

# **Delivery Plan 2024-2027**

NHS Board: NHS Golden Jubilee

Final SG approved version

# Delivery Plan 2024-2027

This Three Year Delivery Plan sets out NHS Golden Jubilee’s priorities for delivery over the next three years, with firm planned actions and programmes of activity for 2024/25 and indicative set of actions for 2025/26 and 2026/27. It has been developed in line with the Planning Guidance issued to Boards by Scottish Government in November 2023. All action references correspond to the specific requirements made by Government in the Planning Guidance.

The plan describes how NHS Golden Jubilee (NHS GJ) will contribute to national recovery, with specific reference to the ten national ‘Drivers of Recovery’:



**Figure 1**: Medium-term Plan ‘Drivers of Recovery’

In line with Scottish Government Guidance, the Delivery Plan outlines how NHS Golden Jubilee will develop their Medium Term Plan into a Three Year Delivery Plan with detailed actions for 2024/25 which are aligned to the NHS Golden Jubilee Three Year Financial Plans and to the ministerial priorities set out in the First Minister’s vision for Scotland and the outcomes the government aims to achieve by 2026.

The Delivery Plan describes how NHS GJ will sustain, develop and evolve to effectively support the ongoing recovery of Scotland’s health service through the work of:

* The Golden Jubilee University National Hospital (including ongoing expansion)
* Centre for Sustainable Delivery
* NHS Scotland Academy
* Golden Jubilee Hotel & Conference Centre
* Golden Jubilee Research Institute

The focus of the Delivery Plan and National Recovery drivers does not directly impact on the functions of the Golden Jubilee Conference Hotel and the Golden Jubilee Research Institute, however they make a vital contribution to the delivery of the NHS GJ Strategic Objectives. A high level overview of the strategic focus of both of these functions is described below:

**Golden Jubilee Hotel & Conference Centre**

The Golden Jubilee Conference Hotel (GJCH) is a multi-award-winning four-star Hotel. It is a central part of the NHS GJ and is Scotland’s only member of the International Association of Conference Centres (IACC) and residential Venue of Excellence.

Over the past two years Association and Corporate markets have returned to pre-COVID levels with a strong shoot of recovery in the marine sector. Face to face NHS / Healthcare markets reduced in 2022/23 by 60% compared to pre-COVID levels. This is primarily due to availability of time, NHS budgets being squeezed and the ever-growing virtual presence.

Moving into 2024 and beyond, the Hotel have identified several key challenges:

* Replacing the reduced NHS markets
* Staffing – hospitality wide shortage of skilled workers
* Achieving a sustainable financial model for the Hotel
* Technological developments
* Ongoing refurbishment plan for the Hotel building.

To support hospitality workforce supply and development, GJCH has an ambition to provide accredited training for their workforce in hospitality Scottish Vocational Qualification Awards (SVQ). The plan is to offer hospitality specific SVQ awards within the existing NHS GJ SVQ Centre. In order to do this we will apply to Scottish Qualifications Authority (SQA) for the accreditation to offer awards within our Centre.

**Golden Jubilee Research Institute**

The Golden Jubilee Research Institute (GJRI), facilitates and supports high quality research which conforms to the quality standards required by guidance (the Research Governance Framework for Health and Community Care SGHD 2006) and legislation (the EU Clinical Trials Directive). Within Golden Jubilee University National Hospital all clinical specialities are research-active, hosting both commercially sponsored/funded and academic studies through links with Universities.

Over the course of 2024/25, GJRI will broadly focus on a number of key priority areas:

* Increase the number of patients recruited to projects hosted or sponsored by NHS GJ
* Increase the number of projects sponsored and hosted by NHS GJ
* Increase income generated by the above
* Develop a system for managing projects that are sponsored by NHS GJ and have external sites – essentially an NHS GJ Clinical Trials Unit
* Develop governance protocols concerning a flow-through bio-repository.

**Collaboration across National Boards**

The National Boards have re-affirmed their commitment to collaboration and are participating in a series of workshops during February and early March 2024 to identify opportunities to release efficiency through further collaboration. This will form a workplan to be overseen by the National Boards Collaborative Programme Board. National Board Chief Executives have also agreed the following Collaborative Charter:

**Charter Purpose:**

**To maximise the effective use of our collective resources, improving the quality and sustainability of our services and making the best use of public funds.**

**Principles:**

**Inclusive by nature**.

Our organisations will look to share, partner and offer access to products, services and initiatives. Encouraging a ‘once for all’ approach

**Transparent.**

We will be open in all our dealings and realistic about opportunity and challenge

**Respect difference, seek commonality**.

We will seek to understand and support unique aspects of our organisations, while actively seek commonality and opportunity

**Accountable.**

We will make commitments that are fully understood and ensure they are delivered

**Respectful challenge**.

We will champion change and encourage the removal of barriers

**Collective benefit**.

We will provide mutual support and aid to ensure benefits and costs are shared

For further information on the NHS Golden Jubilee Annual Delivery Plan, please contact:

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**Appendices**

Appendices accompany this plan as separate documents.

1. NHS Golden Jubilee Activity Plan 2024/25
2. NHS Golden Jubilee Planned Care Return

**Delivery risks associated with the NHS GJ Three Year Plan**

This Plan contains five Service Sustainability risk assessments in section B covering:

* Transcatheter Aortic Valve Implantation (TAVI)
* Electrophysiology (EP)
* Scottish National Advanced Heart Failure Service (SNAHFS)
* Scottish Adult Congenital Cardiac Service (SACCS)
* Scottish Pulmonary Vascular Unit (SPVU)

Key Finance and Workforce risks have been described within section C of this three year plan.

Delivery of the Planned Care return and associated NHS GJ activity plan 2024/25 is dependent on the following:

* Referring NHS Boards confirming their uptake of planned care allocations of GJ capacity in a timely manner to allow activity to progress in Q1 2024. As at 7 March, a number of NHS Boards with high percentages of the allocated capacity have not confirmed their intention to take this capacity up as a result of uncertainty about funding.
* In elective orthopaedics, the balance of see and treat and treat only referrals will have a significant impact on the utilisation of outpatient capacity (reduced if treat only patients and capacity uptake delayed) and the 4-joint performance trajectory.
* If NHS GJ is asked to treat only long waiting treat only orthopaedic patients who are often more frail given their long waiting times, this will compromise the efficiency of the GJ to achieve low length of stay, high day of surgery admission rates and same day arthroplasty for hip and knee.
* Finally, the NHS GJ activity plan is based on current assumptions on the opening of the Phase 2 expansion. If there is any delay to the start or end of the commissioning period, or if the phased opening of new theatres/procedure rooms/ CSPD is delayed, this will impact the delivery of the 24/25 activity plan.

# NHS Golden Jubilee Delivery Plan

Section A: Recovery Drivers

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| 1 | **Primary & Community Care** Improve access to primary and community care to enable earlier intervention and more care to be delivered in the community |

NHS Golden Jubilee (NHS GJ) recognises the importance of collective ‘whole-system’ collaboration in order for NHS Scotland to recover core services, continue to improve levels of productivity and achieve sustainable improved outcomes for patients throughout Scotland.

While NHS GJ does not have any direct primary and community care responsibilities, we will continue to work with referring Boards and other partners as they progress actions to enable earlier intervention and care in the community.

There is an aspiration for NHS GJ to have a deeper influence as an anchor organisation within the community, recognising both our commitment to the local neighbourhood and community, but also the potential for us to play an increasingly important role in supporting the overall population health within Dalmuir, Clydebank and West Dunbartonshire.

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| **No.** | **Executive Lead** | **Board Actions 2024/25** |
| **1.1** | **Director of Operations** | **Provision of non-emergency patient transport services, working with bodies which provide community transport services in the Board area.** |
| NHS GJ will continue to work with Scottish Ambulance Service (SAS) through a service level agreement (SLA) for inter-hospital transfer. This also supports the repatriation of West of Scotland patients following heart surgery at NHS GJ. Our transport resource will continue to be utilised to transport patients home or to an agreed drop-off point from the Golden Jubilee University National Hospital (GJUNH) with support of the Hospital Ambulance Car Service (HACS). It will remain incumbent upon referring Boards to transport patients to GJUNH if it is required. This is not managed by GJUNH transport, however, there will be individual cases where support can be provided if requested. |

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| **No.** | **Executive Lead** | **Indicative Board Actions 2025/26 and 2026/27** |
| **1.2** | **Director of Operations** | NHS GJ transport arrangements will continue to remain the same throughout the medium-term period. |

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| 2 | **Urgent & Unscheduled Care**Access to urgent and unscheduled care, including scaling of integrated frailty services to reduce admissions to hospital.  |

At NHS GJ, the majority of urgent and unscheduled care is carried out within our Heart, Lung and Diagnostic (HLD) Division, within the specialty/subspecialty areas of:

* Cardiac Surgery
* Critical Care
* Interventional Cardiology and Structural Heart
* Scottish National Advanced Heart Failure Service
* Thoracic Surgery (smaller number of emergency admissions)

The Urgent and Unscheduled Care (UUC) Programme previously led by Scottish Government has recently transferred to the Centre for Sustainable Delivery (CfSD). The UUC Programme is designed to deliver a whole-system approach to urgent and unscheduled care, building resilience and transforming NHS services.

Key priorities of this programme include reduction of attendances by transforming the way people access urgent and unscheduled care, and reducing admissions by optimising virtual capacity pathways to deliver care closer to home.

**Urgent and Unscheduled Care**

**Cardiac Surgery Quality Improvement Programme (C-QIP)**

Capacity modelling of the cardiac surgery waiting list at NHS GJ has demonstrated a requirement to increase the volume of procedures to a figure of 32-34 per week to reach a stable wait list position and clear the wait list backlog, reducing eventually to 30 procedures per week to maintain capacity for the current service demand.

Since the early days of the COVID pandemic, there has been a sustained downwards shift in the volume of routine elective referrals received and corresponding increase in urgent and elective priority cases.



**Figure 2:** Cardiac Surgery Activity by Urgency

The C-QIP programme has set priority objectives to create a more stable and sustainable cardiac surgery service which is to be delivered over the overall programme time period, which is currently estimated as two years until 2026.

The key focus areas are:

* To reduce cancellations
* To reduce the number of ‘all day cases’ – to better utilise theatre capacity
* To reduce average length of stay
* To increase Day of Surgery Admission (DoSA) rates for elective cardiac surgery
* To demonstrate ongoing improvement in the cardiac surgery wards Whole System Discharge Planning framework performance.

The focus for this work will be around:

* Reducing variation between consultant practices
* Improved scheduling to accommodate the urgent/elective referral pattern
* Benchmarking against similar cardiothoracic centres (with a heart transplant service).

**Transcatheter aortic valve implantation (TAVI)**

Transcatheter aortic valve implantation (TAVI) has become an alternative to surgical aortic valve replacement (SAVR) for severe symptomatic aortic stenosis in certain patients. TAVI is used predominantly in older patients >75 years old who carry higher risk from SAVR. The outcomes of patients treated with TAVI at NHS GJ are excellent by Scottish, UK and international standards. However, the current demand for TAVI had been significantly exceeding NHS GJ funded capacity (as at March 2024) leading to excessive waiting times and potentially patient harm, with the clinical, operational and financial risk held by NHS GJ.

In 2023-24, the West of Scotland (WoS) Boards had agreed to fund NHS GJ to provide 229 TAVI procedures, equating to 19 procedures per month. WoS clinicians are making an average of 47.3 referrals per month (average over the preceding six months), which has a conversion rate of 28.4 procedures per month (341 per year). As a consequence, waiting times for the procedure have continued to deteriorate, with the build-up of a significant backlog of non-urgent patients.

National clinical guidelines recommend that patients should receive TAVI within 18 weeks of referral, and within 6 weeks of decision to treat with TAVI. Urgent patients have risen to 54% of referrals and require to be treated sooner.

In addition to the funded plan for 229 procedures, *ad hoc* funding arrangements had been secured for 33 additional procedures to date (270 for year), with marked variation between boards which does not relate to the size of their waiting list. At year- end, 277 TAVI procedures were carried out during 2023/24 (21% above plan).

Following the failure to reach agreement across the WoS for TAVI funding 2024/25, the issue of TAVI funded capacity and patient impact was escalated to the Chief Operating Officer, NHS Scotland. Following a wider review of TAVI across Scotland, approval from the Health and Social Care Resourcing and Finance Controls (RAFC) Group was granted for the following additional funding in relation to the 2023/24 TAVI backlog and growth for 2024/25:

TAVI (backlog) - £2,965,424 – funding approved to enable GJUNH’s current

backlog (circa 112 procedures) to be brought to a clinically agreed safe target of 12

weeks from decision to procedure.

TAVI for 2024/25 - £3,181,680 – additional service provision funding for the Golden

Jubilee University National Hospital, supporting delivery of TAVI rate comparable with wider UK levels (127 per million population rate) whilst supporting a level of growth (circa an additional 120 procedures).

NHS GJ is now implementing plans to increase TAVI activity in line with this funding.

The Service Sustainability issues with TAVI are described in more detail in the template accompanying Section B of this plan.

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| **No.** | **Executive Lead** | **Board Actions 2024/25** |
| **2.1** | **National Associate Director** | **Ensuring patients receive the right care in the right place by optimising Flow Navigation Centres, signposting and scheduling of appointments to A&E where possible and increasing the routes for professional to professional advice and guidance with a specific focus on frailty pathways and care home support.** |
| **The Centre for Sustainable Delivery**The CfSD will continue to support national work around implementing and optimising flow navigation centres (FNC). This work will be led by the UUC Programme. This will include work to develop pathways, ensuring nationally consistent reporting, and ensuring national optimisation of the FNC model.At present, CfSD are in the process of developing clear objectives for the UUC Programme of work and the definitive areas that will be progressed going forward are yet to be established. |
| **2.2** | **National Associate Director** | **Improving access to Hospital at Home services across a range of pathways including OPAT, Respiratory, Older People, Paediatrics and Heart Failure.**  |
| **The Centre for Sustainable Delivery**The CfSD will continue to support national work around developing the Hospital at Home model. This work will be led by the UUC Programme. This will include a specific focus on Outpatient Parenteral Anti-microbial Therapy (OPAT) and Respiratory. At present, CfSD are still in the process of developing clear commitments for this programme of work and the definitive areas that will be progressed going forward are yet to be established. |
| **2.3** | **Director of Operations****National Associate Director** | **Reducing the time people need to spend in hospital, increasing 1-3 day admissions and reducing delays over 14 days, by promoting early and effective discharge planning and robust and responsive operational management.** |
| There is currently a focus on demonstrating ongoing improvement in the cardiac surgery and cardiology wards Whole System Discharge Planning framework performance. Key improvement areas are:* Twice a day discharge planning meetings
* Clear and consistent senior medical and nursing representation at morning discharge meeting
* Effective multi-disciplinary team (MDT) discharge meeting
* TRAK patient management system updated daily with patients estimated date of discharge
* Improved utilisation of the discharge checklist and embedding of criteria-led discharge
* Pre-noon discharges will be promoted with use of the discharge lounge as default.

**The Centre for Sustainable Delivery**The CfSD will continue to support national work around optimising flow. This work will be led by the UUC Programme. This will include work around ward discharge planning, criteria-led discharge, pharmacy involvement in early discharge and responsive operational management.At this stage, CfSD are still in the process of developing clear objectives for this programme of work and commitments going forward are yet to be established.  |

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| **No.** | **Executive Lead** | **Indicative Board Actions 2025/26 and 2026/27** |
| **2.4** | **National Associate Director** | The Urgent and Unscheduled Care (UUC) Programme are still in the process of developing their longer term plans. Through the Discovery work whereby the UUC Programme collaboratively work and engage with all Health Boards, national improvement opportunities will be identified and implemented. The UUC Programme have developed five main workstreams/portfolios, covering Community Urgent Care, Flow Navigation Centres, Hospital at Home, Front Door Medicine and Optimising Flow.These five workstreams will form the basis of national improvement work through to 2026/27. This work will involve developing and implementing standardised care pathways, promoting best practice, and improving the use of data to support improvement. |

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| 3 | **Mental Health** Improving the delivery of mental health support and services, reflecting key priorities set out in the Mental health and wellbeing strategy. |

NHS Golden Jubilee does not deliver patient-facing community mental health services.

The Golden Jubilee University National Hospital’s Clinical Psychology team provides dedicated services to the following departments:

* Orthopaedics
* Scottish National Advanced Heart Failure Service (SNAHFS)
* Scottish Adult Congenital Cardiac Service (SACCS)
* Scottish Pulmonary Vascular Unit (SPVU).

The Clinical Psychology Team work with doctors, nurses and other health professionals to support patients living with life-long conditions and those accessing Golden Jubilee for treatment.

The Clinical Psychology Team continues to explore opportunities to attract funding and resource for service development which would enable it to extend its current provision.

**Mental Health Staff Support**

Nationally, NHS Scotland has introduced a number of mental health support offerings across NHS Scotland, all of which are available to NHS GJ staff. NHS GJ recognises the increase in demand for staff mental health support, particularly following the COVID pandemic. Occupational Health, in collaboration with Spiritual Care, are developing a new Mental Health Pathway for staff and managers. The new pathway aims to enhance current in-house psychological support services available to staff and managers by sign-posting all available interventions, accessible at the earliest opportunity.

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| **No.** | **Executive Lead** | **Board Actions 2024/25** |
| **3.1** | **Director of People and Culture** | **Improving the mental health built environment and patient safety.** |
| **Spiritual Care and Chaplaincy**NHS GJ will continue improving mental health support and the mental health built environment and patient safety through the following ongoing Spiritual Care and Chaplaincy initiatives and activities:* Provision of a **Listening Ear** service to patients, relatives and staff will continue with data collected on this service
* Ongoing **Spiritual and Religious Care,** a holistic approach in caring for patients ensures the care planning that is also mindful of the emotional, psychological and spiritual needs of patients (and where some patients identify specific religious care)
* Delivery of the established **Bereavement Service** for those bereaved following the death of a patient. This is part of the bereavement booklet handed to relatives following the death of a patient. A bereavement service is also available for staff for personal bereavement or when a colleague has died.
* **Triangulation of Wellbeing:**
* The Spiritual Care Centre will remain available to all 24/7 and access to a chaplain during the week until 8pm
* The Garden of Reflection will also remain accessible directly across from the Spiritual Care Centre
* To complete the triangulation of wellbeing a Wellbeing Zone for staff has been identified next to the Spiritual Care Centre and across from the Garden of Reflection. This piece of work was identified in the Health and Wellbeing Strategy for staff and following the COVID pandemic.
* Establishment of a **Wellbeing Zone for Staff -** following identification of a Wellbeing Zone and consultation with staff, a project group has agreed the design of the Wellbeing Zone and this has been costed. A formal business case will be presented to the Capital Group by 2025 for consideration with three cost options put forward for the Wellbeing Zone
* **Wellbeing of staff – safer staff, safer patients**: Historically, spiritual care and chaplaincy have always been involved in staff wellbeing. To promote the wellbeing of staff and their self-care, a number of activities will continue:
* Sanctuary activities three times a week that includes 15 minute sessions on Mindfulness, Meditation and Breathe into the Weekend
* Mindfulness Course for staff to focus on the five ways of wellbeing through mindfulness training
* Values Based Reflective Practice sessions
* Ongoing delivery of Schwartz Rounds for staff
* Partnership working with Occupational Health to support staff
* Collaboration with the nursing directorate to contribute to the caring behaviours training
* Education and training for staff around Spiritual and Religious Care, Loss Grief and Bereavement.

**Occupational Health*** **Employee Assistance Program currently provided by Time for Talking:** We will continue to provide a free Employee Assistance Program for all NHS GJ employees. Time for Talking replaced previous provider, AXA and offers adult counselling and psychological wellbeing support. Time for Talking is a specialist psychological wellbeing and therapy organisation dedicated to psychological resilience and positive mental health. They provide support and assistance for our staff via the telephone, online or through face-to-face counselling to offer confidential help when they need it. Time for Talking have been awarded a two year contract to provide this service from April 2023 – March 2025. This will be their second year providing this service having received positive feedback from staff
* **Mental Health First Aiders (MHFAs) Programme:** Alongside our workforce expansion we will continue to expand and up-skill our MHFAs through refresher training to continue to provide a point of contact and support to staff who may feel stressed, overwhelmed or have other mental health issues. A review of the governance around this programme will be conducted in 2024/25
* **Staff Mental Health Counsellor:** Exploring the introduction of an in house Staff Mental Health Counsellor as a 12-Month Fixed-Term pilot post to provide further psychological support to staff and explore if this is a resource that would be beneficial. Part of this role will entail provision of support to MHFAs.
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| **No.** | **Executive Lead** | **Indicative Board Actions 2025/26 and 2026/27** |
| **3.2** | **Director of People and Culture** | **Provision of mental health support and assistance for our staff.** |
| **Occupational Health** * **Employee Assistance Program with Time for Talking**: Our two year contract with Time for Talking will be reviewed in 2025/26 to consider the long-term funding and commitment to this service
* **Staff Mental Health Counsellor:** Long-term funding and commitment to this resource will be reviewed in 2025/26 following the pilot period.
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| 4 | **Planned Care** Recovering and improving the delivery of planned care |

NHS Golden Jubilee will continue to deliver, but also seek opportunities, where appropriate, to develop and expand its core planned care services:

* Cardiac surgery
* Diagnostic radiology
* Diagnostic endoscopy
* General surgery
* Interventional cardiology
* Ophthalmology (cataract surgery)
* Orthopaedic surgery
* Thoracic surgery.

NHS Golden Jubilee will also deliver the three national services based at the Golden Jubilee University National Hospital (subject to continued national commissioning):

* Scottish Adult Congenital Cardiac Service (SACCS)
* Scottish National Advanced Heart Failure Service (SNAHFS)
* Scottish Pulmonary Vascular Unit (SPVU).

NHS Golden Jubilee will submit its Planned Care template to Scottish Government in March 2024 as part of the 3 Year Plan submission. This Plan sets out the Board’s plans and activity trajectories to maximise and optimise local, regional and national planned care capacity, and protection of diagnostic capacity.

NHS Golden Jubilee is committed to working collaboratively with other Health Boards, including, where capacity is available, providing flexible and responsive support in meeting wider system demand pressures. Any decisions to offer capacity or other support will be based on informed clinical prioritisation, taking into account workforce availability locally within NHS Golden Jubilee.

**The NHS Scotland Academy**

The NHS Scotland Academy (NHSSA) continues to support planned care recovery and workforce development through the delivery of several programmes within NHS GJ and NHS Scotland.

**Perioperative Care**

NHSSA will continue to deliver four programmes developed since 2022/23 with two cohorts running for each throughout 2024/25. All cohorts will consist of 8-12 learners.

* Foundations in Perioperative Practice (FPP) Programme will develop the workforce for National Treatment Centres by delivering an accelerated training programme, over 31 weeks, to enable band 5 nurses to work in perioperative settings. Cohorts of registered Nurses will run concurrent with Assistant Perioperative Practitioner (APP) Programme.
* Surgical First Assistant Programme will develop the workforce for National Treatment Centres, by equipping staff from a range of professional backgrounds to support surgical services. Cohorts will consist of registered Operating Department Practitioners (ODP)/Nurses with 18 months perioperative experience.
* Similarly the Accelerated Anaesthetic Practitioner Programme will develop the workforce for National Treatment Centres to support surgical services. Cohorts will be attended by Registered Nurses.
* Assistant Perioperative Practitioner (APP) Programme explores the workforce requirement and need for this role and the opportunities for acceleration and articulation into BSc ODP programme. Cohorts will run (concurrent with FPP) with learners at band 2-3, to move into a band 4 role.

**Advanced Practice Roles**

Delivery of the Clinical Skills for Pharmacists Programme continues, which equips pharmacists who have completed their Independent Prescribing qualification with the skills and confidence to begin prescribing, reducing pressure on GP services. Throughout 2024/25, NHSSA will recruit and replenish faculty to deliver the programme within NHS Scotland Academy at the NHS GJ to share the workload of delivery. The programme aims to deliver around five days of clinical skills training days for 11 months, with 12-15 learners a day, creating 660 - 825 learner places.

**Workforce Developments**

The National Assistant Practitioner (Endoscopy) Programme provides a standardised programme to deliver accelerated training for Healthcare Support Workers (HCSWs) in their career development from level 2 or 3 to level 4 through SVQ work based learning with a series of online study days, eLearning and face to face simulated practice. Cohort 3 is currently underway and will continue throughout 2024/25.

The National Endoscopy Training Programme (NETP) is developing a faculty of 50 endoscopists who deliver high-quality training to national (JAG) standards in colonoscopy and upper GI, at endoscopy and simulation units throughout Scotland, enabling services to be developed, using a whole-team approach and significantly reducing waiting lists and wait times for endoscopy services. Throughout 2024/25 NETP will:

* Deliver upskilling for colonoscopy courses, basic skills courses, upskilling in upper GI courses and Train the Colonoscopy Trainer and Training the Endoscopy Trainer Courses
* Deliver Immersion Training with New Consultants and Trainees closest to Certificate of Completion of Training (CCT) being prioritised
* Deliver ENTS (Endoscopy Non-Technical Skills) Training courses
* Deliver network forum for endoscopy nursing teams
* Continue cohort three of the Foundations of Endoscopy Practice programme for Registered Nurses (alongside Assistant Practitioner Endoscopy Programme cohorts).

Subject to business case and funding approval, the NHSSA will provide training for High Volume Cataract Services (HVCS) to support the implementation of the Cataract Blueprint, through the development of digital resources to support technical skills for registered and non-registered staff in ophthalmology theatres. Following completion of resource development and education governance processes within quarter 1, 2024/25 will see the delivery of resources and monitoring of usage with feedback incorporated into quality improvements.

**Skills and Simulation Centre**

Creation of the NHSSA skills and simulation centre is now complete. The centre provides additional high-quality space to that already available within NHS GJ.

**National Ultrasound Training Programme (NUTP)**

This training programme is hosted by the Radiology Department at NHS GJ in partnership with Glasgow Caledonian University. Its purpose is to increase Ultrasound capacity in NHS Scotland by supporting Boards to train ultrasonographers through a hub and spoke approach and use of dedicated practice educators.

The National Ultrasound Training Programme has delivered immersive training experiences to sonographers and medical trainees, accelerating their capabilities, using training lists that delivered around 6,000 US procedures for 5,427 patients in 2023/24. The expansion of this programme has been scoped to continue, and also to offer training opportunities in additional specialties including Head and Neck, Musculo-skeletal, (MSK) Gynaecology, Sexual and Reproductive Health, Radiology, Renal Transplant, Trans -perineal, Emergency Medicine and Paediatric Point of Care Ultrasound.

If funded, the NHSSA is committed to deliver this training for 17 sonographers, 33 Surgical Trainees, 14 Specialty doctors and 12 Clinical Nurse Specialists/Advanced Practice Nurses. The training programme will provide up to 9,350 procedures, as well as meeting priority workforce development needs. Space has been identified and support services are in place, however short-term funding allocations for training creates a retention risk for the training faculty.

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| **No.** | **Executive Lead** | **Board Actions 2024/25** |
| **4.1** | **National Associate Director****Director of Operations** | **Delivering year on year reductions in waiting times and tackling backlogs focusing on key specialities including cancer, orthopaedics, ophthalmology and diagnostics.**  |
| **The Centre for Sustainable Delivery**The CfSD will lead on developing national delivery plans in support of cancer backlogs, orthopaedics, ophthalmology and diagnostics. Working in collaboration with all health boards the Planned Care Team in CfSD will continue to hold regular operational-level meetings with Boards to identify potential actions and to share best practice that can address meeting the primary objective in reducing year on year patient waiting lists.**NHS Golden Jubilee National Elective Services Division**As outlined within the Board’s Planned Care Plan, NHS Golden Jubilee elective capacity will be maximised locally to operate 48 weeks per year (5 days per week for Ophthalmology and General/Colorectal Surgery; 6 days per week for Orthopaedics; and 7 days per week for Endoscopy in the Vanguard Unit (while funded)). Management and organisation of lists; monitoring of theatre turnaround times; and standardised ways of working are in place to support the maximisation of capacity and optimisation of resources locally. For further detail, please make reference to the Board’s Planned Care Plan.  |
| **4.2** | **National Associate Director** | **Enabling a “hospital within a hospital” approach in order to protect the delivery of planned care.**  |
| **The Centre for Sustainable Delivery**The CfSD will continue to support national work around the protecting of planned care capacity via the hospital within a hospital model. At present, CfSD are in the process of developing clear objectives for this programme of work and the definitive areas that will be progressed going forward are yet to be established. **(See Section 2.2)** |
| **4.3** | **National Associate Director****National Associate Director****Director of Operations** | **Maximising capacity to meet local demand trajectories.**  |
| **The Centre for Sustainable Delivery**The Modernising Patient Pathways Programme will continue to engage with Boards using the heatmap methodology to focus on identification and delivery of productive opportunities. This involves engaging with Boards to agree local commitments in respect of high-impact improvements such as ACRT and PIR. The heatmaps enable the use of a defined standardised measurement strategy to help monitor local progress, maturity and identify further improvement opportunities. The Planned Care Performance Team will continue to hold regular operational-level meetings with Boards to monitor utilisation and identify specific actions to maximise capacity. **The National Elective Co-ordination Unit**The National Elective Co-ordination Unit (NECU) will continue to deliver capacity campaigns designed to match physical and workforce capacity to excess demand across NHS Boards and facilitate treatment of patients across Board boundaries **(See Section 4.8 and 4.9).**NECU work nationally with NHS Boards to support the matching of overspill capacity to demand, underpinned by the sustainability methodologies prescribed by CfSD. As of February 2024, NECU have validated 79,500 patients, with a removal rate of 9% and supported the treatment of 5,000 patients nationally through the matching of capacity to demand. **NHS GJ National Elective Services (NES) Division**NHS GJ will continue using a patient focussed booking approach to validate waiting lists, reduce cancellations and protect capacity. The Board will continue to operate on the assumption that administrative and clinical vetting is carried out for patients at the host Board prior to referral to the Jubilee. As part of 2024/25 resource allocations, early stage planning is underway for the Board to work with the NECU in 2024/25 to undertake administrative vetting for all Orthopaedic and Endoscopy patients, where appropriate. NHS GJ continues to deliver, implement and embed, High Impact Programmes. In 2023/24, Patient Initiated Review (PIR) was fully implemented and embedded for approximately 88% of return orthopaedic patients. Furthermore, the Board will progress multiple improvement workstreams to improve theatre flow across specialities (i.e. maximising number of 4 joint lists, reducing and replacing on the day cancellations, and reducing turnaround times). Further detail on this work is specified in the Board’s Planned Care Plan. |
| **4.4** | **National Associate Director** | **Match outstanding demand with available capacity across Scotland through regional and national working including through the National Treatment Centres (NTCs).**  |
| The Planned Care programme will work with Boards at a local level to monitor utilisation and identify specific actions to maximise capacity. This includes utilisation of NTC capacity and NECU opportunities.The CfSD will continue to engage with the National Treatment Centres Programme to ensure alignment with pathway redesign work. |
| **4.5** | **National Associate Director****Director of Operations** | **Extending the scope of day surgery and 23-hour surgery to increase activity and maximise single procedure lists.**   |
| **The Centre for Sustainable Delivery**The Modernising Patient Pathways (MPP) programme will continue to engage with Boards specifically via the Peri-Op Speciality Delivery Group, in driving improvement. By using the heatmap methodology the MPP Programme will work with Boards to focus on delivery of productive opportunities around Day Surgery. **(See Section 4.7)** **NHS GJ NES Division**The Board will work to achieve a 75% Day of Surgery Admission (DoSA) target, giving allowance to long distance patients who need to be admitted the day prior to surgery. In 2024/25, work will progress to introduce a bespoke pre-habilitation model in Orthopaedics to optimise patients before and after their surgery.  |
| **4.6** | **National Associate Director** | **Implement outcomes of Specialist Delivery Groups including reducing variation.** |
| **The Centre for Sustainable Delivery**The CfSD will continue to develop and support the Speciality Delivery Groups (SDGs). With a focus on clinical leadership and achieving clinical consensus, the SDGs will focus on reducing inappropriate variation and promoting national best practice. The SDG workplans will include actions to address waiting times, such as implementing high-impact changes such as Active Clinical Referral Triage (ACRT) and PIR. CfSD’s SDGs will continue to support the development and deployment of national clinical pathways across Scotland. This work will help to promote best practice, reduce variation including safely reducing demand. |
| **4.7** | **National Associate Director** | **Undertake regular waiting list validation.**  |
| **The National Elective Co-ordination Unit**The CfSD National Elective Co-Ordination Unit (NECU) are leading on a national waiting list validation exercise, working with multiple Boards using a digital first approach. **(See Section 4.9)** |
| **4.8** | **National Associate Director** | **Delivery of CfSD / NECU waiting times initiatives and productive opportunities.**  |
| **The National Elective Co-ordination Unit**The NECU are carrying out a national waiting list validation exercise on patients in key specialities. This includes engaging with Boards to support local priorities and local backlogs.The NECU team will also work with Boards to deliver local campaigns to increase capacity and treat patients across Board boundaries.CfSD will continue to develop and support the Speciality Delivery Groups (SDGs) and their workplans that will include actions to address waiting times, such as implementing high-impact changes such as ACRT and PIR. **(See Section 4.7)** The NECU team will continue to undertake waiting list validation and support matching demand with available capacity for longest waiting patients through targeted capacity campaigns. NECU have now completed validation tests of change within diagnostic imaging (U/S and MRI) and endoscopy, which will inform future programmes of validation in these areas.The NECU team will also work with Boards to deliver local campaigns to increase capacity and treat patients across Board boundaries. This work will be very dependent of the local circumstances. For example, it could involve running "Super Saturday" extra weekend clinics to increase throughput, or identifying ways to provide equipment or staff capacity from other Boards to help meet local demands in reducing patient waiting lists. |
| **4.9** | **National Associate Director****Director of Operations** | **Optimise theatre utilisation and implement digital solutions.**  |
| **The Centre for Sustainable Delivery**The CfSD will support improvement work to optimise theatre utilisation through the Peri-operative Delivery Group.  This group will address opportunities across the pathway including pre-operative assessment, processes, reducing on the day cancellation, increasing high volume procedures, moving less complex procedures from main theatres to procedure rooms and outpatient settings, protecting planned care and advanced practice.**NHS GJ NES Division**NHS GJ will support Planned Care through the adoption, innovation, and where appropriate, upgrade of Digital Solutions (i.e. OpenEyes; Netcall; TrakCare; Endoscopy Image Capture; and an Orthopaedic App) which is detailed within the Board’s Planned Care return. |
| **4.10** | **Director NHS Scotland Academy, Learning & Innovation** | **NHS Scotland Academy** NHSSA will deliver established programmes to meet areas of workforce need, and will continue to work in collaboration across Scotland to develop additional programmes in priority areas. Over 6,000 learners will participate in NHSSA programmes in 2024/25. |

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| **No.** | **Executive Lead** | **Indicative Board Actions 2025/26 and 2026/27** |
| **4.11** | **National Associate Director****Director of Operations** | **The Centre for Sustainable Delivery**Supporting the national improvement and recovery of planned care will be a significant element of the CfSD’s work through to 2026/27.The key pieces of work that the CfSD improvement programmes will continue to take forward over this period are:* The Modernising Patient Pathways (MPP) programme will continue to implement a range of activities designed to support Boards, identify best practice, and deliver improvements. This includes the development of national clinical pathways and support to clinical-led Speciality Delivery Groups, which act as a national vehicle for implementing improvement
* The NECU will continue to deliver national and local waiting list validation exercises. They will also continue work with Boards on capacity campaigns designed to facilitate treatment of patients across Board boundaries
* The NECU team will also work with the Scottish Government (SG) and NHS GJ to explore transition from CfSD to a permanent operating model
* The Planned Care team have recently transitioned to the CfSD from SG. They are currently in the process of developing their initial strategic plans. However, they will have a focus on orthopaedics, ophthalmology and radiology, and hold regular meetings with Boards to discuss performance issues and highlight improvement opportunities.

**NECU – Development of Multi-Year Plans**Ongoing discussions and planning are currently taking place to explore potential multi-year plans for NECU and consider what those future opportunities might be.**NHS GJ NES Division** Over the medium-term, the Board will continue working to maximise opportunities. NHS GJ will provide elective capacity through service level agreements (SLA) with referring Boards agreed with Scottish Government colleagues to support waiting list pressures nationally. This involves regular engagement with Board Leads and Planned Care Performance Leads. The Board will continue to performance manage agreed allocations versus actual activity, and Divisional Referrals and Waiting List Management key performance indicators. This will support maximising utilisation of all GJUNH capacity. NHS GJ will continue to provide specific support to Boards where there are local pressures relating to specific services. |

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| 5 | **Cancer Care**Delivering the National Cancer Action Plan (Spring 2023-2026) |

Working with other Health Boards, NHS Golden Jubilee is committed to delivering critical to life cancer diagnosis and treatment for the people of Scotland. This includes the continuation of the Thoracic programme delivering timely treatment for lung cancer and the Colorectal programme, both of which adhere to the 31-day target.

Scotland’s new earlier cancer diagnosis vision forms part of the 10 year Cancer Strategy 2023-33 published in June 2023. NHS GJ continues its efforts to increase diagnostic capacity, supporting timely access and optimising treatment options. The opening of NHS Golden Jubilee’s Phase 2 Surgical Centre supports further expansion of the Diagnostic Endoscopy service, and additional space is being prepared to support increased demand in the short-term. Additionally, the Radiology Strategic Development Programme (RSDP) will continue to support increased diagnostics as key features of the programme include enhanced capacity utilisation and workforce constraints. NHS GJ continues to support territorial Boards by providing diagnostic allocations for cancer procedures, which contributes to national cancer and diagnostic targets.

Screening for lung cancer has been in a pilot phase in NHS England for several years and is now being rolled out across multiple sites. Following the publication of the NELSON trial, it is clear that screening is associated with earlier diagnosis and treatment and undoubtedly saves lives. NHS Scotland is in the process of planning a screening program but this has not yet started.

Experience from Central and Greater Manchester which has a mature lung cancer screening program and Targeted Lung Health Check has indicated that their screening program has resulted in an additional 15-20% patients requiring lung resection for potential cure of their lung cancer. Scoping exercises and capacity planning will be required at GJUNH to quantify the impact of a national Scottish screening program and the subsequent impact for the GJUNH.

The NHS Scotland Academy remains dedicated to supporting enhanced diagnostic capacity through the National Endoscopy Training Programme (NETP) and the National Bronchoscopy Training Programme (NBTP), which is focused on improving lung cancer outcomes. During Q4 2022/23, the Academy team added the provision of the National Ultrasound Training Programme. This work will also be a core feature of the Medium-Term Plan.

The CfSD Earlier Cancer Diagnosis team plays a key role in implementing the national cancer strategy and the first national cancer action plan.

This includes delivering the Detect Cancer Earlier Programme (which supports the National Cancer Strategy), deploying Rapid Cancer Diagnostic Services to achieve population-based coverage across Scotland, and supporting Boards with the Framework for Effective Cancer Management.

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| **No.** | **Executive Lead** | **Board Actions 2024/25** |
| **5.1** | **Director of Operations****National Associate Director** | **Improving cancer waiting times standards through ongoing delivery of the Framework for Effective Cancer Management, specifically highlighting key actions aimed at improving breast, colorectal and urology pathways.**  |
| A 6th thoracic surgeon was appointed in September and NHS Golden Jubilee are continuing to deliver the 31 day target. **The Centre for Sustainable Delivery**The Cancer Performance & Earlier Diagnosis Team will continue to support Boards with their local implementation of the Framework for Effective Cancer Management. The team will hold regular meetings with all Boards, and will provide additional support and advice where required. Where necessary, this will include physical on-site visits to individual boards to understand the specific issues that they may be experiencing and enable the team to provide targeted help and advice. |
| **5.2** | **Director of Operations****Director NHS Scotland Academy, Learning & Innovation****National Associate Director** | **Increasing diagnostic capacity including endoscopy and its new alternatives, alongside assurances of the Board’s plan to establish a Rapid Cancer Diagnostic Service.**  |
| NHS GJ has focused efforts on increasing diagnostic capacity. Space has been identified for an additional CT scanner to increase capacity. This proposal is included in the Board’s bid to the National Infrastructure Board for 2023/24. It is important to note that no funding has yet been secured, however upon allocation of funding this would be progressed during 2024/25. Additionally, the Radiology Strategic Development Programme (RSDP) will continue to support increased diagnostics as key features of the programme including enhanced capacity utilisation and overcoming workforce constraints. NHS GJ continues to support territorial Boards by providing diagnostic allocations for cancer procedures, which contributes to national cancer and diagnostic targets. NHS GJ will continue with efforts to increase Radiology reporting capacity via increased substantive and joint appointments with other Boards, as well as an additional Tele-radiology provider which enhances reporting capacity. The Scottish National Radiology Reporting Service (SNRRS) will see a 10% year-on-year increase, through roll-out of additional workstations across the next 3 years. GJUNH has also developed a plan to extend the operating hours of the existing radiology services through extended days and weekend working which would significantly increase imaging capacity across the modalities if supported. Ongoing discussions continue with WoS Boards and SG to include this as a sustainable model for increasing diagnostic capacity.**NHSSA NUTP and NETP**The NHSSA will continue to support the delivery of enhanced diagnostic capacity through the delivery of a range of training opportunities. The National Ultrasound Training Programme has delivered immersive training experiences to sonographers and medical trainees, accelerating their capabilities, using training lists that delivered around 6,000 US procedures for 5,427 patients in 2023/24. The expansion of this programme is being scoped to include training opportunities in additional specialties including Head and Neck, MSK, Gynaecology, Sexual and Reproductive Health, Renal Transplant, Trans-perineal, and the NHSSA is committed to deliver this training if funded to do so. Additionally, the NHSSA is enhancing diagnostic capability and capacity through the National Endoscopy Training Programme (NETP). The colonoscopy upskilling programme through NETP has already had a positive impact on key performance data with statistically significant improvements having been measured and we aim to improve performance for colonoscopy further in 2024/25. NETP will deliver a similar upskilling programme for upper GI scopes in 2024/25, seeking to significantly improve quality.**The Centre for Sustainable Delivery**The Cancer Performance & Earlier Diagnosis Team will continue to support the expansion of Rapid Cancer Diagnostic Services (RCDSs) to achieve population-based coverage across Scotland. The CfSD is also responsible for delivering Scotland’s Endoscopy and Urology Diagnostic Plan. This includes work to expand the network of Urology Diagnostic Hubs and promote adoption of alternatives to traditional endoscopy methods.  |
| **5.3** | **Medical Director/****Director of Operations****Director NHS Scotland Academy, Learning & Innovation****National Associate Director** | **Embedding optimal cancer diagnostic pathways and clinical management pathways.**  |
| In collaboration with the WoS Cancer Network, NHS GJ is working to deliver NHS Scotland’s Optimal Lung Cancer Diagnostics Pathway. As part of this, the thoracic team are looking to streamline the pathway following referral for surgery.NHS GJ has committed to scoping the development of a lung biopsy service supporting the optimum lung cancer pathway. This requires engagement with WoS Boards to identify how NHS GJ can best support the lung biopsy service model to increase the proportion of patients who undergo lung biopsy prior to surgery in line with best practice. It is recognised that delays in access to biopsy are now impacting the 31 day to surgery target.NHS GJ’s Diagnostics service has submitted a proposal for non-recurrent funding to deliver increased cardiac CT, cardiac MRI scans and ultrasound capacity. This would be delivered through weekend working and includes a proposal to train an advanced practice radiographer to supervise CTCAs which would have long term benefits for increasing reporting capacity.NHS GJ will continue to work in collaboration with WoS Boards (WoS) and Regional Cancer Advisory Group (RCAG) to identify NHS Golden Jubilee’s capacity to support cancer diagnostics and improve access/reduce waiting times. **NHSSA NUTP and NETP**The NHSSA has committed to delivering a two-year project (2023/24 and 2024/25) to train 45 respiratory trainees in basic bronchoscopy and 36-48 senior trainees/SAS grades/Consultants in Endobronchial Ultrasound and Transbronchial Needle Aspiration (with Scottish Government funding partially through the CfSD).**The Centre for Sustainable Delivery**The CfSD Cancer Performance & Earlier Diagnosis (CP&ED) Team will lead on the development of optimal cancer diagnostic pathways in NHS Scotland. Colorectal cancer is the next pathway to be designed in 2024. The CP&ED Team will continue to support implementation efforts for published optimal pathways – lung and head and neck. Through the Accelerated National Innovation Adoption pathway (ANIA), a national deployment of Artificial Intelligence as an enhancement to the new lung cancer diagnostic pathway is being explored by the CfSD, working in partnership with NHS Greater Glasgow and Clyde (NHS GGC) & NHS Grampian |
| **5.4** | **Director of Operations** | **Delivering single point of contact services for cancer patients.**  |
| NHS Golden Jubilee’s Director of Heart, Lung and Diagnostics oversees cancer services at NHS GJ. Within the thoracic surgical service, a dedicated Nurse Specialist provides support to patients within the cancer pathway, and a Tracker oversees and monitors the pathway for this patient group. |
| **5.5** | **N/A** | **Configuring services in line with national guidance and frameworks on effective cancer management; Rehabilitation; and psychological therapies and support.**   |
| As noted in **Section 5.1**, NHS GJ and the CfSD are not responsible for local implementation; individual Boards are responsible and accountable for the configuration of services in line with the national guidance and frameworks on effective cancer management.  |
| **5.6** | **N/A** | **Supporting the oncology transformation programme, including through sharing data and advice, and developing services and clinical practice in line with its national recommendations.**  |
| This programme is not within the NHS GJ and CfSD portfolio. As noted in **Section 5.5**, individual Boards are responsible and accountable for local implementation of the national guidance and recommendations. |

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| **No.** | **Executive Lead** | **Indicative Board Actions 2025/26 and 2026/27** |
| **5.7** | **Director of Operations** | Compounded by the backlog in diagnostics, there are known challenges within current lung cancer pathways. NHS Scotland’s Optimal Lung Cancer Diagnostic Pathway is designed to improve current waiting times standards by reducing the overall pathway from 62 to 42 days. In collaboration with the WoS Cancer Network, NHS GJ has committed to exploring the impact of hosting a lung screening programme, with detailed planning likely to commence in year 2024/25. Additionally, with the consequential potential for an increase in lung cancer referrals, NHS GJ will explore the potential to establish a lung biopsy service. The Radiology Strategic Development Programme (RSDP) will continue to support increased diagnostics as a key feature of the programme to enhance capacity utilisation and minimise workforce constraints. NHS GJ will continue to support territorial Boards by providing diagnostic allocations for cancer procedures, which contributes to national cancer and diagnostic targets.  |
| **5.8** | **National Associate Director** | Over 2025/26 and 2026/27, the Cancer Performance & Earlier Diagnosis Team will continue to support delivery of the national cancer strategy and the underpinning national cancer action plans.This work will include ongoing delivery of the Detect Cancer Earlier Programme and supporting Boards with the Framework for Effective Cancer Management. |
| **5.9** | **Director NHS Scotland Academy, Learning & Innovation** | It is likely that the National Endoscopy Training Programme (NETP) will continue in the medium term. However the NHS Scotland Academy will respond to improvements in KPI data and if outcomes are significantly improved, it may not be required. Due to a delayed start, the bronchoscopy project is expected to continue into 2025/26.  |

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| 6 | **Health Inequalities and Population Health**Enhance planning and delivery of the approach to tackling health inequalities and improving population health |

NHS Golden Jubilee joined the Hidden Disabilities Sunflower Scheme in 2022 ahead of International Day of Persons with Disabilities. The scheme is available to support staff, patients and visitors with a hidden disability working in or attending NHS GJ. Membership has been renewed until December 2024.

Board implementation of the Diversity and Inclusion Strategy 2021-2025 is ongoing. Outcomes and associated outputs of the current strategy relating to workforce diversity and inclusion include:

* Education and training – developing a suite of new training materials to further embed equality, diversity and inclusion throughout NHS Golden Jubilee
* On-board diverse talent – introducing 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
* Inclusivity and data - a commitment to building a better understanding of diversity within the organisation by examining the data collection and analysis methods used to characterise workforce profiling.

NHS GJ will continue to support the 7 staff diversity networks (Ability, Ethnic Minority, LGBT+, Spiritual Care, Armed Forces, Women’s, and Young People). Networks are open to staff, volunteers and allies based within the NHS GJ community. Each network has links into the organisational Diversity and Inclusion Group, ensuring views are heard and subject-matter expertise recognised.

Furthermore, an Anchors Strategic Plan was submitted to the Scottish Government in October 2023. The plan also included an overview of current anchor-related activities being delivered by divisions and teams across the organisation signifying considerable existing engagement with community stakeholders. The plan outlined potential opportunities across the three pillars of workforce, procurement and estates. A survey and consultation was also undertaken across NHS GJ to ascertain views on the role of the hospital as an anchor institute. There was significant feedback with a particular focus on local recruitment and developing opportunities for existing staff. The Anchors strategic plan is currently being refined with relevant teams with a focus on identifying new opportunities based on stakeholder feedback, as well as identifying measurable outcomes for each deliverable, which is expected to be finalised by April 2024.

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| **No.** | **Executive Lead** | **Board Actions 2024/25** |
| **6.1** | **Director of People and Culture** | **Tackling local health inequalities (including racialised health inequalities) and reflecting population needs and local joint Strategic Needs Assessment.** |
| NHS Golden Jubilee’s priorities for 2024/25 in relation to tackling local health inequalities and reflecting population needs largely focus on the following areas:* Development and deployment of NHS GJ’s Reasonable Adjustment Passport for disabled staff
* Roll out of training for Equality Impact Assessment (EQIA) and establishment of EQIA champions across all hospital functions/divisions
* Roll out of three training sessions on neurodiversity in the workforce to be provided by Scottish Autism Society
* Deployment of WelcoME app for disabled service users to provide advanced information of an individual’s disability and accessibility requirements prior to arriving on site allowing NHS GJ to provide an enhanced level of person- centred care
* Development of Board succession planning with strong focus on inclusivity
* New procedures focusing on guidance for hiring managers around diversification of interview panels
* Equality Outcome for on-boarding diverse talent continues with updated content in recruitment packs to encourage and support increased number of disabled applicants
* Collaboration with NHS GGC to host a Queer Leadership Conference focusing on inclusion succession planning for LGBTQ+ staff members
* On-boarding diverse talent through membership of the Glasgow Centre for Inclusive Living (GCIL) Equality Academy Programme. This will involve providing a two year placement for a disabled graduate within NHSGJ’s Learning and Organisational Development Team
* Report on the delivery of the 2021-2025 Board Equality Outcomes
* Development of future Board Equality Outcomes for the period 2025-29, adopting a service design approach with internal/external stakeholder engagement activities. Outputs, actions and deliverables to be determined.

Additionally, NHSGJ will deliver a series of targeted events in Q1 of 2024 to strengthen relations with ethnic minority staff across the organisation:* An ethnic minority networking lunch will act as a promotional event to encourage more ethnic minority staff to on-board and become active participants in the Board’s ethnic minority network
* The ethnic minority leadership event will deliver a half-day workshop featuring guest speakers with a specific focus towards inclusive succession planning to address diversity imbalance across organisational structures.
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| **6.2** | **Director of Transformation, Strategy, Planning and Performance** | **How they will redirect wealth back into their local community to help address the wider determinants of health inequalities, through actions set out in their “Anchors Strategic Plan”.** |
| NHS GJ recognises the significant challenges affecting West Dunbartonshire (including population decline, inequality and poverty), and therefore a refined plan will focus on a range of interventions to support local communities. Outcome- based activities will be delivered including: * Widening workforce participation
* Building the future workforce
* Being a good employer
* Expanding community access to our property
* Improving local infrastructure
* Developing a knowledge exchange economy.

The NHS GJ Anchors Strategic Plan measurement framework will be finalised by April 2024. |
| **6.3** | **Director of Transformation, Strategy, Planning and Performance** | **Commitment and contributions (leadership, funds, staffing and other resources) to Community Planning Partnerships (CPPs) to improve local outcomes agreed in Local Outcome Improvement Plans and Locality Plans.**  |
| NHS GJ is a member of the West Dunbartonshire Flourishing Delivery and Improving Group and has recently been invited to join the Community Planning West Dunbartonshire Management Board. Early opportunities will be sought to enhance our position as an Anchor organisation through the development of new community planning relationships. |

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| **No.** | **Executive Lead** | **Indicative Board Actions 2025/26 and 2026/27** |
| **6.4** | **Director of People and Culture** | **Tackling local health inequalities (including racialised health inequalities) and reflecting population needs and local joint Strategic Needs Assessment.** |
| NHS GJ’s indicative set of actions for 2025/26 and 2026/27 in relation to tackling local health inequalities and reflecting population needs are as follows:* Roll out of training and accompanying guidance to support Reasonable Adjustment Passport
* Review of effectiveness of EQIA and potential additional training and support to foster growth of the initiative
* Ongoing workstreams associated with advancing knowledge and awareness of neurodiversity
* Continued membership of WelcoME and review of year 1 membership with a view to continuing this service
* Launch of new NHS GJ’s Board Equality Outcomes from April 2025 onwards with associated action plan.
 |
| **6.5** | **Director of Transformation, Strategy, Planning and Performance** | **How they will redirect wealth back into their local community to help address the wider determinants of health inequalities, through actions set out in their “Anchors Strategic Plan”.** |
| The priority for 2024/25 will be embedding and implementing actions as laid out within the strategic plan. A revised Anchor Strategic Plan will be developed during Q1 2024/25, taking into account the recently received feedback from SG. The Anchors Strategic metrics return will be submitted to SG by the deadline of 29th March 2024 and will then be subject to annual review. |

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| 7 | **Women and Children’s Health**Take forward the actions in the Women’s Health Plan and support good child and maternal health, so that all children in Scotland can have the best possible start in life.  |

NHS Golden Jubilee recognises the importance of women and children’s health, but the specific role of our services and specialities does not extend to primary care interventions in this area.

Whilst we do not provide dedicated women and children’s services, we are working to improve women’s health and wellbeing, and address inequalities across our services and in the workplace as set out in the Women’s Health Plan.

With a number of established internal networks covering several protected characteristics as defined under the Equality Act 2010, the Board have established a dedicated Women’s Lead at Executive Director Level, and internal Women’s Network focussed on addressing issues that impact on their lives in the workplace i.e. breastfeeding facilities, menopause, menstrual health; with the aim of looking at how to address challenges or even raise awareness of the impact of these issues.

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| **No.** | **Executive Lead** | **Board Actions 2024/25** |
| **7.1** | **Director of People and Culture** | **Taking forward the relevant actions set out in the Women’s Health Plan.** |
| To Implement the Women’s Health Plan (WHP), NHS GJ will continue to take forward relevant actions associated with the key priority areas in the plan which include: * **Establishing a Women’s Health Lead in every NHS board to drive change and share best practice and innovation:**

With an appointed Executive Director as Women’s Lead and established internal Women’s Network, the Board are committed to act as an agent of change to share best practice and innovation across the organisation to support women and address challenges which impact life in the workplace. Provision of this forum will continue to enable staff to influence change as well as address issues or raise awareness on the impact these challenges have in the workplace.* **Implement the national interim Menopause and Menstrual Health Workplace policy, as an example of best practice, starting with NHS Scotland, and promote across the public, private and third sector:**

In 2024/25, NHS GJ will continue to share best practice and innovation via the Board’s Menopause and Menstrual Health Policy which was implemented in November 2023.The Menopause and Menstrual Health Policy aims to:* Support employees in their experience of menstrual health and menopause in the workplace and help them to minimise the impact it can have
* Create an environment where employees feel confident in raising issues about their menstrual health or menopause symptoms and ask for, and receive the support, solutions and any adjustments which can be put in place so they can comfortably work
* Foster a culture of good menstrual health and positive menopause awareness, underpinned by education, inclusive discussions, and compassionate management.
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| **No.** | **Executive Lead** | **Indicative Board Actions 2025/26 and 2026/27** |
| **7.2** | **Director of People and Culture** | Over the medium-term, NHS GJ will continue to adopt best practice and innovation to support and improve Women’s Health in the workplace.In 2026, the Board will adopt the ‘Once for Scotland’ policy. |

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| 8 | **Workforce** Implementation of the Workforce Strategy. |

Workforce continues to be a significant priority for NHS GJ, and in common with Boards across Scotland, we continue to experience significant workforce challenges.

NHS GJ developed its most recent three-year Workforce Plan in 2022. The summer of 2024 will see a refresh of the overall NHS GJ Strategy. That strategy refresh, coupled with the very recent recruitment of a new Director of People and Culture at NHS GJ, provide the ideal opportunity to refresh the Workforce Strategy and Plan for the future to ensure it fully aligns, and underpins the overall refreshed Strategy.

In preparation for that Strategy refresh, detailed reviews are underway within the Workforce directorate to understand the employee experience and identify opportunities to improve it. This is being approached through a person-centred lens, with an equally strong focus on the efficiency (and therefore cost effectiveness) of our processes and procedures. This will ensure we’re able to improve the employee experience, and reduce our costs.

The eRostering project has completed its Initiation phase and entered the Readiness Phase, the project is on schedule according to plan. A readiness survey has provided an assessment of current rostering processes and practices across the organisation. Early adopters have been identified from both medical, clinical and non-clinical areas, who will provide the baseline of information required to configure the system for the organisation. A project board and delivery teams are in place, with ongoing engagement and support from NHS National Services Scotland (NHS NSS), the supplier, and other NHS Boards.

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| **No.** | **Executive Lead** | **Board Actions 2024/25** |
| **8.1** | **Director of People and Culture** | **Achieve further reductions in agency staffing use and to optimise staff bank arrangements.** |
| * **Minimising agency staff in roles that are proving challenging to recruit**: There are ongoing Board- wide challenges in recruiting into certain roles (for example, Ophthalmology Consultants and Housekeeping), with small volumes of these roles being undertaken by agency staff. A dual approach will continue throughout 2024/25, focussing on the control of these volumes through strong vacancy management processes and targeted recruitment plans to attract and recruit into these key roles
* **Eliminating off-framework agency use**: Good compliance was achieved throughout 2023/24 with newly- implemented Executive level sign off escalation processes, with momentum building in to 2024/25 to eliminate instances of off-framework agency use completely
* **Optimisation of the NHS GGC bank**: With a well-defined and embedded process in NHS GJ to utilise the NHS GGC bank (in particular for Nursing), 2024/25 plans include the exploration of utilising the NHS GGC bank for non-Nursing roles (for example Admin and Housekeeping)
* **Growth of NHS Golden Jubilee bank with our existing staff**: Although NHS GJ has a very small bank, there is potential in 2024/25 and beyond to expand with a larger pool of dedicated bank staff. Not only will that offer our current workforce the opportunity to work more flexibly across the organisation, it contributes to the development of staff, provides more skill availability and helps with temporary staff deployment when needed
* **Better anticipation of leavers/pipeline planning**: The mis-match between short notice periods (typically 4 weeks) and lengthy recruitment processes (longer than 4 weeks) can be a driver of both bank and agency use. As part of the overall Workforce review in the early months of 2024/25, focus will be given to a) the efficiency and pace of our recruitment processes and b) our ability to anticipate leavers and successfully succession plan for their replacement.
 |
| **8.2** | **Director of People and Culture** | **Achieve reductions in medical locum spend.** |
| * **Full workforce planning review:** Priority review of our workforce planning and recruitment processes in the early months of 2024/25, including a key focus on how we forecast demand by role type in the medical specialisms. The aim of this review is not only to improve the employee experience and improve efficiency, but to increase the decision making rigour and Executive escalation processes around locum use.
* **Clarity and rigour around locum types**: Ensure our workforce planning is clear on the financial implications (and therefore priority) of using NHS locums vs Agency locums.
* **Growth of NHS Golden Jubilee bank with our existing medical staff:** Seizing the opportunity of an existing NHS GJ process, which invites Nurses at the point of moving roles, to join the NHS GJ bank. This process has the potential of being extended to medical staff, when they move as Trainee/Fellows to other hospitals.
* **Embedding of medical service planning**: Embedding the already implemented medical service planning for career grade staff.
 |
| **8.3** | **Director of People and Culture** | **Deliver a clear reduction in sickness absence by end of 24/25.** |
| * **Triangulating our data:** Capitalising on the end to end review of the full employee experience that’s planned for the early months of 2024/25 to review all of our People metrics, data and insight, triangulating that robustly to help us understand, anticipate and then mitigate local NHS GJ trends in absence.
* **Strengthening the Business Partnering model:** Strengthening the Business Partnering relationship between the Workforce team and the People managers of NHS GJ, with clear accountabilities and a collaborative mindset, to drive compliance to attendance processes (e.g. Return to Work interviews).
* **‘Get the basics right’ campaign:** A Workforce team priority to ‘get the basics right’, both from a process and mindset perspective. This not only ensures we increase the rigour in our basic HR processes, but also drives down cost.
* **New Wellbeing Zone:** With Board- wide investment and commitment to support Wellbeing, a new dedicated Wellbeing Zone is being created in 2024/25 to support both the physical and spiritual health of our staff.
* **Spiritual Care and Chaplaincy:** Continuing with the momentum already built in 2023/24, with a holistic approach to the emotional, psychological and spiritual needs of our staff (and patients). Under the banner of ‘safer staff, safer patients’ we will deliver: A Listening Ear service; Training sessions 3x per week on Mindfulness, Meditation and Breath in to the Weekend; Mindfulness Course focussed on the 5 ways of Wellbeing; Values Based Reflective Practice sessions, Collaboration with the Nursing Directorate to contribute to the caring behaviours training and Education and training around Spiritual and Religious Care, Loss, Grief and Bereavement.
* **Occupational and Mental Health:** Close collaboration between HR and Occupational Health to identify trends, spot opportunities for early intervention and in particular, drive down instances of Mental Health absence (which is our biggest absence driver). The will be delivered alongside the ongoing support of EAP (Employee Assistance Programme) provided by Time for Talking, and the MHFA (Mental Health First Aiders) Programmes providing immediate and longer term support with psychological resilience and positive mental health. 2024/25 will also see the pilot of a dedicated Staff Mental Health Counsellor.
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| **8.4** | **Medical Director** | **An implementation plan for eRostering in 2024/25 with a view to implementing across all services and professions by 31st March 2026.** |
| A period of on-site activity will take place with early adopters including configuration training, roster team training, early adopter implementation and training, and loop roll-out. All deployment will be completed by the end of May 2024. Wider organisation rollout will commence in July 2024 during the ‘adoption phase’. This will include business as usual (BAU) support training, benefits measurements and formal handover from the RLDatix project team to customer services and support. |

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| **No.** | **Executive Lead** | **Indicative Board Actions 2025/26 and 2026/27** |
| **8.5** | **Director of People and Culture** | **Achieve further reductions in agency staffing use and to optimise staff bank arrangements.** |
| With 2024/25 being centred around the review of our end- to- end Workforce ways of working, with a campaign to ‘get the basics right’, 2025/26 and beyond will build on those strong foundations with a focus on better anticipation of our Workforce needs, and growth of our internal flexibility/resources. |
| **8.6** | **Director of People and Culture** | **Achieve reductions in medical locum spend.** |
| As noted in **Section 8.5.** |
| **8.7** | **Director of People and Culture** | **Delivery of the overall strategy.** |
| The refresh of the NHS Golden Jubilee strategy, and the refresh of the Workforce strategy that underpins it in the summer of 2024/25, 2025/26 and beyond will be centred around the delivery of that strategy, year on year. |
| **8.8** | **Director of People and Culture** | **Delivery of the Health and Wellbeing strategy.** |
| The Health and Wellbeing strategy is being reviewed in the early months of 2024/25, which will define the three year plan to ensure the health and wellbeing of our staff in to the future. |
| **8.9** | **Director of People and Culture** | **Delivery of the Spiritual Care and Chaplaincy strategy.** |
| With a very clearly defined and acclaimed Spiritual Care strategy, 2025/26 and beyond will focus on the growth of the new Wellbeing Zone, and the triangulation of Wellbeing. |
| **8.10** | **Medical Director** | **An implementation plan for eRostering in 24/25 with a view to implementing across all services and professions by 31st March 2026.** |
| Monitor and review adoption of the system ensuring benefits are being achieved, as outlined within the Benefits Realisation Plan. |

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| 9 | **Digital Services Innovation Adoption**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 |

NHS GJ’s Digital Improvement Plan which was approved by the Board in 2023 is in progress and covers the period 2023-2026.

The plan is governed by eight key principles:

* Digital transformation of clinical and “back-office” services
* Improve staff and patient digital experiences
* Achieve an appropriate balance between cyber security and operational efficiency
* Reduce the number of discrete information and communication technology (ICT) systems within the Board and maximise the capabilities of current systems
* Bring current systems up to date (current versions) and continue to maintain and improve
* Vendor- supported products will be prioritised in preference to local or bespoke development
* Storage and information held is reduced with a preference established where possible for off-site or cloud solutions
* Explore opportunities for strategic partnerships with other Boards and institutions.

The plan details improvement plans incorporating the needs of the GJUNH, NHSSA, Research Institute, the Golden Jubilee Conference Hotel and the CfSD through 47 work packages in four main areas:

* Clinical Applications
* Corporate Applications
* Digital Infrastructure
* Security and Compliance.

2026-2027 will see a focus on expansion of new capabilities and innovation in the use of Digital Services driving improvement in front line and back office activities. A strong digital culture within the organisation will be fostered ensuring ownership and collaboration at all levels of staff and activities.

The CfSD innovation team will continue to lead the ANIA pathway. This includes supporting and assessing projects through all stages of the ANIA pathway and enabling the national adoption and implementation of approved innovations.

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| **No.** | **Executive Lead** | **Board Actions 2024/25** |
| **9.1** | **Director of Finance** | **Adoption and implementation of the national digital programmes.** |
| NHS GJ is working to implement several key national digital programmes during 2024/25:**National Laboratory Information Management System (LIMS)** The Board continues to participate in regional and national planning exercises for the national LIMS system to ensure our requirements are captured, and that local plans consider any implications for Laboratory Services. Implementation of this system is in progress for completion in Q2 of 2025/26.**Early Adopter of National Endoscopy Reporting System (ERS)**NHS GJ continues working with the national programme team to be an early adopter of the new Endoscopy Reporting System. This system will be in place in Q1 of 2024/25 to support the activity associated with the opening of the Phase 2 National Treatment Centre, and will remove an existing risk around the age and (in)stability of the current reporting software. Digital services are supporting Medical Physics in ensuring the Board’s digital and imaging equipment is ready to meet new ERS infrastructure requirements. **eRostering**The implementation of the national eRostering product will improve current rostering, generate efficiencies and free up staff time. Whilst this is an HR- led programme, there is support required from Digital to ensure a successful and seamless implementation. Initial programme meetings are underway with implementation expected for Q2 of 2024/25.**Hospital Electronic Prescribing and Medicines Administration (HEPMA)**The business case for HEPMA adoption across NHS GJ has been approved with the vendor engagement and planning underway. This system will be vendor- hosted removing any local infrastructure risks as part of the implementation. The system is scheduled to be in place in Q2 of 2024/25.**NearMe**NearMe is a key strategic product going forward for the Golden Jubilee allowing patients greater flexibility in choice of appointment and increasing capacity within outpatient services through more efficient use of clinic time and facilities. The Board has an aspiration to expand the use of this service over the medium-term, on-boarding new specialties on a prioritised basis, including in support of some activities of the new National Treatment Centre. Expansion of NearMe is predicated on commissioning a broadened application support resource to manage system administration. This is planned to be addressed by the Board in Q3 of 2024/25 as part of a wider digital resource and responsibilities review.**Picture Archiving and Communication System (PACS)**NHS GJ have recently completed local installation and upgrade of the latest version of the new Philips PACS system. However, with the national contract recently being re-let to a new provider as part of the national PACS programme by National Services Scotland (NSS), NHS GJ will look to develop a local business case and project plan in 2024/25 in line with the national programme and timeline for migration. Given the recent PACS upgrade locally, it is likely that the Board will deliver this project towards the later stages of the national roll-out plan early in the 2025/26 financial year. Initial activity to progress delivery will be underway in 2024/25.**OpenEyes**OpenEyes is a national electronic patient record (EPR) system specifically for Ophthalmology services. This is a system purchased by Scottish Government partnered with NES Technology Services (NTS) with initial implementation led by NHS Greater Glasgow and Clyde (NHS GGC). Following NHS GGC implementation, a consolidation exercise is underway to tidy and streamline the implementation process before releasing this to other Boards to adopt. It is expected this work will complete by Q3/4 24/25 and Boards will then be asked to apply for an implementation slot in the national programme.**SCI Gateway**SCI Gateway and SCI Store perform a critical function in processing referrals and results communication and storage to other Boards and GP practices nationally. Whilst this is a national service, there is a local responsibility for referral protocols and document storage which require upgrading in line with national plans. Skills development is critical in this space to remove a single point of failure dependency within the Board. This work will continue through the 2024/25 financial year.**Digital Patient Comms**Following the upgrade of the TrakCare Patient Management System in Q2 of 2024/25, the Board will commence deployment of a digital patient communications solution utilising the NetCall infrastructure building on the successes already achieved within other Scottish Health Boards.**PECOS Digital Ordering**Procurement processes within the Board are some of the most paper heavy and resource intensive opportunities for digital transformation. As part of the national finance systems, PECOS is available to the Board which replaces the need for paper stock requisition forms when ordering the majority of items used within the hospital. The PECOS product not only streamlines the ordering process, freeing up capacity within the procurement team but allows reporting and analysis of data in this space to better identify areas of potential savings through rationalisation of products. The Board expects to complete the implementation of PECOS in 2024. |
| **9.2** | **Director of Finance** | **Improving cyber resilience and compliance with the Refreshed Public Sector Cyber Resilience Framework.** |
| **Workforce Expansion**As part of the review of the digital workforce plan, the Board has sought to expand the digital workforce which will contribute to improving our cyber resilience and compliance with the refreshed Public Sector Cyber Resilience Framework. NHS GJ will look to progress recruitment of Cyber Operations Officers to support demand in operational cyber defence activity as well as appointment of a Contracts & Vendor Manager, and an Incident & Problem Manager in 2024/25.**Security and Compliance Programme including NIS**As the Board continues to develop its capabilities in digital applications, it is committed to adopting a ‘security- first’ approach. This allows the freedom to grow digital services with the assurance that we do so in a cyber-secure way. NHS GJ will focus on continual improvement of Cyber Security controls and practice in addition to the statutory duty of NIS Directive compliance. Ongoing delivery of the following technical developments as part of our Security and Compliance Programme will continue throughout 2024/25: * **OneTrust Platform**

The OneTrust platform is built to support information security and governance and will support the Digital & Information Governance team to manage the organisations compliance with the Data Protection Act, the UK GDPR and also information asset management which is a key component of the Public Records Scotland Act 2011. The platform will support audit management, data mapping, incidentmanagement and the completion of Data Protection Impact Assessments (DPIAs).Implementation of this software is expected in Q1 of 2024/25* **Contract and Vendor Management System**

Following appointment of a new Contract and Vendor Manager work will commence on a fully managed contracts register for the Board’s Digital systems including tracking against contract deliverables and performance review monitoring. This work is planned for completion by the end of 2024* **National Security and Compliance Tools**

As part of the national Microsoft 365 agreement, a security and compliance toolset were made available to Boards. These tools provide local benefits around next generation anti-virus and cyber threat protection alongside leveraging national Cyber Security Centre of Excellence staff services for incident monitoring, response, and mitigation. Rollout of these tools is scheduled for completion in Q1 of 2024/25* **Change Control Policy and Procedures**

A change control process to support an incident management continuous improvement cycle is being developed within Digital. This will involve engagement with key internal stakeholders, such as Service Desk and Project Managers to review how incident management is handled, the key lessons to be learned and improvements we can take from incident management, and how to improve whilst communicating these improvements and changes back to the right people at the right time. An Incident & Problem Manager post within the department will lead on the development of the change control process. Delivery of the new change control policy is expected in 2024.* **Cyber incident and Event Monitoring Software**

The Board has invested in the SolarWinds cyber monitoring and event management software to streamline cyber activities and monitoring across all Board systems. This system will provide a single source of reference for all recorded activities on the IT network and automated processes to ingest, assess and alert on any suspicious or malicious activities to relevant technical staff. Planning activities are underway to support deployment of this software in Q4 of 2024/25. |
| **9.3** | **Director of Finance** | **Executive support and commitment to optimising use of digital & data technologies in the delivery of health services, and ongoing commitment to developing and maintaining digital skills across the whole workforce.** |
| Ongoing Executive - level support and commitment is in place to optimise use of digital & data technologies, providing corporate and clinical staff with modern, fit for purpose systems and services. This is evidenced through significant investment in Digital as part of the Jubilee’s Digital Transformation agenda and Improvement Plan. **Workforce Expansion** As outlined in the NHS GJ Workforce Plan (2022-2025), the digital transformation programme has proposed to expand the digital workforce to support continued growth in the use of digital technology in the delivery of both clinical and support services. Recruitment of key roles within the Jubilee’s eHealth department will continue to be progressed in 2024/25 to support delivery of this work.**Digital Training and Facilitation Lead**It is recognised that Digital skills go far beyond the capabilities of the Digital Team, and as part of the digital workforce plan review, the need for dedicated digital training and facilitation resources has emerged. The Board’s revised digital workforce plan includes immediate provision of a Digital Training and Facilitation Lead role. There are plans to grow this team through the business case process by at least a further three Digital Trainer posts, to ensure general basic digital skills as well as application- specific training are managed and delivered from the Digital Team in partnership with the organisations Learning and Organisational Development Department.The new Digital Training and Facilitation Lead will be responsible for developing a digital skills roadmap for the organisation utilising a combination of online, self-paced and in-person content to ensure digital skills across the staff base build over time.**Building Digital Capacity, Skills and Resilience within the Organisation**Furthermore, NHS GJ is committed to fostering a new ‘Digital’ culture within the Jubilee workforce. This will form a key part of both the new Board Strategy and supporting Digital Strategy when published. To achieve this, work is underway to develop a “Digital Champions” network; a group of staff from across the organisation who will be responsible for promoting the use of and help develop new digital solutions and services. These volunteers will be provided with the necessary support from the Digital team to in-turn support colleagues in their own clinical and business areas to adopt new technologies and ways of working. In addition to the Champions network, the Digital service will be complimented by new Digital Clinical Lead(s) to ensure there is direct clinical input into the design and adoption of digital services and systems. These individuals will be senior clinicians with sufficient influence within the organisation to promote the Digital programme internally and to represent the Board externally with other Boards regionally and nationally as well as with academic and other third party organisations. Greater focus on digital learning and facilitation will form part of the Digital Strategy along with a plan to create new Digital learning resources, both dedicated staff and a digital learning online toolkit, to further ensure the growth of digital skills across the entire workforce. This initiative will ensure the adoption of digital change is not hindered by low digital skills within clinical and corporate staff groups and foster the organisations move towards an inclusive digital culture.**Accredited Training Course**In order to maintain the digital skills within the workforce to deliver the full benefits of digital transformation work, the Board will commit to ensuring key support staff have the appropriate skills and accreditation to operate new technology effectively. This will be a rolling programme throughout 2024/25.**New Ways of Working**The Board will continue to demonstrate commitment to making the best use of digital and data technologies to underpin new ways of working. Through support of agile working and a digital workplace, including remote working and working from home, we will continue to refine and embed our approach to how we use our office spaces whilst utilising remote working technology in order to accommodate our growing workforce.**Other Digital Developments - NHS GJ****Stock Control Rationalisation**The Board will continue supporting the green theatres initiative across the site through the rationalisation of stock management and digital procurement processes. This is an ongoing programme of work for this financial year.**Theatre Scheduling Adoption**We will continue to support the adoption of national theatre scheduling solutions following completion of the procurement process. This is expected towards the end of 2024/25. |
| **9.4** | **National Associate Director** | **Working collaboratively with other organisations to scale and adopt innovation, with particular reference to the adoption of Innovation Design Authority (IDA) approved innovations as part of the Accelerated National Innovation Adoption (ANIA) pathway.** |
| **The Centre for Sustainable Delivery**The CfSD is responsible for the delivery of the ANIA pathway. This includes supporting the work of the IDA, who have overall oversight of the ANIA pathway. At present, three innovations have been approved for national adoption. Programme teams have been formed and work to deploy the innovations nationally will take place over the coming year. The approved innovations are:* **Digital Dermatology:** this involves the development of a new clinical pathway that will include capturing a series of triage quality digital images of a patient’s skin concern within primary care. The images are then securely transferred to dermatology services and can be used to help triage, diagnose and assess skin conditions without the patient being physically present
* **Diabetes Closed Loop System:** this innovation will support people with Type 1 Diabetes. It will enable an insulin pump and a Continuous Glucose Monitor (CGM) to “talk” to each other and adjust insulin dosage to help control the patient's glucose blood levels
* **Digital Diabetes Remission Programme:** this programme aims to support people living with type 2 diabetes to reduce their weight and achieve remission. At this point, funding for the programme is yet to be secured.

In addition to the approved innovations, six projects are going through detailed adoption planning and assessment process. |

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| **No.** | **Executive Lead** | **Indicative Board Actions 2025/26 and 2026/27** |
| **9.5** | **Director of Finance** | **Continue the adoption and implementation of National Initiatives.** |
| In the medium-term, the Board will continue adoption, where appropriate, of national digital solutions to better align its Digital Services to other Health Board partners. This will facilitate better sharing of information between Boards and provide a simpler, more familiar experience for visiting clinicians when using NHS GJ facilities. In 2025/26, NHS GJ will see completion of the following ongoing initiatives:* + **PACS:** As part of the whole-system rollout of the national PACS system, local completion is expected for NHS GJ in Q1 of 2025/26 following initial planning activities.
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| **9.6** | **Director of Finance** | **Develop and Deploy Technology which Improves Patient Access to Healthcare Systems** |
| In 2025/26, the following technological developments will be progressed to improve patient access to healthcare systems:* Clinical App Development (patient- facing)
* Order Comms System Replacement
* Clinical Portal Upgrade/Replacement.
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| **9.7** | **Director of Finance** | **End User Device Strategy**  |
| With the significant changes underway in systems delivery, it is pertinent to undertake a full review of device use in support of digital transformation exercises. NHS GJ will seek to improve and simplify the user experience when using Digital Technology through the implementation of an End-User Device Strategy ensuring the end-user has the right device with the right software for the task at hand. The Board will look to develop this Strategy over the coming years for completion in 2026/27. |
| **9.8** | **Director of Finance** | **Stock Control Rationalisation**  |
| The organisation currently has multiple systems in place for the management of stock items across the hospital creating inefficiencies in stock management, ordering and reporting. A review of these disparate systems establishing a best fit way forward towards consolidation of products is required before planning an overall reduction of systems in use. This work will also complement the Scan for Safety national programme being piloted by Medical Physics within the Board. The Board will look to commence the consolidation of stock control across the site to a single managed service by 2025/26. |
| **9.9** | **Director of Finance** | **Cloud Computing Expansion 2025/26** |
| In line with our 5th digital principle, it is the intention for NHS GJ to move towards external hosting either via vendor, partner board or cloud based. Preparatory work for cloud hosting and identification of candidate systems is underway for migration once prerequisites are complete. This includes infrastructure, security, and identity services. The move to cloud hosting gives future options around hosting systems and services based on priorities and provides greater agility on upgrades, surge demand or volume increase through growth. Completion of this work is expected in 2025/26. |
| **9.10** | **Director of Finance** | **Digital Skills Strategy** |
| By 2026/27, NHS GJ will look to develop and implement a Digital Skills Strategy to promote and maintain the digital skill set across the entire workforce. |
| **9.11** | **National Associate Director** | **ANIA Pathway** |
| As of March 2024, CfSD have received confirmation of recurring funding for the core ANIA team with national roll out of specific technological developments being funded on a case by case basis.Following continued funding confirmation, the Innovation Team will continue to lead on the ANIA pathway through to 2026/27. This will include:* Continuing to support and assess projects through all stages of the ANIA pathway
* Enabling the national adoption and implementation of approved innovations
* Continuing to refine the ANIA pathway
* Supporting the work of the IDA.
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| 10 | **Climate**Climate Emergency & Environment |

NHS Golden Jubilee is uniquely placed as a national asset for NHS Scotland to be an exemplar organisation in leading innovation, change and transformation that will ensure we provide health and care that is sustainable through a culture of environmental stewardship.

Alongside NHS GJ, the CfSD provides national leadership to the National Green Theatres programme. The Programme will continue to develop new green actions for Boards to implement.

The Green Theatres team will also continue to work with Boards to deliver green workstreams designed to implement the green actions and to improve and evidence environmental sustainability across NHS Scotland. The group has identified a number of initiatives that are in the implementation phase. These include implementing carbon savings, developing the National Green Theatre design, implementing a Green Map to support improvement at Board and national level, and exploring opportunities to harness innovation and research in partnership with academia and industry.

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| **No.** | **Executive Lead** | **Board Actions 2024/25** |
| **10.1** | **Director of Transformation, Strategy, Planning and Performance** | **Greenhouse gas emissions reductions in line with national targets with particular focus on building energy use, inhaler propellant, transport and travel and nitrous oxide.** |
| **Reducing Medical Gas Emissions** NHS GJ has already eradicated the use of Desflurane and work is underway through the Green Theatres Sub Group to review the current use of other volatile gases. NHS GJ is already a leader in the field of Total Intra-Venous Anaesthesia (TIVA) which contributes to avoiding the use of volatile gases. Work has been continuing over the last year to further reduce emissions from anaesthetic gases by maximising the opportunities to use TIVA in our surgical procedures.We do not use piped nitrous oxide which eliminates the risk of avoidable emissions through leakage from a piped network. We are working to reduce nitrous oxide but this appears to have been offset by an increased use of portable Entonox. This year to further reduce emissions from anaesthetic gases we are maintaining staff awareness and working to keep usage low as well as promoting the use of TIVA.**Energy and Water Conservation**Our aim is to reduce pro-rata use of energy and water so that as the organisation grows, our resources are managed more effectively. We are continuing with current energy efficiency projects whilst planning the following additional initiatives:* An upgrade programme of our lighting and ventilation systems where feasible to meet increased energy efficiency standards
* Identify the sources of our highest energy consumption and explore options to replace with more efficient equipment
* Explore opportunities to implement time and zone controlled heating, lighting and ventilation systems to minimise unnecessary use of energy.

The organisation has grown from its inception and will continue to develop new ways to deliver the services referred to above as well as acting as an anchor institution, developing long-term sustainable ties to the wellbeing of the local and national populations we serve. This organisational growth is important context for benchmarking and annual measurement of greenhouse gas emissions as the impact of schemes to reduce the contribution of different sources of GHGs may be masked by growth in use of these sources.The *Climate Change (Emissions Reduction Targets) (Scotland) Act 2019* requiresScotland to reduce GHGs to Net Zero by 2045, with an interim reduction target of 75% against 1990 levels by 2030. **Figure 3** below displays a breakdown of emissions by type. The chart shows that heat and electrical power supplied to the built environment contribute most emissions at 91%. **Figure 3:** Breakdown of Emissions by TypeThe design, building and refurbishment of new and existing facilities has been undertaken in line with appropriate healthcare guidance on sustainable building design to minimise their environmental impact, including ongoing resource consumption. However, we expect there will be additional greenhouse gas emissions resulting from the increased activity associated with new facilities that will need to be mitigated and reduced as far as possible through our sustainability strategic action plan; including moving to renewable energy sources to provide heat and power for facilities as well as introducing low energy initiatives and set back/turn off protocols within all areas of the organisation.Following on from the initiatives highlighted last year, NHS GJ implemented sustainability governance enabling all initiatives to be considered in a strategic and structured way. The governance structure is in place to ensure a coordinated implementation of the GJUNH Sustainability & Climate Change objectives as part of the Sustainable and Climate Change Strategy for NHS GJ. To promote:* + A sustainable healthcare environment and the delivery of greener models of healthcare for the benefit of staff, patients and other stakeholders and to plan promote and undertake practical and organisational initiatives
	+ greater staff and public involvement in the environment and sustainability of GJUNH, to act as a point of contact for staff and patients who wish to improve the GJUNH’s environment and develop communication with internal and external organisations; and
	+ To advise GJNH on developments which have an impact on GJUNH’s external environment and measures to mitigate any impact, and to challenge potentially environmentally harmful proposals.

NHS GJ considers the built environment risks as part of a strategic approach, by doing so any deterioration of the building and infrastructure is managed in a way that reduces energy consumption.**Renewable Energy Use and Generation**As previously indicated, NHS GJ aims to use renewable heat sources for all buildings by 2038. Proposals are progressing to join Phase 4 of the Queens Quay district heating system, being developed by West Dunbartonshire Council. The district heating network is powered by a heat pump, using the River Clyde as a low-grade heat source. A business case is in development outlining the detailed proposal, NHS GJ will continue to work in partnership with West Dunbartonshire Council and Scottish Government in regards to the process being followed and funding.NHS GJ will consider alternative renewable options as part of the business case process.**Sustainable Travel and Transport** NHS GJ has sustainability governance in place through the Climate Change and Sustainability Strategic Group, and a sub group, namely, the Sustainable Travel and Transport Group.The Travel and Transport Sub Group purpose is to support a realistic shift in staff, patient and visitor travel behaviour away from single occupancy car travel to sustainable travel and alternatives such as walking or cycling. The objectives of the group are:* to maximise the proportion of walking, cycling and public transport trips to and from the site
* to increase awareness of the sustainable travel options, available to both staff and visors by emphasising health and wellbeing benefits
* reduce reliance on the private car as a means of accessing the site
* NHS GJ target is a 5% reduction in the number of single occupancy car trips to the GJ site.

The purpose of the group is to provide coordination and leadership, ensuring cycling is promoted and appropriate infrastructure and resources are made available. To create an action plan and coordinate actions though existing groups/committees where appropriate to ensure delivery.Initiatives will be considered and coordinated through this group in a strategic and structured way, including but not limited to;* Continue to develop staff benefits for accessing public transport including season ticket loans
* Work with West Dunbartonshire Council to progress sustainable access plan including improved routes to and from the site for rail and bus transport
* Develop a plan and milestones for carbon neutral patient transport and other fleet vehicles
* Develop a site masterplan proposal for electric vehicle charging infrastructure
* Re-introduce and promote ‘liftshare’ car journey sharing scheme.
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| **10.2** |  **Director of Transformation, Strategy, Planning and Performance** | **Adapting to the impacts of climate change, enhancing the resilience of the healthcare assets and services of NHS Boards.**  |
| The key climate change risks relevant to NHS GJ are:* Risks to our site due to flooding
* Risks to health care delivery from extreme weather.

The climate is changing due to the greenhouse gases already emitted into the atmosphere. While efforts to reduce the rate and scale of climate change continue, we must also adapt to new conditions we are facing.The Climate Change (Scotland) Act 2009 set minimum standards for NHS resilience to climate change and is a legal requirement for NHS Scotland,“The NHS Board shall develop a robust approach towards implementing a range of actions to ensure to continuity of quality healthcare services before, during and after extreme weather events”.In response to the requirements set out in the above, NHS GJ has completed a flood risk assessment, with our site protected from the risk of flooding by the presence of a flood plain opposite the hospital and the riverbank defences on the hospital side of the river. We will continue to update our flood risk assessment to ensure that any changes to these risk levels is identified and mitigated. Further to this NHS GJ has completed a Climate Change risk assessment utilising the Climate Change Risk Assessment and Adaptation Planning Tool developed by NHS Scotland AssureThe climate change risks were widened from the initial flood risk assessment to include:* Flooding (Rivers, Surface Water, Sea Levels)
* Combined Climatic Effects (Storms, High Winds, Lightning, Fog)
* Cold Spells (Snow, Ice)
* Heavy Downpours
* Higher than average temperatures and extended periods of hot weather
* Extended periods of dry weather and drought.

Our assessment considered potential impacts to access and separately potential impacts on our ability to maintain the built environment and will remain a dynamic document to inform climate change decision making. |
| **10.3** | **Director of Transformation, Strategy, Planning and Performance** | **The achievement of national waste targets, and local targets for clinical waste, and engagement with local procurement to progress Circular Economy programme within NHS Boards.** |
| **Recycling and Waste Management**NHS GJ is committed to eliminating waste as well as management of waste through the circular economy. NHS GJ has a governance structure in place to explore opportunities to eliminate or reduce the volumes of waste. **Waste Management Group**The Waste Management Group provides leadership and guidance for all aspects of the Boards’ strategy for improving its Waste Management practices:* Ensuring compliance with the Waste Policy and Waste Disposal Procedures document;
* Ensuring that NHS GJ complies with all aspects of national waste guidance, e.g. Scottish Health Technical Note 3 (SHTN03-01);
* Ensuring that NHS GJ complies with Waste (Scotland) Regulations 2012; SEPA guidance, environmental permitting and duty of care regulations;
* Ensuring that NHS GJ meets all recycling and waste reduction targets within WMAP and Waste (Scotland) Regulations 2012;
* Ensuring that all wastes are handled, stored and disposed of in line with national guidance, Health & Safety(H&S) and Health and Safety Executive (HSE) requirements;
* Producing and maintaining a waste reduction, re-use & recycling plan and implementing this across the site.

**Waste Policy**The NHS GJ Waste Policy ensures:* Compliance with all regulatory requirements, including, but not limited to those related to The Health and Safety at Work Act 1974 and The Environmental Protection Act 1990
* Assessment of the risks in the context of the protection of workers engaged in or supporting healthcare delivery and customer care in waste and materials management, in the protection of the public, and the local and wider environment
* Management of waste categories including:
	+ 1. **healthcare (including clinical) waste** – waste produced as a direct result of healthcare activities which may pose a risk of infection and/or is medicinally contaminated;
		2. **other (non-healthcare) special wastes** – waste with hazardous characteristics produced from support (non-healthcare) activities, such as paints, batteries and waste electrical and electronic equipment (WEEE);
		3. **source-segregated recyclates** – glass, paper, card, plastics, cans and other metals suitable for recycling;
		4. **food waste** – unwanted food from patients, staff and visitors of the site, and
		5. **residual waste** – the fraction of waste that remains once all special waste, recyclates and food have been removed at source. This is typically described as ‘black bag’ or ‘domestic’ or municipal waste.

In addition to the above, NHS GJ has sustainability governance in place through the Climate Change and Sustainability Strategic Group, and an Energy and Waste Conservation Sub Group.The purpose of the Energy and Waste Conservation Group is to support the Climate Change and Sustainability Strategy Group in relation to all matters pertaining to energy and waste in relation to NHS GJ Sustainability and Climate Change objectives as part of the Sustainable and Climate Change Strategy for NHS GJ. To promote:* + A sustainable healthcare environment and the delivery of greener models of healthcare for the benefit of staff, patients and other stakeholders and to plan promote and undertake practical and organisational initiatives
	+ Greater staff and public involvement in the environment and sustainability of NHS GJ, to act as a point of contact for staff and patients who wish to improve the NHS GJ’s environment and develop communication with internal and external organisations; and
	+ To advise NHS GJ on developments which have an impact on NHS GJ’s external environment and measures to mitigate any impact, and to challenge potentially environmentally harmful proposals.
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| **10.4** | **Director of Transformation, Strategy, Planning and Performance** | **The decarbonisation of the NHS fleet in line with targets (2025 for cars / light commercial vehicles & 2032 for heavy vehicles at latest) and the implementation of the sustainable travel approach for business travel, commuting and patient and visitor travel, linking to other strategy areas such as greenspace and adaptation.**  |
| The Travel and Transport Sub Group purpose is to support a realistic shift in staff, patient and visitor travel behaviour away from single occupancy car travel to sustainable travel and alternatives such as walking or cycling. The objectives of the group are:* To maximise the proportion of walking, cycling and public transport trips to and from the site
* To increase awareness of the sustainable travel options, available to both staff and visors by emphasising health and wellbeing benefits
* Reduce reliance on the private car as a means of accessing the site
* NHS GJ target is a 5% reduction in the number of single occupancy car trips to the GJ site.

In addition to the above, the Sustainable Travel and Transport Group will continue the initiatives identified in previous plan to:* Further develop staff benefits for accessing public transport
* Work with West Dunbartonshire Council to progress sustainable access plan including improved routes to and from the site for rail and bus transport
* Develop a plan and milestones for carbon neutral patient transport and other fleet vehicles
* Develop a site masterplan proposal for electric vehicle charging infrastructure
* Re-introduce and promote ‘lift-share’ car journey sharing scheme

Review the use of NHS NearMe and work with clinicians to further embed use in our care pathways. |
| **10.5** | **Director of Transformation, Strategy, Planning and Performance** | **Environmental management, including increasing biodiversity and improving greenspace across the NHS Scotland estate.**  |
| **Sustainable Communities, Greenspace and Biodiversity**“Biodiversity is all the different kinds of life you’ll find in one area the variety of animals, plants, fungi, and even microorganisms like bacteria that make up our natural world.”**WWF Living Planet Report, 2022**Healthy, biodiverse ecosystems provide us with a range of benefits known as ecosystem services.“Ecosystem Services are the direct and indirect contributions ecosystems (known asnatural capital) provide for human wellbeing and quality of life.” **NatureScot, 2022**Green space within NHS GJ provides:* Space for nature
* Green space accessed by local communities
* Sports and recreation
* Climate adaptation and mitigation
* Active travel
* Surface water management
* Therapeutic uses
* Staff relaxation
* Patient relaxation

NHS GJ continues to develop new initiatives to support sustainability and biodiversity through the Climate Change and Sustainability Strategic Group governance structure. In addition to local governance NHS GJ are also represented through a number of national groups to ensure a local, community and national approach.Pending funding approval, NHS GJ have developed our Site Master Plan in relation to hard and soft landscaping and pedestrian, vehicular and cycle access/routes on and through the site. We will continue to work with West Dunbartonshire Council and our local community to support their sustainability priorities including developing our greenspace and its biodiversity for the benefit of our staff and our local citizens. In addition to the above NHS GJ continues to develop initiatives such as ‘Trees for Life’ and plant one tree as hotel guests opt out of room cleaning services, reducing resource consumption, carbon emissions and increasing carbon sequestration. Conference facility users are also offered the opportunity to donate to the Hotel’s ‘Grove’ fund with one tree planted for each donation. |
| **10.6** | **Director of Transformation, Strategy, Planning and Performance** | **Reducing the environmental impact of healthcare through adopting the National Green Theatre Programme actions, supporting the implementation of the Quality Prescribing Guides and the adoption of the sustainability in quality improvement approach.**  |
| **The Centre for Sustainable Delivery**The CfSD’s National Green Theatre Programme will continue to develop and publish actions for Boards to implement. They will then work with Boards to implement the published actions.This involves supporting Boards to develop implementation and measurement plans. Through these plans they will include promoting the benefits and impact for Boards associated with the green actions.**GJ Green Theatres Group** The National Green Theatres Programme has published a wide range of carbon saving actions that relate to structural, system/equipment and practice changes. There are currently seven published actions and a further two currently in publication stage.GJUNH is actively progressing all actions and has already delivered on the first to decommission desflurane in the theatre complex.Other actions being implemented include switching off the Anaesthetic Gases Scavenging Systems and the Heating Ventilation Air Conditioning units when theatres are not being used, improving waste management systems, reducing intravenous paracetamol use, implementation of an alternative fluid suction system and decommissioning nitrous oxide. The group is also implementing further roll out of “rubbing not scrubbing” to reduce water usage, and is revising the patient warming devices.These national initiatives are being implemented with multidisciplinary team input, notably clinical teams, Estates and Prevention and Control of Infection team and in collaboration with CfSD and the National Green Theatres Programme to ensure safe adoption of the initiatives. Local initiatives being piloted include the introduction of lean theatre trays in Orthopaedics which will reduce energy use and carbon emissions by reducing volumes of theatre equipment sent for washing and sterilisation.**Sustainable Health and Care – Prescribing**NHS GJ will establish its own formulary in preparation for HEPMA implementation and we are also working in collaboration with the West Region to roll out a regional formulary. This will help to streamline prescribing and also review treatment pathways. The Regional work will commence by Q3 2024/25 and will look to achieve both efficiency savings and sustainability improvements through standardised prescribing.Polypharmacy reviews – although this will be led by primary care, NHS GJ is looking at options to improve use of patients own medicines in all wards and undertake a review to streamline supply to patients when they are admitted to NHS GJ.  Supply volumes will also be considered in order to reduce waste but also to ensure that patients are prescribed medicines appropriate to their condition.  Finally, work will be undertaken through our Drugs and Therapeutics Committee to review prescribing practice of drugs of low clinical value, using the formulary work to consider the evidence base. This work will also support the NHS GJ Efficiency Programme which will begin in early 2024/25. |

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| **No.** | **Executive Lead** | **Indicative Board Actions 2025/26 and 2026/27** |
| **10.7** | **Director of Transformation, Strategy, Planning and Performance** | The NHS GJ Climate Change and Sustainability Strategic Group will be developing a workplan for 2024/25 through its sub-group structure and this will form part of the 3 Year Delivery Plan measurement framework overseen through the Board Finance and Performance Committee. |
| **10.8** | **National Associate Director** | **National Green Theatres Programme**Clarity has to be sought from the Scottish Government regarding the long-term funding of the National Green Theatres (NGT) Programme.Subject to continued funding confirmation, the NGT Programme will continue to lead Green Theatre national plans through to 2026/27. This will include continuing to develop and publish new actions, and supporting Boards to implement the actions across Scotland. Additionally, there will be ongoing discussions with SG in exploring the potential opportunity to expand the NGT programme to a broader climate change remit.  |

Section B: Service Sustainability

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| In order to plan nationally for our population, work is progressing through the Directors of Planning Group and the new Strategic Planning Board to undertake an assessment of services with sustainability and resilience issues. NHS Boards will be expected to participate and engage in this work, with the template to be issued to Boards by mid-December.  |





**Figure 4**: Electrophysiology - Delivering Sustainable Services Template

**Figure 5**: Scottish Adult Congenital Cardiac Service - Delivering Sustainable Services Template

**Figure 6**: Scottish National Advanced Heart Failure Service - Delivering Sustainable Services Template

**Figure 7**: Scottish Pulmonary Vascular Unit - Delivering Sustainable Services Template

**Figure 8**: Transcatheter Aortic Valve Implantation - Delivering Sustainable Services Template

Section C: Risks

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| Board are asked to identify any risks and issues associated with delivery, with reference to the need for financial balance and associated improvements. Boards are also asked to identify areas of workforce that pose a risk to service delivery and actions to manage this.  |

**Financial Risks**

The NHS Annual Delivery Plan for 2023/24 recognised that the NHS remains in a challenging position with many Boards reporting deficit positions and the overall financial landscape across Scotland presenting unprecedented challenges. Whilst services begin to redesign and recover with improved ways of working, it will still take time to return to a more financially- balanced system across Health and Social care.

The cost of living crisis now being experienced throughout the country has had and will continue to have a significant impact to our cost base, including higher than expected inflationary pressures as well as difficulties in maintaining supply of high demand services and products. In particular, the increasing costs of supplies and energy, combined with the growth in activity associated with the revised NHS GJ activity plan, represents a significant cost pressure to the Board when there is no planned baseline uplift in funding other than the assumption that pay awards will be funded in full.

The key risks relating to NHS GJ as we move into the new financial year and beyond are highlighted below:

* No confirmed uplift for non-pay inflationary pressures, with increasing costs associated with Energy, Medicines and General and Clinical Supplies
* Continued uncertainty on future price increases in these areas given the current wider economic climate
* Increasing cost pressures related to growth across WoS SLAs (where income SLA is a fixed block contract for 2024/25
* Discussions continue to finalise the current level of funding for the three national services (SNAHFS, SACCS and SPVU). It is noted that not all requested funding has been approved for SNAHFS with growing demand across these services, funding levels may impact on activity and increase delivery risks
* Impact of Pay Deal on upgrading Band 5s to Band 6s – assuming this will be fully funded
* Impact of Pay Deal on implementation of the 36 hour working week- assuming fully funded if this leads to increased costs, especially across clinical rotas.
* Increased infrastructure costs around Phase 2 in relation to Rates and Utilities, with SG funding assumed levels in line with the original Business Case; there is nothing confirmed yet for 2024/25. Risks associated with ongoing recruitment to Phase 2 Workforce plan, especially in relation to Consultant Anaesthetists, impacting upon ability to deliver ADP activity assumptions
* Ongoing gaps in hard to fill posts, e.g. Ophthalmologists, Anaesthetists and some junior doctor specialties across the organisation
* Full identification of 3% recurring efficiency plan – this is a significant risk during a period of expansion, where efficiency plans are being focussed on recurring schemes as well as non-recurring opportunities
* The allocations of non-recurring funding, specifically relating to CfSD and NHSSA projects, are outstanding and, as yet, NHS GJ has not received confirmation of funding in relation to Phase 1 and Phase 2 recruitment already in post
* The risk associated with the continued increased cost of CNORIS premium, as the national cost was assumed to be £100m for 2024/25
* GJ Conference Hotel continues to trade with a significant deficit, with actions still to be agreed on solutions to reduce the trading gap associated with the current Hotel model. This is part of a focussed strategic review, which will conclude by Q3 2024/25.

In addition to the above risks, the expected shortage of capital funding to support further expansion and support replacement of ageing equipment is a risk to the system as a whole, during a period when NHS GJ has identified significant risks in replacement of existing medical equipment.

**Workforce Risks**

Although recruitment to support the expansion of the NHS Golden Jubilee has, and continues to progress at pace, there are ongoing challenges in recruiting into certain specialisms (for example, Anaesthetics, Theatres nurses and Perfusionists).

With more cost pressures than ever before, the risk of using high cost resources (agency, locums, WLI, fixed terms and overtime) to mitigate our recruitment gaps is more keenly felt, stressing the need for overall review of our Workforce forecasting and recruitment processes.

The following areas of workforce are identified as posing a risk to service delivery during 2024/25:

* **Recruitment challenges with key roles**: Ongoing challenges with recruiting into certain specialisms. This is a key focus area throughout 2024/25, with a targeted plan in place to ensure we attract and recruit into these roles (with both domestic and international recruitment), whilst retaining the talent we have
* **Financially focussed forecasting of demand of each role type, with strong rigour around the approval of those roles**: With the end- to- end review of all resource forecasting and recruitment processes in the early months of 2024/25, the focus will be on ensuring cost- effective decision making, ensuring the role types we recruit against help us in our challenge to reduce costs
* **Early planning and anticipation of needs**: Early planning through NHSSA to recruit, train and develop a range of clinical roles, with particular emphasis on peri-operative training
* **Anticipating the turnover of an aging workforce**: With many post holders of critical roles approaching retirement, strong succession planning is needed from 2024/25 to anticipate and meet this challenge in advance
* **Seasonal impacts**: Impact of winter and ongoing system pressures for core NHS GJ services, particularly in relation to the treatment of long waits and increasingly complex patients
* **Capitalising on Digital transformation to reduce cost and improve employee experience**: As a small Board, which has historically relied on local, manual and very analogue ways of working, there is a risk that, without adequate Digital maturity and ambition, our expansion into a larger workforce will be at risk. Close collaboration with Digital, to modernise, strengthen and drive efficiencies in our Digital ways of working is therefore a priority for 2024/25.

In addition, the following workforce risk has been identified for 2025/26 onwards:

* **Change in culture from ‘pure growth’ to ‘efficiency’**: With a long tenured workforce in NHS GJ who have almost exclusively experienced times of growth, the shift to ‘efficiency’ in 2024/25 brings with it an opportunity to shift our mindset to one where we embrace doing more with less, and positively face in to difficult priority calls where affordability is an issue. As with all culture shifts, that takes time, with the risk that staff are slow to make that shift. That puts our ongoing financial challenges in 2025/26 and beyond under increasing pressure.