

**Annual Delivery Plan**

**2022/2023**

**Version 0.6**

**Performance and Planning**

1. **Introduction**
	1. This Annual Delivery Plan (ADP) sets out NHS Golden Jubilee’s priorities and delivery objectives for 2022/2023. The plan describes how NHS Golden Jubilee will sustain, develop and evolve to effectively support the ongoing recovery of Scotland’s health service through the work of:
* The Golden Jubilee University National Hospital (including ongoing expansion)
* Centre for Sustainable Delivery
* NHS Scotland Academy
* Golden Jubilee Hotel & Conference Centre
* Golden Jubilee Research Institute
	1. Scotland’s health service is no longer on an emergency footing due to the Covid-19 pandemic, however uncertainty remains due to the possibility of future pandemic waves and seasonal pressures including next winter. NHS Golden Jubilee will continue to be flexible in its approach to supporting NHS Scotland. This includes working with other health boards in delivering critical to life heart, lung and cancer diagnosis and treatment for the people of Scotland as well as continuing to provide as high a level as possible of all core services such as orthopaedics, ophthalmology and diagnostics.
	2. The ADP describes how NHS Golden Jubilee will continue to work with other boards to make best use of available capacity. It is recognised that as a National Board, our role is to support the needs of NHS Scotland, working collaboratively through this difficult time, to provide as much essential care as possible to those who need it. This continues to be a quickly evolving situation. We will continue to monitor this position to make best use of the resources available, working with wider NHS Scotland to support urgent clinical needs.
	3. NHS Golden Jubilee fully supports the Scottish Government’s NHS Scotland Recovery Plan. This includes our expedited expansion plans, the ongoing Phase 2 National Treatment Centre expansion; work to develop and expand diagnostic services including endoscopy locally and nationally; continued development of the NHS Scotland Academy and national Centre for Sustainable Delivery in support of accelerated workforce development, innovation and redesign; and a collaborative approach to supporting boards and NHS Scotland more generally to manage ongoing pressures at this challenging time.
	4. NHS Golden Jubilee is committed to the recovery and sustainability of inpatient and day case elective care, outpatient care and diagnostic services. Our Board has a key role in delivering the National Delivery Plan for Planned Care. This includes working with other boards and NHS Scotland to protect, stabilise and recover planned care in the short term through action to reduce the number of patients waiting long periods for treatment, and through achieving the future strategic ambitions for Scotland’s planned care services. Our planned contribution to the recovery and protection of planned care is described in section 5.
	5. The immediate targets to reduce waiting times are ambitious, requiring collaboration throughout the system if they are to be achieved. We will seek to maximise available capacity within the Golden Jubilee University National Hospital to support this national priority, as described within section 5. Through the Centre for Sustainable Delivery and individual board heat maps, high impact changes such as Active Clinical Referral Triage (ACRT), Patient Initiated Review (PIR), and Enhanced Recovery (ERAS) and Day Surgery will contribute to sustainable improvement throughout the system. The National Elective Coordination Unit (NECU), supported by CfSD working with Scottish Government and NHS Golden Jubilee, will provide a coordinated and standardised approach to optimising national capacity and patient validation.
	6. NHS Golden Jubilee’s key priorities through to 31 March 2023 are described in section 5 and the Delivery Planning Templates accompanying this ADP. Our board priorities are aligned with Scottish Government’s broad priority areas.
	7. The ADP is aligned with the Board’s 3-year Financial and Workforce Plans, both of which have been submitted to Scottish Government during July 2022. NHS Golden Jubilee’s medium-term plan, which will come into effect from April 2023, will also align with these plans.
	8. The ADP includes revised clinical activity plans for the remainder of 2022/2023. These plans reflect:
* Analysis of year to date performance versus planned activity, and projected activity to the end of March 2023
* Current workforce capacity, including planned recruitment to key roles
* Actions to support the national priority to reduce patient waiting times
* Local NHS Golden Jubilee productivity opportunities and ‘stretch’ targets to provide additional capacity within our core specialties.
	1. It is proposed that the ADP, including adjustments to clinical activity plans, is formally agreed by Scottish Government and allocated to NHS Boards by Scottish Government Performance colleagues to reduce unnecessary change which can lead to loss of delivery capacity, staff concerns and governance risks.
1. **NHS Golden Jubilee Portfolio**
	1. NHS Golden Jubilee supports national recovery, enabling future sustainability through:

Golden Jubilee University National Hospital (including ongoing expansion plans)

* 1. Delivering care through collaboration, the Golden Jubilee University National Hospital provides high quality specialist and elective care for patients across Scotland.
	2. Examples of collaboration include the Regional Cardiac Programme, the delivery of elective and emergency Interventional Cardiology procedures for West of Scotland Boards, and the continuation of the Thoracic programme delivering timely treatment for lung cancer.
	3. The Golden Jubilee University National Hospital continues to support Boards with diagnostic capacity, including increasing capacity through our improvement programme and through planned changes including the introduction of extended day working.
	4. Work continues on our new Surgical Centre as part of the second phase of our expansion programme. The latest expansion of planned care surgery, specifically Orthopaedic Surgery, General Surgery and Diagnostic Endoscopy, will start treating patients in 2023 and will increase the numbers of patients receiving treatment in line with projected demand across the west of Scotland.
	5. The new surgical centre will provide five additional laminar flow orthopaedic theatres, three endoscopy rooms, two general theatres, a surgical admission and discharge unit and a CSPD (central sterilisation and processing department).
	6. The Golden Jubilee University National Hospital, which currently carries out over 25 per cent of all Scottish hip and knee replacements, is already one of Europe’s largest elective orthopaedic centres. This expansion will allow NHS Golden Jubilee to treat more patients and continue to provide an excellent quality of service and patient experience.
	7. A strategic programme will be established to oversee the development and delivery of an increased and extended range of diagnostic and patient care services as part of NHS Golden Jubilee’s Phase 3 expansion, which it is hoped will be a capital investment programme launched from 2022/23.
	8. In addition, current and projected growth in the three national services delivered at NHS Golden Jubilee[[1]](#footnote-1) has led to early stage initiation of planning to expand the footprint of inpatient beds and facilities available to these services. The outputs of this planning will be discussed with NSD and Scottish Government in the year ahead.

Centre for Sustainable Delivery

* 1. The new national Centre for Sustainable Delivery (CfSD), established at NHS Golden Jubilee, plays a vital role in supporting Scotland’s national efforts to remobilise, recover and redesign (3Rs) towards a better health care system.
	2. Building on significant progress and developments that have already been made through redesign and transformation, the Centre supports the rapid rollout of new techniques, innovation, and safe, fast and efficient care pathways for Scotland’s patients.
	3. The Centre also offers customised assistance across NHS Scotland to help tackle a variety of challenges in health and care. By working in collaboration with NHS Boards, health and social care partners, third sector, patients, academia and industry, CfSD aims to implement best practice through a ‘Once for Scotland’ approach, aligned with the priorities of the Scottish Government. Working towards becoming a Global Centre of Excellence, CfSD will raise Scotland’s profile as a forward thinking innovator of health and social care.

NHS Scotland Academy

* 1. The NHS Scotland Academy is an exciting partnership between NHS Golden Jubilee and NHS Education for Scotland to offer accelerated training for a wide range of health and social care roles and professions.
	2. The Academy:
* Provides an opportunity for staff to improve their skills in specific areas, using residential, distance and virtual reality learning
* Offers attractive training programmes linked to recruitment and progression
* Draws on the strengths of both parent organisations using the state-of-the-art clinical and simulation facilities at NHS Golden Jubilee and educational expertise and technology-enabled learning offered by NHS Education for Scotland
* Supports NHS Scotland to develop additional capacity and new capabilities
* Adds to existing educational programmes and responds to evolving and emerging workforce needs
* Helps ensure the health and social care workforce is prepared for future needs in Scotland by addressing recruitment gaps and training needs
* Supports widening of opportunities and routes into employment across NHS Scotland, including employability initiatives such as the Youth Academy and supporting armed forces service leavers and veterans into employment

Golden Jubilee Hotel & Conference Centre

* 1. The Golden Jubilee Conference Hotel, built in 1994, has 168 guest bedrooms, conference and exhibition spaces suitable for small through to large corporate events, and on-site leisure facilities.
	2. As part of NHS Golden Jubilee, the Hotel also provides a range of hotel bedroom services to the adjoining National Hospital, including:
* Rooms for patients and patient relatives
* Residential conference facilities for the NHS and healthcare market
* 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
	1. During the Covid pandemic, the Golden Jubilee Conference Hotel closed on 20 March 2020 before partially reopening for NHS and Healthcare clients on 23 May 2021. The Hotel fully re-opened to all market sectors on 1 July 2021. Since fully reopening, the Hotel has operated to available capacity and continued support for Golden Jubilee University National Hospital.

* 1. During 2021/22, the key focus of the Hotel’s work was providing a safe and conducive learning environment for essential clinical and medical training, which remains displaced due to the pandemic. The Hotel has supported the NHS Scotland Academy, NHS Golden Jubilee, NHS Scotland and University of Glasgow by devoting space to facilitate simulation and learning activities such as Objective Structured Clinical Examinations (OSCE) and National Clinical skills for Pharmacists programme.

Golden Jubilee Research Institute

* 1. The Golden Jubilee Research Institute, formally known as the Beardmore Centre for Health Science, facilitates and supports high quality research which conforms to the quality standards required by guidance (the Research Governance Framework for Health and Community Care SGHD 2006) and legislation (the EU Clinical Trials Directive).
	2. We host projects sponsored by device and pharmaceutical companies as well as projects sponsored by Universities and by other NHS organisations. As a tertiary referral centre, the Golden Jubilee University National Hospital specialises in a number of areas for the population of the West of Scotland and, in the case of our National Services, the whole of Scotland. All clinical specialities are research-active, hosting both commercially sponsored/funded and academic studies through links with Universities.

**Strategic Partnerships**

* 1. The NHS Scotland Recovery Plan sets out key headline ambitions and actions to be developed and delivered now and over the next five years. While it is important to stress that recovery is the immediate task, this Plan is fundamentally about ensuring that the process of recovery also delivers long term sustainability.
	2. As well as creating additional capacity, and making best use of the national programmes within the Centre for Sustainable Delivery and NHS Scotland Academy, NHS Golden Jubilee is building on the foundations of its many strategic relationships.
	3. Although we have relationships across a range of sectors, we are particularly strengthening our collaborations with:
* University of Strathclyde
* University of Glasgow; and
* Royal College of Physicians and Surgeons
	1. Working with these three key partners will allow us to focus on sustainable ways to help our NHS recover and remobilise from the impact of Covid. We are working on both facilities and learning opportunities, specifically innovative skills development (e.g. simulations) to support role redesign and increasing employability – both as a response to workforce pressures and to ensure the NHS workforce is sustainable and fit for the future. This is crucially important for the success of the new National Treatment Centres.
	2. Due to the national significance and close links between the Centre for Sustainable Delivery and NHS Scotland Academy, the academic and professional links of the Universities and Royal College will add an extra dimension and experience to both areas. The benefits of academia being involved in the NHS is widely known - improved clinical outcomes, increased treatment options, increased evidence-based care, effective utilisation of resources, increased reputation, income generation and increased engagement with staff.
	3. The University of Strathclyde has awarded University status to NHS Golden Jubilee following the successful agreement of a strategic partnership that will look to assist in the recovery and remobilisation of NHS Scotland through innovation in health care practice. Under this new partnership, the Golden Jubilee National Hospital is now called the Golden Jubilee University National Hospital, working with the University to develop sustainable, innovative and practical solutions to health and social care challenges that will directly benefit NHS Scotland’s patients and workforce for years to come. Through collaborative research and innovation, both organisations are strengthening their research portfolio, creating highly efficient models for knowledge exchange and supporting teaching to deliver the workforce of the future.
	4. These collaborations aim to support NHS key priorities and have a direct impact in helping to transform healthcare within planned care, unscheduled care, cancer, patient experience as well as our future workforce. Our partnerships support emerging innovation within healthcare, drawing on a wide range of academic and industry-based experience. We will continue to work with all academic and other key partners in a structured way to ensure that all initiatives support future NHS Scotland aims.
1. **Board Strategy and Corporate Objectives**
	1. Our Board Strategy is being delivered in line with current Board and NHS Scotland strategic priorities. The Boards Strategy includes the following thematic areas:



*Figure 1. NHS GJ Board Strategy Themes*

* 1. Recognising the ongoing impact of the pandemic, changes to national priorities, and organisational challenges and opportunities, the Board Strategy is being refreshed during 2022. This is being undertaken as part of the development of the Board’s medium-term plan that will follow the ADP from April 2023.
	2. NHS Golden Jubilee has identified a number of corporate objectives that will help realise our Board vision:

*NHS Golden Jubilee is a high performing, person centred and innovative organisation; supporting sustainable recovery and transformation*

* 1. The following table shows NHS Golden Jubilee’s corporate objectives and where these link to the priorities within the Annual Delivery Plan:

*Table 1. NHS Golden Jubilee’s Corporate Objectives linked to ADP Priorities*

1. **Planning Assumptions**
	1. NHS Golden Jubilee’s ADP, including clinical activity plans, have been developed based on the following broad planning assumptions. NHS Golden Jubilee:
* Is a national resource available to support all boards across Scotland
* Will adapt to the demands of NHS Scotland throughout this pandemic period and will provide support in a planned and consistent way
* Will flexibly use resources and maintain a balance between urgent and elective care depending on demand
* Will continue to provide core elective services of orthopaedics and ophthalmology, with further recruitment and training of staff taking place during 2022/2023, enabling us to deliver capacity for NHS Scotland through our ongoing expansion programme
* Will collaborate with colleagues across Scotland in order to maximise capacity and will undertake services following formal and specific mandates agreed with Scottish Government and NHS Board Chief Executives
* Will continue to be a ‘Green’ ‘Covid light’ site, not routinely admitting Covid positive patients
	1. Maintaining ‘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
	1. We have sought to ensure our Annual Delivery Plan remains consistent with the principles for safe and effective recovery within the NHS Scotland Recovery Plan:
* Maintain our capacity to respond to the pandemic
* Focus on the whole system
* Quality, values and experience
* Services close to people’s homes
* Improved population health
* Services that promote equality
* Sustainability
* Value and support the workforce
	1. Staff wellbeing is critical and underpins every aspect of NHS Golden Jubilee’s ongoing remobilisation and recovery. This is articulated in the NHS Golden Jubilee Health and Wellbeing Strategy, Workforce Plan and this ADP.
	2. As a national resource, NHS Golden Jubilee will continue to work with other boards where they identify new requests for services and procedures that could be carried out at the Golden Jubilee University National Hospital. 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 Golden Jubilee, Scottish Government and referring board will be developed.
	3. The priorities within the ADP, and accompanying appendices, reflect the strategic and operational focus for NHS Golden Jubilee during 2022/2023 and beyond. The priorities outlined within the ADP have been aligned to Scottish Government’s areas of focus, as outlined in the NHS Scotland’s Chief Operating Officer, and Deputy Chief Operating Officer’s, commissioning letters in April and May 2022. These areas of focus are:
* Recovery and protection of planned care
* Urgent and unscheduled care
* Staff wellbeing
* Recruitment and retention of our health and social care workforce
* Supporting and improving social care
* Sustainability and value
	1. Boards have also been asked to describe within their plans any action being taken to address Scotland’s growing health inequalities challenge. NHS Golden Jubilee patients are referred from their home board, with NHS Golden Jubilee having no community presence in the same way a territorial health board does. NHS Golden Jubilee does not therefore have a direct role in reducing inequalities associated with accessing services given our patients are referred by other boards.
	2. NHS Golden Jubilee works with boards to ensure patients are able to access the treatment they require as part of their patient pathway, and that best practice accessibility and inclusive service design are features of our service planning. Golden Jubilee’s actions to minimise health inequalities largely focus on diversity and inclusion, and service design as outlined within section 5.
1. **Board Delivery Priorities 2022/2023**
	1. Throughout the pandemic NHS Golden Jubilee has focussed on maintaining a balance between the response to the pandemic and the continued safe provision of essential non-Covid services. NHS Golden Jubilee has provided both a range of critical to life core services, and collaborated with a number of boards to provide urgent capacity to alleviate or minimise pressure within those boards. This has included cancer surgery and P2 priority surgeries.
	2. NHS Golden Jubilee will continue to provide flexible support that is responsive to the needs of other boards, supporting the safe and effective management of system pressures in the West of Scotland and nationally while continuing to deliver core NHS Golden Jubilee services. NHS Golden Jubilee’s overriding priority in setting that balance continues to be the safe delivery of services.
	3. The priorities outlined within this section, and accompanying appendices, reflect the strategic and operational focus for NHS Golden Jubilee during 2022/2023 and beyond. The priorities outlined within the ADP have been aligned to Scottish Government’s areas of focus, complemented by our Board Strategy and corporate objectives.

**Recovery and Protection of Planned Care**

Delivering our core planned care clinical specialties

* 1. During 2022/2023, NHS Golden Jubilee will continue to deliver its core services:
* Cardiac surgery
* Diagnostic radiology
* Diagnostic endoscopy
* General surgery
* Interventional cardiology
* Ophthalmology (cataract surgery)
* Orthopaedic surgery
* Thoracic surgery
	1. NHS Golden Jubilee will also deliver the three national services based at the Golden Jubilee University National Hospital:
* Scottish Adult Congenital Cardiac Service (SACCS)
* Scottish National Advanced Heart Failure Service (SNAHFS)
* Scottish Pulmonary Vascular Unit (SPVU)

National role in reducing waiting times

* 1. Waiting times for planned care have been growing for several years, with 27,850 patients waiting more than 12 weeks for a procedure before the start of the Covid pandemic. This has become substantially more challenging as a legacy of the pandemic.
	2. In light of the recently announced new targets of having no inpatients or Treatment Time Guarantee (TTG) patients waiting more than 2 years for planned care treatment by the end of September 2022, NHS Golden Jubilee has set out a draft plan to support delivery of this ambition and the wider plan to eliminate:
* Two year waits for outpatients in most specialities by end of August 2022
* 18 month waits for outpatients in most specialities by end of December 2022
* One year waits for outpatients in most specialities by end of March 2023
* Two years waits for inpatient / day cases in the majority of specialities by September 2022
* 18 month waits for inpatient / day cases in the majority of specialities by September 2023
* One year for inpatient / day cases in majority of specialities by September 2024
	1. The intention of the NHS Golden Jubilee proposal follows the following principles:
* Review and resolve the >2 year position on Waiting lists ‘held’ by NHS Golden Jubilee (Heart & Lung)
* Patients already ‘booked’ will not be displaced by long waiting patients
* Proposals will focus on specialties already undertaken at NHS Golden Jubilee, grouped within the following themes, focussing on our core specialties of ophthalmology (cataract surgery), orthopaedics and general surgery:
	+ Schemes to Eliminate Golden Jubilee Long Waiting Patients
	+ To support flow in West of Scotland Boards
	+ Re-purpose Core Golden Jubilee Activity
	1. With the Centre for Sustainable Delivery (CfSD), NHS Golden Jubilee will explore schemes to be delivered via “campaign capacity” through the National Elective Collaboration Unit (NECU) development. These schemes will require theatre teams to be assembled for flexible deployment, or use of insourced independent sector workforce to address critical workforce supply challenges. The impact of delivering these schemes in terms of activity gain is demonstrated as part of the activity plan submissions in section 5.20 onwards. It should be noted that delivery of these schemes will be measured in addition to the revised activity plan and does not form part of core delivery assumptions.
	2. A phased approach to addressing the ambitious target for long waiting patients is proposed, requiring Scottish Government support and policy directives to deliver.

Accelerated opening of our Phase 2 National Treatment Centre expansion

* 1. Nationally, investment in National Treatment Centres (NTCs) across NHS Scotland will increase to more than £400 million by 2025, contributing to delivery of over 40,000 additional elective surgeries and procedures per year. Scottish Government has committed to invest in recruiting an additional 1500 staff over the course of this programme, delivering additional capacity in elective surgeries and procedures.
	2. Within NHS Golden Jubilee, NTC expansion is being delivered in a phased approach. July 2021 saw the formal opening, by the Cabinet Secretary for Health and Sport, of the Golden Jubilee Eye Centre (expansion programme phase one) as part of the NTC programme, treating patients from November 2020.
	3. Work continues on the new surgical centre as part of phase two of the Board’s expansion programme. This expansion of planned care surgery, specifically orthopaedic, general and diagnostic surgeries, will begin treating patients from summer 2023, increasing the number of patients in line with projected demand across the West of Scotland. The Golden Jubilee University National Hospital, which currently carries out over 25 per cent of all Scottish hip and knee replacements, is already one of Europe’s largest elective orthopaedic centres. Expansion will allow NHS Golden Jubilee to treat more patients, continuing to provide an excellent quality of care and patient experience.
	4. NHS Golden Jubilee’s Workforce Plan provides further detail on the workforce requirements associated with the Phase 2 expansion of the National Hospital.
	5. NHS Golden Jubilee has been asked to provide a delivery plan describing maximum available capacity during the early “day 1” opening period of Phase 2. In compiling this delivery plan NHS Golden Jubilee has reviewed the planned levels of activity to be delivered through the Phase 2 business case, taking into account elements of the Phase 2 expansion that have been accelerated and brought on-stream before the Phase 2 build is complete. To deliver Phase 2 expansion, a range of refurbishment works require to be undertaken which impact on theatres and associated recovery areas. This delivery plan has considered the impact of this refurbishment across two differing timeframes to assess impact and associated activity loss.
	6. Assuming that full activity is delivered through all existing main suite theatres, and Phase 2 open (5 Orthopaedic theatres, 5 endoscopy rooms, 2 general theatres), the following capacity can be delivered:

 *Table 2. Maximum Available Capacity with Phase 2 Opening*

|  |  |
| --- | --- |
| **Speciality Breakdown**  | **Maximum Capacity** |
| Orthopaedic joints (main suite) | 3,691 |
| Orthopaedic joints (Phase 2) | 2,142 |
| Foot and ankle surgery | 600 |
| Soft tissue knee | 238 |
| Soft tissue knee/ACL | 36 |
| Hand and wrist | 420 |
| **Total Ortho** | **7,127** |
|  |
| Endoscopy training (2 rooms) | 3,317 |
| Endoscopy non- training (3 rooms) | 5,107 |
| **Total Endoscopy** | **8,424** |
|  |
| **Colorectal Surgery** | **343** |
| **General Surgery** | **2,313** |
|  |
| **Total activity (main suite and Phase 2)** | **18,207** |
| **(of which Phase 2 activity)** | **12,881** |

* 1. For Orthopaedics (joints), the numbers above are the minimum we anticipate. It is hoped that final activity throughput will be higher (subject to constraints identified within this ADP).
	2. In response to elective demand, NHS Golden Jubilee has already brought on stream 1.3 extra general surgery theatres and two endoscopy treatment rooms. Through this accelerated capacity, we are delivering 1,104 extra general surgery procedures. Endoscopy is currently on target to deliver our plan of 5,740 procedures for 2022/2023 and we are projecting to carry out 8424 procedures ahead of Phase 2 opening.
	3. NHS Golden Jubilee has considered the impact of the planned refurbishment programme over two potential timeframes and has assessed the impact as follows:

|  |
| --- |
| **Option 1: Refurb work completed between Sept 2022 and August 2023 - prior to Phase 2 opening****Benefits*** Delivery of minimum of 10,728 inpatient / day case procedures in 2022/2023
* Delivery of a minimum of 16,986 inpatient/day case procedures in 2023/2024
* All refurbishment works are completed ahead of Phase 2 opening, ensuring that activity planning for Phase 2 opening will be less disrupted by ongoing construction
* Activity plan for Phase 2 opening will be more predictable, subject to available workforce and consistent activity and referral flows

**Risks**Loss of activity April 2022 to March 2023= 1675 proceduresThis loss against our current 2022/2023 activity plan would also constrain:* Ability to deliver in excess of the current 2022/2023 activity plan
* Delivery of the NHS Golden Jubilee planned care recovery schemes supporting eradication of long waiting patients
* It also does not include any further potential activity loss through vibration, noise or inability to isolate theatre air handling units- work is ongoing with our principle supply chain partner and Expansion team to fully plan for the recommended refurb option
* More activity is lost across the years 2022/2023 and 2023/2024 with this option

Loss of activity April 2023 - March 2024 = 1220 procedures**Option 2: Refurb work completed between June 2023 and March 2024 - after Phase 2 opening** **Benefits*** Delivery of minimum of 12,403 inpatient / day case procedures in 2022/2023
* No loss of activity April 2022- March 2023
* As this option is completed after Phase 2 opens, there is no impact on the delivery of the 2022/23 activity plan, nor on the implementation of the NHS Golden Jubilee planned care recovery schemes.
* Delivery of a minimum of 16,204 inpatient / day case procedures in 2023/2024

**Risks**Loss of activity April 2023 - March 2024 = 2002 proceduresThere is a greater loss of activity in 2023/2024 if this work is undertaken after Phase 2 opens, however 2022/23 activity will be unaffected.**Option to partially mitigate activity lost in option 2**Subject to all staffing to operate all theatres being in place, whilst theatres are closed for refurb work, theatre staff would be asked to work an extended day Mon-Fri and on a Saturday for the duration of the works:* The 3 month refurb work for Theatre 9
* The 3 month refurb work for Theatres 11 and 12
* The 7 month refurb work to increase recovery bays ( Assuming 13 theatres can run through 15 recovery bays)

Maximum potential activity gain= 1076 joint equivalentsIt should be noted that this option represents a high risk for the following reasons:* Willingness of staff to agree to extended day and weekend working on a consistent basis for a prolonged period
* Risk that the building contractor relies on out of core hours working to accelerate the refurb programme, impacting on evening and weekend operating.

**Recommended Option**It is recommended that NHS Golden Jubilee pursues delivery **option 2** for the refurbishment programme, whilst aiming to mitigate as much lost activity through adjusting working patterns as described in option 3. |

Activity Plans for remainder of 2022/2023

* 1. Revised clinical activity plans have been developed for the remainder of 2022/2023. These plans reflect:
* Analysis of year to date performance versus planned activity, and projected activity to the end of March 2023
* Current workforce capacity, including planned recruitment to key roles
* Actions to support the national priority to reduce patient waiting times
* A focus on key improvement and productivity opportunities, and application of ‘stretch’ targets to provide additional capacity within our core specialties.

The full revised activity plan for both Divisions is supplied as Appendix 12.

* 1. The following table describes delivery for NHS Golden Jubilee’s Heart, Lung and Diagnostic Division:

*Table 3. Heart, Lung and Diagnostic Revised Activity Plan*



* 1. Delivery Assumptions - HLD Division

*Cardiology*:

Elective/Urgent - planning to deliver an increase in activity through increasing the number of elective cases in the “hot lab” and increasing NSTEMI activity as a result of relaxation of pre-procedure Covid testing.

TAVI - It is expected that activity will exceed plan; however this is subject to ongoing discussions with WoS referring Boards and as a result, the plan remains unchanged.

STEMI - Activity is “unplanned” as this is part of unscheduled care, and remains unadjusted from the earlier plan.

EP/Devices - ability to increase activity is constrained by current capacity, and would need additional resource.

*Cardiac Surgery*:

Recognises the overperformance against existing plan, and is based on a projection of this continuing for the remainder of the year.

*Thoracic Surgery*:

Remaining steady and in line with existing plan, and recognising sustained delivery of the 31 day lung cancer target.

*Radiology*:

CT - remains in line with existing plan, noting the reporting adjustments referred to in section 5.29. It should be noted that CT planned activity was increased by 10% during 2021/22 as part of RMP3/4 submissions.

MRI - remains in line with existing plan, noting that access to reporting radiologists represents an ongoing national challenge.

Ultrasound - a substantial increase of 29% has been projected, based on current overperformance against the initial plan for 2022/23.

DEXA - a slight increase is forecast based on a small overperformance against the initial plan for 2022/23.

* 1. This plan has also been reviewed and incorporates the impact of delivering the following schemes submitted as part of the Planned Care Recovery Proposal (these schemes are indicated by the abbreviation PLC; the impact of scheme 1 and 2 is identical for the HLD Division):
* Eradication of long waiting electrophysiology patients
* Increasing cardiac surgery by operating one extra theatre day/week to support NHS Golden Jubilee patients and other NHS Scotland long waiting cardiac surgery patients

*Table 4. Heart, Lung and Diagnostic Difference between Projections and Activity Plan*



* 1. Overview of activity increase for HLD

Delivery of the revised activity plan for HLD will deliver:

* A 5% increase across all HLD specialties; and
* Delivery of the Planned Care (PLC) schemes 1 or 2 will bring this activity increase to 5.4% of the original activity plan for 2022/23.
	1. The following table describes delivery for NHS Golden Jubilee’s National Elective Services Division:

*Table 5. National Elective Services Revised Activity Plan*



* 1. Delivery Assumptions - NES Division

*Orthopaedics*:

Joint replacements - plan to increase by 4% (taking into account this increase is applied from Q2 onwards).

All other orthopaedic activity - the revised plan is based on a review of current sub-speciality activity, projecting forward for the remainder of the year, and describes over-performance in foot and ankle and anterior cruciate ligament (ACL) procedures alongside a slight underperformance against plan in soft tissue knee and hand and wrist procedures.

*General Surgery*:

Revised plan reflects an over-performance against existing plan.

*Colorectal Surgery*:

A recent decision to reflect the complexity of colorectal procedures (i.e. time required in theatre) has been reflected in the revised plan and retrospectively backdated to 1 April 2022, resulting in a significant increase on the existing plan.

*Cancer*:

Breast cancer surgery is being carried out for one NHS Board until end March 2023. Actual case numbers have been lower than plan, resulting in the revision to the existing plan.

*Endoscopy*:

The revised plan reflects a significant over-performance against existing plan, with the prediction that this will continue for the remainder of the year.

*Ophthalmology (cataract surgery)*:

The revised plan reflects application of clinical best practice opinion to move to standard cataract lists of eight patients and training lists of six patients, modelled from July 2022- March 2023, resulting in a 12% increase in activity.

* 1. This plan has been reviewed and incorporates the impact of improvement targets for orthopaedic joints and cataract procedures; and delivering the following schemes submitted as part of the Planned Care Recovery Proposal. These schemes are indicated by the abbreviation PLC; the impact of scheme 1 and 2 differs depending on the balance of endoscopy and general surgery undertaken:
* Re-purposing endoscopy capacity for general surgery (if requested)
* Optimising general surgery theatre lists
* Use of unstaffed cataract capacity by NECU campaign capacity team or independent sector team
* Extension of current independent sector cataract contract
* Offering unused orthopaedic theatre capacity to NECU campaign capacity team or independent sector team
* Offering general surgery weekend theatre unstaffed capacity to NECU campaign capacity team or independent sector team
* Procurement of a dual Vanguard unit to provide endoscopy and general surgery capacity (2 case mix models proposed)

*Table 6. National Elective Services Difference between Projections and Activity Plan*



5.28 Overview of activity increase for NES

Delivery of the revised activity plan for NES will deliver:

* A 15% increase across all NES specialties
* Delivery of the Planned Care (PLC) schemes 1 or 2 will bring this activity increase to 31-32% of the original activity plan for 2022/23
	1. Constraints / assumptions:
* A range of these planned care schemes have been modelled based on access to campaign capacity theatre teams, or access to independent sector teams. There is a risk that NHS campaign capacity teams cannot be mobilised in time and the IS workforce proposals will represent an increased cost to deliver. Workforce remains a key constraint to delivering full theatre capacity
* Discussions are ongoing with Scottish Government Performance team to receive authorisation for NHS Golden Jubilee radiology service to amend activity reporting. This change has been requested to recognise the impact of an adjustment to service level agreement CT performance to reflect current over performance in Non SLA Cardiac CT. Permission is also being sought to adjust Cardiac CT activity to be calculated on a time- based methodology. This revised plan takes into account the effect of this in reporting actual activity positions
* A similar time-based adjustment proposal for MRI scans is also in development, but has not been factored in to this plan

Interventional Cardiology

* 1. Referrals to interventional cardiology are growing in volume and complexity, with a shift towards more acute presentations. To address this changing demand, we will be submitting a business case to increase bed capacity and to extend elective working to weekends to provide flexibility and capacity to accommodate the urgent referrals and deliver timely treatment. We have a significant capacity gap in both the structural heart service and electrophysiology, with an increasing backlog of patients to be treated. The shortfall in capacity within the structural heart programme has been highlighted to Scottish Government due to the urgent nature of the patients and the unacceptable waits. Guidance is awaited from the National Planning Group.
	2. NHS Golden Jubilee supported winter pressures in the West of Scotland by opening additional beds and streamlining the pathway for patients pre- and post-procedure to reduce delays to admission and treatment, and to provide care to patients to the point of their discharge home, avoiding repatriation to the referring Boards. This enabled the most urgent patients to be treated timeously, relieving pressure on the Scottish Ambulance Service and referring boards.

Radiology Improvement Programme supporting increased diagnostic capacity

* 1. Since NHS Golden Jubilee was established within NHS Scotland, the radiology department has undergone significant development to meet the changing requirements of service users. The pandemic has changed the way in which we work within NHS Scotland. All areas faced considerable challenges to maintain services whilst working with restrictions relating to control and prevention of infection. This has led to several key changes which influence the future delivery of imaging within NHS Scotland.
	2. As part of the Scottish Radiology Transformation Programme, following a successful pilot scheme, NHS Golden Jubilee now permanently hosts the Scottish National Radiology Reporting Service (SNRRS). SNRRS was established with the aim of maximising the potential of the IT connectivity solution linking radiology systems across NHS Scotland, thereby enabling cross-Board reporting of exams for the first time. SNRRS provides a flexible reporting model using bank Radiologists.
	3. Timing is optimal to improve access and expand services in support of the short, medium and long term complex nature of imaging services nationally. The Radiology Strategic Development Plan will develop over the next 3 years which will inform workforce sustainability to meet these demands.

Scottish Adult Congenital Cardiac Service Strategy 2022 to 2025

* 1. The Scottish Adult Congenital Cardiac Service (SACCS) is the national specialist service commissioned by the National Services Division of NHS Scotland to deliver care to adults with congenital heart disease.
	2. The demographics of congenital heart disease are changing due to increasing survival of children into adult life, and there are increasing numbers of adults with congenital heart disease. The number of patients with complex disease is increasing too. It is recognised that there will be continued growth in the adult congenital population, both numerically in terms of patient numbers, and also in terms of lesion complexity and comorbidities.
	3. Significant planning is needed to ensure the continued delivery of high quality care. It is acknowledged that the current model of care is not sustainable and a more robust shared care model is needed, whereby patients are supported to a greater extent by local provision. NHS Golden Jubilee and NSD are leading work to develop a longer term strategy for these services that balances sustainability and managing health inequalities with the insight and input of patients and their representatives in service redesign.

Scottish National Advanced Heart Failure Service Strategic Development Plan

* 1. SNAHFS’s strategic aim is to sustain and further develop a modern, dynamic and patient centred cardiac transplant, retrieval and mechanical circulatory support service delivering world class outcomes for the people of Scotland.
	2. 2021/2022 saw the SNAHFS team carry out 24 heart transplants, building on the 20 carried out in 2020/2021. The last few years have seen a sustained increase in the number of transplants carried out; this has carried forward into 2022/2023 and is predicted to continue. The change in the donation policy in March 2021 is expected to result in an increase of available organs.
	3. Funding for Donation after Circulatory Death (DCD) heart retrieval has been supported until end 2022/23. NHS Golden Jubilee’s national heart retrieval team will continue to support this innovative programme and increase the skills of the team. It is anticipated that this programme, which will increase the number of available organs, will continue to be funded by the 4 nations, and that NHS Golden Jubilee will continue to play a central role in building a stronger and more resilient DCD Heart retrieval service.
	4. The successful outcomes over the last five years, and the shift in culture to accepting more organs is expected to have a self-fulfilling effect, in that centres will be more inclined to consider referral to the transplant service having experienced good outcomes for their patients. It is important that the service plans for the future ensure that the infrastructure and workforce is in place to meet increasing demand and availability of organs to continue to sustainably deliver high quality heart failure services now, and in the future.

**Urgent and Unscheduled Care**

* 1. Over the past 18 months NHS Golden Jubilee has provided both a range of critical to life core services, and collaborated with a number of boards to provide urgent cancer surgery and P2 priority surgeries. To support the delivery of these new services, new Standard Operating Procedures (SOPs) for the commencement of each new service were developed. With our evolved SOP template and the experience of the last 18 months, we are now able to rapidly react to Board’s needs.
	2. Aligned with the national ***Integrated Unscheduled Care*** strategic programme, as part of the West of Scotland Optimal Reperfusion Service, NHS Golden Jubilee provides rapid cardiac catheter lab intervention for patients diagnosed with ST segment-elevated myocardial infarction (STEMI). In addition, the non- STEMI (NSTEMI) service is experiencing an increase in the number of referrals for clinically urgent patients. Whilst elective referral rates remain lower than the pre-Covid levels, urgent referrals have surpassed previous levels shifting the balance from a 50:50 split to 65:35 split between urgent and elective referrals. We are continuing to work to optimise the NSTEMI pathway and meet predicted demand for the period covering the life of this plan.
	3. Within Interventional Cardiology, NHS Golden Jubilee has supported winter pressures in the West of Scotland by opening additional beds and streamlining the patient pathway pre and post-procedure to reduce delays to admission and treatment, and provide care to patients to the point of their discharge home, avoiding repatriation to the referring Boards. This was supported by West of Scotland Boards, as it released bed capacity and eased the pressure on front door services. Discussions will take place with referring Boards as part of winter preparedness planning in summer / autumn 2022.

**Staff Wellbeing**

* 1. Our staff continue to come through for the people of Scotland, having done so every day since the start of the pandemic. The period ahead will continue to be challenging, but we are committed to ensuring our colleagues wellbeing is looked after as much as we possibly can.
	2. NHS Golden Jubilee’s Health and Wellbeing Strategy 2020-2023 describes the Board’s ambition:

 “*To be a leader in promoting and maintaining a healthy workplace and provide support for our people which maximises their health and wellbeing*”

* 1. The Strategy is shaped around four key strands:
* Mental Health
* Physical Health
* Financial and Social
* Creating the Conditions
	1. These strands, and the deliverables within each, are being progressed through an annual delivery plan. Further information on this can be found in the Health and Wellbeing Strategy and NHS Golden Jubilee Workforce Plan.
	2. In line with NHS Scotland Staff Governance Standards, our staff will continue to be involved in decisions which affect their day to day working life. Dedicated MS Teams sessions attended by over 100 staff members, recorded for those unable to attend, have taken place. Further drop in sessions for staff to ask questions face to face have also been introduced. All departments are expected to have regular team meetings to discuss the current situation and the impact on individual services.

New ways of working

* 1. NHS Golden Jubilee has implemented a ‘Workforce of the Future Programme’, the aim of which is to further develop our approach to agile and flexible working. It considers how, when and where staff work, and will ensure:
* Staff have access to work spaces that meet their individual needs to undertake their role
* Teams can work together effectively
* We make the best use of flexible working policies that support work life balance and staff health and wellbeing
* We make the best use of the space available in the hospital site, providing the right mix of office, meeting and collaboration spaces
* We make the best use of technology to support agile working and a digital workplace, including remote working and working from home

	1. All NHS Golden Jubilee staff can access a range of health and wellbeing services both within the organisation and through the [National Wellbeing Hub](https://wellbeinghub.scot/). NHS Golden Jubilee will support staff through vaccination programmes for seasonal Influenza and, where applicable, Covid.
	2. Staff experience and engagement underpins a healthy organisational culture, from recruitment onwards, as part of the employee life cycle. There is continued support of staff experience through effective partnership working, measuring the experiences of staff through the use of local and national tools, such as iMatter, which supports and empower teams to improve their experiences at work.
	3. NHS Golden Jubilee’s learning and Organisational Development team is actively researching best practice approaches to staff engagement, working in partnership with staff and staff representatives to produce a staff engagement framework that works for NHS Golden Jubilee. This framework will align with NHS Scotland staff governance standards and be reflected in how we demonstrate and live our organisational values.
	4. iMatter, the NHS Scotland national staff experience continuous improvement model, was formally reintroduced in 2021, having been temporarily paused due to the pandemic. NHS Golden Jubilee achieved a response rate of 67% in 2021, with an action plan completion rate of 74% of team action plans completed within the eight-week period following the iMatter survey. The 2022 staff iMatter survey was circulated during June and July. For 2022 the emphasis will continue to be placed on the importance of action planning and team stories, with the aim of gathering and sharing the continuous improvement journey of teams throughout the organisation.
	5. Further detail on delivery priorities can be found in the NHS Golden Jubilee Workforce Plan and Appendix 10 - Workforce.

**Recruitment and Retention**

* 1. Our workforce is critical and underpins every aspect of NHS Golden Jubilee’s ongoing remobilisation and recovery. We will continue to support our staff in responding to the challenges they face. A significant focus has been on the recruitment and development of staff to support NHS Golden Jubilee’s ongoing expansion. These efforts are described more fully within our Workforce Plan, which sets out workforce challenges, risks and actions required for the next 12 months and beyond.
	2. NHS Golden Jubilee has developed a three-year Workforce Plan, aligned with our Annual Delivery and Financial Plans, setting out how we will manage local workforce pressures while also contributing to national recovery. Alongside this, the NHS Scotland Academy will continue to play a pivotal role in designing, developing and delivering accelerated workforce development to support delivery of the Recovery Plan.
	3. NHS Scotland is facing workforce challenges including staff retention with a mixture of reasons for staff leaving their current NHS employer, and in some circumstances leaving the NHS and healthcare completely. The priority for NHS Golden Jubilee currently is to attract and recruit staff to be able to address current shortfall in staff numbers, particularly in the following Theatre posts:,
* Theatre Scrub Practitioners
* Consultant Anaesthetists
* Consultant Ophthalmologists
* Clinical Perfusion Science
	1. We are looking at a number of ways to meet workforce requirements, including:
* A rolling programme of recruitment campaigns and targeted online campaigns
* Maximising use of available workforce resource from independent sector and agency available to support recruitment. We have engaged short term support from the independent sector and are in the process of going through a procurement process to try to secure more commitment to support from suppliers
* Monitoring the success of recruitment campaigns to understand availability in the labour market in key roles
* Offering posts twice per year to help to reduce the gaps in our workforce
* Progressing with international recruitment project working with Yeovil NHS Trust and attending a short life working group for Centre of Labour Supply to explore additional opportunities for international recruitment
* Increasing the number of cohorts of Theatre Academy places
* Through the NHS Scotland Academy, developing a National Treatment Centre Accelerated Workforce Programme to help address staff shortages which are likely to arise across all of the National Elective Centres. This will primarily focus on the difficult to recruit to positions of theatre scrub practitioners, anaesthetic assistants and theatre assistants
* Increasing the number of jointly appointed posts between West of Scotland Health Boards for Consultant posts, offering full time, part time and flexible contracts. We have already introduced greater joint working posts between local Boards. This will continue over the next twelve months, and in some areas will increase in frequency. In Ophthalmology part-time opportunities have been offered to increase the number of Consultants who are likely to want to work at NHS Golden Jubilee, and at the same time reduce the dependency on Waiting List Initiative payments.
	1. The nursing group is the largest single group within NHS Scotland’s workforce. Given the significant workforce pressures and projected recruitment required to meet future workforce needs, the Scottish Government has engaged with Yeovil Trust to support International Nursing Recruitment of 200 nurses across NHS Scotland. NHS Golden Jubilee is working collaboratively with the Yeovil Trust and wider NHS Scotland to provide employment opportunities for international nursing recruits, while also ensuring they are appropriately supported before and during their time working in Scotland.
	2. Specific objectives for our international recruitment include:
* Working collaboratively with Yeovil Trust to deliver the national international recruitment programme objective of 200 nurses recruited nationally by 2024
* Expand by January 2024 the NHS Golden Jubilee nursing workforce with 76 international recruits to the following roles:
	+ 38 scrub nurses
	+ 12 anaesthetic nurses
	+ 8 endoscopy nurses
	+ 12 critical care nurses
	+ 8 recovery nurses
* Support NHS Scotland in expanding service delivery and activity levels as it recovers from the pandemic and reduces waiting times
* Provide training and development opportunities to enhance longer term career development for international recruits
	1. Securing appropriate long-term accommodation for international recruits is a challenge all Boards are facing.  Working with the local authority and housing associations, NHS Golden Jubilee is actively seeking safe and suitable accommodation within reasonable commuting distance of the Golden Jubilee University National Hospital.  Boards (including NHS Golden Jubilee) are however reporting difficulties in identifying and securing accommodation due to wider housing pressures within the social and private rental market. Lack of accommodation for recruits may limit Boards’ ability to attract and retain staff, and could limit NHS Scotland’s ability to recruit the number of staff required. Locally this would impact NHS Golden Jubilee’s Phase 2 expansion and efforts to support national recovery and renewal.
	2. While NHS Golden Jubilee has not reduced its planned intake, other Boards are reconsidering their recruitment targets. NHS Golden Jubilee in the short-term has the ability to utilise the Golden Jubilee Conference Hotel to accommodate recruits during the initial weeks they enter the country and allow a period of time to settle. Hotel accommodation is not an appropriate viable long-term solution. These risks and issues have been included within our financial return to Scottish Government, and with our risk register.
	3. We are committed to working with staff to progress improvements in the workplace that make NHS Golden Jubilee a great place to work and recognise this will need ongoing attention to address things that are getting in the way of this for our staff. We are aware that focussing on retention of experienced staff is as important as recruiting to fill vacancies and new posts.
	4. There are number of actions we are progressing to maximise our opportunity to retain staff in the current challenging labour market:
* Analysing leaver data to identify areas experiencing higher turnover rates
* Reviewing exit interviews and engaging with staff in departments experiencing high turnover to identify reasons for leaving that can be addressed by NHS Golden Jubilee
* Providing strong peer group support for new staff, particularly those new to the hospital or those working in a new clinical area
* Investing in time for clinical leadership and team leader roles to support their teams and new members of staff in training during this challenging time
* We have established a daily ‘onion’ in Theatres - a staff huddle to address immediate patient safety issues, improve communication and staff engagement and support and empower staff to progress immediate service improvements
	1. Our Learning and Organisational Development Team regularly works on ways to enhance staff training and development. This spans from new staff receiving induction to existing staff who wish to progress in their careers or increase skills and knowledge.
	2. Further detail on delivery priorities can be found in NHS Golden Jubilee Workforce Plan and Appendix 10 - Workforce.

**Social Care**

* 1. As a specialist national board, NHS Golden Jubilee does not directly commission or deliver social care services. We do however fully recognise the importance of collaborative whole system healthcare planning and delivery. This includes:
* Our teams within the Golden Jubilee University National Hospital working proactively with referring boards and where appropriate social care providers to ensure safe and effective discharge of our patients following treatment
* The role of the Centre for Sustainable Delivery in delivering sustainable transformation and redesign across the healthcare system
* The role of the NHS Scotland Academy in developing and delivering accelerated learning and development for Scotland’s health and social care workforce.

	1. The NHSSA’s *Preparation for work in health and social care* resource was developed for use by Boards and Social Care providers throughout Scotland. By the end of June 2022, 1207 learners had used the resource. These included learners from all territorial Health Boards, and from many Social Care providers in all areas of Scotland.

 **Sustainability and Value**

* 1. NHS Golden Jubilee is in a unique position to drive innovation across Scotland to support the challenges of delivering efficiencies in a sustainable way.
	2. With the recent national announcement of the establishment of Accelerated National Innovation Adoption (ANIA) which extends the level of ambition already demonstrated within the CfSD programmes, programmes of work are already in place to drive efficiency across national, regional and local pathways. The ANIA Collaborative has been established to deliver an ANIA Pathway, bringing together a range of national partners to co-ordinate their efforts to scale the most promising innovations for the benefit of patients across all of Scotland.
	3. The Board has already engaged on a programme of work that is designed to enhance the focus on specific efficiency and sustainability workstreams, reviewing existing practices and identifying further opportunities to improve existing working practices. A focus on improvement is at the heart of what NHS Golden Jubilee does, with existing Improvement projects continuing to focus on further enhancing existing productivity and quality across all services.

Review of Covid Costs

* 1. Ongoing reviews are in place to identify where the additional resources put in place to support the pandemic response around testing and social distancing can be safely reduced or changed to minimise the impact on patient pathways.
	2. These reviews are being driven at both a national and local level. Nationally this is being led in collaboration with Scottish Government Health Finance team and the Corporate Finance Network. A short life working group has been created to identify opportunities and barriers to reducing continuing Covid expenditure and agreeing actions to deliver change to minimise and re-align Covid costs where patient and staff safety is not affected.
	3. Areas of focus include the following:
* Review of patient testing pre procedure/appointment
* Redesign of patient pathways to maximise throughput
* Flexible workforce practices to increase patient flows
* Recovery and Remobilisation workforce review in line with revised Covid policies and National Treatment Centre implementation
* Support of hybrid working where appropriate to reduce operational costs
* Review of reduced income streams during Covid including the revival of research programmes and clinical trials and support required to re-instate to pre-Covid levels. There will be a re-assessment of the catering review programme including costs and pricing
* Refocussing of the Conference Hotel strategy to increase business and bookings in the areas impacted during Covid. We have already seen a slight increase in bookings and the refocussing of increased marketing and targeting of conference facilities is planned to improve occupancy further

Local and Regional Savings Initiatives

* 1. The Board has redesigned its approach to efficiency and sustainability, creating a more focussed workstream approach with a more robust programme management approach. A new Efficiency and Sustainability Programme Board is being established which will bring the following improvements and benefits:
* Clear leadership and direction on key workstreams and expected outcomes
* Agreement of responsibilities for delivery with more robust programme management approach including key performance indicators and milestones
* Rapid reporting of progress on a weekly basis
* Robust governance with workstream sub-groups responsible for Board-wide delivery and improved reporting through Programme Board to Board committees
* A three year strategy and beyond
* Stronger engagement with clinical leadership and relevant stakeholders
* Extensive communication plan of progress and delivery.
	1. Local projects currently underway include a specific focus on the following areas:
* Procurement opportunities
	+ Review of existing contracts
	+ Opportunities for product rationalisation
	+ Upcoming re-tender reviews
* Clinical Variation
* Development of procedure level costing
* Sustainability and wastage deep dives
* Workforce redesign linked with expansion opportunities
* A focus on reduction on locum and wait list initiative (WLI) costs with a re-focus on effective rotas
* Drug expenditure deep dives
* Enhanced use of digital technology and increased use of electronic means of communication with patients and other stakeholders
* Estates Property reviews
* Support of CfSD and ANIA initiatives

Regional/National Schemes

* 1. Some significant workstreams and projects are underway linking with other Boards and Scottish Government (SG) colleagues to maximise the use of NHS Golden Jubilee capacity. This will bring an overall efficiency and sustainability benefit to the success of remobilisation and recovery plans on a national basis. Examples of work being progressed to-date include:
* Acceleration of Phase 2 expansion programme – this involves revisiting the proposed scheduling of opening the new facility and maximising the number of theatres and beds that can be brought into use far earlier than original business case expectations
* Support of the creation of NECU to help match capacity and demand across Scotland, allowing clinicians to go where there is capacity, whether this is within NHS Golden Jubilee or elsewhere – this will be facilitated through the CfSD
* Review of existing service level agreements (SLAs) with NHS Golden Jubilee and other NHS Boards
* The NHS Scotland Academy programme is focussing on increasing the number of training opportunities across a number of specialised roles. This will also be a major initiative for training workforce for National Treatment Centres nationally
* International Recruitment – a focus on providing support and training for international nurses

Financial Improvement Network

* 1. The Board is represented on the national financial improvement network meetings, which have the purpose of sharing and discussing ideas for improvement across Scotland. This network is vital in sharing best practice and fostering strong relationships across the finance community. This as a vital vehicle to discuss new ideas and resolve issues in a collaborative way.

Realistic Medicine (RM)

* 1. All workstreams and improvement programmes currently underway have RM embedded at the heart of all discussions. Through the use of Discovery data and understanding of the range of benchmarking information provided, NHS Golden Jubilee has undertaken and continues to undertake reviews of clinical practice and productivity to help understand what drives any significant area of variation.
	2. The priority areas subject to ongoing review include:
* Day of Surgery Admission (DOSA) rates
* Length of stay (LOS)
* Theatre utilisation
* Day surgery performance against the British Associated of Day Surgeons best practice (BADS)
	1. The Medical Director is the lead executive responsible for the engagement with all lead clinical teams to review data being shared through the improvement sub-groups. These groups meet regularly to review key performance indicators and discuss progress on specific areas of improvement.

Realistic Medicine Workplan - Benefits, Risks, Alternatives, Nothing (BRAN) questions

* 1. These questions are already embedded into NHS Golden Jubilee board consent policy in some areas and we are working towards rolling this out within other departments such as:
* Cardiology Department - detailed consent for Electrophysiology, TAVI, Device procedures
* Coronary angiogram, management of chronic total occlusions (CTO) and Trans catheter edge-to-edge repair (TEER);
* Thoracic procedures- Detailed consent;
* Cardiac surgery
* Orthopaedic Surgery
* Ophthalmology - Detailed Consent

Treatment Escalation Plans (TEP)

* 1. Work is underway to agree criteria and carry out evaluation of TEPs (cardiology is in the process of developing a new plan).
	2. A significant number of services have highlighted review of patient information as activity which is underway or planned.  Consistency in approach towards patient information will support patients both with ease of access and to provide assurance in quality. Patient appointment letters will be equipped with QR Codes, which will have BRAN integrated within them and they will be tailored to each individual condition.

Wider Realistic Medicine training and awareness

* 1. Ongoing awareness and training sessions are being carried out within a broad range of clinical groups and professions.

Further deployment of NHS Near Me

* 1. Work continues, supporting broader deployment of Near Me within clinical teams across the patient pathway, from early consultation to review and follow up.

**Health Inequalities**

* 1. NHS Golden Jubilee serves patients from across Scotland, but predominantly the West region. Our patients are referred from their home board, with NHS Golden Jubilee having no community presence in the same way a territorial health board does (for example, public health, General Practice, Community Pharmacy etc.). NHS Golden Jubilee does not therefore have a direct role in reducing inequalities associated with accessing services given our patients are referred by other boards.
	2. Whilst NHS Golden Jubilee works with boards to ensure patients are able to access the treatment they require as part of their patient pathway, responsibility for reducing overarching inequalities associated with accessing the healthcare system predominantly lies with territorial boards and national boards such as Scottish Ambulance Service and NHS 24. The West of Scotland, and NHS Golden Jubilee’s more immediate location in West Dunbartonshire, includes many of Scotland’s most deprived communities. As such our patient intake already includes a sizeable portion for whom comorbidities and other issues are existent.
	3. The following are examples of action NHS Golden Jubilee is taking to reduce health inequalities particularly around patient access to care:
* Providing a dedicated patient transport service to enable patients to travel to the Golden Jubilee University National Hospital
* Advice and support is provided by our Patient Coordination Centre to ensure patients are able to choose a transport option that best suits their personal circumstances. This includes public transport options, our patient transport service and private journeys (e.g. car, taxi, on foot). This service was of increased importance during recent pandemic restrictions including transport
* The Golden Jubilee Conference Hotel is available for patient stays in advance of patients being admitted to the national hospital. This option is particularly helpful where patients are required to travel significant distances to attend for treatment
* Our Phase 1 hospital expansion placed accessibility at the heart of its design. This includes working with service users and staff to design accessible spaces and services that best meet the specific needs of those attending the new Eye Centre. These include carefully considered lighting, wayfinding, self-check-in kiosks supplemented by face-to-face support from our volunteer team, and a carefully designed floorplan and patient flow within the building
* NHS Golden Jubilee has piloted the use of the WelcomeMe App. In a first for Scotland, the App allows patients to alert our team to any specific support they require when attending the hospital. The App also allows patients to notify our front desk upon arrival to ensure appropriate support, be it wheelchair, escort or any other requirements are provided in a timely manner. Pending completion of our post-pilot review, which includes considering patient feedback, it is our intention to roll out as business as usual at the eye centre, and run further trials across our other core outpatient services
* Our ongoing Phase 2 expansion is also incorporating leading practice around patient accessibility
	1. Our service design work considers patient accessibility, experience and issues of inequality as a core element of the process. For example, our redesign of the Scottish Adult Congenital Cardiac Service (SACCS) seeks to design the service to meet patient needs ‘from the ground up’. Patient experience is being built in at all stages, to both understand patient experiences of accessing the service in the past but also to co-design future solutions. We are analysing patient demographic data to better understand our patient populace, including geographic and accessibility issues.
	2. NHS Golden Jubilee has adopted a proactive approach to minimising the potential for health inequalities, both for patients and staff, associated with Covid. This includes Equality Impact Assessments of revised patient pathways, and employee occupational health risk assessments.

**Diversity and Inclusion**

* 1. NHS Golden Jubilee is a progressive organisation with a strong track record of promoting diversity and working with staff to ensure we establish an inclusive workplace. We recognise the value that a diverse workforce brings in offering different perspectives on how we deliver high quality, safe, effective, person-centred care, and maintain a healthy, vibrant and inclusive culture throughout our organisation.
	2. The Diversity and Inclusion Strategy forms an integral part of NHS Golden Jubilee’s aim to promote the health and wellbeing of staff, patients and volunteers. There are a number of crossovers and interdependencies spanning existing and future outcomes, including the Health and Wellbeing, Involving People, and Volunteer Strategies.
	3. We have worked in partnership with staff and external stakeholders to set out our strategy to further develop our approach to diversity and inclusion. This includes agreeing our equality outcomes for 2021-2025 and describing our ambition to be a leading equality employer and a leader in the design and delivery of inclusive and accessible healthcare services. Our outcomes and associated outputs relating to workforce diversity and inclusion from 2021-2025 are summarised below:
* Education and training – developing a suite of new training materials to further embed equality, diversity and inclusion throughout NHS Golden Jubilee
* On-board diverse talent – introducing a number of initiatives to attract and retain diverse talent to the organisation
* Leadership and organisation structure - we are committed to creating a more equitable workplace, with diversity across management structures by understanding and addressing barriers to career progression and promotion by the protected characteristics and Fairer Scotland Duty
* Inclusivity and data - we are committed to building a better understanding of diversity within the organisation by examining the data collection and analysis methods used to characterise workforce profiling
	1. We have embedded the Equality Impact Assessment (EQIA) process within our service re (design) activity to ensure inclusive engagement practices are followed throughout the engagement lifecycle. This takes into account people represented by the Protected Characteristics of Age, Disability, Gender Reassignment (Trans Status), Marriage/Civil partnership, Maternity/Pregnancy, Race, Religion/Belief, Sex, Sexual Orientation and Socio economic circumstance.
	2. Further detail on delivery priorities can be found in the Diversity and Inclusion Strategy, NHS Golden Jubilee Workforce Plan, and within Appendix 10.

**Centre for Sustainable Delivery**

* 1. The Centre for Sustainable Delivery (CfSD) plays a key role in the recovery and redesign of NHS Scotland, by delivering against national strategic priorities to support a streamlined and joined up approach to transforming and redesigning healthcare. This includes helping to increase capacity, reduce unnecessary demand, and to embed new technological innovations and ways of working.

* 1. As the NHS Recovery Plan explains, the CfSD:

*“has been established to pioneer and deliver new, better and more sustainable ways of delivering services and improving access for patients. It will aim both to reduce unnecessary demand for services, and to develop new pathways of care that are more efficient and better for patients.”*

* 1. To achieve this, the CfSD brings together a range of national, high impact, mature transformation programmes, coupled with new and emerging capabilities to support excellence in delivery of healthcare across NHS Scotland.
	2. These important high-impact programmes will help transform healthcare in Scotland. This will not only help NHS Scotland recover from the pandemic, but will enable it to do so sustainably, and to become more effective, more efficient, and more patient-focused.

 Speciality Delivery Groups & Heat Maps

* 1. The principal delivery mechanism for the CfSD’s work will be the development of Speciality Delivery Groups (SDGs). They are based on the current clinical speciality groups that are already in place within the Modernising Patient Pathways (MAPP) / Scottish Access Collaborative (SAC) programmes. They are designed to act as anchor forums to lead and drive high impact improvements.
	2. The format of these SDGs is currently being adapted and standardised to ensure they have clearly defined workplans focused on delivering improved clinical pathways on a “Once for Scotland” basis. Initial work includes widening of representation to ensure more rapid and agile working, ensuring the groups are focussed on the sustainable delivery of safe, effective and person centred pathways of care. Pathways will be co-designed by users and deliverers, and will be digitally enabled as appropriate.
	3. Over the next year, the MPP / SAC team will focus on developing clinically led Speciality Delivery Groups for key clinical specialities, as agreed with the Scottish Government. These will include Orthopaedics, General Surgery, Ophthalmology, Gynaecology, Urology and Endoscopy.
	4. SDGs will also be a key vehicle for developing the Board Heat Maps. This mapping work, originally carried out last year, was designed to identify areas of synergy, duplication and opportunity at both national and Board level. Based on feedback from the Boards, the original Heat Maps have been streamlined and simplified.
	5. These new Heat Maps will be rolled out in the forthcoming year. The maps will be focussed on the key clinical specialities that will be supported by the SDGs. They will help to identify and report on quantifiable improvement, such as the number of remote appointments made, and the number of avoidable appointments saved.

Programme Strategic Priorities

* 1. The CfSD consists of a number of programmes, some of which are well-established, and others still being developed. Core CfSD Programme Workstreams, and their key objectives over the next 1-2 years, are:
* **Modernising Patient Pathways (MPP) and Scottish Access Collaborative (SAC)**

According to the latest figures published by Public Health Scotland (PHS)[[2]](#footnote-2), at the end of March 2022, there were over 354,000 people waiting for a first outpatient appointment (over 6% of the total population in Scotland), and 94,000 waiting for inpatient or day-case procedures. The MPP/SAC team will play a key role in helping NHS Scotland to address this backlog and develop better, more sustainable ways of developing services.

Over the next year, the team will take the lead in developing and establishing the Speciality Delivery Groups (SDGs), as described above. The team will then work with the SDGs to develop detailed workplans to implement high-impact national programmes of work within local Health Boards. This will include Active Clinical Referral Triage (ACRT), Discharge Patient Initiated Reviews (PIR) and Enhanced Recovery After Surgery (ERAS).

SDGs will work with Boards to develop and agree the new Board Heat Maps. These will help to identify key local priorities for the SDGs to focus on and will help to guide the transformational work.

* **Earlier Cancer Diagnosis**

Cancer remains a high priority for the Scottish Government, but one which is currently facing considerable pressure following the Covid pandemic. The latest published data from PHS (for Q1 2022)[[3]](#footnote-3) notes that the 62-day referral-to-treatment standard for urgent suspected cancer referrals is under 77%. In addition, recent data from PHS suggests that during the pandemic people have been delaying seeking treatment, and that many of these are being diagnosed at later stage where outcomes are poorer.

Over the next year, the Early Diagnosis Cancer team will have three major priorities. First, the team will continue to lead on the implementation, evaluation and expansion of Scotland’s first Early Cancer Diagnostic Centres, which is a key action within the Cancer Recovery Plan.

Secondly, the team will undertake a range of improvement work to agree national cancer pathways to optimise the patient experience, reduce unwarranted variation, and reduce emergency presentations. Finally, the team will continue to raise awareness of possible cancer symptoms. This will include developing a new overarching public awareness campaign, running a lung cancer campaign, and redeveloping the public-facing “getchecked” website.

* **Accelerated National Innovation Adoption**

The NHS Scotland Recovery plan highlights that the widespread adoption of new innovations will be a key enabler for the recovery of NHS Scotland. Historically, there was no overarching strategic approach for identifying innovation priorities, nor any national implementation route for proven, high impact innovations that were capable of improving patient outcomes across NHS Scotland.

The Accelerated National Innovation Adoption (ANIA) Pathway is designed to solve this problem, but providing a clear pathway to identify and scale innovations that can address complex health challenges across NHS Scotland.

Over the next year, the Innovation Team will continue to develop the ANIA pathway, including the governance arrangements and assessment protocols. They will also support the first ANIA innovation projects to go through the process. The ambition is that the first innovations will commence scaling by the end of FY 2022/2023.

* **Primary/Secondary Care Interface Programme**

The Primary/Secondary Care Interface (PSCI) Programme is a collaborative programme delivered in partnership with the Royal College of General Practitioners (RCGP). It aims to identify high-value projects to improve the way that primary and secondary care work together. A key part of the programme involves engaging with existing Interface Groups across Scotland.

The PSCI is still at an early stage of development. As a result, the PSCI team will have two major priorities over the next year. It will focus on engaging with and developing the existing Interface Groups, including agreeing the formal operating and governance arrangements. The team will also identify initial projects, evaluate them, and form a Programme Board to oversee the approved projects.

* **Ideal Green Theatres Programme**

In April 2022, the CfSD was commissioned to lead on the Green Theatres Programme, to implement environmentally sustainable surgery across the whole of Scotland, and to help NHS Scotland meet its Net Zero commitments. The programme involves constitutes the delivery and further development of a comprehensive and detailed action plan, covering both structural and process issues, designed to deliver the “Ideal Green Theatre”.

Over the following year, the focus will be on recruiting the team, establishing the governance and clinical leadership arrangements, and developing the action plan, with a focus on actions that can be delivered at pace.

National Elective Coordination Unit & Other Scottish Government Priorities

* 1. The Scottish Government is currently developing proposals for several large-scale, high-priority projects, and have indicated that CfSD would be well-placed to support the development, implementation and roll-out of these national priorities.
	2. This includes work around the development of a National Elective Coordination Unit (NECU), which will provide a consistent approach to national capacity assessment and allocation, and help to address the current planned care waiting list backlog. Discussions with the Scottish Government around these priority areas is currently ongoing, with scope, specific deliverables, and necessary resourcing to be agreed.
	3. Further detail on CfSD delivery priorities can be found in Appendix 3: Centre for Sustainable Delivery, Delivery Planning Template 2022/2023.

**NHS Scotland Academy**

* 1. The NHS Scotland Academy (NHSSA) is an ambitious joint venture between NHS Education for Scotland (NES) and NHS Golden Jubilee. It supports the transformation and sustainability of the health and social care workforce through the development and delivery of new accelerated learning and development offerings for key roles.
	2. The NHSSA plays a critical role in addressing the workforce requirements of Boards’ plans as well as supporting the commitment to attract staff to the National Treatment Centres Programme, with the added benefit of direct access to the clinical expertise from Scotland’s first operational National Treatment Centre.
	3. Ensuring appropriate prioritisation of roles, NHSSA will maximise our ability to attract, train, and develop people into the health and social care workforce as part of a ‘Once for Scotland’ solution.
	4. Strategic Priorities for the next 12-24 months include:
* To become well known as a trusted partner of stakeholders throughout Scotland with a role in health and social care and post-16 education
* To further develop a reputation as straightforward to work with and with increasing evidence of fast delivery to high standards, working in new ways, leading by example and challenging and disrupting the status quo. Provoking a collaborative approach
* To develop and deliver accelerated training through collaboration. This will include (but not be limited to):
	+ Delivery of accelerating learning programmes to support the development of staff recruited to key roles in NTCs (as commissioned)
	+ Delivery of an accelerated training pathway for additional sonographers (subject to confirmation of funding)
	+ Delivery of the National Endoscopy Training Programme
* To support learners and educators using all NHSSA programmes. These include the NMC OSCE preparation resources and development, and refinement of those resources as we learn which clinical and communication stations prove challenging for nurses to pass, and the Introduction to roles in health and social care digital resource
* To develop of the Youth Academy and delivery of a senior phase apprenticeship including pathways into health and social care in partnership with Skills Development Scotland
* To develop pathways into health and social care roles for military service leavers and veterans, for defined roles
	1. NHSSA workstreams are commissioned by Scottish Government and other stakeholders to support delivery of national strategic plans, including the NHS Recovery Plan 2021-26, the National Workforce Strategic Plan, and the National Digital Strategy.
	2. Further detail on delivery priorities can be found in Appendix 9: NHS Scotland Academy Delivery Planning Template 2022/2023.

**Golden Jubilee Conference Hotel**

* 1. The Golden Jubilee Conference Hotel reopened in line with Covid restrictions on 1 July 2021. Staff members deployed to support NHS Louisa Jordan, the Golden Jubilee University National Hospital and other NHS services in support of the pandemic response were gradually repatriated to the Conference Hotel by August 2021.
	2. An important focus for the Conference Hotel continues to be the provision of safe and conducive learning environments for essential clinical and medical training. The Hotel continues to develop its infrastructure to support the NHS Scotland Academy both short and longer-term. Recent developments include supporting virtual and hybrid meetings with upgraded conference spaces with enhanced AV, new flooring, and increased flexibility within a Covid safe environment.
	3. The Conference Hotel plays a key role in supporting other NHS Boards, the University of Glasgow Medical Faculty and other healthcare bodies in the West of Scotland through the Healthcare Skills and Simulation Collaborative.
	4. A new Hotel Strategy is being developed in 2022/2023, which will outline the longer term strategy and vision for the Hotel, in response to the changing needs of NHS Scotland and the impact of the pandemic. This strategy will focus on a shift in business emphasis, prioritizing residential and teaching requirements, and wider use for NHS Scotland meetings and conferences.
	5. Further detail on delivery priorities can be found in Appendix 7: Golden Jubilee Conference Hotel Delivery Planning Template 2022/2023.
1. **Heat Maps and Action Plans**
	1. Working with the Centre for Sustainable Delivery, NHS Golden Jubilee has assessed the potential impact, progress, and readiness of deployment of key programmes of work that will support redesign and sustainable recovery. These are described within the NHS Golden Jubilee ‘Heat Map’ at Appendix 11, and include:
* Active Clinical Referral Triage (ACRT): General Surgery and Orthopaedic Surgery
* Patient Initiated Review (PIR): Orthopaedic Surgery
* Enhanced Recovery After Surgery (ERAS): Orthopaedic Surgery
* Day Surgery: General Surgery and Orthopaedic Surgery
1. **Preparing for Winter**
	1. Winter preparedness planning plays a key role in ensuring NHS Golden Jubilee is ready to meet the known and additional challenges likely to be faced over the winter months. These include high levels of admissions and attendances within territorial boards, which in turn impacts on patient pathways and access to NHS Golden Jubilee services, and our ability to safely repatriate patients to their ‘home’ Board; staffing shortages due to isolation and illness; infection control requirements; and continuation of the pandemic.
	2. NHS Golden Jubilee will continue to work with other Health Boards to consider how best we collectively respond to the challenges of the pandemic and winter more generally. Our Winter Plans provide a framework to ensure the continuance of quality care and support is delivered, including patient and staff experience through winter. The NHS Golden Jubilee Winter Plan for 2022/23 will outline action to be taken to deliver safe and effective services during the winter period, supported by existing Business Continuity Plans. Formal arrangements are in place, as part of the Board’s business continuity measures, to ensure 24-hour access to resources, including staff, equipment and vehicles are maintained.
	3. There are many factors that can impact on our services over the winter months. These include Respiratory Syncytial Virus (RSV), seasonal influenza as well as Covid. The Plan assumes that NHS Golden Jubilee will be maintained as a ‘Green’ or Covid-light site to minimise the risk of patients undergoing complex surgery. As part of West of Scotland (WoS) mutual aid and collaboration arrangements in the event of a significant flu outbreak, or further pandemic waves, we will explore all options available for critical care and theatre capacity in line with agreed protocols. Transfers of Covid patients to NHS Golden Jubilee should only occur as a last resort when capacity elsewhere is exhausted.
	4. In the event of adverse winter / pandemic pressures significantly impacting elective activity the Plan details the lines of communication for staff and patients as well as the Scottish Government Access Support team to discuss arrangements for rescheduling and managing demand. Escalation arrangements are in place to ensure that the Scottish Government Health and Social Care Directorate receives appropriate timely notification of winter pressures. Escalation plans within clinical divisions describe the processes for managing clinical activity during periods of winter and / or pandemic pressure.
	5. Rota planning for the festive period will be undertaken for all staff groups during October 2022 to ensure staff are available during peak activity times, allowing teams to effectively manage predicted activity and discharge over the festive period. NHS Golden Jubilee will continue to provide urgent and emergency Cardiothoracic services over the Christmas and New Year bank holidays. Over the festive period it is recognised that the volumes of emergency cardiology patients presenting may increase, NHS Golden Jubilee will continue to work closely with referring Boards to manage the greater challenges with repatriation of these patients to inpatient beds across the region.
	6. Seven-day discharge is embedded as standard practice at NHS Golden Jubilee. In line with this, clinically appropriate patients will continue to be discharged over weekends and on bank holidays. NHS Golden Jubilee will work proactively with the Scottish Ambulance Service and Social Services to facilitate these discharges where required.
	7. Staff availability is included in departmental Business Continuity Plans to ensure the ability to deliver safe services over the winter. This is augmented by NHS Golden Jubilee’s commitment to increasing flu vaccination uptake each year. A Covid booster vaccination programme will be initiated in line with guidance from Scottish Government. NHS Golden Jubilee is planning its vaccination programme in line with advice and notification letters from Scottish Government’s Director of Vaccine Strategy and Policy.

1. **Finance**

Income, Expenditure and Efficiency Savings

* 1. Following the update to the financial plan submitted in March 2022, the efficiency savings programme has not changed significantly, with the revised final July 2022 figure now identified as £4.6m for financial year 2022/23 as detailed in the table below:

*Table 7. Efficiency Savings Requirement 2022 to 2025*



* 1. The production of the finance plan is influenced by multiple factors and the main drivers behind the £4.6m financial gap and resulting efficiency savings target required to support a break-even position are noted below and remain the same drivers as at March 2022:
* Carry forward savings - £1.3m
* Scottish Public Services Pay Policy gap - £0.6m
* Supplies Inflation - £0.5m
* Band 2-3 uplift - £0.3m
* Drugs Inflation - £0.4m
* Energy costs - £1.0m
* Developments - £0.5m
	1. At this time it is assumed that further funding will be forthcoming to off-set the potential cost increase associated with the Public Services Pay Policy pay award of 5%. This remains the most significant area of financial risk with the current revised version of the financial plan projecting an associated increased cost of £3.6m.
	2. Scottish Government has requested that Boards include further narrative information within financial plan submissions in line with the following assumptions to assist in consistent three year planning assumptions:

*Table 8. Financial Planning Assumptions*

|  |  |  |
| --- | --- | --- |
|  | **2023-24** | **2024-25** |
| **Funding** |
| Baseline Uplift \* | 2% | 2% |
| **Pressures** |
| Pay | 2% | 2% |
| Non-Pay (excluding energy) | 2% | 2% |
| Energy | Boards to use local assumptions and to include basis for these assumptions within Financial Plans |

* 1. In terms of the NHS Golden Jubilee Financial Plan for both 2023/2024 and 2024/2025, this reflects these percentage uplifts and associated cost increase assumptions.
	2. \*Scottish Government has also required Boards to provide forecast outturn positions within narratives based on **flat rate, 1% and 2% uplifts to baseline funding for 2023-2024 and 2024-2025**. The table below provides a summary of the associated uplifts using these assumptions:

*Table 9. Baseline Funding Uplift Applying Assumptions 2023/2024 and 2024/2025*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **2023-24** | **2023-24** | **2024-25** | **2024-25** |
|  | **Funding** |  |
| Baseline Uplift \* | 1% | £0.714m | 1% | £0.721m |
| Baseline Uplift \* | 2% | £1.428m | 2% | £1.457m |

* 1. This financial position presents the most reasonable case based on all information known to the NHS Golden Jubilee at this time. The overall gap remains within a tolerance experienced in recent years, and whilst the recurring / non-recurring element of achievement will require further work, this is a value, which was previously achieved in recent years to provide a break-even outturn.
	2. The following section outlines key financial points in relation to the Annual Delivery Plan and Workforce Plan.

Waiting Time Improvement Initiatives

* 1. As part of the 2022/23 planned care waiting time improvement intervention bids process, the Scottish Government Access Support Team requested the completion and submission of bids against this earmarked funding stream and the achievement of additional capacity.
	2. The table below details the financial funding requirement to support these bids submitted, the recurring and non-recurring funding nature of each, and the planned activity relative to each of these initiatives for 2022/23, as well as the approval position as confirmed by recent discussions with the Access Support Team (AST):

*Table 10. Wait Times Improvement Programme costs*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **WTIP Initiative**  | **£’m** | **Recurring** | **Non-Recurring** | **Activity** | **Approval Position** |
| Ophthalmology IS Hybrid model | 0.730 | N/A | 0.730 | 1,200 | Approved |
| Main Suite IS Theatre  | 1.147 | N/A | 1.147 | 338 | Approved |
| General Surgery – Phase 2 acceleration | 0.483 | 0.483 | N/A | 438 | Approved |
| Endoscopy Mobile Unit | 2.974 | N/A | 2.974 | 2,409 | Approved |
| **Total Funding Approved** | **5.334** | **0.483** | **4.851** | **4,385** |  |

Centre for Sustainable Delivery

* 1. This assumes a cost neutral position within the Finance Plan with £5.34m workforce baseline, £369k additional for the Innovation and Strategy Programme and £7.5m programme budgets - £13.2m in total. Whilst this funding is assumed for now within the financial plan, it is matched with an equal and opposite level of expenditure.
	2. In addition to the core CfSD service funding above, the following development funding is incorporated within the financial plan on a cost neutral funding match to expenditure approach, subject to approval.

*Table 11. CfSD Developmental Funding 2022/2023 and 2023/2024*

|  |  |  |  |
| --- | --- | --- | --- |
| **CfSD/Innovation Heading** | **2022/23****£’m** | **2023/24****£’m** | **Approval Position** |
| Cancer workforce | 0.350 | 0.350 | To be confirmed |
| SACMPPP ROI | 0.407 | 0.407 | To be confirmed |
| ANIA Shared Resources | 0.221 | 0.442 | To be confirmed |
| Green Theatres  | 0.201 | 0.402 | SG request - TBC |
| **Total Funding bid** | **1.179** | **1.601** |  |

NHS Scotland Academy

* 1. Meetings with Scottish Government Finance have been positive with discussions focussing on additional programmes and developments for 2022-23 and beyond. The table below highlights the total proposed level of funding required to deliver the workplan of the Academy during this financial year and the next. For the purpose of the NHS Golden Jubilee financial plan, 70% of the Revenue Investment (£2.5m) and National Treatment Centre (NTC) resource funding (£3.5m) is attributable to NHS Golden Jubilee programmes and the 30% balance as NHS Education Scotland work-streams.

 *Table 12. NHS Scotland Academy Funding 2022/2023 and 2023/2024*

|  |
| --- |
| **NHS Academy Funding**  |
| **Funding Stream** | **22/23 £m** | **Recurring £m** | **Non-recurring £m** | **Cost FY 23/24 £m** |
| Revenue investment (original Business case funding) | 2.500 | 2.500 |  | 2.500 |
| NTC resource paper | 3.500 |  | 3.500 | tbc |
| NUTP | 0.477 | 0.296 | 0.181 | 0.292 |
| **Total NHSSA Revenue**  | **6.477** | **2.796** | **3.681** | **2.792** |
| Capital refurbishment | 1.860 |  | 1.860 | tbc |
| **Total** | **8.337** | **2.796** | **5.541** |  |

Elective Treatment Centre

* 1. This funding assumes a cost neutral position, matched to the ADP activity plan assumptions and also aligns with the original Phase 1&2 FBC position (including the impact of the 2 additional Endoscopy rooms). In addition, plans for accelerating activity into this financial year have also been assumed with workforce recruitment and final 2022/23 ADP activity plans.
	2. As part of baseline 2022/23, funding from Scottish Government £1.690m of Phase 1 workforce is included. The following table summarises the additional funding assumptions for 22/23 Phase 1 Eye Unit and beyond:

 *Table 13. National Treatment Centre Phase 1 Funding 2022/2023 and 2023/2024*

|  |
| --- |
| **NTC - Phase 1**  |
| **Funding Stream** | **22/23 £m** | **Recurring £m** | **N/Rec £m** | **Cost FY 23/24 £m** |
| Phase 1 NHS GJ Eye Unit workforce balance | 3.249 | 3.249 |  | 3.249 |

* 1. In relation to Phase 2 NHS Golden Jubilee Surgical Centre expansion, this has increased the total workforce cost associated with full implementation from £21.007m to £23.618m at current pay award costs to support Phase 2 full workforce implementation. This assumes all 5 theatres are open on a full year effect (FYE) basis. This also incorporates the Scottish Government agreement to fund two additional Endoscopy rooms that were not part of the original approved FBC.
	2. Recruitment towards all Phase 2 workforce roles has been approved within the NHS Golden Jubilee Board, although the national and local workforce challenges in being able to recruit to all posts for accelerated delivery are recognised. As part of recovery and remobilisation, non-recurring funding of £3.00m was provided during 2021/22 for the acceleration elements of Phase 2 via the Waiting Times improvement funding route. Staff currently recruited against this allocation were appointed on a recurring basis on the premise that this funding would transition into the Phase 2 General Surgery expansion under the NTC programme implementation.
	3. The 2022/2023 workforce assumption for Phase 2 is based on the following:
* Recurring funding of £3m for the remobilisation non-recurring workforce recruited
* Further £2.081m for additional workforce recruitment already approved and in progress internally within NHS Golden Jubilee
* Residual Phase 2 requirement in 2022/23 takes the workforce requirement in total of £23.618m (minus the 2 elements above i.e. £3m plus £2.081m) therefore resulting in a balance of £18.513m, of which £0.483m is being ring fenced for the General Surgery acceleration noted above. This leaves a workforce balance of c£18m; and an assumption has been made at this stage that recruitment is in place for January 2023 to March 2023, i.e. full recruitment for a period of 3 months in financial year 2022/23. This equates to c£4.5m as reflected below:

*Table 14. National Treatment Centre Phase 2 Funding 2022/2023 and 2023/2024*

|  |
| --- |
| **NTC - Phase 2**  |
| **Funding Stream** | **22/23 £m** | **Recurring £m** | **N/Rec £m** | **Cost FY 23/24 £m** |
| Phase 2 – original RMP3/4 funding | 3.000 | 3.000 |  | 3.000 |
| Current workforce recruitment | 2.081 | 2.081 |  | 2.081 |
| Residual - 3 months | 4.500 | 4.500 |  | 18.537 |
| **Total Fixed Costs at GJ** | **9.581** | **9.581** |  | **23.618** |

* 1. With regards to the associated marginal tariff funding for Phase 2, this is assumed via the National Top Slice route to NHS Golden Jubilee and on the basis of activity provision at current tariff price applicable per case for each of the specialties / procedures. The original full business case identified additional non-pay funding (which would require allocation to NHS Boards) on full activity implementation of £16.576m.

Covid 2022/2023 Funding

* 1. Covid Funding for 2022/23 reflecting £2.2m non-recurring allocation for NHS Golden Jubilee. Funding is on the basis of the boards 2021/22 quarter 3 return on forecast 2022/23 Covid costs:

*Table 15. NHS Golden Jubilee Forecast Covid Expenditure 2022/2023*

|  |
| --- |
| **Covid Expenditure** |
|  | **22/23 £** |
| 2022/23 NHS GJ Forecast Expenditure | £4.8m |
| Modelled savings/cost reductions | (£2.3m) |
| Net adjusted expenditure baseline | £2.5m |
| **Funding with 85% capping applied** | **£2.2m** |

* 1. This funding value is to support all 2022/23 Covid expenditure excluding Test and Protect and PPE pandemic stock provided via NHS NSS, for which further detail around this funding envelope is yet to be advised. Test and Protect funding is not applicable for NHS Golden Jubilee Board in terms of the wider contact tracing component, but costs of £251k have now been confirmed for 2022/23.

Golden Jubilee Conference Hotel

* 1. Financial and business performance to the end of June 2022 indicates an improved income position than originally projected, therefore the financial plan reflects a prudent reduction on the Conference Hotel income performance of £1.25m at this stage, which is an improvement of £0.250m on the previous £1.5m gap modelled. This expected position will continue to be monitored throughout the year; once the summer season is over a clearer year-end picture will be compiled with a greater degree of certainty.

International Recruitment

* 1. Income is now assumed within the financial plan in relation to this development, albeit it is recognised on the basis of the external contract provider costs only – equivalent to £0.625m. An element of internal costs may need to be funded directly via the Board – these internal costs are assumed as in the region of £0.245m per annum in line with the final business case.

E-health Investment

* 1. Additional support has been incorporated linked to the recent investment paper and in light of server issues experienced over the last 2 years and evolving demand on the e-health team from agile working, system response requirements and national system upgrades and innovative technologies. This amounts to £0.210m for phase 1 part recruitment approved / server upgrade, stepping up to £0.730m for Phase 2 into 2023/2024 and £1.07m for phase 3 into 2024/2025.
	2. Following the notice period given by our main provider for our Labs information management system (LIMS) by March 2023, discussions are proceeding to agree options for extending this contract. Therefore, a further provision has been set aside for LIMS implementation at £1m in 2022/2023 and £0.030m in both 2023/2024 and 2024/2025 financial years. This is managed without significant impact to the overall financial gap due to the inclusion of the International Recruitment funding not assumed at the March 2022 financial plan.

 **Professor Jann Gardner**
Chief Executive
NHS Golden Jubilee

29 July 2022

**For further information, please contact:**

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**Appendices**

All appendices accompany this plan as separate documents.

1. Delivery Plan: Heart, Lung and Diagnostics
2. Delivery Plan: National Elective Services
3. Delivery Plan: Centre for Sustainable Delivery
4. Delivery Plan: Digital and eHealth
5. Delivery Plan: Estates
6. Delivery Plan: Finance
7. Delivery Plan: Golden Jubilee Conference Hotel
8. Delivery Plan: Health Inequalities
9. Delivery Plan: NHS Scotland Academy
10. Delivery Plan: Workforce
11. CfSD national programmes Heat Map
12. Revised NHS Golden Jubilee Activity Plan 2022/2023

**Supporting Documents (available upon request)**

1. NHS Golden Jubilee Remobilisation Plan April 2021 (RMP3)
2. NHS Golden Jubilee Remobilisation Plan October 2021 (RMP4)
3. NHS Golden Jubilee Workforce Plan
4. NHS Golden Jubilee Financial Plan
5. NHS Golden Jubilee Health and Wellbeing Strategy
6. NHS Golden Jubilee Diversity and Inclusion Strategy
7. Centre for Sustainable Delivery Annual Work plan
1. Scottish Adult Congenital Cardiac Service (SACCS); Scottish National Advanced Heart Failure Service (SNAHFS); Scottish Pulmonary Vascular Unit (SPVU) [↑](#footnote-ref-1)
2. https://www.publichealthscotland.scot/publications/nhs-waiting-times-stage-of-treatment/nhs-waiting-times-stage-of-treatment-quarter-ending-31-march-2021/ [↑](#footnote-ref-2)
3. https://publichealthscotland.scot/publications/cancer-waiting-times/cancer-waiting-times-1-january-to-31-march-2022/ [↑](#footnote-ref-3)