Board Item 3.4.7a

NHS Golden Jubilee

Delivery Plan 2026-2027

NHS Board: Golden Jubilee

Contents

NHS Golden Jubilee Annual Delivery Plan 2026/2027

1. Introduction

1.1. About Us

NHS Golden Jubilee (NHS GJ) is a unique national institution within NHS Scotland, operated by its own NHS Board. Located in Clydebank, the NHS GJ campus is a hub of excellence that integrates healthcare, research, education, and hospitality to deliver a wide range of services. Since our establishment, we have become a cornerstone for innovation and collaboration in Scotland's healthcare system, offering outstanding care and services to patients across the country.

At the heart of NHS GJ is the flagship hospital that provides high-quality specialist and planned care services for Scotland. The hospital is renowned for its expertise in heart, lung, orthopaedic, cataract and general surgery as well as diagnostic services. It is a leader in reducing patient waiting times in planned care services, as well as offering emergency heart care to meet the needs of Scotland’s diverse population.

1.2. Our Board Strategy 2025-2030

NHS GJ actively embraces innovation and new approaches to enhance patient outcomes and experiences across the entire variety of service provided on its campus. By integrating emerging technologies and advancements in healthcare, research, and hospitality, we have ensured that our strategy and its objectives are forward-looking, aligning with how services can and should evolve to meet the needs of the people of Scotland over the next 5 years.

Our Strategy at a glance
The diagram overleaf shows our strategy at a glance. At the centre of our strategy is our vision and mission. The middle circle shows our strategy priorities, and the outer circle shows the supporting themes to help us deliver our strategy.

1.3. Our Annual Delivery Plan 2026/2027

The NHS GJ Annual Delivery Plan (ADP) 2026/2027 identifies the Board's priorities for delivery over the next year. The Board has aligned its planning and delivery to the two Scottish Government reform frameworks: the Population Health Framework (PHF) and the Health and Social Care Service Renewal Framework (SRF). In addition, it reflects the operational expectations of the Board through alignment to the Annual Operational Priorities (AOP) set out in a letter to NHS Boards from the NHS Scotland Chief Operating Officer in February 2026.

The ADP for 2026/2027 has been developed in direct alignment with NHS GJ's activity plan and financial plan ensuring that planned service delivery activity is fully costed and consistent

with national financial planning assumptions. The 2026/2027 activity plan has been developed to deliver heart and lung waiting times as well as the planned care allocations agreed with the Scottish Government Planned Care Team to support referring NHS Boards as the largest National Treatment Centre in Scotland.

The financial plan reflects the Board's continued focus on elective recovery, expansion of planned care capacity, and protection of nationally funded services, with activity plans for 2026/2027 explicitly underpinning the financial modelling. Funding assumptions, including a 2% baseline uplift, pay award funding, and the transfer of previously non-recurring allocations into baseline where confirmed, have been incorporated alongside agreed service level agreement uplifts and national policy guidance.

Delivery priorities within the ADP are therefore set within a clear and realistic financial framework that recognises both investment requirements and system constraints. The plan acknowledges key cost pressures associated with workforce, service expansion, and inflation, alongside a requirement to deliver £8.215 million in efficiency savings to achieve financial balance.

This is supported through an established programme of efficiency and service redesign activity, ensuring that delivery commitments remain affordable while contributing to longer-term financial sustainability. Notwithstanding continued reliance on non-recurring funding and some outstanding allocation confirmations, the financial plan provides a prudent and credible basis for delivery in-year, and the ADP reflects this position by aligning priorities, activity and resources accordingly.

2. Strategic Outline

2.1. National Frameworks Alignment

NHS GJ is actively contributing to the PHF and Scotland's population health ambitions through a range of initiatives that reflect both the specialist role of the Board and the broader responsibilities as a national resource. Key activities include:

- **Prevention Focused System**
  Central to NHS GJ's contribution to the PHF is a growing emphasis on prevention, with investment in prehabilitation programmes in orthopaedics and cardiac surgery designed to optimise patients' health prior to elective surgery. The Centre for Sustainable Delivery (CfSD) has also led the National Cancer Prehabilitation Programme developing a Once for Scotland approach to screening supporting all Health Boards to implement Cancer Prehabilitation, individualising care for every patient.

- **Digital Population Health**
  NHS GJ's Digital team supports the Accelerating National Innovation Adoption (ANIA) Programme, which is led by CfSD, by providing technical readiness and advisory input.
- **Research and Innovation**
  The Golden Jubilee Research Institute (GJRI) is prioritising studies into preventative aspects of heart and lung disease.
- **Social and Economic Factors**
  As a strategic priority for NHS GJ, the Anchor Programme identifies how the Board can support the significant inequalities faced by the local population, working with partners across the West Dunbartonshire Community Planning network.

As a national specialist hospital, home to national services and CfSD, NHS GJ is uniquely positioned to both contribute to and be impacted by the SRF framework. Key activities include:

- **Reinforcement of Specialist Role (Community Principle):**
  NHS GJ's core function is a specialist centre for carrying out complex heart and lung procedures, and high volume planned care surgical and diagnostic procedures. The Board exists to provide services that cannot be easily delivered in community settings.
- **Enhanced National and Regional Planning (Population Principle):**
  NHS GJ will engage with and support the new sub-national planning approach. NHS GJ is currently working with the West and East Sub-National Planning and Delivery Committee (SPDC) leads to develop an approach to improve elective orthopaedic services across Scotland.
- **Digital Transformation Leadership (Digital Principle):**
  The NHS GJ Digital team provides direct support to the ANIA team in an advisory and technical readiness capacity for new digital products and services. CfSD also investigates data-driven technologies to transform the way health and social care is delivered.
- **Workforce Development & Attraction:**
  NHS Scotland Academy (co-hosted by NHS GJ) continues to play a pivotal role in workforce development through delivery of their training programmes including the National Endoscopy Training Programme, National Clinical Skills for Pharmacists and National Ultrasound Training Programme.
- **Productivity and Efficiency (Implicit in all principles):**
  CfSD's National Green Healthcare Programme will continue to develop and publish actions for Boards to implement. The programme covers the National Green Theatre Programme, the National Green Renal and National Green Endoscopy programmes. High impact opportunities are identified and delivered via the Specialty Delivery Groups in planned and unscheduled care national programmes.

2.2. Supporting Sub-national Priorities

NHS Scotland Business Services Programme

The NHS Scotland Business Services Programme (BSP), managed by Public Services Delivery (PSD) Scotland, is a major transformation initiative designed to implement a single, integrated service model for corporate functions across all health boards. Its primary goal is to replace legacy systems with a modern, cloud-based Enterprise Resource Planning (ERP) solution. The programme is designed to deliver a nationally consistent solution for Finance, Human Resources (HR), Payroll and Procurement, with the aim of combining efforts to improve productivity and eliminate unwarranted variation in how business services are delivered.

To enable NHS GJ to adopt and align to this national programme, a BSP Oversight Group has been established to support and oversee the move from current local systems and processes to the national standard ERP model and the Once for Scotland approach.

The BSP Oversight Group is responsible for preparing the organisation for the transition to a new, standardised national system for business services. This involves ensuring readiness across people, processes, data, technology, and communications, coordinating local activities to match national timelines, and engaging affected services through clear communication and training plans. The group will also oversee data quality, migration, testing, and integration, making sure controls and reconciliations are in place for accurate reporting.

Additionally, the group will provide local governance by agreeing on design decisions, reporting progress and issues to key committees, and escalating risks as needed. It will define expected benefits, monitors progress and risks, and ensure compliance with financial, audit, and information governance requirements. Overall, the group will act as a bridge between local needs and national standards, supporting a safe and effective adoption of the new system.

Elective Orthopaedic Planned Care Delivery

As a unique national asset and the largest National Treatment Centre (NTC), it is the role of NHS GJ to treat long waiting patients who may have already breached waiting times in their host board prior to referral to GJ. NHS GJ continues to work with referring Boards to prioritise the treatment of long-waiting patients. To ensure that patients waiting the longest are prioritised for treatment, referring Boards were asked to send patients waiting >52 weeks from the 31 March 2026 onwards.

In comparison to the full year delivery from 2025/2026, NHS GJ is planning to increase elective capacity to support Boards in managing long waiting patients in orthopaedic joint and soft tissue knee surgery, endoscopy, colorectal surgery and diagnostic imaging.

In March 2026, NHS GJ officially became the largest centre for hip and knee replacements in the United Kingdom (UK). This marked a major milestone in the delivery of orthopaedic care across NHS Scotland and reflected the key role of the organisation in reducing waiting times in

Scotland. During 2024/25 NHS GJ surpassed all other UK centres by performing 4,308 hip and knee replacements reflecting an increase of 29.6% compared to 2023/24. Numbers increased again in 2025/26, with 5,908 hip and knee replacements carried out.

2.3. Working with Sub National Planning Delivery Committees to reduce long waits

Sub National Planning Delivery Committee West
NHS GJ is collaborating with Sub National Planning Delivery Committee (SPDC) West to develop plans to optimise the reduction of elective orthopaedic waits over 52 weeks as the largest NTC. We are working with West SPDC leads to explore how available laminar flow theatre capacity at NHS GJ can be supported with Consultant workforce and theatre staff to deliver additional activity for the West.

In addition, we have offered Cataract theatre access and theatre staff from NHS GJ to deliver additional cataract activity, subject to Consultant Ophthalmologist availability to operate in our theatres.

Sub National Planning Delivery Committee East and CfSD
Through CfSD, we are working collaboratively with the Chief Executive of SPDC East to prioritise the planned and unscheduled care priorities for programmes going forward. This has begun with initial discussions to clarify and refine the commissioning model, clarity on ownership and accountability of those priorities and agreement on how CfSD will collaborate on those priorities with both SPDC West and East. This will include the opportunity to further develop wait list management and validation at scale across Board boundaries. National Elective Coordination Unit will continue to focus on validation and collaboration in terms of wait list management, beginning with SPDC East.

3. The NHS Golden Jubilee Campus

The NHS GJ priorities for 2026/2027 are laid out in section 4 below as a response to the AOPs for NHS Scotland. Section 3 below covers planned activities across the remainder of the GJ campus.

3.1. Centre for Sustainable Delivery

CfSD will continue to support NHS Scotland to achieve the 2026/2027 operational priorities set out by the NHS Scotland Chief Operating Officer. This will include a clear focus on improving access, productivity and system sustainability. CfSD will directly support the national ambition to reduce the longest waits and increase throughput across planned care, cancer and diagnostics. CfSD will provide clinically- led national performance oversight and improvement support through key programmes such as the Planned Care Improvement, Modernising Patient Pathways, Cancer Improvement and Earlier Diagnosis, the National Endoscopy Programme, and Green Healthcare Scotland.

CfSD's work also includes developing and supporting the adoption of National Innovations across NHS Scotland, the optimisation of NTCs, and maximising capacity utilisation by matching available capacity to demand. Alongside this, CfSD will drive whole-system improvement in Unscheduled Care by supporting Boards to redesign pathways, improve flow, reduce delays and length of stay, and expand alternatives to admission including the use of Flow Navigation Centres. This work directly supports the national priority to improve system flow and performance.

CfSD is still in ongoing discussions with the Scottish Government and the Sub National structures to finalise the formal commission for financial year 2026/2027. However, it is anticipated that CfSD will continue to act as a key national delivery partner by providing strategic leadership, assurance, and analytical insight to accelerate transformation across the whole system. This includes providing national clinical leadership and improvement capability to enhance productivity, address unwarranted variation, and support the adoption of innovation and digital solutions in line with national priorities for modernisation and prevention.

Through these combined roles, CfSD will provide assurances to the Scottish Government that Health Boards are operating as efficiently and effectively as possible, and will work collaboratively with Sub National structures, Health Boards, the Scottish Government and other partners to translate national priorities into measurable improvements in access, quality and outcomes across NHS Scotland.

3.2. NHS Scotland Academy

The NHS Scotland Academy is a partnership between NHS GJ and PSD Scotland, formerly NHS Education Scotland. The NHS Scotland Academy continues to be a pivotal force in supporting planned care reform and recovery, as well as workforce development across NHS GJ and NHS Scotland.

Planning for NHS Scotland Academy's 2026/2027 ADP is progressing with further detail expected to be available by the end of July. While it is anticipated to follow a similar approach to the previous year, programme updates and refinements are under consideration.

Perioperative Care: NHS Scotland Academy has remained committed to delivering high-impact perioperative workforce programmes established since 2022. In 2026/2027, the number and timing of cohorts are expected to be reviewed to match demand for the following programmes:

- **Foundations in Perioperative Practice (FPP) Programme**: Registered nurses will participate in this 31-week accelerated training, concurrent with the Assistant Perioperative Practitioner (APP) Programme.
- **Surgical First Assistant Programme**: Designed for Registered Operating Department Practitioners (ODP) or nurses with 18 months of perioperative experience.

- **Accelerated Anaesthetic Practitioner Programme**: Offering development and career opportunities to Registered Nurses preparing for the role of Anaesthetic Practitioner.
- **Assistant Perioperative Practitioner Programme**: Enabling healthcare support workers at bands 2-3 to advance to band 4 roles.
- **Decontamination Training**: Designed to meet growing workforce needs.

National Clinical Skills Programme for Pharmacists: Providing pharmacists across NHS Scotland with the additional skills required to assess, advise and treat patients for a range of minor illnesses and common clinical conditions to support delivery of the NHS Scotland Pharmacy First Plus service.

Diagnostic Services and Endoscopy: Supporting cancer service improvement through the delivery of national diagnostic training programmes that enhance workforce capability and capacity across endoscopy, bronchoscopy and ultrasound services.

National Endoscopy Training Programme (NETP): Delivery of upskilling and basic skills courses, Train the Trainer courses, and Endoscopy Non-Technical Skills (ENTS) training. Delivery of the Assistant Endoscopy Practitioner Programme and the Foundations of Endoscopy Practice Programme for registered nurses, subject to demand.

National Bronchoscopy and Endobronchial Ultrasound (EBUS) Training Programme: Enhancing diagnostic capability for lung cancer services through specialist bronchoscopy training.

National Ultrasound Training Programme (NUTP): Continuing to expand immersive hub-and-spoke training models across a range of specialties, including musculoskeletal, gynaecology and emergency medicine.

Bronchoscopy Training: A multi-year programme training respiratory trainees in bronchoscopy and senior staff in advanced techniques such as endobronchial ultrasound.

Support for High-Volume Cataract Services (HVCS): Delivering digital resources to enhance cataract service implementation.

Cataract Surgery Training Programme: Accelerating the training of ophthalmology resident doctors, specialty, associate specialists and specialist (SAS) doctors, helping to reduce the backlog of cataract surgery across Scotland.

National Ear Care (Microsuction) Training: A national training programme for registered nurses to support the delivery of microsuction ear care services.

Anchor Institution Activities
NHS Scotland Academy supports NHS GJ and PSD in their roles as Anchor institutions, providing workforce support and hosting youth activities. NHS Scotland Academy continue to

work closely with The King's Trust to inspire young people and support the development of the future NHS workforce.

Research and Development
NHS Scotland Academy will continue responding to national priorities, and scoping and initiating new programmes, such as breathing pattern disorder education, subject to funding approval.

Through these programmes, NHS Scotland Academy will support planned care delivery and workforce capacity development across Scotland for 2026/2027.

3.3. Golden Jubilee Research Institute

The GJRI facilitates and supports high-quality research which conforms to the quality standards required by guidance (the Research Governance Framework for Health and Community Care SGHD 2006) and legislation (UK Clinical Trials Regulations). Within NHS GJ, all clinical specialities are research-active, hosting both commercially sponsored/funded and academic studies through links with universities.

The GJRI Strategic Plan for 2026/2027 will focus on strengthening the GJRI's position as a leading national centre for clinical research. Key priorities will include portfolio growth, delivery performance, workforce sustainability, and the continued development of research infrastructure and collaborative partnerships.

The following developments will be progressed during 2026/2027:

- **Expansion of the research support workforce**
  The current project portfolio is supported by 14.8 whole time equivalent (WTE) research support staff - mainly Research Nurses. To meet anticipated portfolio growth, there is a requirement to expand this capacity. It is expected that an additional 2.0 WTE will be required during the 2026/2027 financial year. These posts will be established on a fixed-term basis in the first instance.
- **Strengthening sponsored research capability**
  The recent appointment of a Clinical Trials Project Manager will support the effective management of NHS GJ sponsored studies. The growth in internally led ("home-grown") clinical research projects, including those involving recruiting sites external to NHS GJ, will be a focus for the 2026/2027 financial year.

Key risks to delivery include workforce capacity, increasing study complexity, and funding sustainability. Risks will be actively managed through established governance arrangements. This will include clear oversight, defined mitigation plans, and routine performance monitoring embedded within existing organisational processes.

The GJRI Steering Group will remain the primary forum for strategic oversight, providing multidisciplinary input and ensuring alignment with both organisational objectives and national research priorities.

3.4. Golden Jubilee Conference Hotel

During 2026/2027, the Golden Jubilee Conference Hotel (GJCH) will continue to provide high-quality patient accommodation, conferencing, training and hospitality services that support NHS GJ, NHS Scotland and a broad range of public sector, healthcare and commercial stakeholders. Priorities for the year will focus on strengthening financial sustainability through targeted market development, expanding healthcare and clinical training activity. Examples include Objective Structured Clinical Examination (OSCE) training, improving operational efficiency and customer experience, and continuing delivery of accessibility, sustainability and neuroinclusive initiatives.

The GJCH will continue to support organisational objectives while maintaining flexibility as wider strategic considerations regarding the future operating model remain under review.

Progress will be monitored through established GJCH and organisational governance arrangements.

4. Annual Operational Priorities

4.1. Reduce the longest waits for planned care

NHS GJ's ADP Activity Plan submitted for the financial year 2026/2027 aims to deliver an overall increase in activity compared to the financial year 2025/2026. There are increases in activity planned across multiple specialties including orthopaedics, endoscopy, cardiac surgery, thoracic surgery and diagnostics.

Waiting list positions, including long waiters, are monitored through the Confirm and Challenge (C&C) governance process. This includes both externally reportable waits and NHS GJ waiting time performance. Diagnostic waiting time performance is monitored via the Division General Weekly meeting.

NHS GJ is not responsible for reporting activity against the 62 Day Cancer target. The Board has set a target of achieving 100% performance against the 31-day Cancer treatment standard across all cancer services it provides during the 2026/2027 financial year.

CfSD expects to deliver several key activities throughout 2026/2027 aligned to reducing the longest waits for planned care. These include:

- Lead the design and development of National Clinical Pathways across all Health Boards
- Scale key redesign approaches across NHS Scotland:
    - Active Clinical Referral Triage (ACRT)
    - Patient Initiated Review (PIR)
    - Patient Focused Booking (PFB)
- Deliver a standardised national approach to both administrative and clinical validation of waiting lists across specialties
- Lead the design, development and implementation of the national endoscopy sustainably framework
- Support national Backlog Reduction & Waiting Time Improvement for NHS Scotland (including through development of Sub National Plans for orthopaedics, imaging & ophthalmology)
- Lead a national clinical review into Cancer Waiting Times and conduct ongoing performance improvement through the NHS Scotland Framework for Effective Cancer Management
- Design, develop and implement NHS Scotland cancer optimal diagnostic pathways

4.2. Increase productivity across elective and diagnostic services

The ADP Activity Plan is informed by a defined framework of theatre utilisation metrics, derived from analysis of historical service performance data, including procedures per list, theatre lists per day, and in session theatre utilisation. NHS GJ routinely monitors productivity through its C&C governance process with selected KPIs reported through the NHS GJ Board Performance Report.

Established productivity measures, with trajectories, reported via the C&C governance process, include:

- Average cataracts per half day session (cataract only session)
- Percentage of 4 joint sessions (of all full day sessions with at least 1 joint)
- Knee arthroplasty - percentage same day procedures
- Hip arthroplasty - percentage same day procedures
- Percentage of patients waiting less than 6 weeks for diagnostic examinations

An NHS GJ -led series of workshops is underway; the aim will be to establish a consistent and standardised approach to reporting robotic activity across the organisation, informed by analysis of activity and coding data to support performance monitoring and planning.

CfSD will provide oversight across NHS Scotland of national capacity optimisation, including NTCs and overall system capacity. CfSD will also provide oversight and leadership of the

productivity framework (16 box grid model). In addition, CfSD plan to develop and support Boards to adopt the National Endoscopy Services Framework. All Boards will also be supported with perioperative and theatre productivity improvement. CfSD will also support the NUTP to increase specialist diagnostic workforce capacity.

4.3. Improve flow and performance in unscheduled care

NHS GJ is 1 of the 2 principal centres delivering the West of Scotland Optimal Reperfusion Service (ORS) for patients experiencing a major heart attack. The service provides rapid access to specialist assessment and emergency coronary intervention, supporting improved outcomes and contributing to the performance of the wider unscheduled care system.

In addition, the NHS GJ undertakes the highest volume of percutaneous coronary intervention (PCI) procedures in Scotland and is home to one of the largest specialist cardiology services in the United Kingdom (UK). This significant level of activity enables the Board to support timely diagnosis and treatment for patients with both planned and emergency cardiac conditions, whilst making a substantial contribution to reducing waiting times, improving clinical outcomes and supporting the resilience of cardiac services across NHS Scotland.

Patients identified as having had a type of heart attack known as a Non-ST-Elevation Myocardial Infarction (NSTEMI) will be risk assessed and follow a pathway which may prompt them to have a PCI procedure performed. Where a PCI procedure is required, this will ideally be performed within 72 hours, allowing patients to be discharged home sooner. This also helps reduce the chance of complications associated with a Myocardial Infarction (MI) and prolonged hospital stay. The National Institute for Cardiovascular Outcomes Research (NICOR) recommends that the standard should be met by 75% of patients.

Cardiology 72 Hour Waiting List Urgent Referrals (admitted patients only) is monitored at the weekly Division General meeting and reported, by exception, via the C&C governance process. ST-Elevation Myocardial Infarction (STEMI), projected and actual activity, is monitored alongside ADP activity subspecialties via the C&C governance process. Projected activity levels are based on consideration of historical activity trends and anticipated changes to demand and are considered as part of ADP activity planning.

CfSD will oversee performance, planning and improvement monitoring for unscheduled care services across NHS Scotland, including agreed improvement trajectories and supporting implementation. A clinical leadership model will be developed for Service Delivery Groups, Learning Networks and Operational Delivery Networks. CfSD will also develop national guiding principles, minimum standards and pathways for NHS Scotland unscheduled care services.

In addition, CfSD will lead on the development, national agreement and publication of an optimal model for care home pathways, and support Boards with implementation of the model. All Boards will be supported around Flow Navigation and community-based alternatives.

4.4. Accelerate digital access and modernisation

Throughout 2026/2027, the Board is implementing a number of digital enhancements aimed at improving patient access, communication and care. Appointment reminders sent via text message, as well as electronic patient communications will be implemented via the Netcall Patient Hub. This will be expanded across applicable services over the coming year, improving patient engagement, enabling digital interaction, and reducing did not attends (DNAs).

In addition, the Board is working with suppliers to implement a patient app within the Orthopaedic Department. This will enable secure, timely two-way communication to support improved pre- and post-operative care.

NHS GJ is engaged nationally and sub-nationally in MyCare.scot developments and intends to adopt the service once it provides the features currently available through existing digital channels, or where new functionality provides clear benefit to the patient. The Board supports the strategic aim of MyCare.scot becoming the single digital communication channel to deliver a more streamlined patient experience.

NHS GJ is also progressing the implementation of new digital systems. The Dendrite Cardio system rollout will continue across relevant areas, alongside the Infix Theatre Scheduling system. Hospital Electronic Prescribing and Medicines Administration (HEPMA) Phase 2 is currently being scoped and will be progressed to enhance patient safety across the hospital. NHS GJ will implement the new national Sectra Picture Archiving and Communication System (PACS) solution, currently scheduled for late 2026. Further clarity is awaited regarding the future direction of the Solus Endoscopy Reporting System.

The following risks have been identified regarding digital improvements with mitigations in place:

- MyCare.scot may not include NHS GJ specialties in a timely manner.
  Mitigation: Continue using existing digital channels while engaging with the MyCare.scot development team.
- Patients may experience too many digital channels.
  Mitigation: Monitor usage and transition to MyCare.scot as the sole channel once it provides the features currently available through existing channels.
- Digital channel outages or technical issues.
  Mitigation: Enact business continuity plans, including short-term fall back to paper processes.

- Uncertainty around Solus Endoscopy, with current system vulnerability due to age and hosting.
  Mitigation: Migrate to a new local or national solution as soon as possible; reverting to paper would significantly impact productivity.

CfSD will support all Boards with the implementation, adoption and use of the Digital Dermatology pathway. In addition, CfSD will lead on the deployment and implementation of national Innovations across NHS Scotland via the ANIA pathway including the following programmes in 2026/2027:

- Type 2 Diabetes Remission Programme
- Pharmacogenetic testing (CYP2C19 and neonatal POCT)
- Type 2 Diabetes Prevention Programme
- Ambulatory Electrocardiogram (aECG) Patches

4.5. Become a population health organisation

Anchor
NHS GJ continues to strengthen its role as an Anchor Institution. The Board recognises its responsibility to use the full organisational footprint to improve population health and reduce inequalities, particularly within West Dunbartonshire and surrounding communities. As a major employer, purchaser, and civic partner, the Board is well positioned to influence the wider social and economic determinants of health, complementing the core function as a national specialist centre.

The Anchor Programme is a key enabler of the PHF, with a clear focus on addressing structural inequalities through targeted, place-based interventions. Working in partnership with West Dunbartonshire Community Planning Partners, NHS GJ is advancing initiatives that support fair work, inclusive employment, community wealth building, and sustainable local economic growth.

This reflects a shift towards a preventative model that tackles the root causes of poor health outcomes.

Throughout 2026/2027, the Board will continue to strengthen the strategic and delivery foundations of the programme. This will include:

- Maximising local employment opportunities, embedding fair work principles, and improving access to careers within the NHS GJ for disadvantaged groups. This is being further supported through the development and delivery of a refreshed employability plan, aligned to community planning priorities, and targeted at improving access to sustainable employment within the local population.

- Strengthening the Board's contribution to community wealth building (CWB) through procurement, ensuring that social value is more systematically considered in contracting decisions and supporting local supply chains where possible. There are considerable opportunities to work collaboratively with partners towards CWB following the confirmation of the Community Wealth Building Act 2026.

In addition, NHS GJ will progress with the Scottish Government guidance including:

- Completion of Anchor data metrics for 2024/2025 and 2025/2026
- Agreeing the Board's refreshed Anchor Strategic Objectives for 2026/2027
- Review and update of the Board's Anchor Strategic Plan

The submissions will support improved visibility of Anchor activity across NHS Scotland, enabling a more consistent evidence base to inform policy, benchmarking, and future development.

Population Health Organisation (PHO) – Maturity Matrix and Improvement Plan
To achieve the shared ambition of a Scotland where people live longer, healthier, and more fulfilling lives—and where our health service is sustainable—there is a need to change how our health and care system works. This will mean shifting from a system mainly focused on treating illness to one that improves population health. It will require Health and Social Care bodies to work together to prevent ill health, reduce inequalities, and deliver care that is high quality and sustainable.

Through the Improving Population Health Group, a Population Health Organisation (PHO) framework has been developed with a supporting self-assessment maturity matrix for NHS Boards.

For 2026-27, NHS Boards have been asked to:

- Assess our progress in becoming a Population Health Organisation
- Develop an improvement plan and show progress with implementation

The NHS GJ framework response will be produced with community partners, reflecting our local context as a national board without a direct public health remit. Our maturity assessment and improvement plan will be completed by 11 December 2026.

Equality and Diversity
While NHS GJ does not have a local geographical population or public health remit, the Board remains committed to reducing health inequalities by embedding equality, diversity, and inclusion throughout its services. NHS GJ actions will be guided by:

- The Boards agreed set of Equality Outcomes spanning the period 2025-2029
- The Anti-Racism Action Plan
- Aligning with national frameworks and priorities to address systemic barriers and improve health outcomes for all.

The Equality Outcomes 2025-2029 target 4 strategic priorities:

- Enhancing inclusivity through hospital estate improvements to better support patients and service users with protected characteristics.
- Implementing an accessible communications strategy to mainstream equalities and promote equity of opportunity across all protected characteristics.
- Increasing diversity in recruitment and retention, with a focus on age, disability, race, sexual orientation and armed forces.
- Mainstreaming equalities for staff using a holistic, intersectional approach.

Anti-Racism
During 2026/2027, NHS GJ created a new Non-Executive Director of Equalities and Anti-Racism Champion role. This demonstrates NHS GJ's commitment to embedding the ethos of equality and inclusion throughout service delivery and provides greater visibility and integration at Board level. The Board will be issuing a mid-point NHS GJ Equalities Report in March 2027 which will provide an in-depth overview of outcomes delivered during the initial 2-year period of the plan.

NHS GJ's Anti-Racism Action Plan will drive actions across 5 critical strands: leadership and accountability, cultural transformation, equitable opportunities, data-driven decision-making, and addressing concerns. Targeted interventions will align with the Scottish Government's framework for action, ensuring impactful and measurable progress. In collaboration with other NHS Boards, NHS GJ will deliver a suite of training throughout 2026/2027. This will provide a focus on anti-racism principles including the role of the active bystander.

Through these comprehensive measures, NHS GJ will continue to reduce inequality, improve health outcomes, and foster a supportive and inclusive environment for all.

5. Additional NHS Golden Jubilee and National Priorities

5.1. Workforce

A Workforce Planning and Information Lead was recruited during quarter 4 of 2025/2026, resulting in the development of collaborative working relationships with the workforce planning community throughout NHS Scotland. In addition, NHS GJ is regularly represented at both Regional and National meetings, sharing best practice, discussing recognised skills shortages, and addressing the various workforce challenges throughout NHS Scotland.

NHS Scotland Health Boards are required to develop and publish a workforce plan every 3 years. The plan sets out the direction for the workforce and developments over the reporting period. In December 2025, Health Boards were asked to submit an Annual Workforce Plan. To date, the Scottish Government have not provided any further information around projected workforce planning cycles, or requests for information. Following a recent meeting on 19 June 2026, further clarity has been sought on behalf of NHS GJ to ensure the Board is fully sighted on future asks. The Board will respond accordingly to any requests received throughout the course of 2026/2027.

NHS GJ will commence a programme of work during quarters 3 and 4 of 2026/2027. This work will focus on the importance of planning for the future, with a key emphasis on developing capacity plans for services.

5.2. Kindness Matters

The NHS GJ culture programme – Kindness Matters - was formally launched in February 2025. The programme undertook an extensive engagement exercise to understand how staff, volunteers, patients and the public experience the organisation, and to explore the type of workplace NHS GJ's people aspire to be part of.

Insights from this work directly informed the development of:

- A new set of organisational Values for NHS GJ
- A Values and Behaviours Framework
- Priority action areas designed to deliver culture transformation that would have the greatest positive impact on staff and volunteer wellbeing.

As the programme progresses, Kindness Matters work will be organised under 4 themes:

- **Theme 1 – Values into Action.** Bringing the values to life every day through how we behave, interact and lead.
- **Theme 2 - Culture Alignment.** Making sure the systems, processes and employee experience truly match the culture we want.

- **Theme 3 – Culture Tracking.** Measuring and monitoring culture so the organisation can see progress – and keep it moving in the right direction.
- **Theme 4 – Communication.** Reinforcing the culture narrative so people see it, feel it and act on it.

Each theme will include a number of workstreams, with a named lead appointed to each workstream based on their professional expertise and suitability.

Key actions for 2026/2027 will include:

- Agreement on governance arrangements for this next phase of the Kindness Matters culture programme.
- Collaboration of workstream leads to develop and deliver an action plan for 2026/2027.

5.3. Climate Change

NHS Scotland's Climate Emergency and Sustainability Strategy 2022-2026 sets out 5 interconnected themes aimed at achieving a net-zero health service. The strategy commits to transforming buildings and land by cutting greenhouse gas emissions from the estate by at least 75% by 2030 and ensuring all NHS-owned buildings use renewable heating systems by 2038, with the entire estate reaching net-zero by 2040.

NHS GJ has identified the following priorities for its Climate Change and Sustainability activity during 2026-2027. These will be overseen by the Climate Change and Sustainability Strategic Group.

Waste Management
To improve waste management, NHS GJ will:

- Carry out Pre Acceptance Audits of clinical waste to levels 3 and 4.
- Tender expired waste contracts to ensure compliance and improve performance.
- Introduce a data dashboard to monitor and track waste segregation.

Energy Management
To improve energy management, NHS GJ will:

- Install Light Emitting Diode (LED) lighting in level 3 theatres and replace 8 Alternating Current (AC) fans with the more efficient Electronically Commutated (EC) type.
- Further local projects will be developed to drive a reduction in energy consumption.

Sustainable Travel
To deliver sustainable travel, NHS GJ will:

- Promote working from home where possible and practical.

- Review cycling facilities and make improvements where required, to retain our Employer Friendly Plus Award from Cycling Scotland.
- Draft and introduce annual travel surveys for staff commuting, patients and visitors – this will provide an updated baseline from the staff survey completed in 2021 and also inform the Board of progress annually.
- Review annual travel passes for staff and introduce these where the opportunity arises.
- Tender and introduce a salary sacrifice electric vehicle lease scheme for staff.
- Tender for the replacement of 3 diesel fleet vehicles with fully electric alternatives, further reducing operational emissions and supporting the transition to a low-carbon transport fleet.
- Continue dialogue with Strathclyde Passenger Transport around initiatives such as the 'Metro' project.

Biodiversity and Greenspace

To improve biodiversity and greenspace use, NHS GJ will:

- Create a Local Biodiversity Action Plan (LBAP) or contribute to a local authority LBAP.
- Undertake a natural capital assessment of the organisation.
- Identify, restore, enhance and protect habitat types across the estate.
- Identify nature network opportunities throughout the site and, wherever possible, align with wider connectivity opportunities in adjacent locations.

Environmental Management

We will develop and implement an Environmental Management System (EMS) to ISO14001 or a similar standard to meet the requirements of DL 38.

Climate Change Risk Assessment and Adaptation Plan

NHS GJ will continue to work through actions from 2025/2026.

Business Continuity Planning

- The objective is to identify and mitigate infrastructure Business Continuity Planning (BCP) risks.
- We will develop a longer-term service-informed infrastructure investment strategy – referenced as the Preferred Way Forward Option. Existing Clinical Strategic Priorities and Medium-Term Plans will be used to inform this exercise.
- The do-minimum maintenance-focused BCP response was submitted to the Scottish Government in January 2025.
- Funding for the highest priority risks was secured in 2025/2026, with work carried out to commence the replacement and upgrade of the High Voltage infrastructure on site. A further allocation has been granted in 2026/2027 to continue with this work.
- The Preferred Way Forward Option review to consider the investment priorities over the next 20-30 years will be submitted prior to 31 March 2027.
- Data from the Strategic Asset Management System (SAMS) is utilised, along with site-specific data gathered through physical condition surveys.

Delivering Sustainable Care
To deliver sustainable care, NHS GJ will:

- Continue the work with Theatre teams and Estates to reduce electricity consumption and carbon emissions by switching off Heating, Ventilation and Air Conditioning (HVAC) systems and Anaesthetic Gas Scavenging Systems (AGSS) when not required.
- Continue promoting the use of Total Intra-Venous Anaesthesia (TIVA) which contributes to avoiding the use of volatile gases.
- Prioritise relevant Green Healthcare improvement actions for local adoption.

Sustainable Procurement

- Climate and sustainability considerations will be embedded within all appropriate Procurement Strategy requests and will form a key element of contract management, including the incorporation of relevant Key Performance Indicators (KPIs) for discussion and influence at supplier and contract performance meetings.
- Procurement performance will be monitored through established contract management processes, ensuring sustainability KPIs are reviewed regularly within key supplier meetings.

Sustainable Construction
NHS GJ will use the NHS Scotland Sustainable Design and Construction Guide (SHTN02-01) where possible.

Green Champion Network
NHS GJ will introduce a green champion network to drive efficiencies throughout the estate. Areas of focus will include energy consumption, waste segregation and general awareness raising around our net zero targets.

5.4. Quality

NHS GJ remains fully committed to delivering consistently high-quality patient outcomes and experience as a core principle of the ADP for 2026/2027. This commitment is underpinned by a focus on safe, effective and person-centred care, ensuring that all services are designed and delivered to optimise clinical outcomes while supporting recovery and long-term wellbeing. The plan reflects the Board's strategic ambition to maintain and enhance the quality of care delivered as a national specialist centre, with a continued emphasis on prevention of deterioration, timely intervention, early treatment, and proactive management of patients across planned care pathways.

In line with the Elective Care Transformation Framework, the ADP prioritises a faster, fairer and more sustainable model of care which consistently delivers high-quality outcomes for patients. Services will be organised to ensure timely access to treatment that prevents deterioration, avoids unnecessary admissions, and supports improved long-term outcomes, while ensuring fairness and equity of access, based on clinical need. The plan supports the delivery of shorter, sustainable waiting times through the alignment of capacity to population

demand, particularly through the continued expansion of elective capacity and optimisation of diagnostic and theatre utilisation.

Central to this approach is the delivery of a streamlined and coordinated patient experience, with simplified pathways supported by digital systems and improved integration across services. This is complemented by a strong focus on creating an improved working environment for staff, recognising the link between staff wellbeing, service consistency and patient outcomes. The plan also emphasises the importance of delivering better value for money by using resources effectively, reducing duplication, and maximising productivity, ensuring that quality improvements are sustainable and aligned to the Board's wider strategic and financial framework.

6. Summary and Conclusion

This ADP sets out a clear and aligned programme of delivery for 2026/2027, bringing together national priorities, organisational strategy, and a fully costed activity and financial plan. It demonstrates NHS GJ's contribution as a national specialist centre, with a focus on increasing planned care capacity, improving access, enhancing productivity and advancing digital and population health priorities.

The plan is supported by a credible financial framework where delivery will require sustained focus on achieving efficiency savings, managing workforce capacity, and responding to ongoing system pressures and dependencies across national and regional partners. Active governance arrangements and management processes will be critical in mitigating identified risks and ensuring delivery remains on track.

The ADP provides a credible and deliverable basis for the year ahead, positioning the Board to deliver sustainable improvements in access, quality and outcomes, while contributing to wider system reform and long-term service sustainability across the NHS in Scotland.