities and pressures) are categorised locally and nationally.</li><li>See <a href="https://www.gov.scot/publications/national-incident-response-levels/guidance-for-health-boards/gov.scot/"><u>National incident response levels: guidance for health boards - gov.scot (www.gov.scot)</u></a></li></ul>





# Winter Plan priorities

Next meeting of the core SG winter group takes place on 21 June 2024, where members will provide updates on their priorities and actions for winter activity. Will include discussion on how these align with WP priorities from last year and if priorities still apply as below, or do they need updated / refined to capture progress and any new activity.

<b>Priority One</b>	Ensure people receive care at home, or as close to home as possible, where clinically appropriate.
<b>Priority Two</b>	Consistent messaging to the public and our staff that supports access to the right care, in the right place, at the right time.
<b>Priority Three</b>	Focus on recruitment, retention and wellbeing of our health and social care workforce.
<b>Priority Four</b>	Maximise capacity to meet demand and maintain integrated health and social care services throughout autumn and winter.
<b>Priority Five</b>	Support the delivery of health and social care services that are as safe as possible throughout the autumn and winter period, including delivery of a winter vaccination programme for Covid-19 and flu.
<b>Priority Six</b>	Work in partnership across health and social care, and with other partners, to deliver this Plan.
<b>Priority Seven</b>	Protect planned care with a focus on continuing to reduce long waits.
<b>Priority Eight</b>	Prioritise care for the people in our communities who need it most.