



# **Remobilisation Plan 4**

**October 2021 to March 2022**

**Version 0.9 (SG Approved Version)**

**Performance and Planning**

# 1 Introduction & Key Objectives

1.1 NHS Golden Jubilee (NHS GJ) developed its third Remobilisation Plan (RMP) in April 2020. This document is presented as NHS GJ'S fourth Remobilisation Plan (RMP4). This plan described how NHS GJ will sustain, develop and evolve to effectively support NHS Scotland's Recovery. It sets out the wide commitment from NHS Golden Jubilee to support the National recovery and enable future sustainability through the work of the:

- Golden Jubilee National Hospital (including ongoing expansion plans)
- Centre for Sustainable Delivery
- NHS Scotland Academy
- Golden Jubilee Hotel & Conference Centre

1.2 Our key 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 is to take the learning from earlier waves to reduce the level of change that in turn creates unwarranted loss of capacity. To this end, this plan sets out the optimal capacity that can be provided, aligned to delivery challenges within territorial boards and increasing waits in key specialties.

1.3 It is proposed that this plan is formally agreed by Scottish Government and allocated to NHS Boards by Scottish Government Performance colleagues to reduce unnecessary change which and lead to loss of delivery capacity, staff concerns and governance risks.

1.4 Recognising the ongoing uncertainty due to the Covid-19 pandemic, in July 2021 Scottish Government requested that all NHS Boards reflect on progress to date in delivering remobilisation plans, and what boards expect to deliver over the second part of the year. This Plan, Remobilisation Plan 4 (RMP4), provides an update on NHS Golden Jubilee delivery for the remainder of 2021 / 2022, reflecting the agile changes already made in Q1 and Q2 in response to the system pressures and in specific areas outlined within the Scottish Government's July 2021 commissioning letter.

1.5 While Scotland has moved beyond Level 0 and more normality has returned, NHS Boards continue to experience unprecedented and evolving pressures which are causing significant challenges for the delivery of healthcare services across the country. NHS Golden Jubilee continues to be flexible in our approach, supporting boards in delivering critical to life heart, lung and cancer diagnosis and treatment for the people of Scotland as well as continuing to provide as high a level of possible of all core services such as orthopaedics, ophthalmology and diagnostics.

- 1.6 NHS Golden Jubilee continues to be a Covid-light site, to sustain urgent essential timely care for those patients who need it most.
- 1.7 Workforce challenges are significant both as a result of the pandemic, employment shifts and the level of flux from ongoing changes to service provision. Listening to our staff at this challenging time is more critical than ever to ensure staff health and wellbeing and the resultant resilience of our services. We are also responding to local challenges including workforce attraction and retention, the impact of which is being most acutely felt within our theatre capacity. It is important that we recognise how difficult this is for our staff, and that plans for the remaining months of 2021/2022 and beyond reflect this.
- 1.8 This Plan describes how NHS Golden Jubilee will continue to work with other boards to make best use of our available capacity, including theatre capacity which has gaps due to ongoing recruitment and higher rates of unplanned absence. We are working with Boards and the Independent Sector to provide theatre nursing capacity and standard operating policies to minimise risks; these teams will support cancer and urgent surgery.
- 1.9 The capacity plans set out within this document are a reflection of the changes implemented in Q1 and 2 as well as the ongoing support that NHS Golden Jubilee will provide to Boards from across Scotland. The activity projections for the remaining six months of 2021/2022 are both ambitious but realistic targets.
- 1.10 It is recognised that as a National Board, our role is to support the needs of NHS Scotland, working collaboratively through this difficult time, to provide as much essential care as possible to those who need it. This continues to be a quickly evolving situation. We will continue to monitor this position to make best use of the resources we have available, working with wider NHS Scotland to support urgent clinical needs. It is recognised that NHS Scotland remains on an emergency footing until at least April 2022.
- 1.11 NHS Golden Jubilee 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; work to develop and expand diagnostic services including endoscopy locally and nationally; continued development of the NHS Scotland Academy and Centre for Sustainable Delivery in support of 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.
- 1.12 We have sought to ensure our Remobilisation Plan remains consistent with the principles for safe and effective recovery within the NHS Scotland Recovery Plan:
- Maintain our capacity to respond to the pandemic
  - Focus on the whole system
  - Quality, values and experience
  - Services close to people's homes
  - Improved population health
  - Services that promote equality
  - Sustainability
  - Value and support the workforce

## Key Assumptions and Requirements to support delivery of RMP#4

- 1 **Scottish Government (SG) is asked to accept the adjustments to our activity plan for RMP #4, where projected activity for the period October 2021-March 2022 takes into account our current delivery constraints.** Once agreed this activity will be commissioned by Government from NHS GJ to be allocated to NHS Boards.
- 2 **NHS GJ will work to deliver projected activity levels, having utilised all available means of maximising efficiency and use of available workforce.** We have factored workforce capacity changes into our activity planning, where imminent recruitment is likely to enhance activity levels. **Previous assumptions about the impact of the continuation of Covid safety precautions in healthcare** (physical distancing, pre-procedure testing and isolation, modified capacity and flow, and cleaning regimes) **will still constrain our capacity for at least the next six months.**
- 3 **NHS GJ will continue to deliver our core services:**

Orthopaedic surgery	Ophthalmology (Cataract surgery)
Diagnostic endoscopy	General surgery
Cardiac surgery	Thoracic surgery
Interventional Cardiology	SNAHFS/SACCS/SPVU
Diagnostic Radiology	

By agreement with SG, NHS GJ will continue to carry out cancer surgery to ensure timely access to essential surgery for patients from the West of Scotland.
- 4 **NHS GJ has strengthened General Surgery which is critical to underpin specialist services to provide sustainable cost effective General Surgery Capacity.**
- 5 **As part of General Surgery capacity we now have the capability to deliver new Colorectal capacity on a permanent basis at 5-6 procedures per day, circa 1000-1250 per annum.** This will be allocated by Scottish Government on Board need.
- 6 **NHS GJ will provide support to NHS Scotland by carrying out priority cancer procedures by agreement with referring Boards.** Cancer procedures requiring access to critical care beds will be accepted and managed on a case-by-case basis to enable safe continuation of the GJ cardiac, thoracic and transplant programmes.
- 7 **NHS GJ will expand its robot assisted surgery programme through the proposed progression of a second Intracavity Robotic Assisted Surgery Systems (iRAS) at NHSGJ.**

It is intended that the second iRAS system will be deployed in thoracic and general surgery. We have written to the Chief Operating Officer, NHSS to ask for guidance and support to progress with the purchase of the second iRAS system, and clarification of any further steps required to progress this.
- 8 **There has been a significant increase in the number of heart transplants carried out by NHS GJ in 2020/21. This has been sustained into 2021/22.** NHS GJ has an SLA with NSD to deliver 14 - 17 transplants per year; 20 transplants were carried out in 2020 / 2021 and 16 have been carried out to date in 2021 / 2022. Based the number of transplants undertaken during the year to date, we are projecting 25-30 transplants will be undertaken by the end of 2021 / 2022. Based on current information, the view of the clinical team is that in future years this could stabilise at a level of 25 – 30 transplants per annum. **We have provided a high level analysis of the impact of this increase in demand on our theatres and beds in section 9.9 of the RMP and would ask Scottish Government to confirm its wish for NHS GJ to sustain this position and deliver 20-30 transplants per annum.**
- 9 **NHS GJ will maintain non-repatriation of cardiology and NSTEMI patients to their host Boards for the remainder of the winter period.** Going forward, we will plan to re-introduce non-repatriation as a routine element of our 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.

## Overview of RMP#4 six -month plan:

1.13 Comparison with equivalent six months during 2019/20 and high level prediction of 2022/23 plan compared to 2019/20. **It is important to note** that delivery of the projected activity positions for 2022-23 will be dependent on whether Covid restrictions in healthcare continue – this high level planning assumes some degree of relaxation of existing processes such as physical distancing and red, amber and green pathways.

The indicative activity for 2022/2023 is based on a realistic assessment of activity we anticipate we will be able to deliver. There is potential to theoretically deliver further capacity however this will require more detailed planning and consideration of the consequential impact on other clinical specialties.

## National Elective Services High Level Activity Comparison

National, Elective Services			% Difference	
	Oct 19- Mar 20 Actual Activity	Oct 21 – Mar 22 RMP 4 Plan	2019-20 to RMP 4 Plan	Indicative % difference - 2022/23 Full Year vs 2019/20
Orthopaedics	2,569	1,901	-26%	0% (deliver equivalent of 2019/20 plan)
Ophthalmology	3,980	4,375	10%	48% increase
Endoscopy	1,399	2,954	111%	111% increase
General Surgery	478	108	-77%	0% (deliver equivalent of 2019/20 plan) by end 2023- subject to cancer activity
Cancer	-	132	-	Dependent on Board requests- impact on Gen S activity
<b>Total</b>	<b>8,426</b>	<b>9,470</b>	<b>12%</b>	<b>41% increase subject to Cancer and General Surgery activity.</b>
Cancer & Urgent Work staffed by A&A team	-	144	-	No assumption that these arrangements continue into 2022/23
Cancer & Urgent Work staffed by IS team	-	306	-	No assumption that these arrangements continue into 2022/23
Synaptik Weekend Eye Activity	-	2592	-	No assumption that these arrangements continue into 2022/23
Total Short Term Unstaffed Activity	-	3,042	-	No assumption that these arrangements continue into 2022/23
<b>Grand Total</b>	<b>8,426</b>	<b>12,512</b>	<b>48%</b>	<b>41% increase subject to Cancer and General Surgery activity.</b>

## Heart, Lung and Diagnostic Services High Level Activity Comparison

Heart, Lung & Diagnostic			% Difference	
	Oct 19- Mar 20 Actual Activity	Oct 21 – Mar 22 RMP 4 Plan	2019-20 to RMP 4 Plan	Indicative % difference - 2022/23 Full Year vs 2019/20
Cardiology: Electrophysiology	288	312	8%	10% increase based on increasing number of complex and GA cases and additional mobile capacity in 2019.
Cardiology: Coronary Intervention	3,144	3,186	1%	Up to 5% increase based on urgent referrals reducing but remaining higher than pre-COVID coupled with efficiency being compromised by ongoing COVID protocols.
Cardiac Surgery	641	469	-27%	0% assuming increased theatre staffing to enable base line capacity to be delivered.
Thoracic Surgery	629	594	-6%	-6% no change to RMP 4 due to ongoing COVID protocols.
Radiology	21,985	24,411	11%	10% increase based on demand and ability to staff extended hours.
<b>Total</b>	<b>26,687</b>	<b>28,972</b>	<b>9%</b>	<b>10% increase on 2019/20 based on assumptions stated above.</b>

## 2 Planning Assumptions RMP4

2.1 NHS Golden Jubilee's Remobilisation Plan has been developed based on the following broad planning assumptions. NHS Golden Jubilee:

- Is a national resource available to support all boards across Scotland;
- Will adapt to the demands of NHS Scotland throughout this emergency period and will provide support in a planned and consistent way;
- Will flexibly use resources and maintain a balance between urgent and elective care depending on demand;
- Will continue to provide core elective services of orthopaedics and ophthalmology, with further recruitment and training of staff taking place during 2021/2022 to enable us to deliver capacity for NHS Scotland. We have required to reduce our current capacity in these specialties due to medical and nursing workforce pressures, namely vacancy rates, increased turnover, training of supernumerary staff and the impact of unplanned staff absence e.g. Covid related absences / self-isolation and short / long-term sickness absence.
- Will collaborate with colleagues across Scotland in order to maximise capacity and will undertake services following formal and specific mandates agreed with Scottish Government and NHS Board Chief Executives;
- Will continue to be a 'Green' or 'Covid light' site and not routinely admit Covid patients.

The maintenance of 'Covid-light' status:

- Allows continuation of specialist heart, lung, cancer, priority and elective care;
- Recognises the significant work undertaken by clinical and operational teams to safely resume from July 2020 elective orthopaedic surgery, cataract surgery, interventional cardiology, cardiac and thoracic surgery with safe patient pathways;
- Minimises the risks to patients undergoing complex surgery with continued high levels of risk mitigation and clinical governance;
- Assumes the continuation of physical distancing and the consequences of this for projected clinical activity and capacity;
- Assumes that for planning purposes NHS Scotland and NHS Boards will remain on an emergency footing until at least Quarter 3 2021/22.

2.2 Staff wellbeing is critical and underpins every aspect of NHS Golden Jubilee's ongoing remobilisation and recovery. This is articulated in the NHS Golden Jubilee Health and Wellbeing Strategy, Interim Workforce Plan and this updated Remobilisation Plan.

### **3 Delivery of RMP3 and priorities for the remainder of 2021/2022**

- 3.1 Throughout the pandemic NHS Golden Jubilee has focussed on maintaining a balance between the response to the pandemic and the continued safe provision of essential non-Covid services. NHS Golden Jubilee's overriding priority in setting that balance continues to be the safe delivery of services.
- 3.2 Through the support offered to other national and territorial boards, NHS Golden Jubilee has worked collaboratively to prioritise urgent diagnostic and treatment, including cancer in line with the principles of the Framework for Cancer Surgery. RMP3 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 Golden Jubilee was again asked in September to treat urgent cancer patients.
- 3.3 In response to ongoing pressures facing NHS Scotland, NHS Golden Jubilee is changing the mix of services we provide to support NHS Scotland patients with the greatest need, supporting NHS Boards in delivering critical to life heart, lung and cancer diagnosis and treatment. This fourth NHS Golden Jubilee Remobilisation Plan reflects discussions with NHS Boards about how best we can support them as at September 2021. Discussion will continue with boards across Scotland around how we can support additional clinical services, with a focus on urgent cancer procedures. NHS Golden Jubilee will continue to remain responsive and adaptable to the changing needs of Scotland's patients, with any changes to the activity mix described within this plan communicated to Scottish Government as required.
- 3.4 Using three of our theatres, NHS Boards, using their own clinical teams, will have access to NHS Golden Jubilee theatre capacity to provide urgent cancer specialties. We will continue to provide emergency and urgent heart, lung and cancer diagnostic imaging and surgical treatments / interventions. Patients will 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.
- 3.5 In response to our workforce pressures, in theatres, we have reduced our staffed theatre sessions in orthopaedics, ophthalmology, cardiac and general surgery. We are working 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.
- 3.6 The remainder of this Remobilisation Plan, and the accompanying appendices, outline NHS Golden Jubilee's delivery priorities for the remaining six-months of 2021 / 2022, accompanied by a small forward looking plan in section 9 that considers developments from 2022-23. The changes described within sections 1-8 of our Remobilisation Plan will be implemented incrementally over the remainder of calendar year 2021-22 as plans with boards and NHS Scotland develop.

3.7 It remains NHS Golden Jubilee'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.

3.8 The following table, read alongside Appendices 1a and 1b, describes delivery for NHS Golden Jubilee's Heart, Lung and Diagnostic Division:

## Heart, Lung and Diagnostics

### Summary

- **Reduction in overall elective/urgent cardiology procedure numbers to reflect increasing urgent and more complex procedures**
- **Reflects the plan not to repatriate cardiology patients to WoS Boards post-procedure, and is still an increase on 2019/20 activity**
- **Reduction in elective cardiac surgery activity to accommodate reduced theatre capacity**

### Radiology:

- **Recognising over-performance against RMP #3 target for CT, we will increase CT target number**
- **Remainder of radiology modalities will be delivered in line with current SLA**

Planning is based on the following principles and assumptions:

- 'Lock in' enhanced and improved patient pathways
  - 'Urgent first'
  - 'Virtual first' (where appropriate)
  - Reduced patient length of stay (ERAS principles)
  - Faster access to treatment
  - Ability to increase capacity as pandemic risk reduces and demand changes
- Continued management of cardiac surgery waiting list to maximise productivity given the reduction in number of patients referred for surgery and subsequent reduction in patients waiting. Waiting list was being driven by reduction in demand, however with the reduction in capacity anticipated over the next 3-6 months due to workforce pressures, it is likely that waiting times will increase. Treatment Time Guarantee (TTG) is being met with the exception of a small number of adult congenital surgery patients. Benchmarking across UK and engagement with West of Scotland boards is ongoing to identify unmet need and ensure any surge in demand can be met through increased capacity.
- Support NHS Scotland through:
  - Access to theatre operating sessions for NHS Grampian (up to four sessions/month) P2 urgent patients.
  - Creating bed capacity in the West of Scotland (NSTEMI direct access and non- repatriation),
  - Avoiding unnecessary outpatient attendance and admission
- Flexible use of imaging capacity to support national backlog Inc. cardiac imaging



### **Cardiac Surgery**

Referrals to cardiac surgery have remained lower than pre-Covid levels. Initial predictions that elective referrals would return to their pre-Covid level around July 2021 has not materialised, despite outpatient cardiology clinics in the West of Scotland increasing in number. The Covid Recovery plan was based on elective referrals resuming, and potentially seeing a surge in demand. This has not materialised, with the result that Covid recovery has not been in line with planned predicted activity. Findings from work at UK and national level suggest cardiac surgery activity has reduced by 30% during the pandemic and demand has been slow to pick up across the UK. The number of patients awaiting cardiac surgery remain low – however, clinical opinion remains that there will be an upturn in referrals, with potentially a higher number becoming urgent and due to later presentation, more complex. These factors complicate our planning of activity beyond RMP4 into 2022/2023.

Proposed activity assumptions include all cardiac activity, including emergency and re-do cases. We have assumed demand will slowly grow. The supporting operational plan behind the proposals includes an ability to flex capacity to meet any upturn in referrals in 2022/2023. Patients will be risk assessed balancing risk factors against clinical benefit in the context of the evolving/changing Covid picture. We will continue to prioritise the most urgent patients.

### **Thoracic Surgery**

Following a reduction in referrals during 2020/21, thoracic surgery referrals (and consequent waiting list) were slowly returning to pre-Covid levels towards the end of 2020. However, the reduction in referrals has continued, but with a subsequent increase in complexity of the cancer cases referred for surgery as a consequence of delays.

Virtual West of Scotland Multi-Disciplinary Team (MDT) reviews continue and performance in delivering the 31-day lung cancer target has been maintained at 100%.

As part of the 4 Nations Pathway guidance, there was a requirement for green and amber patient placement areas, and specific requirements within the theatre environment. Thoracic surgery has been most notably impacted by these measures as many of the patients are on an Amber pathway. This has proven challenging for service efficiency levels. It is hoped that the necessity for these pathways will cease as we move through 2022/23.

In modelling required Cardiothoracic activity, the following assumptions have been made:

- There will be a requirement to flex cardiac and thoracic capacity to support an increase in urgent referrals.
- NHS Grampian has accepted 4 cardiac sessions per month and it is expected that this will continue through 2022/23.
- The number of outpatient (OP) clinics will remain the same as pre-Covid.
- 31-day lung cancer target will continue to be met.
- There will be a requirement to increase thoracic MDTs and OP capacity to support the WoS Lung Cancer 62-day target and a predicted surge in demand. We will continue to present virtual solutions (via Near Me) in order to facilitate this.
- Demand for lung cancer surgery has not returned to normal pre-Covid level; however, it is noted that complexity has increased over recent periods.

### **Cardiology**

During the first 12 months of the pandemic the interventional cardiology waiting list for coronary intervention reduced. This was largely due to the significant reduction in General Cardiology OP clinics and access to on site investigations, resulting in a drop in the elective referrals for coronary intervention. The shift from elective stable to urgent elective procedures which was experienced pre-Covid has continued and increased during the pandemic. This sustained growth of urgent inpatient and day case referrals has put significant strain on the service over the last 6 months. The uplift in urgent activity has displaced elective capacity and resulted in a lower throughput of activity due to the increased complexity of urgent procedures, both clinically and logistically.

The main issues experienced during the first 6 months of 2021/2022 are responding to the increased number of urgent referrals, delays caused by turnaround times for Covid testing and the availability of beds both at NHS Golden Jubilee and referring hospitals impacting on the ability to repatriate patients post procedure. This has resulted in challenging compliance with the 72-hour target for Non ST-elevated Myocardial Infarction (NSTEMI) patients. Additionally, the service is experiencing a rapid growth in day case referrals resulting in longer wait times for planned angiography.

Urgent / Elective Cardiology activity during the first 6 months of 2021/22 is below target, primarily due to growth in urgent referrals and low uptake of additional weekend sessions. Should this referral trend be sustained, it is expected to result in a further productivity loss. This has been factored into our activity projections. The service is still experiencing a loss in efficiency as a result of Covid testing, physical distancing, and an inability to fill appointments lost to short notice cancellations. Initial calculations indicate that lost efficiency and productivity through Cath Labs accounts for a 15% reduction in capacity.

The refurbishment of Cath Lab 3 was completed over an 11-week period during Summer 2021, with minimal loss of capacity and disruption to the service.

Waiting times to access the EP service remains a key issue, with a significant backlog of patients and long waiting times. The EP interventional service suspended all non-urgent activity between April and June 2020 resulting in a significant loss of capacity; however, the service continued to accept referrals during this period and as a result waiting times have increased significantly. Pre-Covid the service had a capacity gap but this period of suspension has compounded the problem. With the addition of the fifth Cath Lab, the service has increased the number of EP sessions by over 30% to address the capacity gap but a significant backlog remains. There is a particular challenge appointing persistent AF and complex cases which require to be performed under general anaesthetic. 2021/22 year to date activity is in line with RMP3 projections.

Device capacity has been affected by the pandemic to a lesser extent. There is marginal productivity loss for the urgent inpatient transfers who are admitted on an Amber Pathway. 2021/22 year to date activity is in line with RMP3 projections.

TAVI capacity was maintained throughout the pandemic. There has been an increase in the demand as the service becomes more established, and in line with the rest of the UK. Waiting times are increasing and will continue to do so if planned activity of 131 cases is not exceeded.

During 2019/2020, the National Planning Forum reported that 7% of TAVI cases were carried out using non-trans femoral access (rather than the 15% predicted) – however, the funding model in place still reflects this higher percentage. Although the planning assumptions and activity proposal in NHS Golden Jubilee are based on national planning

assumptions of 61 TAVI per million populations, we will work with the NPF and WoS Boards to seek authority to adjust our activity plan in line with a 7% referral rate to NHS Lothian for non-trans femoral access, which would in turn increase WoS activity at NHS Golden Jubilee to 150 cases – which we would manage through the current capacity.

### ***National Services Division***

#### ***Scottish National Acute Heart Failure Service (SNAHFS)***

SNAHFS continued to provide a safe service throughout the pandemic and has implanted 16 cardiac transplants (as at end September 2021), with excellent outcomes. This is very positive for the service, and for the population of Scotland, however has undoubtedly put pressure on the service with the resulting increase in critical care utilisation, and post-transplant review. Outpatient clinics continue through a mixed medium of telephone, Near Me consults and face-to-face clinics. Patients are actively managed, supported by the specialist nursing team with robust risk assessment in place for this vulnerable group.

The waiting list remains active and responsive to organ donation. In 2022/2023, we will continue to deliver the service, offering flexibility and virtual consultations.

There was a significant increase in the number of transplants carried out in 2020/21. This has been sustained into 2021/22. NHS Golden Jubilee has an SLA with NSD to deliver 14 - 17 transplants per year; 20 transplants were carried out in 2020 / 2021 and 16 have been carried out to date in 2021 / 2022. While there is variability between individual years, the average number of transplants per year 2008/09 – 2019/20 was 10.

Based the number of transplants undertaken during the year to date, we are projecting 25-30 transplants will be undertaken by the end of 2021 / 2022. Based on current information, the view of the clinical team is that in future years this could stabilise at a level of 25 – 30 transplants per annum.

#### ***National Organ Retrieval Service***

The NHS GJ team has provided ongoing support to the UK national service throughout the pandemic and will continue to do so in 2022/2023.

#### ***Scottish Adult Congenital Cardiac Service (SACCS)***

The SACCS service has successfully recruited high-calibre consultants to fill long term vacancies. Now with a team of five ACHD cardiologists, we are in a strong position to embark on recovery in 2021/2022 and address lost activity during the Covid pandemic. The main challenge for the service is access to clinic space and diagnostic investigation capacity i.e. MRI, CT, Echo, CPET. It is predicted that it will take up to a year to fully recover the service and deliver timely outpatient review and investigation. Surgical, interventional and diagnostic catheter procedures have been maintained throughout the pandemic.

The service has commissioned a review of its outpatient and assessment model to reform the existing service model to deliver a future proof service designed to reflect best practice in person-centred care. The project is still in the scoping stage and will adopt the 'Double Diamond' methodological approach to stakeholder engagement established by the British Design Council. This internationally recognised structural design approach consists of a four-stage strategy combining divergent and convergent thinking to **discover, define, develop, and deliver** outcomes based on a blend of engagement techniques encompassing the views of patients, clinicians and related third sector organisations. In formulating this strategy, we have engaged with internal and external partners including Healthcare Improvement Scotland (HIS) and NHS National Services (NSS).

### **Scottish Pulmonary Vascular Unit (SPVU)**

SPVU has continued to provide services to patients throughout the pandemic. During the early stages of the pandemic outpatient activity was delivered virtually via Telephone and Near Me. This proved successful and has been maintained as a key point of access to the service for patients. A proportion of patients still require face-to-face review and assessment (for example Echo, MRI, CPET, Walk Test) – this has been safely resumed. Planned inpatient activity resumed in May 2020 with patients admitted for a range of diagnostic tests, including Right Heart Catheterisation.

### **Radiology**

June 2021 saw the completion of a formal review of radiology services. The output from this work will inform future strategic planning and service improvement ensuring maximum efficiency to support NHS Scotland through the provision of additional capacity.

The Radiology department has demonstrated in the last year that it can respond to an ever-changing healthcare environment. From Jan – June 21 we delivered the renal and liver ablation service on behalf of NHS GG&C, whilst new imaging equipment was deployed. This work has placed us in an excellent position to demonstrate to health boards the opportunities that are available within NHS Golden Jubilee Radiology.

The imaging department is still affected by social distancing and complicated booking processes due to Covid restrictions. Recovery staff appointments have enabled extended working day for CT/MRI and ad-hoc weekend working. This has led to a significant increase in activity for CT in particular, from pre Covid levels. Whilst this additional capacity cannot yet be guaranteed until partnership negotiations are concluded, there is a commitment to create additional capacity when possible. This may result in increased reporting costs and this will be monitored.

A crucial part of our Radiology remobilisation plan is to maintain close engagement with, and adapt to the needs of, other health boards. This has so far resulted in us performing more complex imaging exams for MRI and amending SOPs to enable the acceptance of non-medical referrer referrals from health boards.

Traditionally within our Imaging department the main focus has been to deliver agreed waiting times capacity. 2021 has seen additional mobile imaging equipment being deployed throughout NHS Scotland for routine elective radiology examinations. This has impacted the availability of certain imaging referrals for GJ. This change has provided an opportunity for us to examine the current pressures within boards, for example, cardiac imaging, CT colonography, specialist MRI / CT examinations and procedures. In the latter part of 2021/2022 we will undertake a scoping exercise with boards and Scottish Government to determine the best use of our resources and identify areas for future development.

NHS Golden Jubilee will see expansion of orthopaedic and endoscopy and colorectal services. Each will have an impact on the imaging department. Any new or additional activity will be monitored closely to ensure demand can be met.

### **Colorectal Imaging**

As part of the proposed bowel screening pilot and colorectal surgery there will be a requirement for CT colonography and possibly CT drainage procedures. This would require a new service to be implemented with associated staff training, equipment and clinical support. This will be progressed throughout RMP4 period and may impact on the current available capacity.

### **Cardiac Imaging Strategy**

The replacement of a CT scanner in 2020 with a top of the range cardiac scanner, provides capability to perform the highest quality imaging for cardiac exams in both CT and MRI. A plan is being developed to convert waiting times (SLA) examinations to cardiac. This move would be endorsed by health boards as this is a pressure area. Additional cardiac reporters will be required to support this change.

### **Scottish National Radiology Reporting Service Bank (SNRRS)**

The success of the SNRRS pilot has led to a decision by NHS Golden Jubilee to formally adopt this service as business as usual from end of October 2021. This service will continue to expand and working in partnership with SRTP other uses of the technology will be developed.

3.9 The following table, read alongside Appendices 2a and 2b, describes delivery for NHS Golden Jubilee's National Elective Services Division:

## **National Elective Services**

### **Summary**

#### **Orthopaedic activity overall will be reduced:**

- Due to workforce pressures and impact of physical distancing on flow within our theatre recovery area, orthopaedic activity will be delivered through four theatres and two regular Saturday theatre lists, this includes support for WoS osteosarcoma service. Overall this results in the loss of one theatre list per day.
- At this point due to workforce pressures we are unable to deliver the in -year expansion through additional Saturday working or extended theatre days
- Activity for RMP#4 will be delivered through 3.8 theatres and 2 Saturday lists. Equates to loss of 1 theatre list/day
- Due to workforce pressures (and impact of physical distancing on flow)- we are unable to staff extended theatre days or three additional Saturday lists
- Enables theatre allocation for osteosarcoma cases

#### **Ophthalmology activity will be reduced**

- Activity will be delivered through 3.42 theatres as per the original phase 1 business case, this represents a significant increase in activity when compared to the 2019/20 pre-Covid activity level (original Phase 1 business case plan of 3.4 theatres)
- Activity is still above 2019/20 pre-Covid level
- The key constraint is availability of consultant ophthalmologists; despite recruitment campaigns we have been unable to increase our consultant workforce at this time,
- The service has also seen increased complexity of patients (DSD 3) due to their extended wait for surgery; this impacts productivity

- The separate Synaptik Independent Sector weekend activity is planned to run until March 2022: this is unstaffed capacity

#### **Diagnostic Endoscopy**

- Capacity has trebled in 2020/21, with three endoscopy rooms (2 NHS GJ and 1 staffed by Independent Sector in a mobile facility), this will support improved access to cancer diagnosis for patients
- In RMP 4 plan - increase in planned endoscopy activity by 238 procedures supporting cancer diagnosis
- Our 2021/22 activity plan represents over 2600 procedures above 2019/20 plan

#### **General and Colorectal Surgery**

- General surgery service is required to support our cardiac surgery programme and provide a sustainable Colorectal service.
- New Colorectal permanent service can now support a wider repertoire of procedures, (Upper GI and colorectal procedures). In 2021/22 we are supporting 3 NHS Boards (NHS Lothian, NHS Grampian and NHS Highland) with colorectal surgery including cancer resections
- In addition, colorectal RAS programme is well underway, in collaboration with NHS Lanarkshire, RAS programme and RAS training will continue during the remainder of 2021/22. The plan is to maintain colorectal programme and robotic training
- General surgery capacity for non-urgent procedures has been reduced in remainder of 2021/22 in line with available staffing levels within theatres
- Resultant reduction overall in Gen Surgery activity due to lack of available nursing workforce

#### **Cancer Surgery (Staffed capacity)**

- Allocation of six days/month staffed capacity to undertake Osteosarcoma procedures- we remain responsive to further increased demand
- General surgery theatres allocated to support colorectal cancer surgeries, 2 days per week for NHS Lanarkshire and ~2-3 days per week for NHS Grampian and NHS Highland

#### **Cancer/urgent surgery (Unstaffed capacity)**

- Cancer/urgent surgery (to be staffed by NHS A&A Theatre team) to undertake ENT and Upper GI cancer/priority surgery – list may be filled by other non-cancer Gen Surgery cases to ensure staffed theatres are well utilised
- Cancer/urgent surgery (staffed by Independent Sector) 5 days/week. Secured at present for 7-8 weeks, work is ongoing for the next 2 months
- NHS Golden Jubilee will have framework in place (2-year duration) for use of Independent Sector by mid-November

### **Supporting urgent cancer surgery and P2 patient surgery**

RMP3 described our support to boards with urgent cancer surgery and priority 2 patient surgery during 2021 / 2022, with an assumption that this support would be provided until 30 June 2021. Any requirement beyond this date would be achieved by releasing capacity from core elective services. The activity provided, and the dates by which services were repatriated, is as follows:

During the period April 2021- August 2021, we have carried out the following numbers of cancer and priority surgery:

	Apr 21 to Aug 21
• ENT Day 1: Week 28 June (Thursday)	81
• ENT Day 2: Week 19 July (Tuesday)	
• Plastics: Week Beg 2 August (Friday)	17
• Gynaecology Day 1: Week beg 9 August (Wed)	90
• Gynaecology Day 2: Week Beg 9 August (Thursday)	
• Urology (inc Nephrectomy: Week Beg 16 August (Tuesday)	81
• NHS Greater Glasgow and Clyde Foot and ankle and soft tissue 23 June	455
• NHS Greater Glasgow and Clyde Osteosarcoma: extended until end of August	94

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. Breast cancer continues one day per week for NHS Ayrshire and Arran to March 2022.

We are now responding to more recent requests from Boards to accommodate urgent cancers from September 2021. These include:

- Reinstate Urology and Plastics for NHS Lanarkshire – commences week beginning 4th Oct
- 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 – commences week beginning 4th October (still under review)
- 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.

**We have defined our projected cancer activity target based on the expected case mix as requested by referring Boards. Should this case mix vary from plan, this may impact on our actual procedure numbers. In addition, it should be noted that 52% of our planned cancer and urgent surgery plan is predicated on theatre activity delivered in collaboration with other health board or independent sector (IS) teams.**

**For this reason, we will separate, in our reporting, the activity delivered by staffed GJ teams, and that resourced from other boards or the IS. We will report actual cancer activity against plan on a weekly basis once RMP 4 is enacted (from October).**

Significant additional diagnostic endoscopy capacity has also been developed to support NHS Greater Glasgow and Clyde, NHS Ayrshire and Arran and NHS Lanarkshire. The Vanguard Temporary mobile unit staffed by the independent sector opened on 7 June, and is now running 7 days per week. The Unit was delayed by four weeks versus the original plan due to essential maintenance requirements.

Discussions are ongoing with NHS Grampian, NHS Ayrshire and Arran, and NHS Forth Valley to review any further support that these Boards may require to enable access to treatment for urgent cancer and priority 2 patients.

The Scottish Government Access Team confirmed the allocation for 2021 / 2022 for general surgery and colorectal from July 2021 to end of March 2022, to specific NHS Boards based on longest waiting patients on Boards' Inpatient waiting lists. Both Grampian and Lothian specifically asked for access to this capacity to support long waiting patients who require Colorectal procedures, however some of the allocated capacity will provide access for General Surgery procedures. The NHS Greater Glasgow and Clyde allocation will be used to support waiting times for General Surgery patients. This commenced at the end of June for day case categorised patients.

### ***Ophthalmology***

NHS GJ continues to accelerate activity in our Phase One Eye Centre, which opened in November 2020, and has worked to deliver increased capacity well ahead of schedule. We have increased our Ophthalmology activity by 47%, which is 1000 more procedures than the initial Phase 1 expansion business case. This has been a very ambitious target as the original delivery date was 2024.

Activity plans within RMP3 assumed further additional capacity would be available during 2021 / 2022 following recruitment of clinical and support staff. This has proved challenging, with an inability to recruit to full staffing levels despite significant recruitment, particularly Consultant ophthalmologist posts, resulting in a shortfall versus RMP3 planned levels. This is compounded by increasingly complex cases (DSD 3) due to patient waits for treatment, which impacts clinical productivity.

### **General Surgery Service**

NHS GJ has 3 general surgery theatres and 2 endoscopy procedure rooms; an additional third endoscopy room is also available following the procurement of a temporary facility, which is staffed 7 days per week by an independent sector nursing team and GJ operator.



## NHS GJ General Surgery Capacity

General Surgery Programme - Theatre Capacity and Activity	Capacity Staffed by GJ Team	Capacity Staffed by Independent Sector team / NHS A&A team	Remaining Unstaffed Capacity – (currently we cannot utilise this capacity due to 2m physical distancing restrictions within the theatre recovery area)
<b>Theatre Capacity (days)</b>  <b>(Total Physical capacity 15 days)</b>	<ul style="list-style-type: none"> <li>5 days per week</li> </ul>	<ul style="list-style-type: none"> <li>6.5 days per week- General theatres -</li> <li>2 days per week - Orthopaedic theatres</li> </ul>	<ul style="list-style-type: none"> <li>Short term 3.5 days per week</li> <li>Once orthopaedic surgery staffed capacity increases - 1.5 days per week</li> </ul>
<b>Monthly Capacity (Activity)</b>	<b>Monthly Capacity</b>  Up to: <ul style="list-style-type: none"> <li>18 major Colorectal procedures per month (Including RAS procedures and Major</li> </ul>	<b>Monthly Capacity</b>  Up to: <ul style="list-style-type: none"> <li>40 general surgery procedures</li> <li>24 ENT / Upper GI procedures</li> <li>8 Urology major procedures</li> <li>32 breast / Plastics procedures</li> </ul>	<b>Additional Potential Monthly Capacity if 2m physical distancing relaxed to 1m in Theatre Recovery and staffing augmented:</b>  Theatre recovery could return to normal, with augmented theatre staffing this would enable: <ul style="list-style-type: none"> <li>Short term – 56 additional procedures General Surgery Procedures</li> <li>Once Orthopaedic surgery staffed capacity increases – 24 procedures</li> </ul>
	<b>Note: total current monthly General Surgery capacity is 18 major colorectal procedures per month plus 40 short stay / day case upper GI or colorectal procedures per month</b>		<b>Potential additional General surgery capacity is between 24 and 56 procedures per month subject to relaxation of 2m physical distancing</b>

### **General Surgery – responsive to needs of other boards**

In March 2020 the general surgery elective service was paused, with capacity utilised to support the delivery of urgent Cancer and priority 2 surgeries for NHS Scotland. RMP3 assumed that the general surgery elective programme would resume during 2021. This happened at the end of June 2021. In light of current system pressures, and NHS Golden Jubilee's ongoing support for urgent cancer and Priority 2 patients, projections for general surgery activity, including any reallocation of capacity back to the general surgery elective programme, remain fluid and subject to review.

### **General and Colorectal Surgery**

The General Surgical service at NHS GJ delivers two key functions. First is the provision of emergency support to cardiothoracic patients who develop general surgical complications during admission and secondly the provision of elective surgery e.g. laparoscopic cholecystectomy and hernia surgery as a national surgical centre. It is part of the GJ strategic plan to stabilise the workforce at the GJ by developing our own General

Surgical workforce and this reducing the reliance on expensive bank and agency staff as well as the workforce challenges of a transient and part-time work force

Our strategy to increase the number of substantive GJ surgeons, with different subspecialties will bring an opportunity to widen the range of general surgical procedures we offer NHS Scotland as a national elective, bringing more activity within core contracts as well as provide a sustainable solution for general surgical provision to the Cardio-thoracic program.

As part of our surgical recruitment we have 2 WTE general surgeons with an interest in Colorectal surgery (3 individuals) in post. As a result, we have been able to offer support to Lothian, Grampian and Highland with long waiting non-cancer colorectal patients and part of the General Surgical SLAs We have also been able to support NHS Lanarkshire with its Colorectal Cancer Robotic assisted surgical programme (RAS) These consultants also cover general surgical and endoscopy lists as well as contributions to governance, medical leadership and training. It is our intention that going forward, this capacity for colorectal surgery can be allocated to Boards in line with the existing service level agreement approach.

Our current service planning takes into account the requirement for our general surgeons to maintain competence across their full scope of practice, and this includes colorectal cancer surgery, for which there is no current SLA with other Health Boards. Based on the minimum recommended number of cases to remain competence, our capacity to be allocated across general surgery, endoscopy and colorectal surgery is as follows:

The Colorectal RAS programme aligns to the GJ Robotic Strategy. RAS is core to our Thoracic programme, with demand increasing and goal of increase the number of patients able to access this service. This will require investment in a second Da Vinci robot. There will be spare robotic capacity which can be utilised to deliver colorectal cancer surgery and other operations such as complex hernias. RAS is associated with better patient outcomes and experience.

If we are unable to secure sufficient colorectal cancer caseload for our surgeons to maintain competency, there is a risk that they will become de-skilled or dissatisfied and leave. Should the latter occur, then we would lose 200 operating or scope days per year and increase our reliance on bank and visiting consultants to cover the elective surgical and endoscopy services and set back our strategic plans to recruit other substantive appointments. This would also reduce our ability to maximise the utility of a second Da Vinci robot, and potentially restrict our planned service expansion to thoracic patients.

***We are asking SG to support our approach to recruit our own general surgical team, and recognise that we therefore need to recognise and support their sub-specialist work (cancer surgery).***

### ***Diagnostic Endoscopy***

NHS Golden Jubilee's Green Pathway for urgent suspected cancer patients requiring diagnostic endoscopy continues to operate two endoscopy rooms, one working five days per week with the other working three days per week. Capacity within endoscopy is being accessed by NHS Lanarkshire, NHS Greater Glasgow and Clyde, and NHS Ayrshire and Arran.

As a result of physical distancing requirements and Covid testing capacity, NHS Golden Jubilee's maximum capacity has increased to 12 lower scopes per room per day for Consultant Endoscopists, and 10 for Nurse Endoscopists. For upper scopes, capacity has increased to 18 per day (9 per session). With the mobile unit onsite overall capacity has increased three-fold since 2019/20.

NHS Golden Jubilee, working collaboratively with the NHS Scotland Academy and National Endoscopy Team, has progressed with work to establish a national training programme for Endoscopists, junior doctors and consultants. If this plan is enacted, we will be working to carry out eight scopes procedures per theatre day. We have reflected this within our activity plan for 2021-22.

Within RMP3 NHS Golden Jubilee committed to the following during 2021 / 2022:

- Increase current main suite endoscopy from eight to ten days per week
- Procure a fully staffed mobile endoscopy unit with appropriate decontamination capability to provide additional diagnostic endoscopy capacity for NHS Scotland

Both of these have been achieved, which will increase diagnostic endoscopy capacity by approximately 2,400 additional procedures per year.

**It should be noted that our projected activity target for endoscopy could be impacted if any of our referring Boards elect to add to their endoscopy capacity through procuring further mobile facilities. NHS GJ will continue to focus on building a sustainable workforce model through recruitment and the national endoscopy training programme.**

### ***Orthopaedic Surgery***

Our orthopaedic programme will continue to support arthroplasty surgery (both primary and revision surgery), foot and ankle surgery, soft tissue knee surgery, and hand and wrist surgery. Through further expansion and redesign during 2021/2022 we will create capacity to support in the region of 120 additional joint replacements for NHS Scotland.

### ***Supporting Urgent Orthopaedic Procedures***

During the pandemic the NHS Golden Jubilee orthopaedic team has continued to support NHS Scotland by providing national access to urgent orthopaedic surgery:

- West of Scotland regional osteosarcoma surgery programme - continued until the end of August. Currently working with NHS Greater Glasgow and Clyde to continue programme due to concerns about maintaining green pathway / staffing challenges within NHS GGC. There are several urgent patients awaiting treatment.

- NHS Scotland Urgent Revision Arthroplasty.

The orthopaedic team will continue to support this activity for as long as is required during 2021 / 2022.

### ***Robotic Assisted Surgery- service delivery and training***

NHS Golden Jubilee is already a leading site in Scotland for robotic assisted surgery, with an Intuitive Da Vinci X used predominantly for lung cancer surgery, and two Stryker Mako robots for orthopaedic arthroplasty surgery. As the largest elective centre in Scotland, we aim to expand our robotic surgery activity to maximise benefits to patients. As the home of the NHS Scotland Academy (in collaboration with NHS Education for Scotland), we are also ideally placed to develop a training site for robotics in Scotland, as part of our theatre education programme. In collaboration with NHS Lanarkshire we commenced surgery using a new Da Vinci xi robot on 5 July, with 3 cohorts of NHS Golden Jubilee / NHS Lanarkshire surgeons and theatre staff being trained and proctored to an advanced level.

## **Expanding digital access to care**

- 3.10 The focus to the end of the current period will be the consolidation of existing work plan activity against key deliverables whilst building capability and capacity to support the future ambitions of NHS Golden Jubilee for Digital Innovation. Central to this will be the development of the local Digital Strategy outlining key objectives for digital growth and enablement within the Golden Jubilee and aligned to the newly refreshed national Digital Health and Care Strategy and regional digital strategic work plans.
- 3.11 Supporting the growth of Digital solutions within patient care settings such as NHS Near Me for video outpatient consultations will continue as will 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 Golden Jubilee 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 will ensure systems and data are protected from malicious actors.
- 3.12 NHS Golden Jubilee eHealth will also work closely with the NHS Academy to ensure Digital is established as a defined learning pathway within the overall Academy plans as well as supporting digital elements of other pathways embedding digital skills into all learning areas.
- 3.13 Further detail on delivery priorities can be found in appendix 3.

## **Health inequalities, Diversity and Inclusion**

- 3.14 It is widely accepted that Covid-19 impacts people differently depending on personal attributes such as age, disability, race, sex and socio-economic background. The impact of Covid has not yet been reflected in many of the National Indicators, and indeed may

not be seen for some time, due to the lag between data collection and publication. In recognition, however, that the pandemic is having an impact across Scotland, including on progress towards the National Outcomes, the Scottish Government has published a range of data that is relevant to the National Outcomes as part of its *reporting on the Four Harms of COVID-19*. NHS Golden Jubilee has adopted a proactive approach to minimising the potential for health inequalities associated with Covid. This initially focussed on two main elements:

- Equality Impact Assessments of revised patient pathways;
- Employee occupational health risk assessments.

Further detail of these elements can be found within RMP3.

3.15 NHS Golden Jubilee serves patients from across Scotland, but predominantly the West region. Our patients are referred to NHS Golden Jubilee from their home board, with NHS Golden Jubilee having no community presence in the same way a territorial health board does (for example, public health, General Practice, Community Pharmacy etc). NHS Golden Jubilee does not therefore have a direct role in reducing inequalities associated with accessing services given our patients are referred by other boards. Whilst NHS Golden Jubilee works with boards to ensure patients are able to access the treatment they require as part of their patient pathway, responsibility for reducing overarching inequalities associated with accessing the healthcare system predominantly lies with territorial boards and national boards such as Scottish Ambulance Service and NHS 24. The West of Scotland, and NHS Golden Jubilee's more immediate location in West Dunbartonshire, includes many of Scotland's most deprived communities. As such our patient intake already includes a sizeable portion for whom comorbidities and other issues are existent.

3.16 The following are illustrative examples of actions NHS Golden Jubilee is taking to reduce health inequalities particularly around patient access to care:

- Providing a dedicated patient transport service to enable patients to travel to NHS Golden Jubilee.
- Advice and support is provided by our Patient Coordination Centre to ensure patients are able to choose a transport option that best suits their personal circumstances. This includes public transport options, our patient transport service and private journeys (eg car, taxi, on foot). This service was of increased importance during recent pandemic restrictions including transport.
- The Golden Jubilee Conference Hotel is available for patient stays in advance of patients being admitted to the national hospital. This option is particularly helpful where patients are required to travel significant distances to attend for treatment.
- Our Phase 1 hospital expansion placed accessibility at the heart of its design. This includes working with service users and staff to design accessible spaces and services that best meet the specific needs of those attending the new Eye Centre. These include carefully considered lighting, wayfinding, self-check-in kiosks supplemented by face-to-face support from our volunteer team, and a carefully designed floorplan and patient flow within the building.
- NHS Golden Jubilee has piloted the use of the WelcomeMe App. In a first for Scotland, the App allows patients to alert our team to any specific support they

require when attending the hospital. The App also allows patients to notify our front desk upon arrival to ensure appropriate support, be it wheelchair, escort or any other requirements are provided in a timely manner. Pending completion of our post-pilot review, which includes considering patient feedback, it is our intention to roll out as business as usual at the eye centre, and run further trials across our other core outpatient services.

- Our ongoing Phase 2 expansion is also incorporating leading practice around patient accessibility.

3.17 Our service design work considers patient accessibility, experience and issues of inequality as a core element of the process. For example, our redesign of the Scottish Adult Congenital Cardiac Service (SACCS) seeks to design the service to meet patient needs 'from the ground up'. Patient experience is being built in at all stages, to both understand patient experiences of accessing the service in the past but also to co-design future solutions. We are analysing patient demographic data to better understand our patient populace, including geographic and accessibility issues.

Travelling long distances has been identified as a potential barrier to accessing services, both logistically and financially. Options being considered through this work may include recommending that procedures previously undertaken on-site at NHS Golden Jubilee could, where clinically safe to do so, be delegated to a board more local to the patient's home, thereby reducing unnecessary travel.

Our work has identified that individuals with learning difficulties are more likely to access SACCS. Our redesign work is placing particular emphasis on engaging with groups such as this to ensure their voices are heard in the design process.

3.18 NHS Golden Jubilee is a progressive organisation with a strong track record of promoting diversity and working with staff to ensure we establish an inclusive workplace. We recognise the value that a diverse workforce brings in offering different perspectives on how we deliver high quality, safe, effective, person-centred care, and maintain a healthy, vibrant and inclusive culture throughout our organisation.

3.19 The Diversity and Inclusion Strategy forms an integral part of NHS Golden Jubilee's aim to promote the health and wellbeing of staff, patients and volunteers. As such, there are a number of crossovers and interdependencies spanning across existing and future outcomes, including the Health and Wellbeing, Involving People, and Volunteer Strategies.

3.20 We have worked in partnership with staff and external stakeholders to set out our strategy to further develop our approach to diversity and inclusion. This includes agreeing our equality outcomes for 2021-2025 and describing our ambition to be a leading equality employer and a leader in the design and delivery of inclusive and accessible healthcare services. Our outcomes and associated outputs relating to workforce diversity and inclusion from 2021-2025 are summarised below:

- Education and training – we will develop a suite of new training materials to further embed equality, diversity and inclusion throughout NHS Golden Jubilee;

- On-board diverse talent – we will introduce a number of initiatives to attract and retain diverse talent to the organisation;
- Leadership and organisation structure - we are committed to creating a more equitable workplace, with diversity across management structures by understanding and addressing barriers to career progression and promotion by the protected characteristics and Fairer Scotland Duty; and
- Inclusivity and data - we are committed to building a better understanding of diversity within the organisation by examining the data collection and analysis methods used to characterise workforce profiling.

3.21 We have embedded the Equality Impact Assessment (EQIA) process within our service re(design) activity to ensure inclusive engagement practices are followed throughout the engagement lifecycle. This will take into account people represented by the Protected Characteristics of Age, Disability, Gender Reassignment (Trans Status), Marriage/Civil partnership, Maternity/Pregnancy, Race, Religion/Belief, Sex, Sexual Orientation and Socio economic circumstance.

3.22 Further detail on delivery priorities can be found in appendix 4.

### **Strategic Partnerships assisting remobilisation**

3.23 The NHS Scotland Recovery Plan sets out key headline ambitions and actions to be developed and delivered now and over the next 5 years. While it is important to stress that recovery is the immediate task, this Plan is fundamentally about ensuring that the process of recovery also delivers long term sustainability.

3.24 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.

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

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

3.26 Working with these three key partners will allow us to focus on sustainable ways to help our NHS recover and remobilise from the impact of COVID-19. 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 new National Treatment Centres.

3.27 Due to the national significance and close links between the Centre for Sustainable Delivery and NHS Scotland Academy, the academic and professional links of the Universities and Royal College will add an extra dimension and experience to both areas. The benefits of academia being involved in the NHS is widely known - improved clinical outcomes, increased treatment options, increased evidence-based care, effective

utilisation of resources, increased reputation, income generation and increased engagement with staff.

3.28 These collaborations would look to support NHS key priorities and have a direct impact in helping to transform healthcare within planned care, unscheduled care, cancer, patient experience as well as our future workforce. In addition, our partnerships will support emerging innovation within healthcare, drawing on a wide range of academic and industry-based experience. Going forward, we will continue working with all academic and other key partners in a structured way to ensure that all initiatives support future NHS aims.

### **Centre for Sustainable Delivery**

3.29 The Centre for Sustainable Delivery (CfSD) was established to support the Care Programmes and enable NHS Boards to adopt the Remobilise, Recover and Redesign approach through sustainable transformation programmes. The CfSD, hosted by NHS Golden Jubilee, brings a range of national, high impact programmes of work under one umbrella with a focus on supporting the existing national direction of travel to high levels of quality, outcomes and performance. The CfSD's purpose is to:

- Design and drive national redesign and transformation programmes to enable a sustainable health and care system providing world class excellence in care experience, outcomes through optimal care pathways;
- Create a national unit to drive the objectives of the 3Rs Care Programmes taking learning from best practice in Scotland, the UK and across the world;
- Undertake research and publish evidence based learning to establish the CfSD as an internationally recognised unit for supporting system change;
- Drive redesign and transformation through collaboration and partnership working – developing and maintaining networks of clinicians and senior leaders across different specialities and settings across health and social care, including primary, secondary and social care; and
- Assess, monitor and redesign through data analysis – use national and local data to inform system understanding, prioritisation and programme design to optimally achieve key objectives.

### **NHS Scotland Recovery Plan and the Role of the CfSD**

3.30 The Recovery Plan contains specific reference to CfSD in the context of delivery of the plan:

- Mitigating the risk of individuals, organisations and systems return to previous ways of doing things; failing to build on lessons learned and on innovations developed during the pandemic (e.g. Redesign of Urgent Care, Near Me and other digital innovations).



- The new National Centre for Sustainable Delivery for Health and Social Care (CfSD) will be particularly important in driving innovation.
- The work of CfSD will be central to our ambition to ensure that we are able to continually identify new ways to increase our capacity, and to respond to demand
- The new Centre for Sustainable Delivery (CfSD) will work with health boards to help best practice to be embedded across the country and help release consultant's time to accommodate new outpatient appointments in hospital clinics.
- Work of the National Cancer Programmes overseen by CfSD.

### CfSD Prioritisation Process

3.31 We have undertaken an analysis to ensure that the CfSD retains focus on the top priorities which will have impact and that resources are optimised towards these. The fast paced environment driven by the COVID-19 pandemic requires an agile approach from CfSD to support Health Boards with their biggest challenges and deploy resources to areas which will release the most value. Recognising these challenges and understanding the existing capabilities within CfSD led to the identification of the following six objectives:

- Maximising capacity
- Reducing unnecessary demand
- Harnessing innovation
- Enhancing staff capability and capacity
- Delivering better patient care
- Forming strategic partnerships

3.32 CfSD programmes have been mapped to these objectives through the delivery of a prioritisation exercise. The planned outputs for the duration of this RMP will be described within the CfSD Mid -Year Update.

### How the CfSD Partners with Health Boards

3.33 As a new entity, the CfSD team is working integrally with National and Territorial Boards, linking closely with Chief Executives and Senior Directors.

3.34 The CfSD Senior Management Team has undertaken a virtual tour of the Territorial Health Boards. The purpose of this is to raise awareness of the CfSD and consider how the CfSD teams can optimise national programmes at a local level being mindful of the local context. This has been supported through the development of a National CfSD Planned Care Heat Map which provides an overview of the range of programmes coupled with anticipated impact if deployed fully.

3.35 Boards have been asked to prioritise the planned care work streams that are of highest priority for them based on local circumstance and to attribute productive opportunity figures for these priority areas. The focus of these productive opportunities is to focus on delivery by end of 2021/22. As part of RMP4 submissions, Boards have

been asked to include a copy of their local Heat Map whilst also outlining support required from CfSD to support delivery of the productive opportunities identified.

3.36 Engagement with Boards to date has been positive with feedback highlighting the opportunity to use the Heat Maps not only for engagement with CfSD but also within Boards to support communication around redesign work. It is intended Heat Maps will be a live document with Health Boards and will be updated to include emerging programmes of work led by the CfSD for local implementation. Moving forwards the CfSD intends to develop an approach to Relationship Management to support effective working with Health Boards.

### **NHS Scotland Academy**

3.37 NHS Golden Jubilee and NHS Education for Scotland have formed NHS Scotland Academy, a national joint venture that will support the implementation of NHS Scotland's Recovery Plan. The initial focus of the Academy is supporting the immediate workforce priority needs of NHS Scotland, including the acceleration of the appointment of at least 1500 additional staff to National Treatment Centres, and responding to the workforce needs created by the proposed 10% increase in inpatient, day case and outpatient activity to address the delays in treatment across Scotland as a result of the pandemic.

3.38 The national venture will bring added value to NHS Scotland by capitalising on the existing strengths of both parent Boards to focus on areas of workforce pressures requiring accelerated solutions to meet the needs of NHS Scotland and its current and future workforce. A commissioning model has been established, ensuring the primacy of NES as NHS Scotland's education and workforce development organisation. Hosting the NHS Scotland Academy within NHS Golden Jubilee brings the advantages of direct access to clinical facilities and resources within the national hospital, as well as conference, hotel and simulation education facilities which will allow hybrid delivery models, offering practical face-to-face or at-distance learning not currently available within NES.

3.39 A phased approach is being adopted to the initial development of the NHSS Academy. During this implementation phase, the focus will be on establishing the core infrastructure (staffing, faculty, and learning environment) as well as delivering accelerated workforce learning and development in a number of key areas. During the life of RMP4 these include:

- Development of a National Endoscopy Training Programme
- Development of an accelerated workforce development programme to meet the workforce requirements of the National Treatment Centres programme
- Continuing to deliver a national clinical skills programme for pharmacists

We have already accelerated the programme delivery for the first cohorts of Community Pharmacists undertaking the national clinical skills programme, enabling their ability to independently prescribe and diagnose / treat minor ailments.

3.40 During 2021 / 2022 and into 2022 / 2023 the Academy will also consider opportunities to support the broader recovery within NHS Scotland, including the requirements for Healthcare Support Workers; establishment of a NHSS Youth Academy to offer unique opportunities to bring a brand new generation into the NHS workforce; and considering the learning response and potential offering in support of the Centre for Sustainable Delivery (CfSD). The Academy is also scoping workforce development opportunities to support employability pipelines into NHS Scotland for a range of groups, for example: service personnel leaving the armed forces; and those looking for opportunities to retrain in light of the impact of the pandemic on their existing job roles.

3.41 Further detail on delivery priorities can be found in appendix 5.

### **Golden Jubilee Conference Hotel**

3.42 The Golden Jubilee Conference Hotel closed on 20 March 2020 and remained closed until 23 May 2021, at which time it partially opened for NHS and Healthcare clients only. The Hotel fully re-opened on 1 July 2021 to all market sectors. Staff who were redeployed in NHS Louisa Jordan, the Golden Jubilee National Hospital and to other services in support of the pandemic have gradually been repatriated to the Hotel by August 2021.

3.43 Since fully reopening in line with Covid restrictions on 1 July, the Hotel has operated to a revised capacity, significantly reduced due to social distancing and other factors. The Hotel has increased its bedroom provision for patients and patient relatives in support of the re-mobilisation of NHS Golden Jubilee. The transformation of the third floor of the Hotel to create a bio-secure environment, minimising touch points and supporting deep cleaning, was completed and provides reassurance to all guests but particularly patient related guests. The Hotel was re-assessed by the AA in August 2021 and has retained its four-star status.

3.44 An important focus for the Hotel throughout recent months has been to provide a safe and conducive learning environment for essential clinical and medical training, including that displaced due to the pandemic. The Hotel provided vital support to both NHS Greater Glasgow and Clyde, the University of Glasgow Medical Faculty and other healthcare bodies in the West of Scotland through the Healthcare Skills and Simulation Collaborative, where it plays key role. The Hotel continues to develop its infrastructure to support the NHS Scotland Academy both short and longer-term. Recent developments include supporting virtual and hybrid meetings with upgraded conference spaces with enhanced AV, new flooring, and increased flexibility within a Covid safe environment.

3.45 The Hotel continues to operate an interim recovery strategy until Q4 of 21/22 at the earliest, to allow the healthcare and economic outlook to stabilise. The Hotel's future strategy will reflect the its key role in supporting the expansion of the NHS Golden Jubilee portfolio, including services provided through the National Hospital and Elective Centre and developments such as the NHS Scotland Academy. The Hotel will continue to aim to maximise its commercial potential balanced with NHS Scotland priorities.

3.46 Further detail on delivery priorities can be found in appendix 6.

## 4 National Care and Wellbeing Programmes

4.1 NHS Golden Jubilee priorities within RMP#4 will be mostly closely aligned to the ***Integrated Planned Care Programme***, whilst also looking to support elements of the ***Integrated Unscheduled Care*** and ***Place and Wellbeing*** Programmes.

Four Care and Wellbeing Programmes	
Preventative and Proactive Care	Integrated Unscheduled Care
Place and Wellbeing [cross-SG; cross public sector]	Integrated Planned Care

4.2 ***Integrated Planned Care***: NHS Golden Jubilee continues to accelerate activity in our Phase One Eye Centre, which opened in November 2020, and has worked to deliver increased capacity well ahead of schedule. We have increased our Ophthalmology activity by 47%, which is 1000 more procedures than the initial Phase 1 expansion business case. This has been a very ambitious target as the original delivery date was 2024.

4.3 In addition, as part of the ongoing development of the NHS Scotland Academy, we will work with our strategic partners to support training and development of the future workforce required for the nine National Treatment Centres.

4.4 Work continues on our Phase 2 National Treatment Centre expansion, to be completed by June 2023. This facility will provide the following surgical and outpatient capacity, which will support delivery of the Planned Care priorities in the NHS Recovery Plan.

Speciality	Additional Activity (Current Projections)
Orthopaedic Surgery	<ul style="list-style-type: none"> <li>• 4,113 surgical procedures</li> <li>• 9,467 additional new outpatient consultations</li> <li>• 3,254 additional pre-operative assessment appointments</li> </ul>
General Surgery	<ul style="list-style-type: none"> <li>• 1,200 additional General Surgery day case procedures</li> <li>• 1,200 pre-operative assessments at NHS GJ</li> </ul>
Diagnostic Endoscopy	<ul style="list-style-type: none"> <li>• 8,640 Diagnostic Endoscopies</li> </ul>

	<i>(Increased number from phase 2 FBC due to addition of 2 training rooms as part of NHS Academy National Endoscopy Training Centre)</i>
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4.5 **Integrated Unscheduled Care:** As part of the West of Scotland Optimal Reperfusion Service, NHS Golden Jubilee provides rapid cardiac catheter lab intervention for patients diagnosed with ST segment-elevated myocardial infarction (STEMI). In addition, the non-STEMI (NSTEMI) service is experiencing an increase in the number of referrals for clinically urgent patients. Whilst elective referral rates remain lower than the pre-Covid levels, urgent referrals have surpassed previous levels shifting the balance from a 50:50 split to 65:35 split between urgent and elective referrals. We are continuing to work to optimise the NSTEMI pathway and meet predicted demand for the period covering the life of this plan.

4.6 **Place and Wellbeing:** We have commenced early discussions as part of our local Innovation portfolio, and through our Director of the NHS Scotland Academy with local authority partners and Scottish Enterprise to review the opportunities to develop NHS Golden Jubilee as an anchor organisation within West Dunbartonshire to promote local economic development, health and wellbeing and employment.

## 5 Heat Maps and Action Plans

5.1 Working with the Centre for Sustainable Delivery, NHS Golden Jubilee has assessed the potential impact, progress, and readiness of deployment of key programmes of work that will support redesign and sustainable recovery. These are described within the NHS Golden Jubilee 'Heat Map' at appendix 7, and include:

- Pre-assessment Pathway: prehabilitation ahead of cardiac surgery, thoracic surgery and bowel surgery.
- ERAS (non-Orthopaedic): raise profile of ERAS in cardiac surgery. Develop internal leadership and support infrastructure to plan, deliver and evaluate improvements.
- Early cancer diagnostic centres: development and launch of new service.

## 6 Preparing for Winter and Living with Covid

6.1 Winter preparedness planning plays a key role in ensuring NHS Golden Jubilee is ready to meet the known and additional challenges likely to be faced over the winter months. Significant pressures are already being experienced throughout the NHS on an unprecedented scale, and include: high levels of admissions and attendances within territorial boards, which in turn impacts on patient pathways and access to NHS Golden Jubilee services, and our ability to safely repatriate patients to their 'home' Board; staffing shortages due to isolation and illness; infection control requirements; and the continuation of the pandemic.

6.2 NHS Golden Jubilee will continue to work with other Health Boards to consider how best we collectively respond to the challenges of the pandemic and winter more generally.

## Winter Planning

- 6.3 The NHS Golden Jubilee Winter Plan for 2021/22 outlines the proposed action to be taken to deliver key business objectives and is supported by the existing NHS GJ Business Continuity Planning Policy and the NHS Golden Jubilee Remobilisation Plan. Formal arrangements are in place, as part of the Board's business continuity measures, to ensure 24-hour access to resources, including staff, equipment and vehicles are maintained.
- 6.4 There are many factors that can impact on our services over the winter months. These include Respiratory Syncytial Virus (RSV), seasonal influenza as well as Covid. NHS Golden Jubilee's Winter Planning Checklist is included as Appendix 8. A separate 'traditional' Winter Plan has also been made available to our teams and staff as part of the management toolkit.
- 6.5 The Plan assumes that NHS Golden Jubilee will be maintained as a 'Green' or Covid-light site to minimise the risk of patients undergoing complex surgery. 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 explore all options available for critical care and theatre capacity in line with agreed protocols. Transfers of Covid patients to NHS Golden Jubilee should only occur as a last resort when capacity elsewhere is exhausted.
- 6.6 In the event of adverse winter / pandemic pressures significantly impacting elective activity the Plan details the lines of communication for staff and patients as well as the Scottish Government Access Support team to discuss arrangements for rescheduling and managing demand. Escalation arrangements are in place to ensure that the Scottish Government Health and Social Care Directorate receives appropriate and timely notification of winter pressures.
- 6.7 Escalation plans within clinical divisions describe the processes for managing clinical activity during periods of winter and/or pandemic pressure.
- 6.8 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 Golden Jubilee's commitment to increasing the flu vaccination uptake each year with plans in place for this year's programme. A Covid booster vaccination programme will be initiated in line with future guidance from Scottish Government.
- 6.9 Rota planning for the festive period will be undertaken for all staff groups during October 2021 to ensure staff are available during peak activity times, allowing teams to effectively manage predicted activity and discharge over the festive period. NHS Golden Jubilee will continue to provide urgent and emergency Cardiothoracic services over the Christmas and New Year bank holidays. Over the festive period it is recognised that the volumes of emergency cardiology patients presenting may increase, NHS Golden Jubilee will continue to work closely with referring Boards to manage the greater challenges with repatriation of these patients to inpatient beds across the region.

6.10 Seven-day discharge is embedded as standard practice at NHS Golden Jubilee. In line with this, clinically appropriate patients will continue to be discharged over weekends and on bank holidays. NHS Golden Jubilee will work proactively with the Scottish Ambulance Service and Social Services to facilitate these discharges where required.

6.11 The Winter Plan provides a framework to ensure the continuance of quality care and support is delivered, including patient and staff experience through Winter.

### **Planning for the COVID Booster and Flu Vaccination Programme**

6.12 NHS Golden Jubilee is planning its Covid and flu vaccination programme in line with advice and notification letters from Scottish Government's Director of Vaccine Strategy and Policy.

6.13 We have initiated planning based on the recommendation that the national Covid booster programme will begin from September 2021, to maximise protection in those who most vulnerable to serious Covid ahead of the winter months. As NHS Golden Jubilee does not serve a specific geographical population, our vaccination planning covers only our workforce.

6.14 The Covid booster will be delivered alongside seasonal flu vaccination and offered in two stages, in line with guidance:

- **Stage 1** (offered a third dose Covid booster vaccine and the annual flu vaccine, as soon as possible from September 2021) - frontline health and social care workers
- **Stage 2** (offered a third dose Covid booster vaccine as soon as practicable after Stage 1, with equal emphasis on deployment of the flu vaccine where eligible).

6.15 NHS Golden Jubilee will utilise its existing peer vaccination approach to deliver the booster vaccination programme in line with national guidance. A pool of bank vaccinators has been established to provide additional vaccination capacity alongside nursing staff.

6.16 Typical uptake of the seasonal flu vaccination is between 60-70%. While it is unrealistic to expect full uptake due to reasons such as underlying health reasons, pregnancy and staff choosing to opt out for personal reasons, NHS Golden Jubilee is planning on the basis of offering 100% of staff the Covid vaccination booster to ensure all staff are as a minimum afforded the opportunity of the vaccine. We have initiated the booster and seasonal flu vaccination programme from end September, ensuring that a minimum of six months have elapsed between second and third Covid vaccine doses.

### **Critical Care Surge Capacity**

6.17 Over the past 12 months NHS Golden Jubilee has provided both a range of critical to life core services, and collaborated with a number of boards to provide urgent cancer surgery and P2 priority 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 of the last 18 months, we are now able to rapidly react to Board's needs.

6.18 The increase in the number of heart transplants undertaken during 2021/2022, and projected increase in demand moving forward will continue to place pressure on our critical care capacity. Based on current projections this is likely to require an increase in the region of 181 ICU bed days per year.

6.19 Detail of NHS Golden Jubilee's Covid surge bed capacity (ICU, CPAP and acute) can be found in Annex A to the Winter Planning Checklist (Appendix 8).

## 7 Workforce

7.1 Our workforce is critical and underpins every aspect of NHS Golden Jubilee's ongoing remobilisation and recovery. We will continue to support our staff in responding to the challenges they face. A significant focus has been on the recruitment and development of staff too support NHS Golden Jubilee's ongoing expansion. These efforts are described more fully within our Interim Workforce Plan, which sets out workforce challenges, risks and actions required for the next 12 months and beyond.

7.2 By the end of this year, Scottish Government will publish a National Workforce Strategy that supports delivery of the NHS Scotland Recovery Plan. NHS Golden Jubilee has commenced work to develop a three-year Workforce Plan, aligned with our Annual Delivery and Financial Plans, that will set out how we will manage local workforce pressures while also contributing to national recovery. Alongside this the NHS Scotland Academy will continue to play a pivotal role in designing, developing and delivering accelerated workforce development to support delivery of the Recovery Plan.

### **Key Workforce Pressures and Mitigating Actions**

7.3 NHS Scotland is facing workforce challenges including staff retention with a mixture of reasons for staff leaving their current NHS employer, and in some circumstances leaving the NHS and healthcare completely.

The priority for NHS Golden Jubilee currently is to attract and recruit staff to be able to address current shortfall in staff numbers, particularly in the following Theatre posts:

- Theatre Scrub Practitioners
- Consultant Anaesthetists
- Consultant Ophthalmologists

7.4 We are looking at a number of ways to meet workforce requirements, including:

- A rolling programme of recruitment campaigns including targeted social media campaigns.
- Maximising use of available workforce resource from independent sector and agency available to support recruitment. We have engaged short term support from the independent sector and are in the process of going through a procurement process to try to secure more commitment to support from suppliers



- Monitoring the success of recruitment campaigns to understand availability in the labour market in key roles.
- Progressing with international recruitment project working with Yeovil NHS Trust and attending a SLWG for Centre of Labour Supply to explore additional opportunities for international recruitment
- Increasing the number of cohorts of Theatre Academy places:
  - We are now offering posts twice per year to help to reduce the gaps in our workforce.
  - In 2022/23, we will re-advertise around June, with a view to attracting student nurses who will be close to their qualification date.
  - We will shortly be recruiting to our February 2022 cohort of our Academy peri-operative programme.
- Through the NHS Scotland Academy, developing a National Treatment Centre Accelerated Workforce Programme to help address staff shortages which are likely to arise across all of the National Elective Centres. This will primarily focus on the difficult to recruit to positions of theatre scrub practitioners, anaesthetic assistants and theatre assistants
- Increasing the number of jointly appointed posts between WoS Health Boards for Consultant posts, offering full time, part time and flexible contracts. We have already introduced greater joint working posts between local Boards. It is likely that this will continue over the next twelve months, and in some areas will increase in frequency. In Ophthalmology part-time opportunities have been offered to increase the number of Consultants who are likely to want to work at NHS GJ, and at the same time reduce the dependency on Waiting List Initiative payments.

## **Staff retention**

7.5 We are committed to working with staff to progress improvements in the workplace that make NHS Golden Jubilee a great place to work and recognise this will need ongoing attention to address things that are getting in the way of this for our staff

We are aware that focussing on retention of experienced staff is as important as recruiting to fill vacancies and new posts.

7.6 There are number of actions we are progressing to maximise our opportunity to retain staff in the current volatile labour market:

- Looking at turnover rates to identify areas experiencing higher turnover rates.
- Reviewing exit interviews and engaging with staff in departments experiencing high turnover to identify reasons for leaving that can be addressed by NHS Golden Jubilee.
- Providing strong peer group support for new staff, particularly those new to the hospital or those working in a new clinical area
- Investing in time for clinical leadership and team leader roles to support their teams and new members of staff in training during this challenging time
- We have established a daily 'onion' in Theatres - a staff huddle to address immediate patient safety issues, to improve communication and staff engagement and support and empower staff to progress immediate service improvements.

7.7 Our Learning and Development Team regularly work on ways to enhance staff training and development. This spans from new staff receiving induction to existing staff who wish to progress in their careers or increase their skills and knowledge.

### **Supporting our staff**

7.8 Our staff continue to come through for the people of Scotland, having done so every day since the start of the pandemic. The weeks and months ahead will continue to be challenging, but we are committed to ensuring our colleagues wellbeing is looked after as much as we possibly can through the weeks and months ahead.

7.9 In line with NHS Scotland Staff Governance Standards, our staff will continue to be involved in decisions which affect their day to day working life. A dedicated MS Teams session attended by over 100 staff members, recorded for those unable to attend, took place on 15 September. Further drop in sessions for staff to ask questions face to face have also been introduced. All departments are expected to have regular team meetings to discuss the current situation and the impact on individual services.

7.10 All NHS Golden Jubilee staff can access a range of health and wellbeing services both within the Golden Jubilee and through the [National Wellbeing Hub](#). NHS Golden Jubilee will support staff through the vaccination programme for Covid and seasonal flu (see section six).

7.11 Further detail on delivery priorities can be found in appendix 9.

## **8 Finance**

8.1 The financial assessment of the 2021/2022 Remobilisation Plan (RMP3) is defined as a separate element of the wider NHS Golden Jubilee financial plan. It is focused on financial year 2021/22 and is considered as a one-year plan with the aim to support the wider NHS Scotland health recovery agenda. The overall financial plan is also underpinned by Scottish Government funding including Access and National Treatment Centre expansion programme funding to allow successful development of our ambitions in 2021/22 and progress growth and a sustainable position moving into 2022/23.

8.2 This Remobilisation Plan is underpinned by detailed workforce planning completed during 2020/21, where a comprehensive and robust review of the workforce requirement was undertaken in collaboration with lead Directors, Divisional management, finance and human resources within the NHS Golden Jubilee. The workforce development identified in 2020/21 was agreed to provide a sustainable clinical and infrastructure support to meet the needs and ambitions of the remobilisation plan. This additional workforce was also augmented by providing for extended working days, weekend activity and increasing capacity and provision within theatres, critical care and our bed portfolio.

8.3 The 2021/22 Remobilisation Plan 4 provides refreshed activity plans for the final 6 months of the year based on current and anticipated levels of workforce combined with collaboration with other health boards.

#### 8.4 Defined areas supporting the Remobilisation Plan, financial support and Covid-19 specific cost categories incorporate:

- New/Additional service capacity. Some of this activity assumes visiting clinicians will support cancer activity through to the end of March 2022 and that theatre support via the independent sector can be maintained.
- Continued recruitment to the approved recovery workforce requirement in light of revised activity planning, which was developed and implemented in 2020/21.
- Implications from 4 Nations guidance on activity throughput and service reconfiguration including extended days and weekend working, utilising a mix of substantive and flexible recruitment support from a medical perspective (including waiting list initiatives) has been incorporated into this financial analysis, evident in key specialties such as Anaesthetics, General Surgery and Ophthalmology.
- Capacity and demand optimisation is incorporated into the projections to maximise efficiency and minimise cancellations. The capacity model has incorporated achievable activity to support optimal performance and productivity in light of learning and experience last year and during the first 6 months of 2021/22 relating to changing protocols and recognises the impact of physical distancing and patient flows.
- Ongoing support of the Covid-19 vaccination programme, builds upon the knowledge from 2020/21 in terms of resource needs and infrastructure to support the staff Covid vaccination programme. This forecast assumes a similar investment requirement for 2021/22.
- The provision of a drive through testing facility located at NHS GJ to support patient testing in a timely manner prior to admittance to NHS GJ. This incorporates the ongoing financial support of the temporary rented drive through facilities and the nurse staffing support to run this service and is now forecast to continue through to the end of the financial year.
- The use of the Independent Sector to increase theatre capacity and resilience has been continued and within our plans is anticipated to remain in place throughout this financial year, and likely beyond.
- The Golden Jubilee and Conference Hotel interim strategy support has been incorporated, in light of Covid pandemic implications on the previous business model and funding assumption underpinning 2021/22 recovery in line with Scottish Government guidance on phased opening plans in addition to the impact from national programme support in areas such as NHS Scotland Academy, Royal College examinations and training hub support.
- Loss of Income opportunities, including research and catering activities as noted during 2020/21 has been identified.
- Expected under performance against efficiency savings target, this is currently forecast against a total 2021/22 efficiency target of circa £4m and will be subject to focused monitoring and review and if required the NHS GJ internal escalation policy. At the point of RMP4 submission the level of gap amounted to £1.535m.
- No inclusion or financial consideration associated with Test and Protect or Contact Tracing projects as this has been incorporated as this element remains to be assumed within Territorial Boards and primary care sector.

8.5 The financial assessment is compiled on the key principle that the following operational and strategy developments are supported through previously agreed funding flows, including Access, or savings agenda and therefore as part of the Core RRL planning and not included within the recovery plan component of the Boards financial plan and associated 7a Covid – HB template. These include:

- Recurring aspect of workforce and non-pay recovery for 2021/22 that will transition into Phase 2 expansion.
- Elective Treatment Centre Phase 1&2 expansions, assumes separate in terms of funding and recovery assumptions to avoid duplication.
- Continuation of core service provision pre pandemic.
- Additional mobile Endoscopy and Decontamination unit, assumes a 1-year contract in place for a full Endoscopy and Decontamination Unit with defined nurse and decontamination staff resource and provision of required scopes from June 2021 through to end of May 2022. This is being funded via the access support team allocation of c£3.5m.
- The in-year establishment of independent sector support to progress the delivery of a weekend service for cataract surgery with investment of c£3.5m from Access Support funding.
- Centre for Sustainable Delivery. A separate paper has been created to reflect the work-streams and financials for CfSD and is issued under separate cover within the mid-year review update.
- NHS Scotland Academy is established jointly between NHS Golden Jubilee and NHS Education for Scotland. To allow rapid start up and creation of an initial suite of courses there is a requirement for delegated pump prime funding to be in place to meet the ambitions of this national resource, which will provide training for essential posts to aid service delivery across NHS Scotland. It is likely that full year effect funding could be in the region of £3m-£5m in future years however given the phased approach during the financial year 2021/22 the RMP3 reflected an initial estimated value of £2m to immediately secure the necessary infrastructure and portfolio of courses available for delivery. The subsequent business case was approved at a FYE 2021/22 level of £2.063m and RMP4 has reflected a revised view of the in-year cost estimate within NHS Golden Jubilee, with further specific funds flowing through to NES. 2022/23 will see growth in the financial requirements and the joint construction of a three-year financial plan.
- Robotic Strategy development. NHS Golden Jubilee are looking to maintain a second Da Vinci robot on-site to fit with internal strategy and are linking with regional and national colleagues regarding this placement following the successful collaborative approach with NHS Lanarkshire.
- Leading Innovation – national approach.
- Workforce planning, including the workforce of the future programme.
- The Board's e-health strategy.
- Pharmacy developments.

8.6 It should be highlighted that the marginal activity implications incorporated within the recovery plan in relation to additional core SLA top slice services assumes that funding is in place or made available to support this at NHS Scotland Board level. RMP 4 activity indicates that not all of this marginal cost will be required with some initial targets reducing due to the availability of staffing and hence some flexibility will be apparent to allow re-prioritisation of these funds at a national and board level.

8.7 The following table details the financial funding requirement to support the recovery plan during 2021/22 and the amended position between RMP3 and RMP4. Further monitoring will take place with Scottish Government finance via regularly scheduled meetings:

Category	RMP3 £'m	Adjs	RMP4 £'m
Recovery Workforce	3.565	-0.247	3.318
Recovery non-pays	0.805	0.576	1.381
Vaccination Programme	0.100	0.000	0.1
Drive Through Testing	0.110	0.095	0.205
Theatre capacity (Ind. Sector)	0.102	0.154	0.256
GJCH Income Loss	3.000	0.000	3
Other Income Loss	0.460	0.000	0.46
Efficiency Savings impact	2.000	-0.465	1.535
Theatre Pressures / Support	0.000	0.968	0.968
<b>Baseline Remobilisation Plan</b>	<b>10.142</b>	<b>1.081</b>	<b>11.223</b>
NHS Scotland Academy - Baseline	2.000	-1.255	0.745
<b>Totals</b>	<b>12.142</b>	<b>-0.174</b>	<b>11.968</b>

8.8 NHS Scotland Academy costs will also have an element of financials incorporated within NES and hence the value above only relates to the NHS Golden Jubilee component.

8.9 At this stage no further additional capital requirement relative to the Remobilisation Plan has been identified in addition to the revenue funding detailed above. However, close discussion between NHS Golden Jubilee Finance and Scottish Government is being concluded to establish our final CRL. Discussions include the replacement of an MRI scanner and mobile unit, to maintain activity, and priority equipment purchases. Moving forward to 2022/23, NHS Golden Jubilee will look to detail capital requirements to alter and expand our footprint to benefit clinical and Academy priorities and accelerate ambitions in line with national demand.

8.10 The monitoring of expenditure against the above plan will be maintained through the agreed Local mobilisation template embedded within the agreed Scottish Government quarterly financial planning returns. Any significant change will be supported by evidenced change management processes and approved funding to provide the Board, Scottish Government and audit of the financial assurance and clear control processes in place.

8.11 Further detail on delivery priorities can be found in appendix 10.

## 9 NHS Golden Jubilee Future Planning

9.1 NHS Golden Jubilee, along with other Scottish Health Boards, will work towards producing an Annual Delivery Plan (ADP) to come into effect from April 2022. The ADP will outline a three-year strategic direction underpinned by a focussed one-year delivery plan for 2022 / 2023. The ADP will fully articulate NHS Golden Jubilee's contribution to delivering national recovery priorities as outlined within the NHS Scotland Recovery Plan.

9.2 Insofar as is possible under the current challenging pandemic and system pressures, NHS Golden Jubilee will align Financial and Workforce Plans with the ADP to cover a three-year planning horizon. These plans will consider NHS Golden Jubilee's return to

business as usual, plans to develop and expand existing clinical specialties, and areas where NHS Golden Jubilee will seek to augment its offering to benefit patients throughout Scotland.

9.3 Having formally established the NHS Scotland Academy earlier this year, NHS Golden Jubilee and NHS Education Scotland (NES) will continue to work collaboratively to develop and deliver responsive and targeted accelerated workforce development that meets both the current and future needs of NHS Scotland. Of particular significance in 2022 and beyond will be the continued evolution and delivery of the accelerated workforce development programme in support of Scotland's new National Treatment Centres (NTCs), delivery of which forms a core element in the Scottish Government's national NHS Recovery Plan.

## **Heart, Lung and Diagnostics**

### **Cardiac Surgery**

9.4 The Cardiac Service has experienced a significant reduction in elective demand since the first wave of the pandemic. The expected increase and surge in elective referrals has not materialised. This pattern is mirrored across the other two cardiac centres in Scotland. The service is continuing work to maximise theatre utilisation and minimise cancellations despite facing unprecedented challenges with workforce in cardiac theatre and critical care (unfilled vacancies/sickness/absence and high staff turnover).

9.5 The Cardiac Surgery Strategy was approved in 2019 and described innovative approaches to address challenges related to the increasing cardiovascular disease that we see in our patient population. Three priorities identified within the strategy are currently being progressed and are expected to improve patient outcomes:

- Endoscopic Vein Harvesting

Coronary Artery Bypass surgery (CABG) is a routinely performed procedure with 647 isolated CABG procedures being carried out at NHS GJ in 2019/20; operation numbers have steadily increased over the past five years. Current evidence indicates that for the foreseeable future, CABG will remain the cornerstone of treatment for patients with severe coronary artery disease, offering them the best long term outcomes.

The most common configuration of grafting in CABG entails the use the left internal thoracic artery which is harvested from the chest wall and two or more lengths of long saphenous vein which are harvested from one or both legs. This is the approach currently adopted at GJNH. The incision made when harvesting the long saphenous vein by conventional open technique is one of the longest incisions in surgery. A business case is in the final stage of approval, with the plan of adopting the minimally invasive Endoscopic Vein Harvesting (EVH) technique which is standard of care in many UK centres.

EVH has been shown to significantly reduce wound complications and to shorten length of stay. These benefits should, in turn, have positive effects on the cost of

care, service efficiency (bed usage, clinic usage, impact on primary care especially district nurse activity) and earlier recovery from surgery for patients.

- Minimally Invasive Mitral Service

Key strands of the clinical strategy are to move towards developing specialist teams to improve outcomes and to develop the minimally invasive programmes

It is possible to perform Surgical Mitral Valve Repair and Replacement (MVR) through less invasive incisions such over the right hemithorax. A specialist mitral team, consisting of three surgeons, has been formed. All mitral referrals are vetted by the team with review and surgery by the specialist team, if appropriate. The next step is to develop a business case for delivery of a minimally invasive surgical option.

- Development of Specialist Aortic team

The Cardiac Surgical Strategy describes the service ambitions to move forwards 'Minimally Invasive First' strategy for isolated aortic valve disease in appropriate patients which is considered achievable within a 2-year timeframe if number of GJNH surgeons performing minimally invasive SAVR can be expanded through investments in training and new technology. A specialist aortic team, consisting of three surgeons has been formed. The next step is to develop a business case for delivery of the Aortic Strategy which will include a minimally invasive surgical option for aortic valve disease and the ability to carry out a more specialised repair of the aortic arch.

Minimally invasive surgery, in general, will be a key growth area for NHS Golden Jubilee.

## **Thoracic Surgery**

9.6 Our Thoracic Strategy is currently being finalised and describes planned developments to ensure ongoing delivery of high quality, person centred services within a recognised centre of innovation and excellence. The use of virtual technology for MDT meetings and availability of on-site accommodation at the GJ Hotel and Conference Centre has enabled NHS Golden Jubilee to provide Thoracic Surgery services to patients living anywhere in Scotland and wider afield. Key themes are described below:

- Virtual consultations (Near me or telephone) are used where appropriate and acceptable to patients
- Provide an equitable access to surgery for urgent cases
- Service and job planning, along with use of technology to meet MDT quality requirements across Scotland
- Surgical techniques - Optimise use of robotic approach (RATS) for lobectomy – all thoracic surgeons full trained and where appropriate, opt for lung sparing segmentectomy rather than full lobectomy
- Cancer pathway redesign to reduce the patient pathway from current 62-day access to thoracic surgery services will be explored (paused during the pandemic)

- Optimise use of ERAS at each stage of the patient pathway. This includes patient pathway following lobectomy for patients to go straight back to the ward post op and bypass HDU
- Develop proposals for service expansion/implementation of new technologies and techniques, for example, explore use of innovative artificial intelligence (AI) product for review of plain x-ray to assist clinicians in identifying key clinical/diagnostic indicators – potential for earlier diagnosis of lung cancer
- Develop services for rare/complex cases
- Research, audit and educational opportunities will be increased

9.7 Diseases and conditions of the thymus gland (tumours and myasthenia gravis) are relatively uncommon compared with other thoracic conditions. A WoS Thymic Interest Group had been established for 6 months at NHS Golden Jubilee and is being rolled out Scotland wide soon as a formal MDT. The robotic surgery provided at NHS Golden Jubilee has enhanced the surgical treatment of this patient group and is recognised at an international level.

9.8 Early diagnosis (including screening) of lung cancer is key to improving survival and patient outcomes. NHS Golden Jubilee is ideally to be able to support early diagnosis programs with a central investigation centre in alliance with NHS Greater Glasgow and Clyde / West of Scotland which could include PET-CT facilities. These provisions could be utilised for other cancers.

## **Heart Transplant**

9.9 There was a significant increase in the number of transplants carried out in 2020/21. This has been sustained into 2021/22. NHS Golden Jubilee has an SLA with NSD to deliver 14 - 17 transplants per year; 20 transplants were carried out in 2020 / 2021 and 16 have been carried out to date in 2021 / 2022.

9.10 Reasons for the recent increase in transplant activity are multifactorial –

- i. Surgical practice and decision making – Increased confidence within the team has resulted in confidence in accepting relatively more marginal hearts than previously. This strategy has proved successful with excellent clinical outcomes
- ii. Change in policy – Opt out system of organ and tissue donation – this is expected to increase the number of donor organs however the law was changed in March 2021, and the full effect of this change is unlikely to have been realised to date
- iii. Challenges facing other centres – centres in the UK have faced significant challenges in the last 12 months due to recruitment and the pandemic. This resulted in a decrease in the number of transplants carried out in the UK of 7.6% last year compared to the previous year. Although marginal, this will have resulted in improved access to organs for some recipient centres including NHS Golden Jubilee.
- iv. The recruitment of fully trained transplant cardiologists dedicated solely to SNAHFS has improved referral rates and per-operative care of transplant recipients. This has increased volume and positive outcomes.



9.11 Based on the number of transplants undertaken during the year to date, we are projecting 25 - 30 transplants will be undertaken by the end of 2021 / 2022. The change in organ donation policy and reintroduction of the DCD retrieval programme (including appointment of a transplant surgeon in Glasgow who is a leader in DCD technologies) is expected to result in an increase of available organs. The successful outcomes and the shift in culture to accepting more organs is expected to have a self-fulfilling effect in that referring centres will be more inclined to consider referral to the transplant service having experienced good outcomes for their patients.

9.12 It is difficult to predict how much of an increase in transplant volume will be realised over the next 2-5 years, however, the sustained increase in transplants is expected to continue in line with Scottish Government Policy, and the clinical team predict the number of transplants will be 20-30 per annum.

9.13 Each transplant generates significant additional workload in addition to the consumables associated with each procedure. One transplant patient generates the following service impact:

- 8-10hours theatre session – often out of hours
- Average of 11 bed days in ICU immediate post-transplant
- Average of 17 bed days in L2 ward – HDU or NSD pod
- Year 1 follow up consisting of:
  - 20 clinic appointments/year
  - 11 echocardiograms/year
  - 6 biopsies/year
- Potential transplant readmission – ICU / L2 bed
- Lifelong follow-up at the national service

9.14 Based on projections for the remainder of 2021 / 2022 we anticipate a significant increase in:

- transplant follow up appointments: projected increase of 216 appointment slots
- Total ICU beds: projected increase of 181 ICU bed days based on volume – note that length of stay is comparable with 2019/20
- Total Level 2 beds: projected increase of 645 bed days equivalent to 2 additional beds
- Additional to the variable costs a related cost increase to both tissue typing and Pro BNP assay testing driven by activity performance

9.15 In order to deliver a sustained increase in the transplant numbers, NHS Golden Jubilee would require additional resource supplemented by redesign of services to optimise efficiency both in theatre, and post-transplant and to minimise the impact on the cardiothoracic programme. Given the service and financial pressures currently facing the NHS in Scotland, there is currently no recurrent funding identified to support the growth in the heart transplant activity.

**Scottish Government is asked to note the increase in heart transplant activity and advise on its desire for NHS Golden Jubilee to sustain this position and deliver 20-30 transplants per annum.**

## **Cardiology**

9.16 The Regional Cardiology Service has recently expanded its footprint with an additional catheterisation lab which was planned to increase capacity by 690 coronary intervention procedures and 190 EP procedures. This full capacity has yet to be realised due to the COVID restrictions in place, and also due to the shift in the referral pattern with more complex patients with comorbidities presenting. It is intended that this additional capacity will be realised as we move out of the current phase and achieve the efficiencies and productivity achieved previously.

9.17 The key strategic aims of the interventional cardiology service are:

- **Extend access for direct NSTEMI admissions**

Non ST Elevation Myocardial Infarction (NSTEMI) remains a leading cause of morbidity and mortality in Scotland. The Service receives 250 referrals per month (3000 per annum) for the invasive management of patients presenting with NSTEMI. This represents the largest volume in the UK

Delays to definitive treatment which limit clinical benefit and prolong hospital stays remain commonplace and resistant to local service improvements. We have devised and implemented a direct access model for the highest risk patients which has demonstrated dramatic reduction in delays to definitive treatment with consequent clinical benefits and reduced length of stay. This model combines clinical and economic benefits and is translatable to heart attack care across Scotland.

Patients identified as high risk NSTEMI are admitted directly to NHS Golden Jubilee for urgent angiography and revascularisation, aiming to treat the patients within 24 hours of referral to maximise the clinical benefit.

Currently we are able to directly admit approximately 10% of the NSTEMI population, with the remaining being admitted to their local hospital prior to referral and transfer to NHS Golden Jubilee for treatment. We successfully achieved up to 30% NSTEMIs being directly admitted during the first wave, and are currently trying to replicate this to support boards during the winter – reducing the average inpatient stay for each patient by 2 days.

Extending direct NSTEMI admissions was identified as the top priority by the Regional Planning Group in 2020 as part of the Regional Cardiology Strategy, and it is planned that this will be progressed.

- **Expedite care for low to intermediate risk NSTEMI**

NHS Golden Jubilee is focusing on reducing delays to treatment for patients referred for urgent inpatient angiography. Currently, these patients are waiting up to 4 days in their local DGH prior to transfer. This is in part due to the increase in urgent referrals we are currently experiencing in addition to the Cardiology bed footprint. The team is reviewing options to expedite the care for this cohort of

patients and as part of this, is currently exploring extending the urgent capacity over weekends – currently limited to emergency activity.

- **Structural Heart Disease Programme**

The percutaneous management of Structural Heart Disease is a rapidly growing field supported by high quality scientific evidence. TAVI is a rapidly expanding treatment modality, however Scotland is currently under served only having a commissioned rate of 61pmp which is 50% lower than the rest of UK rate of 90pmp and half the average rate in Europe which is 120pmp.

The UK rate is growing at 15% per annum in line with increasing evidence for TAVI and excellent outcomes. It is a focus of the Cardiology service to address this inequality whilst accepting commissioning for this new technology remains under the auspices of the National Planning Board.

A parallel focus is to expand percutaneous options for mitral valve intervention, for example mitraclip.

- **Electrophysiology (EP)**

The EP waiting list grew significantly during the pandemic as the inpatient service was suspended for 3 months. During this time, we continued to receive referrals. The EP capacity was increased by 35% in 2020 with the additional capacity created by the fifth Cath lab. Whilst this increased capacity is sufficient to meet current demand, it does not address the backlog of patients.

Due to the small specialist teams, it is challenging to deliver additionality on an adhoc basis, however the team is exploring options for addressing the backlog and improving access to EP in WoS. Options being progressed include:

- Mobile van
- Extended day and weekend working
- Repatriation of device work to free up Cath lab and operator capacity
- Improved productivity and efficiency

- **SACCS strategy and Service Redesign**

NHS Golden Jubilee has successfully increased its Consultant Cardiology workforce during 2020/21 from 1 to 5 permanent consultants. This has provided the opportunity to review the service and to develop a strategy describing the population and the service model to ensure the delivery of patient centred pathways of care, safe shared responsibility models of care. One of the key objectives of the strategy will be the development of a diagnostic pathway designed around the patient, ensuring patients receive the right care at the right time in the right place.

- **Cardiovascular Imaging Strategy**

The Golden Jubilee is developing a 5-year cardiovascular imaging strategy which describes how the Golden Jubilee can become a centre of excellence for

cardiovascular imaging. The focus on provision of training, complex imaging, innovation and research, to support the needs of NHS Scotland.

The strategy will describe the alignment with the national and regional strategic discussions describing how the Golden Jubilee can deliver high quality specialist imaging and accelerated training to complement local and regional services.

## **Radiology Improvement Programme**

9.18 Diagnostics are at the heart of all clinical pathways and consequently, optimising our imaging capacity is a crucial component of the NHS Golden Jubilee's ability to deliver world-class services. NHS Golden Jubilee is committed to continuous improvement and recently commissioned an external review of our radiology service which was conducted by specialist imaging improvement consultancy firm Siemens Healthineers. This review identified a number of opportunities to increase efficiency and helped to provide greater clarity on the potential capacity of our imaging equipment and workforce.

9.19 The NHS Recovery Plan outlined a commitment to substantially increase Scotland's diagnostic capacity by 2025 and GJNH has a critical role to play in achieving this. NHS Golden Jubilee already actively participates in the Scottish Radiology Transformation Programme (SRTP) and has led the way on national innovations such as the development of the SNRRS platform which has saved NHS Scotland around £548k in outsourcing costs and for which, NHS Golden Jubilee is the host employer.

9.20 A proposed Radiology Improvement Programme would run between October 2021 and June 2025. The aim of this programme is for NHS Golden Jubilee to be recognised as a centre of excellence for cardiac imaging and to create a modern and sustainable imaging service that delivers safe, effective and person-centred care to the people of Scotland through collaboration with regional and national partners by April 2025.

Achievement of this aim requires the following objectives to be met:

- Creation of a sustainable national imaging resource to meet the needs of people of Scotland.
- Development of a sustainable workforce to meet local, regional and national imaging needs.
- Optimisation of physical estate and equipment at Golden Jubilee to maximise imaging capacity.
- Development of the digital infrastructure required to optimise service delivery.

## **Radiology general**

9.21 NHS Golden Jubilee have been working closely with NHS health boards to explore how best to support services which are currently proving a challenge to deliver. As a result of these discussions the latter half of 21/22 we will develop imaging to support the following services:

- Colorectal Imaging service developed to support cancer pathway  
In order to support the proposed bowel screening pilot and colorectal surgery plans there is a need to deliver colorectal imaging within NHS GJ. This requires equipment, staff training for radiographers / radiologists and will be developed over the coming months.
- Cardiac Imaging training for radiographers by NHS Golden Jubilee  
There is a plan to increase the volume of cardiac imaging examinations performed with NHS GJ which will provide support to boards who are currently challenged to deliver this service locally. Increasing the volume of cardiac imaging will also provide training opportunities for radiographic staff from all boards to become proficient in cardiac imaging. Partnership working with health boards will ensure that in the long term cardiac imaging can be delivered locally.
- Additional Plain Film Imaging capacity due to additional new room within Orthopaedic c expansion. Supports increased chest x-ray capacity for cancer pathway  
The orthopaedic expansion within NHS Golden Jubilee will require support from the imaging department to ensure that in and out-patients receive timely pre and post op imaging. There is an opportunity to site 2 plain film rooms within the newly expanded orthopaedic department. This will result in 1 additional plain film room from our current inventory, whilst re-siting one of the existing room from within the imaging department. This plan will allow in and out patient activity for plain film to be separated to ensure the most efficient patient flow and maximise the in/out patient activity. There will be a scoping exercise to determine if this change could also support some additional outpatient plain film imaging for local boards, which since the Covid pandemic has proven to be a challenge to deliver. This will also allow space for development of additional imaging modality within the existing department.
- Lung ablation to support cancer pathway  
From January – June 21 NHS Golden Jubilee successfully transferred the renal and liver ablation service from NHS Greater Glasgow and Clyde whilst equipment was replaced. This successful endeavour has proven the ability of NHS Golden Jubilee to deliver an ablation service. Currently patients requiring lung ablation are sent to NHS England at considerable cost an inconvenience. A scoping exercise amongst thoracic surgeons providing the West of Scotland service will be performed to explore the potential of NHS Golden Jubilee to deliver this service. This would ensure that NHS Scotland patients within the cancer pathway had equitable access to treatment available in other parts of the UK.

## **National Elective Services**

### **Orthopaedic Surgery**

9.22 Since re-starting the elective Orthopaedic programme in July 2020 during earlier pandemic phases, NHS Golden Jubilee has continued to deliver a high quality, safe

orthopaedic service including primary and revision joint replacements, foot and ankle procedures, hand and minor surgery. Our Orthopaedic teams have also working with colleagues from NHS Greater Glasgow and Clyde to deliver priority osteosarcoma surgery. It will be our intention to increase our elective programme beyond April 2022 as we move towards our Phase 2 expansion opening in Q4 2022-23, subject to the ability to recruit trained staff for orthopaedic theatres. Similar to our approach for Phase 1, it is our plan to develop and train our future staff through the NHS Scotland Academy.

9.23 We have continued to deliver revision arthroplasty surgery for NHS Golden Jubilee patients, and on behalf of NHS Dumfries and Galloway throughout the pandemic. In addition, we have supported many other NHS Boards across Scotland by flexing elective orthopaedic capacity to accommodate priority urgent revision arthroplasty patients. It is our intention to finalise our future revision strategy and move to implementation once critical pandemic pressures have eased.

9.24 Our Phase 2 National Treatment Centre (NTC) business case has described the following planned levels of increasing orthopaedic procedures. We will commit to meet with West of Scotland (WoS) Boards during Q1-2 2022-23 to discuss and explore any new sub-specialty requests to help our NTC support WoS demand on a sustainable basis.

9.25 Future Timeline: subject to successful recruitment, and some relaxation of Covid restrictions in healthcare, it is our plan to return to 2019/20 levels of Orthopaedic activity and progress towards further expansion during 2022-23.

Specialty	Additional Activity	New facilities within Phase 2 Surgical Centre to support additional activity
Orthopaedic Surgery	<p>4,113 procedures and 9,467 additional new Outpatient consultations and 3,254 additional Pre-operative assessment appointments (approx.no's)</p> <p>Procedure breakdown as follows:</p> <p>1,318 Primary Knee Replacements</p> <p>1,187 Primary Hip Replacements</p> <p>305 Revision Arthroplasty Procedures</p> <p>457 Foot and Ankle Procedures</p> <p>846 Hand and Wrist Procedures</p>	<p>5 Orthopaedic Theatres all with Ultra Clean Ventilation and supporting accommodation</p> <p>Additional staff change and rest facilities</p> <p>New expanded Central Sterile Processing Department (CSPD) – sterilisation process for theatre instruments on site supports the activity model and efficient turnaround process</p>

## Ophthalmology

9.26 We will aim to continue our accelerated opening of our Phase 1 Eye Centre, which will be dependent on successful recruitment to our consultant ophthalmologist posts. We have offered operating access to Consultants from other NHS Boards, who have currently restricted access to theatre due to pandemic pressures, and will continue to explore creative solutions to resolve medical workforce pressures, including joint appointments with other NHS Boards.

9.27 Future Timeline: subject to successful recruitment, and some relaxation of Covid restrictions in healthcare, it is our plan to accelerate further expansion in Ophthalmology during 2022-23.

9.28 In addition to the service changes outlined for hospital services, we will be exploring the following areas and where viable developing services to deliver new treatments:

### YAG Laser Capsulotomy

9.29 As a result of the pandemic and the work to open (and accelerate) the Eye Centre, the plan to offer treatment of Posterior Capsular Opacification (PCO) by undertaking a laser capsulotomy procedure within an outpatient setting, remains in the initial stages of development.

9.30 In summary the introduction of this new service would support:

- Improved patient access to treatment of PCO – at present patients are referred by their community optometrist to their local hospital for this treatment;
- Improved referring Health Board waiting times reducing pressures within ophthalmology – by 2035 the service would treat ~500 patients per annum;
- Support continuity of care for patients – all of whom will have had their cataract surgery procedure at NHS GJ;
- Support the further development of the Senior optometrist role – (an optometrist led service is already in place within two Health Boards in Scotland and in three NHS Trusts in England); and
- Introduction of this service will support other NHS Boards make best use of their consultant ophthalmologist time – allowing them to focus on seeing and treating conditions that require consultant level input.

9.31 Future Timeline: by end of Q3 2021/22, we will engage with referring Boards to explore requirement and demand for this service.

### **Endoscopy Capacity Expansion**

9.32 As part of Phase 2 of our hospital expansion a new purpose built endoscopy unit will be created which will include 5 procedure rooms and associated accommodation, this will be commissioned in 2022/23 and represents additional capacity for NHS Scotland.

9.33 Ahead of the new endoscopy unit opening, Endoscopy facilities have been temporarily expanded to include:

- 2 Endoscopy procedure rooms and associated accommodation within the main hospital suite
- A further temporary Endoscopy suite has been provided taking the number of endoscopy procedure rooms to 3

9.34 It is our intention to develop a business case to establish a pilot for a bowel screening centre with one WoS Board at NHS Golden Jubilee. Managing the significant diagnostic backlog that has built up during the pandemic will be a critical area of focus; establishing a pilot bowel screening service at NHS Golden Jubilee is consistent with these aims and also builds on the significant diagnostic endoscopy capacity already being provided in support of urgent suspected cancer patients from NHS Greater Glasgow and Clyde, NHS Ayrshire and Arran, and NHS Lanarkshire.

9.35 NHS Golden Jubilee is home to the NHS Scotland Academy, a partnership with NHS Education Scotland, to provide accelerated training in key areas for NHS Scotland. We already provide peri-operative skills courses to develop the theatre teams in such short supply currently. We have initiated endoscopy training with the award of a simulator from NES, and purchase of a second simulator. In February 2021, the Integrated Planned Care Programme Board gave its endorsement to develop a business case for a National Endoscopy Training Centre within the NHS Academy. Establishing a West of Scotland regional Bowel Screening Service at NHS Golden Jubilee would align with the additional diagnostic capacity through the Academy's accredited clinical training offering, offering the following benefits:



- A highly skilled endoscopy work-force
- Work-force sustainability through the ability to increase the endoscopy work-force numbers as required
- Development of Advanced Endoscopy Skills
- Performance support for endoscopists to optimise procedure quality, minimise repeat procedures and improve patient experience.

9.36 It is our aim to achieve a sustainable endoscopy clinical workforce through NHS Academy clinical training, we have recently recruited 2 nurse endoscopists and one trainee nurse endoscopist to support our Endoscopy Service as it expands.

9.37 Future Timeline: Train the Trainer programme for the National Endoscopy Programme will be delivered between November 2021 and February 2022. This will increase resilience and capacity to deliver the Endoscopy Programme on a national scale.

### **Robot Assisted Surgery**

9.38 NHS Golden Jubilee has already deployed robot assisted surgery within three speciality areas (orthopaedics, thoracic and colorectal surgery), delivering effective clinical outcomes. There is now a need to better integrate planning for robotic assisted surgery, embed lessons learned across the Organisation and as we invest in further robot capability in collaboration with other NHS partners, and ensure maximum clinical and operational effectiveness.

9.39 Work is underway to develop a coherent strategy for the further deployment of robot assisted surgery across clinical specialties at NHS Golden Jubilee. The Strategy will support developments in clinical excellence, promote research, innovation and collaboration and align with the aspirations within the NHS Academy strategic plan. Our strategic aims are:

- Provide high quality clinical care, through the use of minimally invasive surgery, achieving excellent outcomes and optimised patient flow;
- Provide person-centred care, enabling patients to safely undergo robotic surgery, recover more quickly, with less residual pain and loss of function, where possible, and achieve the highest quality of life available after their treatment;
- Become a 'Robotics Training Centre of Excellence' – attracting high calibre talent for both consultant and training posts with the opportunity to offer proctorship to other clinicians;
- Be an officially recognised 'Robotics Reference Centre' – supporting new and emerging robotic technologies;
- Function as a centre that undertakes high impact large scale research studies that define future clinical practice across Scotland, the UK and worldwide and further improves patient outcomes; and
- As home to the NHS Scotland Academy, in partnership with NHS Education Scotland, provide accelerated training in key areas for NHS Scotland. Training in robotics is in the Academy's strategic plan and fits well with our existing focus on simulation.

9.40 Future Timeline: we are planning to have 6 colorectal surgeons trained, 3 from NHS Lanarkshire and 3 from NHS Golden Jubilee by the end of financial year 2022. We continue to deliver our Da Vinci X programme in Thoracic Surgery and our Orthopaedic Robot strategy. We have written to COO, NHSS to ask for guidance and detail on next steps to add an additional iRAS system at NHS Golden Jubilee for Thoracic, General and Colorectal surgery.

### **General Surgery Programme**

9.41 The General Surgical service at NHS Golden Jubilee delivers two key functions. First is the provision of emergency support to cardio-thoracic patients who develop general surgical complications during admission and secondly the provision of elective surgery e.g. Laparoscopic cholecystectomy and Hernia surgery as a national waiting times centre. The general surgical service has historically been delivered by visiting consultants and this model is unsustainable in the long term, both for financial and workforce reasons.

9.42 It is part of the NHS Golden Jubilee strategic plan to stabilise the workforce by developing our own General Surgical workforce and this reducing the reliance on expensive bank and agency staff as well as the workforce challenges of a transient and part-time work force. The national strategy is to develop elective treatment centres and key to ensuring quality of care is a stable, reliable workforce who can improve services for patients and deliver an efficient service. All General Surgeons have a sub-specialist interest, therefore to recruit a pool of Golden Jubilee surgeons provision for maintenance of skills in both general and sub-specialist areas must be supported in job planning either within the Golden Jubilee contract or other NHS posts.

9.43 Our strategy to increase the number of substantive Golden Jubilee surgeons, with different subspecialties will bring an opportunity to widen the range of general surgical procedures we offer NHS Scotland as a national elective, bringing more activity within core contracts as well as provide a sustainable solution for general surgical provision to the cardio-thoracic programme. It is our intention to continue to recruit to our group of substantive general surgeons, and support sub-specialism within their practice. Our three current general surgeons have colorectal sub-speciality skills and it is our intention to continue to provide colorectal and cancer surgery to Boards in need of access to support maintenance of their general and specialist surgical skills.

### **Theatre Improvement and Change Programme**

9.44 In response to significant challenges in theatre workforce recruitment and retention, we have initiated a detailed improvement and change programme covering a wide range of factors such as:

- Improving our facilities, environment and infrastructure
- Staff engagement and health and wellbeing
- Workforce change including working patterns
- Recruitment & Training

This will be delivered alongside creative approaches to increase recruitment and retention within staff groups where workforce supply is scarce. Crucially the NHS Academy will support training and development of the theatre workforce to prepare for Phase 2 NTC opening.

**Jann Gardner**

**Chief Executive  
NHS Golden Jubilee**

**1st October 2021**

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## Appendices

All appendices, with the exception of 1a and 2a accompany this plan as separate documents. Appendices 1a and 2a are included within the plan.

1. Heart, Lung and Diagnostics
  - a. Activity Plan
  - b. Delivery Plan
2. National Elective Services
  - a. Activity Plan
  - b. Delivery Plan
3. Delivery Plan: Digital and eHealth
4. Delivery Plan: Health Inequalities
5. Delivery Plan: NHS Scotland Academy
6. Delivery Plan: Golden Jubilee Conference Hotel
7. CfSD national programmes Heat Map
8. Winter Planning Checklist
9. Delivery Plan: Workforce (including vaccination programme)
10. Delivery Plan: Finance
11. Delivery Plan: Estates
12. Data / activity templates T1
13. Data / activity template T3
14. Staffed theatres usage September 2021

## Supporting Documents (available upon request)

1. NHS Golden Jubilee Remobilisation Plan April 2020 (RMP3)
2. NHS Golden Jubilee Interim Workforce Plan
3. NHS Golden Jubilee Financial Plan
4. NHS Golden Jubilee Health and Wellbeing Strategy
5. NHS Golden Jubilee Diversity and Inclusion Strategy

## Appendix 1a: Heart, Lung and Diagnostics Activity Plan

Specialty	Sub Specialty	Activity Plan						
		Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Oct - Mar 21 Total
<b>Heart, Lung &amp; Diagnostic</b>								
Cardiology	Elective/Urgent	421	435	434	398	395	460	2,543
	TAVI	11	13	11	8	10	12	65
	STEMI	63	62	64	64	57	64	374
	EP	52	54	52	48	50	56	312
	Devices	34	37	35	28	34	36	204
Cardiac	Surgery	80	83	76	70	75	85	469
Thoracic	Surgery	96	103	100	90	95	110	594
Radiology	CT	1,845	1,765	1,765	1,599	1,683	1,928	10,585
	MRI	1,507	1,440	1,440	1,300	1,371	1,577	8,635
	U/S	772	738	738	670	702	809	4,429
	DEXA	133	127	127	115	121	139	762
<b>Total Heart, Lung &amp; Diagnostic</b>		<b>5,014</b>	<b>4,857</b>	<b>4,842</b>	<b>4,390</b>	<b>4,593</b>	<b>5,276</b>	<b>28,972</b>

## Appendix 2a: National Elective Services Activity Plan

Figure 1 below describes our activity plan to be delivered within staffed GJ capacity:

Specialty	Sub Specialty	Activity Plan						Oct - Mar 21 Total
		Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	
<b>Cancer &amp; National Elective Services</b>								
Orthopaedics	Joints	245	249	226	213	228	260	1,421
	Foot and Ankle	32	32	32	32	32	32	192
	Ortho Soft Tissue Knee & Ortho Minor	20	20	20	20	20	20	120
	Hand and Wrist	28	28	28	28	28	28	168
	<b>TOTAL</b>	<b>325</b>	<b>329</b>	<b>306</b>	<b>293</b>	<b>308</b>	<b>340</b>	<b>1,901</b>
Cancer	Future activity reflects existing Sarcoma (NHS GGC), Breast cancer (NHS A&A) and Cystectomy (NHS Lanarkshire) list running till end March 2022- see unstaffed capacity for further potential cancer activity	22	22	22	22	22	22	132
General/Plastic	General Surgery Actual activity is a mixture of major colorectal surgery and short stay and day case upper GI general Surgery) Future Activity indicates capacity for colorectal major procedures	18	18	18	18	18	18	108
Diagnostic	Endoscopy (Lower incl. screening)	512	518	469	442	474	539	2,954
Ophthalmology	Cataract	729	766	729	656	693	802	4,375
<b>Total Cancer &amp; National Elective Services</b>		<b>1,606</b>	<b>1,653</b>	<b>1,544</b>	<b>1,431</b>	<b>1,515</b>	<b>1,721</b>	<b>9,470</b>

Figure 1 GJ RMP#4 Activity Plan for National Elective Services

Figure 2 below demonstrates our potential activity to be delivered in collaboration with other health board or independent sector teams between October and March. There is significant uncertainty about the likelihood of achieving this level of activity. Activity will be monitored and reported on a weekly basis for the duration of this plan.

Short Term Unstaffed Theatre Capacity															
<b>Cancer &amp; Urgent Work - staffed by A&amp;A Team</b>	2.5 days per week - assumes continues to end March								24	24	24	24	24	24	<b>144</b>
<b>Cancer &amp; Urgent Work - staffed by IS Team</b> <small>Note 1</small>	General Surgery / Colorectal Surgery - intermediate / day case procedures ( supported by Independent Sector Theatre team)								26	26	26	26	26	26	<b>156</b>
	Cancer Surgery - Urology (NHS Lanarkshire) supported by Independent Sector Theatre team								5	5	5	5	5	5	<b>30</b>
	Cancer Surgery - Plastics (NHS Lanarkshire) supported by Independent Sector Theatre team								10	10	10	10	10	10	<b>60</b>
	Cancer Surgery - Breast (NHS Lanarkshire) supported by Independent Sector Theatre team								10	10	10	10	10	10	<b>60</b>
<b>Synaptik Weekend Eye Activity</b>	Sat and Sunday Operating until July 2021 end March 2021	July to Sept ACTUAL Procedures:		537				432	540	432	324	432	432	432	<b>3,561</b>
<b>Total Potential Activity - including current unstaffed capacity</b>														<b>23,437</b>	
<b>Note 1 - COP 26 may impact ability of visiting Independent Sector Teams to deliver the same level of activity for 3 weeks from end October to mid November</b>															

Figure 2 Unstaffed Theatre Capacity and potential plan October 2021-March 2022.