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**Appendix 2**

**Annual Delivery Plan – Annex A – Golden Jubilee response**

Following receipt of the feedback in Annex A of the SG Delivery Plan Approval letter, the following updates have been provided by Senior GJ Leads:

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| **General** |
| **Priority Areas** |
| * None |
| **Development and Improvement Feedback** |
| 1. It is recognised that the Board has been working with other National Boards and participating in a series of workshops during February and March 2024 to identify opportunities to release efficiency through further collaboration. This will form a work plan to be overseen by the National Boards Collaborative Programme Board. National Board Chief Executives have also agreed a Collaborative Charter. The Scottish Government Health Delivery Planning Team will wish to engage with the outputs of this work to help support how it frames planning of National Board priorities in future. 2. It is recognised that the current demand for TAVI is significantly exceeding NHS GJ funded capacity leading to excessive waiting times and potentially patient harm, with the clinical, operational and financial risk held by NHS GJ. The Scottish Government will continue to engage with the Board on this issue as part of national planning work. |
| **Golden Jubilee Response** |
| 1. Following presentation of the outputs from the Collaborative workshops to National Board Chief Executives, the Chair of the National Board CEOs has agreed to lead further exploratory work to identify high-impact efficiency schemes. 2. Following the escalation to Chief Operating Officer, NHS Scotland regarding TAVI funding and wait list pressures, the Delivery Plan has been updated to reflect the new funding allocations. |

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| **Recovery Driver** | Recovering and improving the delivery of **planned care** |
| **Priority Areas** | |
| * None immediately specific to the Delivery Plan; however the Board should work with the Scottish Government *Planned Care Policy and Performance Team* on actions needed on their associated Planned Care Plan. | |
| **Development and Improvement Feedback** | |
| It is recognised that there is a particular risk regarding the Golden Jubilee delivery of planned care due to the fact that the Board is dependent on the referring Boards confirming their uptake of planned care allocations. The aspect of this risk relating to the prevailing financial position for Boards has however been mitigated with the extra £50 million funding committed to territorial boards to protect planned care activity (including utilisation of their Golden Jubilee core capacity at 2023-24 levels), as notified in April 2024, and the Scottish Government will continue to work with the Golden Jubilee and territorial boards to help ensure the requisite uptake of allocations. | |
| **Golden Jubilee Response** | |
| NHS GJ has received additional Planned Care funding from the SG £30 Million investment in Planned Care to support activity in:   * Cardiac CT * Cardiac MR * Ultrasound * Academy Training * Electrophysiology (EP) and Coronary Procedures * Extension of Vanguard unit rental during Q2 to deliver Endoscopy   In common with all Boards receiving these additional allocations, NHS GJ is asked to report on activity delivered and accompanying financial data each month to SG.  There remains some risk that Boards may not fully take up all allocated capacity as a result of ongoing funding pressures. At present the funding model deployed by SG to allocate planned care monies does not support clawback of any funding associated with unused allocations; and GJ is currently working with SG Planned Care Team to resolve unallocated capacity in foot and ankle surgery. | |

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| **Recovery Driver** | Implementation of the **Workforce** Strategy |
| **Priority Areas** | |
| * None immediately specific to the Delivery Plan; however the Board should continue to work with the Scottish Government to drive closer alignment between workforce and delivery planning. | |
| **Development and Improvement Feedback** | |
| The workforce related objectives appear to be realistic and achievable. There is a recognition that the current financial context is a risk to recruitment of workforce, and that NHS Golden Jubilee continues to implement the National Workforce strategy and eRostering ahead of the safe staffing act, as well as committing to a planned refresh of their 3-year workforce plan. It will be useful to see progress updates on these throughout the year. | |
| **Golden Jubilee Response** | |
| Updates on Workforce Strategy, eRostering and Safe Staffing implementation are provided to the NHS GJ Board through the Staff Governance Person-Centred Committee and Strategic Portfolio Governance Committee. Board papers are made available to SG via the existing Sponsor arrangements and regular ADP delivery updates. | |

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| **Recovery Driver** | Optimise use of **digital & data technologies** in the design and delivery of health and care services for improved patient access and fast track the national adoption of proven **innovations** which could have a transformative impact on efficiency and patient outcomes |
| **Priority Areas** | |
| * None | |
| **Development and Improvement Feedback** | |
| GJNH remain on track across a range of local and national developments. It’s good to see their focus on the organization as a whole looking to build digital as part of the culture and ways or working.  The Board have set out a comprehensive work plan. They have highlighted however that there are existing gaps in unfilled posts to take forward their digital agenda and it is not clear at present the extent to which this could impact on delivery.  The Board has a clear focus on digital skills and workforce in the plan which is good to see. However, they go on to state that their overall digital skills plan won’t be in place until 2026/27 which could appear to miss an opportunity, and the Scottish Government’s *Digital Health and Care Team* will engage directly to discuss.  There are some further points from the plan would be useful to see updates on throughout the year as part of normal digital health and care engagement:   * eRostering - project completed initiation phase and entered readiness phase * Near Me “Expansion of NearMe is predicated on commissioning a broadened application support resource to manage system administration.” * PACS – Recent local installation of Philips PACS System and national adoption plan for new provider in development. * SCI-Gateway “Skills development is critical in this space to remove a single point of failure dependency within the Board.” * Digital Training and Skills “the need for dedicated digital training and facilitation resources has emerged” * Infrastructure and overall device management developments “end user device strategy in development” * Further development of patient facing app and disabled access app | |
| **Golden Jubilee Response** | |
| **eRostering**  The Board has begun the adoption of eRostering with staff engagement workshops and roll out in early implementer teams. The impact of changes, particularly in clinical areas is being fully explored at present in order to minimise any disruption to service. Further learning from experiences in other Boards and via the national implementation team is also being sought.  **Near Me**  Recruitment to expand the application support capacity within the Board continues with Support Analyst and Senior Support Analyst roles currently being recruited. The recruitment phase will complete in Autumn. Near Me use is growing currently, however once the team expansion completes and a full support wrapper is in place, this can continue at pace across specialties and services.  **PACS**  The Board have begun engagement with the national PACS re-provisioning team alongside the new PACS vendor (Sectra) as part of readiness activities for NHS GJ planned go-live in July 2025. Prerequisite information has been shared with further workshops planned throughout 2024. The project remains on schedule.  **SCI-Gateway**  The loss of the developer toolkit following the upgrade of the SCI-Gateway product has been a challenge for NHS GJ with assistance and guidance sought from other Boards to bridge skills gaps and progress urgent referral template changes. It is expected that the development toolkit will be provided as part of the next update cycle allowing GJ to undertake all work locally and process the backlog of changes to the system.  **Digital Training and Skills**  The recruitment campaign includes the provision of a Digital Learning and Facilitation Lead. This role will oversee the provision of training for new and existing Digital systems. As part of the organisation’s Anchor Institution status the Digital team are collaborating with Skills Development Scotland and West Dunbartonshire Council to explore Digital apprenticeships opportunities within the department with a view to establishing a local “IT Academy” to encourage career paths in Digital services.  **Infrastructure**  Digital are working with colleagues across the Board to develop an end user device strategy in line with security and operational needs. This will ensure a “right fit” approach to device procurement and deployment going forward and reduce the number of devices in use across the Hospital.  **Patient Facing App**  The specification for the Orthopaedic Patient App is ongoing with intelligence gathering from other health authorities who have implemented similar tools. Key market vendors have been engaged in a pre-procurement exercise to assist in the development of the business case for future approval.  **Disabled Access App**  The new WelcoMe accessibility tool has been launched within the hospital providing web-based support to patients with disabilities with their experience when visiting the hospital. The product allows patients in advance of attending to highlight and pre-provision services to support their individual needs during their visit. | |

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| **Recovery Driver** | **Climate** Emergency and Environment |
| **Priority Areas** | |
| * None | |
| **Development and Improvement Feedback** | |
| A dedicated governance sub-group focusing on transport and active travel is welcomed. Given the board has a negligible fleet, focus is rightly placed on aspects relating to active travel. However, the board may wish to explore expanded EV charging facilities for incoming travel from other Boards.  Over the last 6 months GJ have established a number of groups including a waste and energy group which focuses on a strategic approach to waste reduction and segregation.  NHS GJ has made good progress towards their building decarbonisation plans so far, and with the establishment of new governance groups and onboarding of staff, their deliver plan looks to meet current priorities. NHS GJ are approaching decarbonisation in buildings through ‘no regret’ measures such as lighting, ventilation, and BMS upgrades. There are plans to connect to heat networks through their local authority, and as one of the Top 20 emitting sites, there is further consideration on renewable alternatives to consider that will require capital investment. There is wider uncertainty around funding to deliver further heat decarbonisation or renewable energy options that require substantial funding, and it will be useful to see updates on this in future.  The plan has demonstrated the board has a good understanding of the multi-functionality of their greenspace. They have embedded this area within their governance structures and are contributing to national groups. A further step would be to set their ambitions out in a greenspace management/ biodiversity action plan. This would give them a framework to refer to when managing their site, which is an opportunity given they are set over one location.  The Board has identified potential impacts of climate change on their healthcare assets and services but is still in the process of finalising its adaptation plan.  The ADP simply states ‘committed to eliminating waste as well as management of waste through the circular economy’. It would be useful to see more information on this, and in particular on the implementation of Environmental Management System. | |
| **Golden Jubilee Response** | |
| **Biodiversity**  NHS Golden Jubilee are in the planning phase in the development of a Biodiversity Action Plan. We are working to establish existing boundary lines, using mapping tools, for the site and quantify green space by area, number and type of trees/plants and grass areas. A further priority is to establish carbon sequestration/natural capital from our existing installation.  Our future plan will involve work with the local authority, surrounding communities, and greenspace groups in the development of the grass area to the east of the site just beyond our boundary line, but which appears to be within our boundary when reviewing existing fence lines.  We will work with staff within the site to develop plans to increase, where possible, carbon sequestration and improve pollination by planting additional trees and establishing wildflower areas throughout the site.  **Environmental Management System (EMS)**  Environmental Management Systems (**EMS**) provide the framework that helps improve our energy and water efficiency and our environmental sustainability.  The current national EMS contract will come to an end in 2025. NHS Golden Jubilee will continue to use the EMS through the Rio platform. NHS Golden Jubilee Sustainability Manager will be our EMS champion and has undertaken a detailed training session. We are currently reviewing opportunities to use the EMS to coordinate and monitor programmes of work. Work on use of our EMS will be a priority of the Climate Change and Sustainability Programme during 2024-25. | |

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| **Supporting Theme** | **Value Based Health & Care** |
| **Priority Areas** | |
| * None | |
| **Development and Improvement Feedback** | |
| There is no mention of how the Board intends to support delivery of the Value Based Health and Care action plan. Practising Realistic Medicine to deliver value based health and care should be viewed by Boards as a key enabler of the drivers of recovery and fundamental to achieving a more sustainable healthcare system. | |
| **Golden Jubilee Response** | |
| It has been confirmed with SG that there was no explicit request to incorporate an update on the Value Based Health and Care action plan within the Commissioning guidance for the Delivery Plan.  The NHS GJ Realistic Medicine (RM) action plan underpins the Board’s implementation of Value Based Health and Care. One key element is the measurement of patient outcomes, which are sparsely implemented within the NHS in Scotland. We are learning from our orthopaedic team about the collection, analysis and use of PROMS given their long experience of use in that specialty, and plan to make better use of the data from ward to Board. We are also aiming to use the learning to spread to one or more other specialties, starting with a focus on TAVI (a high-cost, high impact intervention). Our RM team are also supporting a number of projects focussed on reducing unwarranted clinical variation, and working with the NHS GJ Green Theatres project team on reducing waste. | |