



NHS Golden Jubilee
Remobilisation Plan to support NHS Scotland
April 2021 to March 2022

28 May 2021

1 Introduction & Key Objectives

NHS Golden Jubilee's (NHS GJ) Remobilisation Plan describes how NHS GJ will sustain, develop and evolve to effectively support NHS Scotland's 3R's strategy through the next year and beyond to *Remobilise, Recover and Redesign*. The plan covers the period April 2021 to March 2022 however the developments underway will provide optimal impact over the next 3 years.

The Key Objectives for NHS Golden Jubilee during 2021/22 are:

- **Agree Optimal Service & Capacity Plan** - To provide optimal performance and productivity through clear planning and agreement to provide agreed essential services. Using the learning from 2020/21, NHS GJ has set out in this plan how it can most effectively support the 3R's plan at pace. As such the plan looks to provide agreed capacity of a wider scope of increased service options whilst minimising the number of changes made which caused loss of productivity and output during 2020/21. This is considered an essential point to enable the best support for the patients of NHS Scotland and to show value and care for our staff. It is essential that we agree a robust mechanism for capacity and demand matching and allocation to reduce waste including multiple planning assumptions and cancelled lists.
- **Sustain & Develop Core Clinical Services** - To sustain existing services in core clinical specialties such as cardiothoracic surgery, interventional cardiology, ophthalmology and orthopaedics developing facilities and teams to optimise outcomes, productivity and care experience.
- **Develop New Essential Services** - As a National Elective Centre, develop a number of services including general surgery, endoscopy, robotic surgery and highly complex cancer surgery to create new essential capacity to meet the needs of NHS Scotland.
- **Develop Existing Hospital Facilities** - To continue the development of our existing facilities to provide the greatest benefit for NHS Scotland. This includes increasing the utilisation of all core facilities including the new 6 theatre Eye Centre (opened in November 2020), fully opening 4th floor beds and increasing occupancy, increasing the utilisation of all existing theatres and diagnostic capacity.
- **Continue Phase 2 Expansion** - Drive forward the Phase 2 development, which will be completed during 2022/23, with the associated internal reconfigurations and developments including the utilisation of area currently occupied by NHS24 to enable internal expansion.
- **NHS Scotland Academy** - In a joint venture with NHS National Education Scotland (NES), launch the NHS Scotland Academy and establish an ambitious programme of accelerated training focused on areas of workforce skills development. Critical to this objective is the new appointment of the Director of the NHS Scotland Academy and the business case to establish core team structure across NHS GJ and NES and the funding mechanisms for course delivery.
- **Hotel & Conference Centre Strategy Refresh** – in response to changing NHS needs and the impact of the pandemic on the hospitality industry, a new hotel and conference strategic plan will be developed. This will focus on a potential shift in business emphasis with the facilities being prioritised for residential and teaching requirements including simulation/haptics for the NHS Scotland Academy and the wider use for NHS meetings and conferences. The strategic plan will secondly identify the need for increased patient

and staff capacity to enable a more National focused use of the hospital and finally, a continued but small scale utilisation by the general public as a hotel.

- **Centre for Sustainable Delivery (CfSD)** - Work with Scottish Government (SG) to develop the Centre for Sustainable Delivery (CfSD) and submit the first Annual work plan, monthly CfSD performance reports and governance via the newly established Strategic Portfolio Governance Committee of NHS GJ to provide scrutiny and assurance back to SG. The objective of the CfSD is to establish and grow a unit which leads the programmes of transformation change aligned with the 3R's portfolio with a focus on academic collaboration and publications.
- **National Innovation Strategy** – contribute to the development of the NHS Scotland Innovation Strategy, defining ecosystem, governance framework and ensuring robust links between planning and innovation.
- **Integrated Planned Care Programme Board** – to support and participate in the first of the care programmes to shape the future of planned care in NHS Scotland and the ambitious recovery programme. This will include the development of an Elective Strategy for NHS Scotland, consideration of clinical prioritisation, targets, use of elective capacity, funding models for elective care, opportunities to develop pathways with an emphasis on the citizen and community/primary care led care and the harnessing of innovative digital solutions wherever possible.

2. Planning Overview

2.1 RMP Approach

In line with Scottish Government direction this Remobilisation Plan is considered to be the Board's one-year Annual Operating Plan. The Remobilisation Plan (RMP) builds on NHS GJ Recovery Plans submitted to Scottish Government in April, May and August 2020.

At the time of preparing this plan and the activity projections within it the NHS in Scotland remains on an emergency footing. There remains considerable uncertainty about when and how the nation and its health service will emerge from the pandemic and return to a state of relative stability. All Boards are planning on the assumption that the NHS will remain on an emergency footing until at least the end of Quarter 2 2021 (October).

The NHS GJ RMP will be regularly reviewed through Board governance and performance management arrangements. The RMP recognises the ongoing uncertainty arising from the pandemic, with the NHS remaining on an 'emergency footing' at the time of preparing the plan. All boards, including NHS GJ, will monitor the delivery of their plans and refresh them in response to any changes in circumstances throughout the year. This includes developments relating to the pandemic, but also where regional or local developments arise that materially affect the delivery of the RMP including requests for NHS GJ support to wider NHS Scotland recovery.

All NHS Scotland boards have been asked to focus their Remobilisation Plans on a shared core set of key priorities. For the purposes of the NHS GJ plan these have been grouped around the following key areas:

- Delivering essential services
- Living with Covid
- Signalling of Board priorities in the immediate term (2021/2022) and beyond as we move beyond an emergency footing into a more 'business as usual' approach

The RMP includes updated clinical activity modelling assumptions and plans, updated wait list position across our specialities, and service activity projections for the year ahead for NHS GJ services.

Re-mobilise, Recover, Redesign: The Framework for NHS Scotland (May 2020) continues to provide the overarching context for remobilisation planning, including the principles and objectives for safe and effective remobilisation. As identified in the Reform Edge “What’s next for the NHS” (NHS England) report, resilience and recovery will be supported best by a better understanding of demand, and more integrated assignment of capacity across NHS Scotland, making best use of NHS GJ facilities as well as private sector capacity, where appropriate. Managing diagnostic backlog will also be a critical area of focus, using fixed, mobile and community-based resources to minimise diagnostic delays and associated harm. Our plan describes our plans to maximise use of our diagnostic capacity and potentially increased this through additional CT pod capacity.

Staff wellbeing is critical and underpins every aspect of NHS GJ’s Remobilisation Plan. This is articulated in the NHS GJ Health and Wellbeing Strategy, Workforce Plan and this RMP.

2.2 NHS Golden Jubilee - A National Resource and Regional Centre

NHS GJ is unique within NHS Scotland, as it is both a regional and national resource operated independently as a National Board. As the national hospital for elective care, regional and national heart and lung services and the provider of almost 20% of Scotland’s hip and knee replacements and cataract surgery, NHS GJ is recognised as a centre of clinical excellence and is currently undergoing substantial expansion which will see the hospital double in size by 2022.

NHS GJ is home to the West of Scotland Regional Heart and Lung Centre, we are the only site in Scotland to undertake heart transplantation. As one of the highest volume coronary intervention centres in the UK, we deliver a high quality cardiology service and our percutaneous primary coronary intervention (PCI) rates have increased in number and complexity.

NHS GJ also has a unique role in supporting NHS Scotland in response to the Covid pandemic through recovery to renewal and embedding of new ways of working. The NHS GJ portfolio in support of NHS Scotland includes:

National Hospital

NHS GJ has rapidly adapted to the changing requirements of NHS Scotland, designing and delivering new services and as well as existing services to provide services across NHS Scotland including Cancer, Cardiac, Orthopaedic and Ophthalmology services. Further work is underway to scope expansion of diagnostics capacity and training through the NHS Scotland Academy. NHS GJ will also further develop its role as a national centre for robotics for the specialities and services we provide, supporting NHS Scotland to adopt new technology and practices. Our Remobilisation plan recognises that activity and capacity at NHS GJ may be affected by winter pressures and any further spikes of Covid-19 within Scotland.

NHS Scotland Academy

Supporting transformation and sustainability of the Health and Social Care workforce through delivery of new accelerated learning and development modules for key roles across the workforce. This will align to NHS Scotland mobilisation plans to ensure appropriate prioritisation of roles and maximise our ability to attract, train and develop people into the Health and Social Care workforce. This will include attracting people from different sectors and backgrounds into the workforce who may not have considered a career in the NHS prior to the Covid pandemic.

NHS Scotland Elective Centre Commissioner

NHS Golden Jubilee will continue development of the commissioning model for national elective centres to ensure effective and equitable provision of elective care service across NHS Scotland. This will include managing demand and capacity on a national basis and ensuring consistent and exceptional standards and quality of care.

Centre for Sustainable Delivery

Since November 2020 NHS Golden Jubilee hosts the Centre for Sustainable Delivery which will support NHS Scotland in delivering best practice to enable a sustainable health and care system.



Expertise and support available from the Centre for Sustainable Delivery is aligned with the ambitions to embed new ways of working developed rapidly through the pandemic and redesign of services.

NHS Scotland Innovation Accelerator

NHS Golden Jubilee will contribute to the work of the National Innovation Steering Group to develop an outline of the ecosystem and a governance structure which will support the accelerated harnessing of innovation to the 3R's transformation plans. As part of this, NHS Golden Jubilee work with stakeholders across NHS Scotland to develop proposals for an Innovation Accelerator for NHS Scotland to support small to medium enterprises to engage with a triple helix partnership of NHS, Academia and Industry/Commerce in innovation to support new ways of working. This will build on existing innovation pathways to provide a gateway for ideas and concepts to flow between these sectors and address health and social care challenges through rapid innovation of products, services and processes into implementation and services.

2.3 National Collaborative Working

Scotland's Health and Care system works best when it responds effectively to local needs, but this needs to be underpinned by close national co-operation and collaboration.

To this end, the system has participated in a range of national initiatives and in particular continue to contribute as part of the national Planning Collaborative Working Group, which includes representation from Scottish Government and all NHS Boards. The group works to ensure that there is alignment in planning across Boards, and that, in particular, national initiatives on urgent care, scheduled care, flu vaccination, and finance are appropriately aligned. This has been extremely helpful for all involved and the collective hope is that there will be a clear read-across between, at the very minimum, national Boards and territorial Boards, in a way which evidences co-ordination across the whole system.

2.4 NHS Golden Jubilee Services

NHS GJ is organised into the following clinical Divisions:

2.4.1. Heart, Lung and Diagnostic Services

- Cardiology
- Cardiac surgery
- Thoracic surgery
- National Services
 - Scottish Adult Congenital Cardiac Services (SACCS)
 - Scottish National Advanced Heart Failure Service (SNAHFS)
 - Scottish Pulmonary Vascular Unit (SPVU)
- Diagnostic imaging
- Laboratory medicine

2.4.2 National Elective Services (NES)

- Orthopaedic surgery
- Ophthalmology
- General surgery
- Endoscopy
- During the pandemic NHS GJ has worked with referring NHS Boards to deliver urgent and priority surgery services

The clinical divisions are supported by our Corporate Services teams.

2.4.3 NHS Scotland Academy & Hotel/ Conference Facilities

The NHS Scotland Academy is a joint venture with NES and will formally launch in 2021. Using the experience, expertise and reputation of both organisations it will utilise the hotel and conference facilities as its home. The Academy development will create a centre for excellence for clinical skills teaching and education and to increase at pace, the scale of innovation in Health and Social Care provision throughout Scotland.

The aim of the NHS Scotland Academy is to provide needs driven accelerated, high quality, training delivered in state of the art facilities within a centre of excellence. Programme design will be aligned to need and will be linked with recruitment to attract and develop the right numbers of people at the right time, with the right skills and values to deliver high quality healthcare.

This will enable a more effective, efficient and resilient workforce offering quality training, skills development and career satisfaction. The continued development and expansion of the academy model is vital to our ability in NHS Scotland to continue to grow and develop our workforce.

The NHS Scotland Academy (NHSSA) has already commenced its first accelerated clinical programme for Perioperative nurse training as well as delivery of a maternal and neonatal resuscitation course in association with the Scottish Multi professional Maternity Development Programme (SMMDP) to meet the clinical and governance needs of hospitals providing specialist cardiac care to pregnant women.

The NHSSA also plan to deliver tailored courses based on existing Frameworks/ Competencies for Anaesthetic Assistants and Surgical First Assistants. Delivery of these

programmes will address a shortfall in middle-grade recruitment and retention issues in conjunction with other Boards.

The NHSSA have recently been successful in a bid for an Endoscopy simulator as part of a national approach to address a recognised shortfall in Endoscopy training in Scotland. Two simulation devices will allow the NHSSA to expand endoscopy simulation training into other areas e.g. Respiratory medicine / EBUS, anaesthesia / airway, and urology.

Appendix 4 of this plan is submitted by NHS GJ and NES outlining our planning and initial funding requirement.

Golden Jubilee Conference Hotel

The Golden Jubilee Conference Hotel (GJCH) was built in 1994 with 168 guest bedrooms, conference and exhibition spaces for small through to large corporate events, and on-site leisure facilities.

The Hotel provides a range of hotel services to the adjoining National Hospital, including:

- Rooms for patients and patient relatives
- Rooms for advanced heart failure and transplant related guests
- Sleep rooms for on-call staff and during periods of severe adverse weather
- Rooms for visiting clinicians
- Facilities for healthcare related conferences (on hold at present due to the pandemic)

As part of NHS GJ's contingency and support arrangements in response to the pandemic, the GJCH officially closed on 20 March 2020 and remains closed until such time as the hospitality sector can safely reopen (recognising the added complexity associated with GJCH being located on a front-line NHS site). Throughout the pandemic the Hotel and its workforce has supported NHS Scotland priorities whilst minimising footfall on-site as NHS GJ remains a 'Covid-light' site. This includes redeployment of staff to support NHS Louisa Jordan and NHS GJ, and the ongoing refurbishment of the hotel's third floor bedrooms to create a bio-secure environment which can minimise touch points, support deep cleaning and provide reassurance to all guests but particularly patient related guests.

The Hotel is currently assuming an 18-month recovery period before any longer-term strategic planning can be undertaken with certainty. The future strategy will also reflect the GJCH's important role in supporting further expansion of the NHS Golden Jubilee portfolio including services provided through the National Hospital and Elective Centre, and developments such as the NHS Scotland Academy and Innovation Accelerator.

2.4.4 Research Unit & Innovation Centre

Delivering high quality research and innovation is at the heart of NHS Golden Jubilee's vision. The Golden Jubilee Research Institute is at the forefront of delivering high quality research that makes a difference to patients across Scotland and beyond. Research conforms to the quality standards required by the Research Governance Framework for Health and Community Care SGHD 2006 and the EU Clinical Trials Directive.

The Golden Jubilee Innovation Centre is our focal point for driving forward innovations. Both, a physical space and a source of passion and energy, the Golden Jubilee Innovation Centre will ensure we continue to meet expectations and provide quality care for patients across Scotland.

Our work to design, develop and deliver the infrastructure and delivery models for the Innovation Accelerator is closely aligned to the NHS Scotland Academy programme, with complementary and effective planning and governance arrangements already established.

2.5 RMP Planning

2.5.1 Key Planning Assumption – NHS Golden Jubilee

NHS GJ's Remobilisation Plan has been developed based on the following planning assumptions - NHS GJ:

- Is a national resource available to support all Boards across Scotland;
- Will adapt to the demands of NHS Scotland throughout this emergency period and will provide support in a planned, consistent way;
- Will flexibly use resources and maintain a balance between urgent and elective care depending on demand;
- Will continue to provide core elective services of orthopaedics and ophthalmology, with further recruitment and training of staff taking place during 2021/2022 to enable us to deliver further capacity for NHS Scotland;
- Will collaborate with colleagues across Scotland in order to maximise capacity and will undertake services following formal and specific mandates agreed with Scottish Government and NHS Board Chief Executives; and
- Will continue to be a 'Green' or 'Covid light' site and will not routinely admit Coronavirus patients.

2.5.2 Covid Light Facility

The maintenance of 'Covid-light' status:

- Allows continuation of specialist heart, lung, cancer, priority and elective care;
- Recognises the significant work undertaken by clinical and operational teams to safely resume from July 2020 elective orthopaedic surgery, cataract surgery, interventional cardiology, cardiac and thoracic surgery with safe patient pathways;
- Minimises the risks to patients undergoing complex surgery with continued high levels of risk mitigation and clinical governance;
- Assumes the continuation of physical distancing and the consequences of this for projected clinical activity and capacity; and
- Assumes that for planning purposes NHS Scotland and NHS Boards will remain on an emergency footing until at least the end of Quarter 2 2021.

2.5.3 Access for Priority 2 / Critical to Life

Access to Capacity at GJ from other Boards to support urgent Cancer and clinically urgent patients - Over the past 12 months NHS GJ has collaborated with many NHS Boards to support the delivery of urgent cancer surgery and priority 2 surgeries. Following discussion with NHS Boards, it is assumed that NHS GJ will continue for as long as is required to support NHS Scotland to treat patients requiring urgent Cancer surgery and patients whose surgery is deemed clinically urgent (priority 2). **Our activity plan assumes**

we will continue this support until 30 June 2021, thereafter this capacity will support additional diagnostic endoscopy, general surgery, Foot and Ankle surgery and day case / minor orthopaedic surgery. **This plan sets out the ability to continue to support this activity until 30 June 2021, however if required, support can continue during 2021/2022 by reallocating core elective capacity.**

2.5.4 ICU Surge

Surge Capacity- During the first wave of the pandemic NHS GJ admitted a small number of ventilated Covid positive patients transferred from other West of Scotland (WoS) intensive care units. NHS GJ will continue to work as a member of the WoS Critical Care Group to ensure critical care capacity is available if required, however it is acknowledged that transfers of Covid patients to NHS GJ should only occur as a last resort, when capacity elsewhere is exhausted. In recent weeks NHS GJ has, for example, received non-Covid L3 patients to support other WoS Boards during the Winter pandemic surge.

2.5.5 Funding & Allocation

To expedite implementation, capacity at the NHS GJ will be directly funded in full and allocated to NHS Boards by Scottish Government. Agreement will be for recurring funding for the duration of service provision.

2.5.6 Services driven by Need

Service design will be driven by patient safety, clinical prioritisation and reducing the delays experienced by patients because of the pandemic.

2.5.7 Digital Where Possible

A digital first approach will be used to minimise patient travel and exposure using applications such as Near Me.

2.5.8 GJ Conference Hotel to Support Patients & Staff

Capacity at the Conference Hotel is available to enhance patient flow, and support accommodation of visiting clinical staff and indeed patients or family members where significant travel is required.

2.6 Risk Reduction & Clinical Governance

To operate on a 'Covid Light' or Green site significant work has been undertaken to map out pathways and define processes to minimise risks. Despite all efforts planned, each clinical pathway will have a residual net risk which will be described within both Board contracts and in discussions with patients at point of consent. Key elements of clinical governance which have been adopted are as follows:

- **Zoning** - Clear site and pathway zoning to define each of the areas that a patient may pass through or be cared for within as green ('Covid Light'), amber (mixed) or red (confirmed Covid);
- **Patient Risk Reduction** – Patient risk will also be categorised in a similar manner determined by risk reduction via pre admission/attendance isolation and Covid antigen testing or no pre mitigation for emergency admissions but with testing at admission to mitigate risk for onward care;
- **PPE & Cleaning** regimes in line with 4-Nations Guidance for each procedure and pathway;

- **Staff Self Isolation or Testing** where appropriate in line with national guidance to further minimise risk to patients and colleagues;
- **Informed Consent & Board Contracts** – clear outline for each speciality of mitigation plans and residual net risk as part of agreement with SG and Boards and at point of consent. Information leaflets and clearly documented (standardised) explanation and understanding provided to patients;
- **Physical Distancing & Facility Amendments** – physical distancing guidance in place enhanced by clear signage and screens/physical barriers where appropriate. Thermal cameras have been installed at both the hospital and hotel entrances to scan everyone entering and leaving the site, with procedures for intervention where necessary;
- **Modified Capacity & Flow** – to accommodate essential set up and cleaning times and essential donning and doffing of PPE, with staff breaks where required to ensure safe working practices;
- **Clinical Governance Oversight** – enhanced clinical governance approach to effectively consider and support the implementation and review of the key elements above. Our clinical teams are performing rolling audits of patient outcomes, with a particular focus on identifying any complications after discharge to ensure we can learn and improve rapidly as the pandemic evolves.

2.7 Collaboration with NHS Boards

NHS GJ will continue to collaborate with colleagues across Scotland to maximise capacity to meet demands. We will provide mutual aid, when required, and support NHS Boards throughout this emergency period balancing the demands of urgent and planned care.

Over the past 12 months NHS GJ has provided both a range of critical to life core services, collaborated with a number of NHS Boards to provide urgent cancer surgery and P2 priority surgeries. To support the delivery of these new services, new Standard Operating Procedures (SOPs) for the commencement of each new service were developed. With our evolved SOP template and the experience of the last 10 months, we are now able to rapidly react to Board's needs. For example, recent urgent complex cancer patients were taken to theatre less than a week after new service requests were received from their boards. In addition, governance frameworks for the resumption of each core service were developed and implemented to ensure sustainable 'green' Covid light pathways were established in each clinical specialty.

NHS GJ will continue to be part of mutual aid and collaboration arrangements across the West region.

Within Territorial Board Recovery Plans due for submission on 28 February 2021, we have requested that Boards specifically articulate their plans to access NHS GJ capacity (or not), and, in conjunction with the SG Access Team, we will undertake to review the detail of these submissions once they are made available to us.

A critical element core to successful delivery of this plan will be matching NHS Scotland demand to NHS GJ capacity. This planning should be proactive, timely and robust to reduce waste and productivity loss caused by short-notice or incomplete demand analysis, and resulting changes to activity requests.

2.8 Capacity & Financial Planning

It is a key principle of this plan that capacity at NHS GJ will be directly funded in full and allocated to NHS Boards by Scottish Government. Agreement will be for ring fenced funding for the duration of service provision. The financials have therefore been produced on the understanding that full funding would be allocated to NHS GJ and there would be no fixed / marginal cost contributions across Boards.

The financial assessment of the remobilisation plan is defined as a separate element of the wider NHS Golden Jubilee financial plan. It is focused on financial year 2021/22 and is considered as a one-year plan with the aim to support the wider NHS Scotland health recovery agenda. The financial plan, at this stage, assumes full funding for the remobilisation plan costs in addition to recurring core baseline funding and previously approved developments, specifically in relation to the National Elective Treatment Centre expansion programmes.

2.9 Governance

The NHS GJ Remobilisation Plan is submitted to Scottish Government having been approved in draft form through the Board's agile governance route, and pending formal Board approval on 18 March 2021.

Activity profiles will be monitored, reported and performance managed on a weekly basis through NHS GJ's Gold Command structure. Activity is also monitored through the board's Performance Review process, and Integrated Performance Report. This is subject to scrutiny on behalf of the Board by its Finance and Performance sub-committee. Delivery of strategic infrastructure developments will also be reviewed by the Board Strategic Portfolio Governance Committee.

Delivery of this plan will be taken forward in line with the Board's Partnership structures, with reporting on delivery progress routinely considered at each Partnership Forum meeting. Service planning and delivery has been developed by both Operational Management and Clinical Directors within Clinical Divisions.

Centre for Sustainable Delivery Governance and Remobilisation Plans

The formal CfSD Delivery Programme will be contained within its forthcoming CfSD Annual Operating Plan (AOP) and aligned with the 3R's Reform agenda and associated NHS Board Remobilisation Plans. In addition, some will be required on a reactive basis. The work plan and performance report will reflect on a monthly basis any significant changes in this regard.

Monthly performance reporting against the AOP will be implemented and performance will be scrutinised by the NHS GJ Strategic Portfolio Governance Committee every two months. In turn the SPGC will produce an assurance statement which will be noted at NHS GJ Board and to the Director General/NHS Scotland Chief Executive and the Health and Social Care Management Board. A detailed proposal paper outlining CfSD Governance and Financial Flows and Workplan is subject to final approval and is added to this Plan as Appendix 3.

Over the period until RMP4 is submitted, CfSD will work with NHS Boards to create Heat Maps with improvement plans outlining the use of CfSD tools, techniques and resources, and bespoke requests to support NHS Scotland remobilisation of services. NHS GJ will ensure appropriate governance and reporting is in place to monitor delivery of these plans.

2.10 Recovery Activity

NHS GJ has, since July 2020, undertaken a mix of core and new activity to best serve patient needs across Scotland. Urgent and elective cardiac, thoracic surgery and cardiology interventions continued throughout the pandemic. Since Summer 2020, elective imaging, and orthopaedic and ophthalmology procedures have restarted to support elective recovery.

Further capacity can be made available to offer priority cardiac, thoracic and cardiology service, where elective provision can be safely reduced. In addition, new cancer surgery has been supported throughout the pandemic, working in collaboration with surgical teams from referring Boards. This work includes several specialties never before offered at NHS GJ: ENT (laryngectomies, thyroidectomies), Gynaecology (hysterectomies), Urology (nephrectomies, cystectomies), Colorectal Surgery (colon resections).

NHS GJ is currently delivering clinical activity through 15 theatres and 5 cardiac catheter labs. NHS Golden Jubilee has carried out approximately 40,000 procedures since July 2020 to help patients across Scotland who have been waiting for treatment.

Since resuming services in Summer 2020, NHS GJ has played a vital role providing flexible support both for urgent care needs (including heart and lung procedures and cancer treatments), as well as supporting as many planned procedures as possible to go ahead.

Patients across Scotland have benefited from a wide range of services including hip and knee replacements, cataract operations, endoscopy and diagnostic imaging, as well as cancer, cardiothoracic and cardiology procedures.

By end January 2021, NHS GJ has supported the NHS Scotland Recovery Plan by carrying out:

- 1,717 orthopaedic procedures
- 2,672 ophthalmology procedures
- 1,642 endoscopies
- 720 cancer and priority 2 procedures
- 588 cardiac surgery procedures
- 646 thoracic surgery procedures
- 3,792 cardiology procedures
- 17,070 radiology procedures to reduce waiting times for other boards, with an additional 15,000 procedures for patients on NHS GJ pathways (for example patients receiving diagnostic procedures as part of NHS GJ elective treatment)

Despite the pandemic, NHS GJ also opened an additional cardiac catheterisation laboratory and our state-of-the-art Eye Centre. The addition of this fifth 'Cath Lab' will provide in the region of 700 additional coronary and 190 electrophysiology procedures. The Eye Centre has the ability to carry out approximately 18,000 cataract operations a year.

2.11 Lessons Learned

Our key observation from our experience during 2020-21 is that there is the requirement to agree a robust mechanism with SG and referring Boards to match NHS capacity with demand in a joined-up and sustainable manner.

During 2020-21, NHS GJ was frequently asked to develop new service delivery plans and models to accommodate delivery pressures from other NHS Boards. In a number of cases, these requests did not lead to actual activity flows, and plans had to be shelved almost as soon as they were created. This weakened our ability to optimise use of our capacity,

increase our productivity at a key time of system pressure in NHS Scotland, and risked affecting patient experience. In addition, this had a damaging effect on staff morale, health and wellbeing as a result of uncertainty and continuous change. We are committed to ensuring that our Remobilisation Plan 2021-22 is not delivered in the same conditions.

During the earlier stages of the pandemic, we also initiated a number of discussions to capture lessons learned from the response to the pandemic as part of our Board resilience and contingency arrangements. There are a number of key developments and service benefits achieved during the implementation of our first mobilisation plans. We continue to consolidate and build on these improvements:

- Significant increase in our use of NHS Near Me and involvement of the GJ Patient Coordination Centre in encouraging and supporting patient use;
- Future planning for outpatient consultations will assume these are carried out on Near Me where this is clinically appropriate and person-centred;
- Significant work undertaken at pace to streamline care pathways, enhance clinical vetting and increase clinical cover to reduce risks associated with staff absence;
- Accelerated roll-out of MS Teams to facilitate meetings onsite and through remote access. Gains made will be consolidated as part of our Agile Working programme;
- Significant development of standard operating procedures and governance processes developed at pace to facilitate the safe delivery of new clinical services at NHS GJ, delivered through close working with NHS Board partners;
- Staff and reservist training at scale to ensure key clinical services maintained;
- Changes to Command structure to ensure decision-making at pace, and at appropriate levels, introduction of an Agile Governance approach.

3 Delivering Essential Services: service by service recovery planning details

3.1 Our Delivery Principles for 2021-22

Throughout the pandemic NHS GJ has focussed on maintaining a balance between the response to the pandemic and the continued safe provision of essential non-Covid services. NHS GJ's overriding priority in setting that balance continues to be the safe delivery of services.

Through the support offered to other national and territorial boards, NHS GJ has worked collaboratively to prioritise urgent diagnostic and treatment, including cancer in line with the principles of the Framework for Cancer Surgery.

The activity plan takes into account experience of lost efficiency during 2020/21 which has arisen in some of our specialties through the implementation of the 4 nations guidance and as a result of Covid testing, physical distancing, enhanced cleaning requirements, and inability to fill appointments lost to short notice cancellations.

NHS GJ service recovery plans and planned activity for 2021/2022 recognise the ongoing impact of Covid, including the need to ensure the safety of patients and staff. The plan ensures delivery of GJ wait list responsibility and in addition, develop and expand services in

order to be responsive to the needs of NHS Scotland's recovery. The plan is designed to improve patient access to treatment and support the delivery of:

- Increased capacity for urgent and life critical services
- Maintenance of 'green' elective surgery pathways to support expansion of our elective surgery and diagnostic programmes

3.1.1 New Requests

As a national resource, NHS GJ will continue to work with other boards where they identify new requests for services and procedures that could be carried out at NHS GJ. Each request will be considered carefully in line with our policy and process for new service requests. If supported Standard Operating Procedures, and a contract or Service Level Agreement between NHS GJ, Scottish Government and referring board will be developed.

3.2 Heart, Lung and Diagnostic Services

The Heart, Lung and Diagnostics (H, L, & D) Division Recovery Plan broadly follows the principles below:

3.2.1 Planning Assumptions

- 'Lock in' enhanced and improved patient pathways
 - 'Urgent first'
 - 'Virtual first'
 - Reduced patient length of stay (Enhanced Recovery After Surgery - ERAS principles)
 - Faster access to treatment
 - Ability to increase capacity as pandemic risk reduces and demand changes
- Continuing to review the cardiac waiting list to maximise productivity given the reduction in number of patients referred for surgery and subsequent reduction in patients waiting. Moving forward, the waiting list is now being driven by demand and not activity. Treatment Time Guarantee (TTG) is being met with the exception of a small number of legacy patients. Benchmarking across the UK and engagement with WoS boards is ongoing to identify unmet need and to ensure any surge in demand can be met through increased capacity when required.
- Support NHS Scotland through:
 - Regular access to theatre operating sessions for NHS Grampian (four sessions/month) with option to increase depending on demand.
 - Capacity offered to NHS Lothian if required
 - Providing CT-guided Ablation service to NHS Greater Glasgow and Clyde
 - Creating bed capacity in WoS (NSTEMI direct access and non- repatriation), if required
 - Avoiding unnecessary outpatient attendance and admission
- Flexible use of imaging capacity to support national backlog including cardiac imaging

Service by Service Recovery Planning Details

3.2.2 Cardiac Surgery

During the first and subsequent wave of the pandemic, referrals to cardiac surgery have remained lower than pre-Covid levels. We had predicted that the referrals would quickly return to their pre-Covid level, however there has been continued reduction in outpatient cardiology clinics in the West of Scotland, leading to fewer surgical referrals, with the result that Covid recovery has not been in line with planned predicted activity. Work is underway to fully understand this at a UK and Scottish level. Initial findings suggest cardiac surgery activity has reduced by 30% during the pandemic and demand has been slow to pick up across the UK. The numbers waiting for cardiac surgery remain low – however the clinical opinion is that there will be an upturn in referrals, with potentially a higher number becoming urgent. These factors complicate our planning of activity for 2021/2022.

Our proposed activity assumptions include all cardiac activity, including emergency and redo cases. We have assumed demand will slowly grow, supporting an increase in activity from July 2021. The supporting operational plan behind the proposal includes the ability to flex capacity to meet any upturn in referrals in 2021/22.

Patients will be risk assessed balancing risk factors against clinical benefit in the context of the evolving/changing Covid picture. We will continue to prioritise the most urgent patients.

3.2.3 Thoracic Surgery

Following a reduction in referrals during 2020/21, Thoracic surgery referrals and consequent waiting list were slowly returning to pre-Covid levels towards the end of 2021. However, a further reduction in referrals is predicted as we move through the current pandemic surge, with a subsequent increase in complexity of the cancer cases referred for surgery as a consequence of delays.

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

As part of the 4 Nations Pathway guidance, there was a requirement for green and amber patient placement areas, and specific requirements within the theatre environment. Thoracic surgery has been most notably impacted by these measures as many of the patients are on an Amber pathway. This has resulted in inefficiency in this service.

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

- There will be a requirement to flex cardiac and thoracic capacity to support an increase in urgent referrals.
- Following written confirmation, NHS Lothian have indicated they do not require any capacity going forward;
- NHS Grampian have accepted 4 sessions per month and this commenced in November 2020
- The number of outpatient (OP) clinics will remain the same as pre Covid
- 31-day lung cancer target will continue to be met
- There will be a requirement to increase thoracic MDTs and OP capacity to support the WoS Lung Cancer 62-day target. We will continue to present virtual solutions (via Near Me) in order to facilitate this
- Demand for lung cancer surgery has not returned to normal pre-Covid level; however, it is noted that complexity has increased over recent periods. Productivity and flow may be impacted by physical distancing for protracted periods.

3.2.4 Cardiology

During the initial mobilisation phase the interventional cardiology waiting list for coronary intervention reduced. This is largely due to the significant reduction in General Cardiology OP clinics and access to on site investigations, resulting in a drop in the elective referrals for coronary intervention. There is also an increasing trend towards managing stable conditions conservatively without referral for angiography. The incremental shift from elective stable to urgent elective procedures which was experienced pre-Covid has continued and increased during the pandemic.

The main issues experienced during 2020/2021 were delays caused by turnaround times for Covid testing and the availability of beds both at NHS GJ and referring hospitals impacting on the ability to repatriate patients post procedure. In response to this, bed capacity was made available by NHS GJ to reduce repatriation to relieve pressure on referring hospitals and the Scottish Ambulance Service. During the 2nd pandemic wave NHS GJ formerly offered West of Scotland Boards the ability to pause repatriation to relieve bed pressures. We have once again observed an inability to repatriate patients to many hospitals across the West of Scotland, resulting in increased length of stay at NHS GJ and inability to meet the 72-hour target for Non ST-elevated Myocardial Infarction (NSTEMI) patients. Pre-Covid introducing direct access for NSTEMI patients with intermediate risk was described as a key objective through the West of Scotland Regional Planning Group Clinical Strategy. The learning from this experience on managing effective patient pathways will be part of regional planning going forward.

The Cardiology activity proposed is slightly ahead of previous years' activity and included the full year effect of Cath lab 5, taking into account the lost efficiency experienced in 2020/2021 as a result of Covid testing, physical distancing, enhanced cleaning requirements, and inability to fill appointments lost to short notice cancellations. Initial calculations indicate that the lost efficiency and productivity through the Cath Labs accounts for a 15% reduction in capacity. To meet the target activity additional capacity will be delivered through weekend working until pre-Covid efficiencies are realised. The operational plan supporting the activity proposal will review the need for 6-day working on an ongoing basis depending on the progressive reduction in Covid precautions

For 2021/2022 activity modelling, we have combined urgent and elective cardiology activity together. We will continue to monitor the urgent/elective split within local Board reporting but grouping these together for the purpose of national reporting allows the service to better reflect the flexible capacity required to support the variation across urgent and routine referrals.

The service is also planning for the refurbishment of Cath Lab 3 over a 10 to 12-week period during Summer 2021. It is expected that this will result in a temporary loss of around 330 cases, which will be carried out in a mobile Cath Lab to minimise the impact and to maintain activity levels during the planned lab closure.

The service opened a new Cath Lab in November 2020, expanding the coronary capacity of the service by approximately 700 Coronary procedures and 190 Electrophysiology procedures per annum (assuming pre-Covid productivity levels). With the opening of the new Lab the Cardiology service now has five operational Cath Labs which provide capacity for Coronary, Electrophysiology (EP), Devices, TAVI, SACCS and SPVU activity. Emergency on-call services are also provided out of hours (STEMI).

Waiting times to access the EP service is a key issue, with a significant backlog of patients and long waiting times. The EP interventional service suspended all non-urgent activity between April and June 2020 resulting in a significant loss of capacity; however, the service

continued to accept referrals during this period and as a result waiting times have increased significantly. Pre-Covid the service had a capacity gap but this period of suspension has compounded the problem. With the fifth Cath Lab, the service has increased the number of EP sessions by over 30% to address the capacity gap but there remains a significant backlog.

The service is currently maximising this increased capacity through targeted scheduling and increased productivity, however, the challenge for the next 12 months will be to manage the demand to the service and to develop a robust plan for further increasing the capacity to address the current backlog of patients. We anticipate that in planning additional capacity we would seek additional funding, whilst and until all backlog can be cleared and efficiencies can be reintroduced to the service as Covid precautions are withdrawn. The EP service is also experiencing reduced efficiency due to the limitations around booking at short notice and cancellations, as most EP cases are elective, and admitted on a green pathway with a prerequisite of a period of precautions and a Covid test. We have assumed a 10% impact on productivity.

Device capacity has been affected by the pandemic to a lesser extent. There is marginal productivity loss for the urgent inpatient transfers who are admitted on an Amber Pathway. Activity assumptions are based on these precautions remaining.

It is noted that the TAVI capacity was maintained throughout 2020/21. The planned activity in 2020/21 is likely to be exceeded as a result of the pandemic and the significant impact this had on delivery of cardiac surgery and the consequent rise in urgent TAVI referrals, particularly during the first wave.

During 2019/2020, the National Planning Forum reported that 7% of TAVI cases were carried out using non-trans femoral access (rather than the 15% predicted) – however, the funding model in place still reflects this higher percentage. Although the planning assumptions and activity proposal in NHS GJ are based on national planning assumptions of 61 TAVI per million populations, we will work with the NPB and WoS Boards to seek authority to adjust our activity plan in line with a 7% referral rate to NHS Lothian for non-trans femoral access, which would in turn increase WoS activity at NHS – which we would manage through the same capacity as 2020/21.

Heart & Lung															
Cardiology	Elective/Urgent	432	436	469	477	483	449	456	473	471	434	429	497	5,506	
	TAVI	10	11	13	11	10	11	11	13	11	8	10	12	131	
	STEMI	61	64	62	63	64	62	63	62	64	64	57	64	750	
	EP	49	50	53	55	54	52	52	54	52	48	50	56	625	
	Devices	37	30	37	38	34	37	34	37	35	28	34	36	417	
Cardiac	Surgery	95	95	108	108	109	105	106	111	100	94	101	117	1,249	
Thoracic	Surgery	95	95	105	105	105	100	100	105	100	90	95	110	1,205	
Total Heart & Lung		779	781	847	857	859	816	822	855	833	766	776	892	9,883	

Figure 1: Cardiac, Thoracic and Cardiology Activity projections 21/22

3.2.5 National Services Division

Scottish National Acute Heart Failure Service (SNAHFS)

SNAHFS continued to provide a safe service throughout the pandemic and has implanted 15 cardiac transplants to end January 2021. Outpatient clinics continue through telephone, Near Me consults and face-to-face clinics. Patients are actively managed, supported by the specialist nursing team with robust risk assessment in place for this vulnerable patient group.

The waiting list remains active and responsive to organ donation. In 2021/2022, we will continue to deliver the service, offering flexibility and virtual consultations where appropriate.

National Organ Retrieval Service

The NHS GJ team has provided ongoing support to the UK national service throughout 2020/2021 and will continue to do so in 2021/2022.

Scottish Adult Congenital Cardiac Service (SACCS)

The SACCS service has successfully recruited high-calibre consultants to fill long term vacancies. Now with a team of five ACHD cardiologists, we are in a very strong position to embark on a recovery plan in 2021/2022 and address lost activity during the Covid pandemic. The second pandemic wave has further challenged the service, as the patient group is vulnerable, and many do not want to travel to the hospital for an appointment. It is predicted that it will take up to a year to fully recover the service and deliver timely outpatient review and investigation. Surgical, interventional and diagnostic catheter procedures have been maintained throughout the pandemic.

Scottish Pulmonary Vascular Unit (SPVU)

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

3.2.6 Radiology

An early priority for 2021 is a formal review of Radiology at NHS GJ. This will examine workflows, staffing and processes to identify areas for service improvement, ensuring maximum efficiency to support NHS Scotland through the provision of additional capacity.

The pandemic has presented opportunities to do things differently. The Radiology department has demonstrated in the last year that it can respond to an ever-changing healthcare environment. The delivery of virtual clinics and changes to clinic pathways have allowed increased direct access. There has been the transfer of services to our site allowing other health boards to concentrate on acute requirements. This work has placed NHS GJ in an excellent position to demonstrate to health boards the opportunities that are available within NHS GJ Radiology. We are committed to continuing to deliver transformational change, using our enthusiastic, adaptive workforce. An example of a recent service transfer has been the ablation service, which has temporarily moved to our Radiology department from NHS Greater Glasgow and Clyde.

A crucial part of the local Radiology remobilisation plan is to maintain close engagement with, and adapt to the needs of, other health boards.

Regular Service Level Agreement meetings with radiology leads and the Scottish Government Access Team will ensure NHS GJ not only works to capacity but also delivers imaging which will support other boards. Traditionally we have focussed on delivering waiting times capacity; however, we know that within boards there are other pressures such as cardiac imaging, specialist MRI / CT examinations and procedures. In 2021/2022 we will undertake a scoping exercise with boards and Scottish Government to determine the best use of our resources and identify areas for future development.

Cardiac Imaging Strategy

Cardiac MRI

Our MRI department provides cardiac imaging for patients from the West of Scotland Region as well as the National Services. The pandemic saw a reduction in waiting times activity, allowing MRI cardiac imaging to increase cardiac capacity. Because of the SACCS service, our team are highly skilled in dealing with the most complex of cardiac imaging.

Cardiac CT

The replacement of a CT scanner in 2020 with a top of the range cardiac scanner, provides capability to perform the highest quality imaging for cardiac exams. Currently we perform cardiac scanning for NHS GJ and for the regional service. NHS GJ is funded to deliver two sessions of cardiac imaging equating to 14 patients per week. The demand, supported by clinical evidence and guidelines, for cardiac imaging is increasing and combined with a period of decreased activity between April and July 2020 there is now a substantial waiting list for CTCA examinations.

As part of the NHS GJ Remobilisation plan for 2021/22 we can develop this service to support Boards through realigning waiting times activity to facilitate more cardiac scanning.

Expanding CT / MRI Scanning Capacity

During the pandemic the Department of Health for England provided Scottish Government with additional CT and MRI scanners. These are currently being placed around the country with NHS GJ responsible for two CT scanners currently at NHS Louisa Jordan. From March 2021 there is a plan to consider where these additional scanners with associated workforce, could be located to best meet the needs of the population and offer additional waiting times activity. We are considering the feasibility of siting this equipment within NHS GJ and identifying how this could be most effectively utilised. This would support our ability to expand cardiac services while maintaining projected waiting times targets.

Scottish National Radiology Reporting Service Bank (SNRRS)

Since 2019 NHS GJ has worked in partnership with the Scottish Transformational Radiology Programme (SRTP) to deliver a pilot of a national imaging reporting service (SNRRS). This enabled reporting of radiology exams from one health board to another across traditional health board boundaries, using radiologists employed by the NHS. Radiologists are employed on a 'bank' contract with NHS GJ, working in their own time remotely from home or from their base site. This pilot has been a success and during the last year has exceeded the expectations of the initial pilot plan. Estimates are that this has delivered a cost avoidance of around a third for health boards on their outsourcing reporting costs. In 2021/2022 we will explore the potential to turn this into a business as usual service to support NHS Scotland.

Challenges faced in 2020/2021

During the first wave, Radiology, in line with other services, paused elective activity. We continued to image patients who were urgent suspected cancer or that were an acute clinically urgent priority. By May 2020 patients on the next urgency category of 'amber' were restarted, with capacity open to all categories by July. There were, however, challenges:

- Increased complexity in booking process – due to Covid screening and increased patient communication;
- Workflow and capacity changes to accommodate physical distancing and cleaning;

- Recruitment to support extending day and weekend working to minimise capacity shortfall – this was completed in October 2020;
- Ability of Boards to send referrals due to increased access within other NHS Boards to mobile MRI scanners- some Boards have used mobile scanners for non-complex scans in preference to using NHS GJ capacity. This has resulted in a reduction in referrals to NHS GJ. The projected activity assumes that the Boards will fulfil their allocation across all modalities.

Taking into account these challenges we have adapted processes and workflows to ensure that from February 2021 all modalities are near 100% levels of pre-Covid capacity.

For 2021/2022, we will deliver the same level of activity as planned for in 2020/2021. In modelling Radiology capacity, the following assumptions have been considered:

- Ongoing evening and weekend activity
- Current staffing levels are maintained
- Outpatient elective services continue to operate
- Cardiac CT activity to be supported through conversion of Health Board CT allocation
- Ongoing support to NHS Greater Glasgow and Clyde to deliver the CT guided Ablation Service whilst CT scanners are replaced in Gartnavel Hospital.

Figure 2 illustrates our planned Radiology activity levels during 2021/2022:

Radiology														
Radiology	CT	1,257	1,257	1,378	1,441	1,318	1,318	1,373	1,313	1,313	1,190	1,252	1,435	15,845
	MRI	1,372	1,372	1,507	1,574	1,440	1,440	1,507	1,440	1,440	1,300	1,371	1,577	17,340
	U/S	702	702	772	809	738	738	772	738	738	670	702	809	8,890
	DEXA	121	121	133	139	127	127	133	127	127	115	121	139	1,530
Total Radiology Activity		3,452	3,452	3,790	3,963	3,623	3,623	3,785	3,618	3,618	3,275	3,446	3,960	43,605

Figure 2: Radiology activity projections 2021/2022

3.3 Cancer and National Elective Services

3.3.1 Supporting urgent cancer surgery and P2 patient surgery

NHS GJ will continue to support Boards with urgent cancer surgery and priority 2 patient surgery during 2021/2022. At present it is assumed that this support will be provided until 30 June 2021, however should there be a requirement to continue to provide support thereafter this can be achieved by releasing capacity from core elective services.

At present NHS GJ is supporting NHS Lanarkshire, NHS Ayrshire and Arran, NHS Greater Glasgow and Clyde, and NHS Tayside with the following clinical specialities:

- ENT
- Gynaecology
- Urology
- Osteosarcoma
- Colorectal
- Breast
- Plastics

Significant additional diagnostic endoscopy capacity has also been developed to support NHS Greater Glasgow and Clyde, NHS Ayrshire and Arran and NHS Lanarkshire.

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

Medical/Clinical Workforce Model for Cancer Surgery Delivery

NHS GJ has developed the clinical expertise and resources to support cancer surgeries for a range of clinical specialties. Referring Boards provide the operating consultant surgeon to undertake the procedure with NHS GJ providing all other staffing and supporting services.

NHS GJ continues to work in a very agile way to respond to demand and support NHS Boards with their urgent Cancer and priority (P2) patients.

3.3.2 Ophthalmology

Our state of the art Eye Centre was opened by the Cabinet Secretary for Health and Sport in November 2020. This provided some additional capacity to NHS Scotland.

Further additional capacity will be available during 2021/22. Recruitment of clinical and support staff is progressing, with the majority of additional staff expected to take up post by March 2021, with any required training following immediately thereafter. An accelerated staff training programme will continue to be used to support staff to achieve the necessary clinical competencies for their role. In addition, we welcome the valued contribution of our volunteers in supporting staff and patients in the Eye Centre. It is important to note within the Remobilisation Plan that the majority of newly recruited staff are either new to the NHS, new to theatre nursing and / or new to ophthalmology. This intense period of recruitment and training during the early part of 2021 will support acceleration of ophthalmology capacity from April 2021, and opening of additional theatre capacity from June 2021.

Due to the scale of recruitment to the Eye Centre and associated risks, and the current challenges in delivering services within the two metre minimum physical distance within outpatients and our admissions and discharge areas, the activity numbers projected within the Remobilisation Plan are the minimum numbers we expect to deliver. During 2021/2022 we project that we will deliver a minimum of 3900 additional cataract procedures.

The activity schedule will be reviewed again in May 2021 with a view to providing additional capacity to NHS Scotland between September 2021 and March 2022. This is subject to the ability to relax current physical distancing constraints.

3.3.3 General Surgery

In March 2020 the general surgery elective service was paused. During the last 12 months this capacity has been utilised to support the delivery of urgent Cancer and priority 2 surgeries for NHS Scotland.

The Remobilisation Plan assumes that the general surgery elective programme will resume during 2021. During the year additional capacity will be allocated to this service as Cancer surgery activity reduces and additional general surgery theatre capacity becomes available.

NHS GJ will also resume general surgery day case and short-stay procedures for priority 2 patients as required by other NHS Boards. We have successfully recruited four substantive consultant general surgeons and so will be able to broaden the range of procedures offered to other boards.

3.3.4 Diagnostic Endoscopy

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

As a result of physical distancing requirements and Covid testing capacity, NHS GJ's maximum capacity has increased to 11 lower scopes per room per day for Consultant Endoscopists, and 10 for Nurse Endoscopists. Overall capacity is in the region of 85 procedures per week. NHS GJ have recently been approached by the National Endoscopy team who are keen for NHS GJ to only carry out screening scopes, and create an academy for Endoscopists, junior doctors and consultants. If this plan is enacted, we will be working to carry out eight scopes procedures per theatre day. We have reflected this within our activity plan for 2021-22.

In response to increased need and demand for endoscopy services, during 2021/2022 NHS GJ will:

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

This will increase diagnostic endoscopy capacity by approximately 2,400 additional procedures per year.

3.3.5 Orthopaedic Surgery

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

Supporting Urgent Orthopaedic Procedures

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

- West of Scotland regional osteosarcoma surgery programme;
- NHS Scotland Urgent Revision Arthroplasty.

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

For 2021/2022, the following assumptions have been considered:

- Cancer surgery remains at NHS GJ until 30th June, with capacity reallocated thereafter to colorectal surgery, orthopaedic minor and Foot and Ankle surgery, and general surgery day case / 23 hour stay programme;
- Physical distancing in Eye Centre - Activity plan will be reviewed in May and increased activity will be reliant on reducing physical distancing restrictions.

Specialty	Sub Specialty	2021/22 Plan												
		Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	21/22 Total
Cancer & National Elective Services														
Orthopaedics	Joints	293	311	336	342	336	350	365	365	343	343	365	374	4,122
	Foot and Ankle	30	61	74	67	56	56	56	56	56	56	56	56	680
	Ortho Soft Tissue Knee	35	35	39	40	40	40	40	40	35	35	35	40	454
	Hand and Wrist	35	35	35	35	35	35	40	40	40	40	40	40	450
	TOTAL	393	442	484	484	467	481	501	501	474	474	496	510	5,706
Cancer	Cancer (incl. Sarcoma)	70	70	84	0	0	0	0	0	0	0	0	0	224
General/Plastic	General Surgery (day case, short stay and colorectal)	0	0	0	84	84	81	81	98	125	147	155	174	1,030
Diagnostic	Endoscopy (Lower incl. screening)	300	399	495	492	480	480	480	480	442	442	470	480	5,440
Ophthalmology	Cataract	741	741	1,017	983	1,092	1,088	1,088	1,142	1,088	952	1,034	1,197	12,162
Total Cancer & National Elective Services		1,504	1,652	2,080	2,043	2,123	2,130	2,149	2,222	2,129	2,015	2,155	2,361	24,562

Figure 3: Cancer and National Elective Services monthly activity projection 2021/2022

3.3.6 Robotic Assisted Surgery- service delivery and training

NHS Golden Jubilee is already a leading site in Scotland for robotic assisted surgery, with an Intuitive Da Vinci X used predominantly for lung cancer surgery, and two Stryker Mako robots for orthopaedic arthroplasty surgery. As the largest elective centre in Scotland, we aim to expand our robotic surgery activity to maximise benefits to patients. Through our experience, we will optimise the use of robotics to inform the spread across NHS Scotland. As the home of the NHS Scotland Academy (in collaboration with NHS Education for Scotland), we are also ideally placed to develop a training site for robotics in Scotland, as part of our theatre education programme.

4 Living with Covid

Throughout the pandemic NHS GJ has focussed on maintaining a balance between the response to the pandemic and the continued safe provision of essential non-Covid services. NHS GJ's overriding priority in setting that balance continues to be the safe delivery of services.

Through the support offered to other national and territorial boards, NHS GJ has worked collaboratively to prioritise urgent diagnostic and treatment activity. As the pressures associated with the Covid pandemic ease across NHS Scotland, it is noted that there may be consideration of the need to "decompress" the system to provide some respite after an intense and extended period of pressure.

NHS GJ has worked hard throughout the pandemic to maintain access to cancer and priority services, and maintain elective care where clinically appropriate. It is, however, the intention that NHS GJ will not plan to "decompress" during the immediate post-pandemic period. We will balance planned workload with ensuring appropriate leave and rest for our staff, and these intentions are factored into our planning assumptions for this Remobilisation Plan.

4.1 Supporting the Workforce

As we learn to live with new government restrictions, it becomes even more important that we look after our emotional wellbeing. Our staff have demonstrated real determination to pull together and have shown resilience in dealing with pandemic pressures and uncertainty.

4.1.1 Workforce Health and Wellbeing

A partnership approach was taken to rapidly review the range of health and wellbeing support available for staff during and after the Covid pandemic. A health and wellbeing group was established which is co-chaired by our Employee Director. In addition, the Partnership Forum has been engaged and consulted on our approach to health and wellbeing during the pandemic and in developing our longer term plans for supporting our workforce. The Partnership Forum is fully involved in all workforce and wellbeing elements relating to the delivery of this Remobilisation Plan.

A key feature of our refreshed approach to health and wellbeing has been the development, in partnership, of the Board's Staff Health and Wellbeing Strategy. This was approved in November with the Board's Health and Wellbeing Group supporting its delivery. The strategy focuses on a holistic approach to wellbeing addressing the inter-connected elements of physical, mental and, social and financial wellbeing. This builds on existing support and strengthens our approach particularly in relation to mental health and wellbeing.

Over and above the strategy development a comprehensive range of guides and resources to support staff health and wellbeing have been developed and promoted including:

- **Manager Guide: How to support staff wellbeing while working at home**
- **Staff Guide: Supporting your wellbeing while working at home**
- **Health and Wellbeing Resource** – developed to bring together information / resources from NHS GJ, NHS Scotland, Scottish Government, Professional bodies and other external support sources.

This aligns with the national resources available through the National Wellbeing Hub (www.promis.scot) which we are actively promoting throughout our organisation. We will continue to ensure staff can engage with the support available:

- Psychological First Aid and self-directed learning materials;
- Learning Cafes;

- Cognitive Behavioural Therapy;
- Pastoral Care Supervision;
- Telephone Occupational Health Support Service;
- Bereavement Support – Intentional Listening Service and A Weekly Service of Remembrance;
- Spiritual Care 1-2-1 and Group Support;
- Values Based Reflective Practice;
- Debriefing;
- Use of Staff Sanctuary as a place of rest for staff;
- Coaching Service;
- Schwartz Team Time; and
- Development of a range of guides and resources to support staff health and wellbeing (for example, home working and wellbeing guides).

Prior to Covid NHS GJ ran Schwartz Rounds to support staff members across the hospital and encourage reflections about the care we all deliver. The format for Schwartz Rounds is now not possible therefore we have introduced an adapted interpretation of the Schwartz Round concept – “Team Time”. This follows the story telling and guided reflection format, delivered virtually for teams to share mutually understood experiences.

We have taken an active approach to promoting the need for adequate rest and recuperation including taking annual leave. Additional rest space has been provided with showers and quiet areas available. We also have rooms available in the hotel for overnight rest.

In addition, we have extended the use of agile working, providing at pace the ability for many staff to work remotely, helping them to achieve a better work-life balance during the pandemic. It is our intention that these ways of working become “business as usual” for relevant staff groups.

Finally, NHS GJ will gain access to further office space onsite during 2021-22 to enable us to fully accommodate our site and workforce expansion and deliver a working environment that is fit for the future.

4.1.2 Mental Health Support for Patients

NHS Golden Jubilee provides mental health support as part of the Scottish National Advanced Heart Failure Service (SNAHFS) and the Scottish Adult Congenital Cardiac Service (SACCS). Clinical Nurse specialists in SACCS have been trained by psychologists to talk about emotional wellbeing and identify patients who may need further support. A psychologist provides support to SNAHFS patients and provides psychological therapy support for those within these cardiac services who need more advanced support.

Prior to the Covid pandemic NHS Near Me was being used to reduce the need for travel to provide these mental health services. NHS Near Me has been used to provide this support during the pandemic and we will continue to use virtual consultations to support patients and provide mental health services.

4.2 Clinical Prioritisation Approach

In developing our Remobilisation Plan, we have incorporated the following patient and system factors based on recommendations from SAMD and SEND discussions on the delivery of safe healthcare services.

Patient Factors that require to be optimised before proceeding:

- Agreement that the risk of procedure is less than the intended benefit;

- That the level of urgency of the procedure supports proceeding at this time;
- There has been explicit consideration and documentation of risk as part of the consent process and patient chooses to proceed.

System Factors that require to be optimised before proceeding:

- There is no compromise to flow and levels of occupancy are at a safe level, including in critical care;
- There are adequate resources - workforce and supplies (including medicines and PPE);
- The hospital environment is as safe as it can be: there are no hospital outbreaks suggesting in-hospital transmission.

Surge Capacity- during the first wave of the pandemic NHS GJ admitted a small number of ventilated Covid positive patients transferred from other West of Scotland (WoS) intensive care units. NHS GJ will continue to work as a member of the WoS Critical Care Group to ensure critical care capacity is available if required. In line with NHS GJ remaining a Covid Light site any transfers of Covid patients to NHS GJ should only occur as a last resort, when capacity elsewhere is exhausted.

4.3 Risk Management, Testing and Zoning Policy

NHS GJ became a largely Covid-light ('Green') site from May 2020. It remains our intention to remain a Covid-light site with green patient pathways maintained in all specialties.

Through pre-op self-isolation and pre-testing for elective patients, and separating their pathways from emergency admissions, we can maintain a 'clean' site to support urgent cancer and ongoing recovery to heart and lung and elective services as a national resource.

While all hospitals are attempting to separate patient flows, the combination of single rooms for all patients at NHS GJ, and the far lower proportion of emergency patient flows makes this more sustainable on our site, especially if future pandemic waves occur.

Patient flows into NHS GJ have been re-designed to minimise the risk of hospital acquired Covid infection for patients undergoing urgent surgery. Our zoning policy describes the common flows and also outlines the approach that should be taken if any revisions to these pathway flows are required.

4.3.1 Risk Assessment

During the pandemic, no hospital site can guarantee a zero risk likelihood of patients acquiring Covid-19 while on-site. However, the significant risk mitigation steps that are being implemented with carefully managed pathways will minimise risk, with opportunities to further strengthen as experience and evidence grows. The magnitude of each element will vary for each patient and each procedure. Residual risk is a major element of the shared decision-making approach within the consent process.

4.4 Minimising Risk for Patients and Staff

4.4.1 Elective Patients

- All elective patients (including urgent patients coming from home, if clinical urgency allows) are advised to self-isolate before the procedure. They are contacted 48-hours pre-procedure to ensure they remain asymptomatic and have had no contact with symptomatic people.

- Patients are currently tested for Covid-19 with PCR up to 48 hours before their admission date at NHS GJ or in their referring board. We have also introduced drive through patient testing as part of the pre-assessment procedure. Patients who test positive are deferred for at least 14 days if clinically appropriate. These measures minimise the likelihood of the patient having Covid-19 at the time of operation, minimising risk of procedure, and also risk of nosocomial infection. We will keep testing timeframes under clinical review as we progress with remobilisation.
- All staff interacting with patients will wear appropriate PPE determined by level of risk; all patient-facing staff have already been vaccinated with at least the first dose of the vaccine.
- In the unusual event of an elective patient developing Covid-19, they will be managed in the most appropriate clinical area.

4.4.2 Emergency Patients

- Emergency admissions may not have a known Covid status however they will be tested as early in their pathway as possible. They are admitted to the most clinically appropriate area of the hospital for their clinical needs, but the large majority will be through the interventional cardiology service;
- A small number of patients are directly admitted to HDU2, the thoracic or cardiac wards, and the orthopaedic wards;
- All emergency admissions are screened for Covid-19. Similarly, patients with suggestive symptoms or presentations are tested, as are patients transferred from wards closed due to Covid outbreaks.

4.4.3 Staff

- All staff are required to follow HPS/PHE guidance. This requires them to wear PPE on a sessional basis while in ward or critical care areas, and for each patient in theatres;
- Out-with clinical areas, all staff are required to maintain physical distancing and wear face coverings while moving around the hospital;
- Agile working has been implemented with further roll out of working from home which is supported by the use of MS Teams;
- Changes to office utilisation and capacity implemented to support physical distancing;
- Ready access to testing locations local to staff members' home location;
- Patient-facing staff have been offered access to participate in twice weekly lateral flow self-testing.

4.4.4 Reducing Risk of Nosocomial Infection

In response to the CNO letter of 29th June 2020 about measures to reduce the risk of nosocomial infection, we have provided the following assurances:

- I. Use of face coverings- hospital staff have been issued with guidance on the appropriate use of surgical masks and face coverings. Patients and visitors are asked to wear face coverings within the NHS GJ site.
- II. Prevention and Control of Infection (IPC) - Interim Agile IPC Governance Assurance Group has been established which reports directly to the Silver/Gold Command and approves patient pathways aligned to national guidance. IPC is also involved in all recovery and remobilisation plans for services to reflect national guidance.
- III. Environmental Cleaning- Environmental Cleaning continues to be carried out in accordance with Health Facilities Scotland National Cleaning Specification. Cleaning frequencies have been enhanced particularly for touch surfaces and high use areas since March 2020. Cleaning standards continue to be monitored by facilities management with scores remaining acceptable across all areas.
- IV. Built Environment (Water) - A multi-disciplinary team Water Group continue to adopt a proactive approach to ensuring water safety per national guidance. A planned maintenance programme is in place and where monitoring issues are identified (e.g. non-compliant temperatures) investigations of potential causes are undertaken and follow up actions recorded.
- V. Physical Distancing, Flow and Rostering - A Physical Distancing SLWG (PDSG) was commissioned to provide technical and operational support for remobilisation of services. Staff and visitor messaging and signage has been implemented.

A number of facility enhancements have been undertaken which will lower the risks to staff and patients. These include:

- Improved physical distancing signage and restrictions;
- Following a pilot, thermal cameras have been installed at the entrances of both the Hospital and Conference Hotel to test the temperature of all entering the site;
- Restrictions on changing and rest facilities to limit flow/staff numbers and further reduce risk;
- Amendments to meeting spaces to ensure appropriate physical distancing, with a presumption that most meetings will be carried out virtually; and
- Reviews of requirements, and installation of screens, additional masks, gloves or gel dispensers.

4.4.5 Increased PCR testing capacity for Covid-19

NHS GJ has developed clear policy and processes for testing of patients within all treatment pathways. An additional analyser was introduced in November 2020, with approximately 600 tests now analysed per week. The analytical capacity of the new equipment is based on two runs per day (140 tests), with the smaller and faster Genexpert analyser offering between 40-50 tests per day to support urgent, emergency and on the day admissions. Overall this represents an increase on our previous capacity of 500 tests per fortnight reported in our August 2020 Remobilisation Plan.

4.5 Digital Innovation in improving service delivery and patient experience

During the earlier phase of the pandemic NHS GJ, in common with health boards across the country, developed and implemented a range of service changes and improvements at pace to support patients and staff alike. This included several challenging initiatives delivered by NHS GJ's eHealth team. A priority for 2021/2022 will be to consolidate the improvements we have made in areas such as electronic patient pathways, virtual consulting via NHS Near Me, and the implementation of digital solutions to enable agile working for the majority of our workforce. This includes building robust underlying infrastructure to support recent and future digital developments, ensuring they remain sustainable and fit-for-purpose as we move into the next phase of recovery and remobilisation.

A challenge for NHS GJ during 2021/2022 in consolidating digital gains while also seeking further opportunities to improve services is the capability and capacity of the eHealth team. Digital leads, through a detailed programme of digital initiatives, are considering the phasing and resource requirements to ensure a sustainable model to delivering innovative digital healthcare and agile working solutions. We also established a cross-divisional 'Virtual First' group to oversee the deployment of digital innovative solutions to improve service delivery and patient experience.

In order to minimise patient and staff travel and exposure to infection, video and digital applications such as NHS Near Me and Microsoft (MS) Teams are routinely used. We will continue to expand upon the use of NHS Near me to provide remote consultations for patients at pre and post-operative stage of clinical pathways, with this option remaining even when physical restrictions ease. Building on the success of MS Teams we will also move to roll-out the full Office365 package to office based staff, supporting increasingly effective means of agile working on-site and remotely.

In a number of services, patients can now access appointment details and information leaflets through the use of patient portal. Covid symptom checker and Covid test results will also be accessed through the patient portal along with supplementary information depending upon the result of the test. Patients will also be able to provide information, in a structured format, through the patient portal which will used to assess and monitor their conditions as well as uploading data from remote monitoring devices used by patients in their home.

We will continue to optimise the solutions implemented to support physical distancing such as MS Teams to conduct meetings and remote access to relevant clinical and business systems where home working is appropriate.

The eHealth team, working closely with the Service Design Lead, implemented several innovative accessibility solutions within the new Eye Centre. These included a UK first self-check-in kiosk, offering a range of accessible ways for patients to self-check-in.

Our eHealth team supported the establishment of the NHS Louisa Jordan facility, particularly in support of connectivity. This role will continue until such time as the site is decommissioned.

4.6 Person-Centred approaches and Patient experience

4.6.1 Volunteering

At NHS GJ we are proud to include and utilise volunteers in a range of different roles, most of which were suspended in the immediate stages of the pandemic. The pandemic has however allowed us to embed innovative new roles which have made a significant impact on our patients and their families.

We took our ward-based pastoral care volunteers (whose key role is to sit and listen to how patients are, give them time and space to talk and showing compassion to them) and trained them to take forward the same role over the telephone. From March to July 2020 we have provided over 100 hours of listening support for patients and their families, given 20 hours of training and supervision to those volunteers, and created a new more accessible service.

4.6.2 Person-Centred Spiritual Care

Our spiritual care service made immediate changes in response to the pandemic, including:

- One-to-one telephone, and VC support for staff three days per week;
- Weekly rituals to stop, reflect, and regather for those carrying anxiety, sadness or fear, these rituals for example the symbolic lighting of a candle and reading a poem have been variously described as “therapeutic” and “hopeful”;
- We set up a dedicated staff bereavement service by incorporating three other departments (equality and diversity, learning and education and service managers) along with our spiritual care lead. 12 hours of training on bereavement support were offered and from April to July there were more than 60 hours of this given to colleagues affected in some way by grief;
- Reflective practice sessions: we moved our VBRP (Values-based reflective practice) to an online format using VC technology which is aimed at allowing our staff to do two things: reflect on the work they are doing and the impact it is having on them, and to take stock of their core values and initial reasons for coming into the work of caring. These sessions have evaluated as being very helpful and additional ones have meant that we have now delivered 45 hours of this type of reflective practice since the initial lockdown measures were introduced;
- Lasting and continuing changes are the availability for any 1-2-1 or group staff support sessions to be conducted on NHS Near Me and the introduction of this mode to supervise and support our volunteer pastoral care team.

4.6.3 Patient experience of virtual consultations and care during the pandemic

We have undertaken regular surveys of patient experience and willingness to travel for treatment during the pandemic within our Orthopaedic Service, with positive feedback received to date.

4.6.4 Person-Centred Visiting

NHS GJ has been supporting essential and compassionate visiting throughout the pandemic and in line with the publication of a CMO / CNO letter dated 30 June 2020 detailing the staged approach to visiting, we commenced visiting w/c 13 July 2020. Visiting to the site will continue to be reviewed and managed in line with national guidelines and restrictions around travel, and any changes in clinical risk assessments.

4.7 Minimising Covid Health Inequalities

It is widely accepted that Covid-19 impacts people differently depending on personal attributes such as age, disability, race, sex and socio-economic background. NHS GJ has adopted a proactive approach to minimising the potential for health inequalities associated with Covid. This focussed on two main elements:

- Equality Impact Assessments of revised patient pathways;

- Employee occupational health risk assessments.

4.7.1 EQIA of revised pathways

The most significant element of our revised patient pathways is the use of NHS Near Me platform to offer virtual consultations in place of face to face interactions. An Equality Impact Assessment was completed locally but also linking to work undertaken nationally by the equality and diversity leads network. This identified the main interventions required to harmonise equality of access including:

- A unified booking process for outpatient and Surgical services. All patients to be contacted in advance of their appointment to agree preferred method of communication for Near Me login details, and any reasonable adjustments required.
- Information leaflets to be provided along with appointment letters outlining joining instructions via English and multi-language formats;
- BSL Sign Language interpreters and translators available on virtual consultations using multi-caller functionality;
- Ability for carers to attend appointments via multi-caller functionality.

In addition to we continue to explore a number of other ways of adapting our revised pathways including:

- Localised technology hubs within healthcare facilities for use by people unable to use Near Me at home, whilst also eliminating long distance travel to the hospital;
- Liaison with NHS Near Me and data providers (via national E&D network) to remove charges for the use of this service;
- Optional telephone call back service for patients who do not have access to minutes and/or data allowance;
- A hospital shuttle transfer service for patients who do not drive and require hospital treatment who are within the shielding category/high risk group.

4.7.2 Employee occupational health risk assessments

The link between ethnicity and increased mortality rates is a major concern given the diverse workforce, particularly within our housekeeping and consultant groups. NHS GJ have taken immediate steps to ensure that staff wellbeing is prioritised throughout the pandemic with occupational health risk assessments for our staff with underlying health conditions and those from a Black, Asian and Minority Ethnic background (BAME).

This includes:

- Encouraging all staff who view themselves as BAME to complete their ethnicity information on eESS and to also request an up to date risk assessment;
- Completion of Individual risk assessments considering profession, role and likely risk of exposure to Covid-19 with supportive conversations with all BAME staff to consider their psychological wellbeing and personal views/concerns about risk; and
- Adjustments for individuals in higher risk groups, including remote working, redeployment to non-patient contact roles and special leave for shielding / self-

isolation.

Further work will be undertaken in line with national guidance and new occupational health risk assessment to assess risk based on health and relevant protected characteristics.

We recognise the importance of engaging with our staff during the pandemic and as we adjust to new ways of working to listen, learn, educate and inform our approach to service design. We will endeavour to enhance our engagement practices through strengthening our approach to equality and diversity networks including:

- Creation of NHS GJ staff BAME network and membership of planned NHS Scotland national BAME network;
- Development of user experience panels, including for BAME, through close engagement with local and national community groups.

4.7.3 Covid-19 Vaccination Programme

Health Boards across Scotland, including NHS GJ, have undertaken a significant amount of work in a very short time to develop and implement plans for the Covid vaccination programme, which started on 8 December 2020. NHS GJ vaccination planning makes provision for all staff being offered the vaccine, with priority afforded to clinical front-line staff in line with national guidance. At this stage it is unknown how effective the vaccine will be, and the duration of any protection it affords. NHS GJ is therefore assuming there will be an ongoing or repeat programme of vaccination for Covid (and any emerging variants) that will need to be delivered alongside the existing seasonal flu staff vaccination drive.

NHS GJ will utilise its existing peer vaccination approach to deliver any future vaccination programme in line with national guidance. However, even with peer vaccination there will be potential pressures on Occupational Health nursing staff in delivering two vaccination programmes alongside other clinical commitments. A pool of bank vaccinators will be established to provide additional vaccination capacity alongside nursing staff.

Typical uptake of the seasonal flu vaccination is between 60-70%. While it is unrealistic to expect full uptake due to reasons such as underlying health reasons, pregnancy and staff choosing to opt out for personal reasons, NHS GJ is planning on the basis of offering 100% of staff the Covid vaccination to ensure all staff are as a minimum afforded the opportunity of the vaccine. Communications continue to be issued to staff reassuring them of the safety of the vaccine and the benefits of receiving it.

5. Clinical Governance, Risk Management and Resilience

5.1 Clinical Governance Focus

Our existing clinical governance and risk management arrangements continue to support our recovery activity with regular links to Division and Executive management teams via the Command Structure and regular Clinical Governance meetings.

The clinical focus is driven by patient safety, clinical prioritisation and reducing the delays experienced by patients due to the pandemic. Critical to life services continued throughout the pandemic and we have implemented a robust governance process to support the restart of elective activity across the site and also introduction of any new clinical services we are supporting NHS Boards with as part of their Covid recovery including urgent cancer services. This process includes ongoing clinical governance and operational review to ensure that activity is managed as planned and that access to treatment in terms of patient criteria is

safely managed to ensure clinical prioritisation and equality of access whilst upholding compliance with Covid precautions.

The NHS GJ Board risk register has been reviewed to consider the impact of Covid on existing corporate risks and ensure appropriate mitigations are in place with ongoing monitoring and reporting to the Board. Our risk management approaches during Covid continue to be aligned to our Enterprise Risk Framework. An agile “At a Glance” risk matrix has been developed to support live monitoring of the key risks to service delivery specific to Covid including PPE and testing capacity. This allows an overview of service specific but more importantly the combined risk across the site to support informed decision making.

Our Remobilisation Plan outlines our plans to carefully increase capacity across our critical to life services and to be able to support NHS Boards to recover from the impact on elective waiting lists. The risk and governance processes we have in place will ensure any risks are carefully considered and managed as we do this.

5.2 Policy, Contract/Service Level Agreement and Reporting – Referring Boards & SG

A policy outlining the process for new service request, SOP development, contract / SLA agreement between SG, NHS GJ and referring Board to ensure a shared understanding of risks, mitigation and net residual risk will be clearly defined and agreed. In addition, regular reports to NHS Boards and SG will be implemented for additional services showing planned versus actual and future proposed work.

5.3 Winter Plan – ongoing preparedness

The NHS GJ Winter Plan 2020/21 is still active until the end of the Winter period. For subsequent Winter Plans during 2021/22, NHS GJ will work with other NHS Boards to request that plans to access capacity at NHS GJ to alleviate winter pressures, or requests to reduce repatriation of cardiology patients are described within their future Winter plans.

The following specific actions based on the National Unscheduled Care Programme Winter guidance for NHS Boards have been identified for NHS GJ within its Winter Plan:

I. Business continuity and escalation plans tested with partners

NHS GJ has robust business continuity management arrangements in place to mitigate threats associated with challenges including but not limited to adverse weather and seasonal flu and Covid-19. All local and site wide Board continuity plans have been reviewed and risk assessed within the last twelve months and are available to all staff electronically via a shared drive. We have an agreement in principal with NHS Greater Glasgow and Clyde (NHSGGC) that we will provide them with Category II support in the event of an incident. Our continuity management plans have been reviewed to ensure they are complementary with those of NHSGGC.

II. Capacity and Demand analysis will include surge capacity that adheres to safe distancing:

Escalation arrangements are in place to ensure that the Scottish Government Health and Social Care Directorate receive appropriate and timely notification of winter pressures. As part of WoS mutual aid arrangements, access to NHS GJ capacity will be in line with agreed protocols. Escalation plans within clinical divisions describe the processes for managing clinical activity during periods of winter / pandemic pressure.

III. Safe and effective admission/discharge continues in the lead-up to and over the festive period to January 2022

Remaining “Covid-light” is essential to the safe delivery of NHS GJ services. Ways to mitigate the risk of transmission of CV-19 have been incorporated into the redesign of pathways to minimise face to face contact and the actual time patients have to spend in hospital. These include the ‘drive through’ area where patients can be tested prior to their surgical intervention.

Discharge planning arrangements will begin on admission or at pre-admission assessment to minimise delays for patients admitted over the festive period. On-going engagement with the Scottish Ambulance Service (SAS) will also be undertaken to effectively plan patient transport when it is known, or anticipated, that patients will require transport home or to another care setting.

IV. Whole system activity plans for winter

Future admissions and theatre sessions are reviewed on a regular basis across a series of scheduled meetings. Admissions are planned approximately six weeks in advance allowing for detailed clinical capacity planning, and also accommodation of any late changes due to clinical demand or changing patient needs.

V. Discharges at weekends and bank holidays

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

VI. The risk of patients being delayed on their pathway is minimised

In managing our waiting lists both practice and performance are subject to ongoing local review within departments and at Board level. Reports are provided to the wider management and leadership teams at Executive meetings, Finance and Performance Committee, Performance Review Groups, Senior Management Team meeting and ultimately to the Board. Performance against waiting times standards and local stage of treatment guarantees will be closely monitored throughout the winter period to ensure no unnecessary delays to patient pathways and the ongoing delivery of waiting times standards.

VII. Flu vaccination programme for staff:

NHS GJ is committed to increasing the flu vaccination uptake each year and will be actively engaged in Winter 2021/2022’s campaign. Given current circumstances we acknowledge demand for the vaccination may increase, and the potential impact of a Covid-19 vaccination programme being required during Winter 2021/2022. All staff have access to vaccination. We facilitate drop-in sessions, dedicated staff appointments and vaccination in wards / departments.

VIII. Workforce capacity plans and rotas for winter/festive period agreed by October:

Robust rota planning for the festive period is undertaken for all staff groups and agreed by October to ensure staff are available during peak activity times, allowing teams to effectively manage predicted activity and discharge over the festive period.

IX. Potential impact of Norovirus, Respiratory, and inclement weather

Between 2010/11 and 2020 the NHS GJ has had no ward closures due to norovirus. However, to maintain preparedness, the Board has a Norovirus Policy that is updated

annually to reflect the latest guidance issued by Health Protection Scotland (HPS). This ensures that the Board is optimally prepared and there has been awareness raising within the Board of the Norovirus Preparedness Plan. Our Board Resilience Plans consider actions to manage the impact of adverse weather on service delivery and workforce availability.

5.4 EU withdrawal

The withdrawal of the United Kingdom from the European Union presented a number of risks for NHS Scotland and NHS Boards. NHS GJ established a working group chaired by the Board's Head of Clinical Governance and Risk Management. Strategic and operational risk management arrangements were established to oversee and where possible mitigate EU withdrawal related risks to NHS GJ. Many of the risks identified are being addressed on a national level, with NHS GJ colleagues contributing to the national response (for example, risks to the supply of essential medicine and pharmaceutical supplies).

Medicine was identified as the most significant risk to NHS GJ arising from EU withdrawal. NHS GJ is linked in to national groups, and continues to engage with Scottish Government leads. National NHS procurement is leading on the risks response in this area in collaboration with the UK Department of Health. Shortages of medicines due to the pandemic allowed NHS Scotland and Boards to test contingency plans and processes which offers a degree of assurance in relation to EU withdrawal related risk in this area.

A further potentially significant risk identified relates to workforce, specifically workers from out with the UK. EU citizens already resident within Scotland have a right to remain provided they apply for Settled Status. While NHS GJ does have employees in this category the numbers are small and not deemed a critical risk to the ongoing delivery of NHS GJ services. The introduction of an immigration points based system in future is being closely monitored by NHS GJ's recruitment and workforce planning leads to ensure the effects on the future NHS GJ workforce are understood and mitigated, with appropriate processes established within NHS GJ. A specific recruitment risk register has been developed that sits alongside the Board Workforce Plan. This is supported by new processes in place to monitor recruitment within the Board. NHS GJ continues to contribute to national contingency planning to manage this risk at a national level.

5.5 Collaborative Working and Mutual Aid

5.5.1 West of Scotland- In planning for managing the impact of the pandemic, West of Scotland Boards under the Mutual Aid agreement have considered and agreed a regional approach to a number of areas. The regional response is in line with the planning assumptions set out by Scottish Government and NHS GJ will participate as part of these mutual aid arrangements. In addition, it is expected that NHS Boards will look to deliver their recovery plans within their local capacity first, but if service delivery is affected, NHS Boards should consider requests for capacity at NHS GJ **prior** to instituting any mutual aid arrangements that would require service re-configuration.

5.5.2 National Boards Collaboration- Our response to Covid has shown that shifting to a digital first approach offers us the greatest opportunity to support patient self-care and access. National Boards continue to work together to improve access and support pathway redesign.

5.5.3 NHS Louisa Jordan – NHS GJ continues to collaborate with the NHS Louisa Jordan (NHS LJ) to provide light touch executive leadership from the Medical and Nurse Director for the current utilisation of the NHS LJ. If a pandemic situation requires a response from NHS LJ, the Executive Directors from NHS GJ would step down and the previous arrangements for NHS LJ would be reinstated.

Since Autumn 2020, NHS GJ has delivered radiology services from NHS Louisa Jordan. The NHS LJ Imaging service project is directly funded through Scottish Government Access Team (SGAT). This service delivers waiting list capacity for the region as well as aiding the NHS GJ radiology recovery plan. The primary modality on offer for this department is CT Scanning, although a limited plain film and ultrasound service is available.

5.6 Core clinical education

5.6.1 Student nurses

NHS GJ supported second and final year (third or fourth) student nurses in their paid placements from April 2020 and throughout the ongoing pandemic. Final year students were interviewed with 22 appointed to positions within NHS GJ to begin their nursing careers.

NHS GJ actively works with NHS Education for Scotland (NES) and West of Scotland practice learning leads on the planning around capacity for pre-registration nursing placements. We are aware of the challenges for the supernumerary placements that resumed in September 2020, including ongoing impact of physical distancing requirements.

We have placement capacity plans in place that NHS GJ works to, with students placed according to the capacity we have available. Support plans are in place to ensure the new student intake that started in September 2020 is supported throughout their time with us.

5.6.2 Allied Health Professions (AHP) Practice Education

All AHP clinical placements were put on hold during the early stages of the pandemic. Initial concerns involved issues such as indemnity insurance and the impact of physical distancing on training, as well as available patient numbers and PPE requirements. Following guidance issued by the Rapid Action Placement Oversight Group and working with our Practice Education Leads and Higher Education Institutions we have resolved many of these issues, and are pleased to have been able to restart clinical placements across the majority of our core services.

Further opportunities to increase AHP practice placement capacity, to help address the backlog of placement requests, are being explored through our local Practice Placement Quality Group. This includes options to offer alternative placement models across AHP services, such as services like Occupational Therapy offering split placements with community or third sector partners or utilising digital technology to support hybrid style placements where a proportion of core placement hours could be accrued through remote patient contact and self-directed learning and reflection at home.

5.6.3 Workforce Planning

In seeking workforce capacity to meet the workforce requirements set out in our Remobilisation Plan, we have established a workforce planning and transition steering group which meets monthly (previously fortnightly during the earlier phase of the pandemic). This group oversees and monitors:

- The development of workforce planning and change activities across NHS GJ, initial focus will be on the remobilisation plans and the Hospital Expansion programme;
- Recruitment processes to ensure we have the right staff in place;
- Decisions made to ensure they consider site/hospital wide issues and/or opportunities for workforce change or service improvement;
- Staff engagement in workforce planning process and ensuring key changes are shared and discussed with partnership colleagues at an early stage;

- Development and management of workforce risk management, ensuring risks are monitored regularly and concerns are escalated through the agile command structure.

We have representation from trade unions/ professional organisations, including the Employee Director. The initial focus of the group will be on activities to support workforce planning associated with our Remobilisation Plan.

Key actions we are taking forward to mitigate risk around workforce are:

- Workforce planning data aligned to financial and service planning;
- Implementation of a robust recruitment tracker;
- Use of temporary/bank staff to fill any gaps until we are able to recruit;
- Monitoring progress of change programmes to support our plan, through the workforce and transition group; and
- Developing a risk register and ensure risks are monitored regularly and any concerns escalated.

The NHS GJ workforce has grown by near 200 staff since 2015, enabling expansion of services and capacity to deliver increasing amounts of elective care for NHS Scotland. Further hospital expansion and service development will see the workforce grow further to approximately 2400 staff by 2025, with the largest growth area being nursing.

Detailed workforce information is captured in the Board's annual Workforce Monitoring Report and Workforce Plan 2021/2022. The Workforce Plan follows the Six Steps to Integrated Workforce Planning methodology.

5.7 Financial Assessment

The financial assessment of the Remobilisation Plan is defined as a separate element of the wider NHS Golden Jubilee financial plan. It is focused on financial year 2021/22 and is considered as a one-year plan with the aim to support the wider NHS Scotland health recovery agenda. The financial plan, at this stage, assumes full funding for the Remobilisation Plan costs in addition to recurring core baseline funding and previously approved developments, specifically in relation to the National Elective Treatment Centre expansion programmes.

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

Staff Group	HL&D Division	NES Division	Corporate Division	Total WTE
Medical	8.35	8.00	0.00	16.35
Nursing	44.67	76.01	0.00	120.68
Clinical Support	17.50	4.80	2.50	24.80
Non-Clinical Support	0.00	8.00	12.00	20.00
Admin	2.00	1.00	1.00	4.00
Total	72.52	97.81	15.50	185.83

Figure 4: Total Workforce Plan to deliver 2020/21 Remobilisation Plan

The 2021/22 Remobilisation Plan details planned activity of 78,050 across the key specialty and service areas noted below:

Specialty / Service	Forecast Activity for 21/22
Cancer	224
General Surgery	1,030
Endoscopy	5,440
Ophthalmology	12,162
Orthopaedics	5,706
Cardiac	1,249
Cardiology	7,429
Thoracic	1,205
Imaging	43,605
Total	78,050

Figure 5: Activity Plan (Procedure numbers) for 2021/22

Defined Areas supporting the Remobilisation Plan, financial support and Covid-19 specific cost categories are;

- New/Additional service capacity – presenting as additional activity to Boards across Scotland prior to pre Covid levels. This activity assumes visiting clinicians will support cancer activity through to the end of June 2021;
- Continued recruitment to the approved recovery workforce requirement in light of revised activity planning, which was developed and implemented in 2020/21. The previous full year effect support for the recovery workforce identified during 2020/21 pandemic preparations identified full year effect (FYE) funding of £9.3m. However, close examination of likely recruitment phasing and aspects of change relating to remobilisation plan activity have subsequently identified an in-year value of c£6.5m in total across workforce. £3.565m of this is non-recurring due to cancer, activity recovery and support with the remaining £3m as recurring cost that will transition into Elective Treatment Centre expansion at NHS GJ required regarding workforce assumptions;
- Implications from 4 Nations guidance on activity throughput and service reconfiguration including extended days and weekend working, utilising a mix of substantive and flexible recruitment support from a medical perspective (including waiting list initiatives) has been incorporated into this financial analysis, which is evident in some key specialties such as Anaesthetics, General Surgery and Ophthalmology;
- Capacity and demand optimisation is incorporated into the projections to maximise efficiency and minimise cancellations. The capacity model has incorporated achievable improvements to support optimal performance and productivity in light of 2020/21 learning and experience relating to changing protocols and recognises the impact of physical distancing and patient flows;
- Ongoing support of the Covid-19 vaccination programme, builds upon the knowledge from 2020/21 in terms of resource needs and infrastructure to support the staff Covid vaccination programme. This forecast assumes a similar investment requirement for 2021/22;
- The provision of a drive through testing facility located at NHS GJ to support patient testing in a timely manner prior to admittance to NHS GJ. This incorporates the

ongoing financial expense of the temporary rented drive through facilities and the nurse staffing support to run this service;

- The use of the Independent Sector to increase theatre capacity and resilience has been implemented for 6 months from February 2021 through to July 2021 for a minimum of 3 to 4 days per week, and will be reviewed further in year in conjunction with the recruitment strategy;
- The Golden Jubilee and Conference Hotel interim strategy support has been incorporated, in light of Covid pandemic implications on the previous business model and funding assumption underpinning 2021/22 recovery in line with Scottish Government guidance on phased opening plans in addition to the impact from national programme support in areas such as NHS Scotland Academy, Royal College examinations and NHS LJ project and training hub support;
- Loss of Income opportunities, including research and catering activities as noted during 2020/21 as a direct result of restricted visits to the hospital out-with staff and patients with planned clinical procedures;
- Expected under performance against efficiency savings target, this is currently forecast against a total 2021/22 efficiency target of circa £4m and will be subject to focused monitoring and review and if required the NHS GJ internal escalation policy;
- No inclusion or financial consideration associated with Test and Protect or Contact Tracing projects as this has been incorporated as this element remains to be assumed within Territorial Boards and primary care sector; and
- Additional mobile Endoscopy and Decontamination unit, assumes a 1-year contract in place for a full Endoscopy and Decontamination Unit with defined nurse and decontamination staff resource and provision of required scopes from May 2021 through to end of April 2022.

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

- Recurring aspect of workforce and non-pay recovery for 2021/22 that will transition into Phase 2 expansion
- Elective Treatment Centre Phase 1&2 expansions, assumes separate in terms of funding and recovery assumptions to avoid duplication;
- Continuation of core service provision pre pandemic;
- Centre for Sustainable Delivery;
- NHS Scotland Academy (Element within the RRL plan as discussed with SG); The NHS Scotland Academy is being established jointly between NHS GJ and NHS Education for Scotland. To allow rapid start up and creation of an initial suite of courses there is a requirement for delegated pump prime funding to be in place to meet the ambitions of this national resource, which will provide training for essential posts to aid service delivery across NHS Scotland. It is likely that full year effect funding could be in the region of £3m-£5m in future years however given the phased approach during the financial year 2021/22 the 1 year AoP is reflecting an initial estimated value of £2m to immediately secure the necessary infrastructure and portfolio of courses available for delivery. Further detailed discussions will continue between NHS GJ, NES and Scottish Government during 2021/22 to support the development of the NHS Scotland Academy, provide greater definition on 2021/22 financial requirements and commence the construction of a three-year financial plan.
- Robotic Strategy development;
- Leading Innovation – national approach;
- Workforce planning, including the workforce of the future programme;
- The Boards e-health strategy; and

- Pharmacy developments.

It should be highlighted that the marginal activity implications incorporated within the recovery plan in relation to additional core SLA top slice services assumes that funding is in place or made available to support this at NHS Scotland Board level.

In addition, given the recruitment to recurring workforce, to support the Remobilisation Plan additional capacity, later transitioning into Phase 2 expansion is predicated on early agreement and funding to cover this financial exposure similar to the arrangement for the NHS GJ 2020/21 recovery plan allocation.

The table below details the financial funding requirement to support the recovery plan during 2021/22:

Resource Category	£'m	Key points
Recovery Workforce	3.565	Relates to PYE funding for workforce, which on a FYE basis equates to £9.3m
Recovery non-pays	0.805	SLA top slice funding in place
Vaccination Programme	0.100	On basis of remaining first jab for non-patient facing and second jab
Drive Through Testing	0.110	In line with 2020/21 costs
Theatre capacity (Independent Sector)	0.102	April to July 2021 (commenced Feb 2021)
GJCH Income Loss	3.000	Increased due to interim impact and national project support ask
Other Income Loss	0.460	Some improvement modelled but not at pre-Covid levels
Efficiency Savings impact	2.000	In line with 2020/21 initial assessment
Baseline Remobilisation Plan	10.142	

Figure 6: Recovery Plan 2021/22 Funding Requirement

With regards to the review of Endoscopy services, the Scottish Government Access Support Team requested NHSGJ to review the implications of increasing capacity by incorporating a mobile unit to increase current service provision available. The table below outlines the key areas of financial outlay required to implement this option coming to a total of £3.533m.

Endoscopy Unit	£'m	Key points
Endoscopy Unit rental	0.831	Unit rental including scopes
Endoscopy Unit nurse staffing	1.119	Allows for staffing up to 7 days per week
Endoscopy Medical staffing	0.565	Provision will require to be a mix of internal resource, WLI's and independent sector
Endoscopy Unit Internal Costs	0.142	Ehealth, estates and Admin/UCO support
Endoscopy Unit activity consumables	0.876	SLA top slice funding required for marginal costs
Total Endoscopy Unit	3.533	

Figure 7: Endoscopy mobile unit Funding Requirement

At this stage no further additional capital requirement relative to the Remobilisation Plan has been identified in addition to the revenue funding detailed above. However, close discussion between NHS GJ Finance and Scottish Government will take place throughout 2021/22 around any alteration to this position given the potential need in-year to react to national recovery plan requests and planning discussions which are currently ongoing across a range of strategies.

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

Addendum to RMP 3 May 2021

Independent Sector Weekend Ophthalmology – additional supporting detail for the 2021/22 Finance Plan

Following the submission of the NHS Golden Jubilee Remobilisation Plan 3, a further request was made to scope feasibility of the Independent sector using NHS GJ theatres at weekends in a bid to secure additional activity and aid NHS Scotland's recovery ambitions, given the significant activity backlog as a consequence of the pandemic.

Through discussion with Scottish Government Access Support Team (AST) around maximising Ophthalmology capacity within the new Ophthalmology Unit at NHS GJ, a tendering and appointment process has been progressed for an Independent Sector supplier to deliver weekend cataract activity in the short term (during 2021-22). As a result of the tender process, four commercial responses were received and the analysis below outlines the key financial investment to appoint the top scoring supplier. This investment amounts to a total of £3.551m for 2021/22 on the basis of a purchased staffed service and resulting VAT reclaim status. This service will commence on 5th June 2021 and end on 31st March 2022.

6. NHS Golden Jubilee Board priorities and strategic developments

The Remobilisation Plan will be revisited in year, including governance and performance management. NHS GJ will work towards preparing an Annual Operational Plan to begin from April 2022. This assumes the NHS has been moved out of an emergency footing and has returned to a steady planning state. This will be aligned to the development of 3-year financial and workforce plans within an overall suite of corporate plans. This timing coincides with the formal review of the NHS GJ Board Strategy, due to commence from 2022.

6.1 Board Strategy

The NHS GJ Board Strategy is being delivered in line with current Board priorities. Overall the Strategy remains valid however NHS GJ is currently prioritising activity reflecting changed circumstances during the pandemic and ongoing pressures facing NHS GJ and other Boards. Our Board Strategic Portfolio will continue to focus on the following thematic areas and delivery of this Remobilisation Plan will be an integral part of our Clinical Service Strategic developments.



Figure 8: NHS GJ Board Strategy Portfolio

Jann Gardner

**Chief Executive
NHS Golden Jubilee**

31 March 2021

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