



# **Delivery Plan**

## **2025-2026**

**NHS Board: NHS Golden Jubilee**

## Delivery Plan 2025-2026

This One Year Delivery Plan sets out NHS Golden Jubilee's (NHS GJ) priorities for delivery over the next year, with firm planned actions and programmes of activity for 2025/26 as well as some indicative actions for 2026/27 related to the original three - year plan set out for 2024/25 onwards. It has been developed in line with the Planning Guidance issued to Boards by the Scottish Government (SG) in November 2024. All action references correspond to the specific requirements made by Government in the Planning Guidance.

The plan describes how NHS GJ will contribute to national reform, with due regard to the current reform context highlighted by SG:

1	Health and Social Care Reform
2	Population Based Planning for Clinical Services across NHS Scotland
3	National Clinical Strategy (2016)
4	Getting it Right for Everyone (GIRFE)

**Figure 1:** Scottish Government Reform Context

In line with SG Guidance, the Delivery Plan sets out NHS GJ's detailed actions for 2025/26, with due regard given to the extant Three Year Delivery Plan, and which are aligned to the NHS GJ Three Year Financial Plan as well as current ministerial planning priorities and aims for 2025 and 2026 relevant to NHS GJ. The current relevant ministerial priorities set out in the Guidance are:

1	Planned Care
2	Urgent and Unscheduled Care
3	Cancer Improvement
4	Sustainable Services
5	National Programmes – Business services & systems, eRostering, National Green Theatres, Theatre Scheduling, National Endoscopy Programme

**Figure 2:** Scottish Government Guidance Priorities covering all Boards

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

- Golden Jubilee University National Hospital (GJUNH) (including ongoing expansion)
- Centre for Sustainable Delivery (CfSD)
- NHS Scotland Academy (NHSSA)
- Golden Jubilee Conference Hotel (GJCH)
- Golden Jubilee Research Institute (GJRI)

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## Appendices

Appendices accompany this plan as separate documents.

1. NHS Golden Jubilee Activity Plan 2025/26
2. NHS Scotland Academy Annual Delivery Plan 2025/26
3. NHS Golden Jubilee Anchor Strategy Plan Objectives
4. NHS Golden Jubilee Anchor Metrics

## Section 1: National Planning Priorities relevant to NHS Golden Jubilee

### 1. Planned Care

NHS Golden Jubilee University National Hospital (GJUNH) will continue to deliver, but also seek opportunities, where appropriate, to develop and expand its core planned care services:

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

NHS GJ will also deliver the three national services based at GJUNH (subject to continued national commissioning):

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

NHS GJ submitted the associated Planned Care Plan 2025/26 to SG separately as requested. This Plan sets out the Board's plans and activity trajectories to maximise and optimise local, regional and national planned care capacity, and protection of diagnostic capacity. A revised version is due for submission in February.

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

### NHS Scotland Academy

NHSSA continues to be a pivotal force in supporting planned care reform and recovery, as well as workforce development across NHS GJ and NHS Scotland. For 2025/26, the NHSSA will drive innovation and capacity building through a range of targeted programmes designed to enhance diagnostic and surgical services, increase workforce capabilities, and address emerging healthcare needs.

## Perioperative Care

NHSSA remains committed to delivering high-impact perioperative workforce programmes established since 2022. In 2025/26, the following cohorts will be supported:

- **Foundations in Perioperative Practice (FPP) Programme:** Two cohorts (8-12 learners each) of registered nurses will participate in this 31-week accelerated training, concurrent with the Assistant Perioperative Practitioner (APP) Programme.
- **Surgical First Assistant Programme:** One cohort (8-12 learners) of registered Operating Department Practitioners (ODP) or nurses with 18 months of perioperative experience.
- **Accelerated Anaesthetic Practitioner Programme:** Two cohorts (8-12 learners each) of registered nurses, with the possibility of a third cohort depending on demand.
- **Assistant Perioperative Practitioner Programme:** Two cohorts (8-12 learners each), enabling healthcare support workers at bands 2-3 to advance to band 4 roles.
- **Decontamination Training:** Two cohorts to meet growing workforce needs.

## Advanced Practice Roles

- **National Clinical Skills Programme for Pharmacists:** Continuing its critical role, this programme will offer up to 825 learner places across Scotland through 11 months of clinical skills training. NHSSA will recruit and replenish faculty to sustain delivery and ensure resources remain relevant. Collaboration with the Dundee Institute for Healthcare Simulation will ensure adequate capacity.
- NHSSA will explore additional roles in pharmacy, developing business cases and new projects as required.

## Diagnostic Services and Endoscopy

### National Endoscopy Training Programme (NETP)

NHSSA will advance diagnostic capabilities by delivering:

- Upskilling and basic skills courses, Train the Trainer courses, and Endoscopy Non-Technical Skills (ENTS) training.
- One cohort each of the Assistant Endoscopy Practitioner Programme and Foundations of Endoscopy Practice programme for registered nurses, contingent on demand.

### National Ultrasound Training Programme (NUTP)

In 2025/26, NHSSA will:

- Train 17 sonographers, 40 specialty trainees, and 193 learners in masterclasses, performing over 9,200 ultrasound procedures.
- Continue immersive training experiences through its hub-and-spoke model, expanding into specialties like musculoskeletal, gynaecology, and emergency medicine.

## New Initiatives

- **Bronchoscopy Training:** A multi-year programme will train 45 respiratory trainees in bronchoscopy and 36-48 senior staff in advanced techniques such as endobronchial ultrasound.
- **Accelerated Biomedical Scientist Portfolio Programme:** Facilitating faster attainment of practical portfolios for biomedical scientists.
- **Support for High-Volume Cataract Services (HVCS):** Delivering digital resources to enhance cataract service implementation.
- **Ear Care (Microsuction) Training:** A two-year programme for registered nurses in primary and acute care.

## Workforce Support and Digital Resources

- **Nursing and Midwifery Council OSCE (Test of Competence Examination) Preparation:** Digital learning resources for adult, mental health, and midwifery OSCE stations, including cultural humility training.
- **Preparation for Health and Social Care Roles:** The pre-induction digital programme for healthcare support workers remains in use, with an average of 200 new learners per month and ongoing updates through an annual review.

## Anchor Institution Activities

NHSSA supports NHS GJ and NHS National Education Scotland (NES) in their roles as anchor institutions, providing workforce support and hosting youth activities.

## Research and Development

NHSSA will continue responding to national priorities, scoping and initiating new programmes such as cataract immersion training, breathing pattern disorder education, and training for clinical perfusionists and echocardiographers, subject to funding approval.

Through these comprehensive programmes, NHSSA will significantly enhance planned care delivery and workforce capacity in Scotland for 2025/26.

No.	Executive Lead	Planning Priorities for 2025/26
1.1	<p><b>National Director</b></p> <p><b>Director of Operations</b></p> <p><b>Director of Operations</b></p>	<p><b>Tackling long waits and backlogs focusing on key specialities including cancer, gynaecology, orthopaedics, ophthalmology and diagnostics</b></p> <p><b>Centre for Sustainable Delivery</b> National plans are under development in conjunction with Boards who will implement to work towards clearing backlogs and long waiting patients across a number of specialities. CfSD will assist and support Boards.</p> <p><b>NHS Golden Jubilee National Elective Services Division</b> NHS GJ will work with SG and the Planned Care team to ensure longest waiting elective patients are allocated to and treated at NHS GJ within local wait times.</p> <p><b>NHS Golden Jubilee Heart, Lung &amp; Diagnostics Division</b> NHS GJ submitted its Planned Care template to SG in March 2024 as part of the 3 Year Plan submission. This Plan sets out the Board's plans and activity trajectories to maximise and optimise local, regional and national planned care capacity, and protection of diagnostic capacity.</p> <p>NHS GJ is committed to working collaboratively with other Health Boards, including, where capacity is available, providing flexible and responsive support in meeting wider system demand pressures. Any decisions to offer capacity or other support will be based on informed clinical prioritisation, considering workforce availability locally within NHS GJ.</p> <p>NHS GJ submitted its revised Planned Care bid to SG in February 2025 which set out ambitions to further reduce the Electrophysiology (EP) waiting list. The ADP target for EP is set for 690 cases. Delivery of additional EP activity beyond core activity is dependent on availability of multidisciplinary workforce and capacity with cath lab schedule to deliver EP sessions in suitably equipped cath labs.</p> <p>Business Cases have been submitted setting out the Board's plans to maximise and increase diagnostic capacity through extended days.</p> <p>Cardiac Surgery aim to continue to reduce the number of available patients waiting over 12 weeks for planned procedures.</p>
1.2	<b>National Director</b>	<p><b>Match outstanding demand with available capacity across Scotland through regional and national working including through the National Treatment Centres (NTCs)</b></p> <p>The National Elective Co-ordination Unit (NECU) will work to co-ordinate demand and capacity matching opportunities and review the opportunities with SG to evolve the role of NECU in support of this. In addition, SG have recently commissioned CfSD to establish an NTC network. CfSD will support and lead on this network which is part of the Planned Care Transformation Board work plan. Further detail on this is being developed</p>

		including a plan to develop an allocation methodology for NTC capacity, adoption of best practice across NTC network, supporting the adoption of optimal clinical models of care and conducting benchmarking of NTC delivery.
1.3	National Director	<p><b>Increasing productivity and efficiencies and reducing variation across Scotland, such as optimising theatre utilisation</b></p> <p>CfSD will lead and oversee the Peri-Operative Delivery Group that would support this area.</p> <p>Additional detail is set out in the NHS GJ Planned Care Plan 2025/26 submitted to SG on 31 January 2025. A revised version of the plan was submitted to Scottish Government on 25 February 2025.</p>
1.4	Director of Operations	<p><b>Implementation of digital solutions</b></p> <p>NHS GJ will support Planned Care through the adoption, innovation, and where appropriate, upgrade of Digital Solutions (i.e. OpenEyes; Netcall; TrakCare; Endoscopy Image Capture; and an Orthopaedic App).</p> <p>Further detail of these can be found within Section C 8.1 Digital and Innovation.</p>



## 2. Cancer Care

NHS GJ remains committed to supporting life-saving cancer diagnosis and treatment for the people of Scotland. Collaborating with health boards, the organisation contributes to national efforts to meet cancer waiting time standards and improve outcomes. NHS GJ will continue delivering the thoracic and colorectal surgical programmes, ensuring timely access to care within the 31-day standard.

In alignment with the 10-year Cancer Strategy and Scotland's earlier diagnosis vision, NHS GJ is enhancing diagnostic and surgical capacity. The expanded Phase 2 Surgical Centre will support increased demand for endoscopy services, with a focus on reducing scope wait times to 4-6 weeks. Efforts to maximise utilisation and minimise cancellations will be central to maintaining efficiency.

The Radiology Strategic Development Programme (RSDP) will further optimise diagnostic capacity through enhanced workforce utilisation and capability improvements. A national pilot for lung cancer screening is anticipated to drive an increase in thoracic surgical referrals. NHS GJ will participate in capacity planning to meet the potential demand surge resulting from a national screening programme rollout.

NHSSA, hosted at NHS GJ, supports cancer service improvements through:

- The **National Endoscopy Training Programme (NETP)**, providing upskilling and foundational courses in endoscopy.
- The **National Bronchoscopy Training Programme (NBTP)**, enhancing lung cancer diagnostic skills.
- The **National Ultrasound Training Programme (NUTP)**, expanding capacity in cancer-related imaging diagnostics.

CfSD leads the implementation of the Framework for Effective Cancer Management (FECM) to improve cancer waiting times. The CfSD will continue supporting boards to adopt optimal pathways and maintain Rapid Cancer Diagnostic Services (RCDS).

NHS GJ's dedicated thoracic surgical service ensures robust pathway tracking and patient support through a specialist nurse and a pathway tracker. Plans are underway to embed a single point of contact and integrate **Improving the Cancer Journey** into patient pathways, providing holistic, person-centred cancer care.

No.	Executive Lead	Planning Priorities for 2025/26
2.1	National Director	<p><b>Improving cancer waiting times standards through ongoing delivery of the Framework for Effective Cancer Management</b></p> <p><b>Centre for Sustainable Delivery</b> CfSD have developed the FECM and will work with boards for them to implement the framework with aim of improving cancer waiting times. CfSD will also be supporting boards in the adoption of optimal cancer pathways and clinical management pathways and supporting boards to maintain RCDS.</p>
2.2	Director of Operations	<p><b>Increasing diagnostic capacity including endoscopy and its new alternatives, alongside assurances of the Board's plan to establish or maintain a Rapid Cancer Diagnostic Service</b></p> <p>NHS GJ aims to achieve endoscopy targets for 2025/26 with scope wait times of 4-6 weeks from receipt of referral at NHS GJ. The team will work collaboratively with boards to:</p> <ul style="list-style-type: none"> <li>• Minimise cancellations</li> <li>• Maximise utilisation of procedure rooms</li> </ul> <p>For further information please refer to Section B 5.3 which provides a detailed response to delivering surgical care and diagnostic services to support delivery of the National Cancer Action Plan.</p>
2.3	Medical Director / Director of Operations	<p><b>Embedding optimal cancer diagnostic pathways and clinical management pathways</b></p> <p>Please refer to Section B 5.3 which provides a detailed response to delivering surgical care and diagnostic services to support delivery of the National Cancer Action Plan.</p>
2.4	Director of Operations	<p><b>Delivering single point of contact services for cancer patients and integrating Improving the Cancer Journey into pathways of care.</b></p> <p>NHS GJ's Director of Heart, Lung and Diagnostics oversees cancer services at NHS GJ. Within the thoracic surgical service, a dedicated Nurse Specialist provides support to patients within the cancer pathway, and a Tracker oversees and monitors the pathway for this patient group.</p>

### 3. Population Health and Reducing Health Inequalities

As a national resource for Scotland, NHS GJ does not have a local geographical population nor public health remit. Our activity to deliver these priorities is focussed on delivering equal and inclusive services to our patients and service users. We remain committed to reducing health inequalities by embedding equality, diversity, and inclusion throughout our services and workforce. Building on previous initiatives, actions for 2025/26 will be guided by the newly developed **Equality Outcomes 2025-2029** and 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 four 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, and sexual orientation.
- **Mainstreaming equalities for staff** using a holistic, intersectional approach.

The **Anti-Racism Action Plan** will drive actions across five critical strands: leadership and accountability, cultural transformation, equitable opportunities, data-driven decision-making, and addressing concerns. Targeted interventions will align with the SG's framework for action, ensuring impactful and measurable progress.

The **Culture Programme** will foster a workplace rooted in kindness and respect. It will be supported by refreshed organisational values and behaviour frameworks, with prioritised actions tracked through a dedicated culture dashboard. This programme will optimise staff health, well-being, and a sense of value while promoting inclusive, compassionate care for patients and visitors.

Additionally, NHS GJ will continue efforts to advance social and economic well-being as an **anchor institution**, focusing on workforce, procurement, and estates strategies to help address the broader determinants of health inequalities. Existing community engagement will be strengthened through measurable objectives outlined in the Anchor Strategic Plan.

Infection prevention remains a key focus, with robust **High Consequence Infectious Disease (HCID) pathways** in place for managing potential cases. The Board will maintain Personal Protective Equipment (PPE) stocks, training resources, and monitoring processes to ensure readiness and compliance, guided by active participation in the National Clinical Cell.

The **Hidden Disabilities Sunflower Scheme**, introduced in 2022, will continue to provide discreet support for staff, patients, and visitors with hidden disabilities throughout 2025, reinforcing the Board's commitment to inclusivity and patient-centred care.

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NHS GJ, in conjunction with other Scottish Health boards, launched a new **Reasonable Adjustment Passport** in December 2024 to coincide with International Day of Persons with Disabilities. The passport is intended for staff with a disability or long-term health condition. NHS GJ have an Equality, Diversity and Inclusion Reasonable Adjustment page accessible for all staff via Staffnet which provides access to the policy and supporting information.

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

No.	Executive Lead	Planning Priorities for 2025/26
3.1	Director of Nursing	<p><b>Demonstrate that there are local High consequence infectious diseases (HCID) pathways in place for assessment and management of suspected cases in secondary care (and for management until onward transfer of a confirmed case into the HCID network), and also ensure that any agreements with other NHS Boards in relation to HCID pathways are still relevant and up to date</b></p> <p>NHS GJ will not be an immediate access point for care for patients with symptoms of HCID. It is also unlikely patients with a HCID will be transferred to NHS GJ for supportive care. The most probable presentation would be an incidental finding via a patient presenting via our established emergency access routes i.e. Cath lab or Cardiac ICU.</p> <p>NHS GJ are represented on the National Clinical Cell by the Associate Director of Prevention and Control of Infection and the Consultant Microbiologist to ensure direct updates of controls.</p> <p>Staff are briefed on emerging HCID as the situation dictates.</p> <p>Personal Protective Equipment (PPE) is located in accessible stores within NHS GJ. Staff have access to advice and training regarding HCID through the NHS GJ SharePoint site.</p> <p>A draft pathway of the management of a HCID has been developed and will be submitted to the NHS GJ Resilience Forum for review and approval.</p>
3.2	Director of People and Culture	<p><b>On racialised inequalities, developing and delivering against anti-racism plans covering workforce and service delivery, aligning with the Scottish Government framework for action set out in the guidance</b></p> <p><b>Equality Outcomes 2025-29</b></p> <p>Equality outcomes for 2025-2029 have been developed in FY 24-25 and will start to be delivered in FY 25-26. The outcomes are as follows:</p>

		<p><b>Outcome 1:</b> Deliver a programme of improvement works across the hospital estate to reduce health inequalities and enhance inclusivity for patients and service users with a protected characteristic.</p> <p><b>Outcome 2:</b> Implement an enhanced accessible communications strategy to mainstream equalities and advance equality of opportunity across all protected characteristics.</p> <p><b>Outcome 3:</b> Increase applications, on-boarding, quality of data and retention of people with protected characteristics with a focus on age, disability, race, and sexual orientation.</p> <p><b>Outcome 4:</b> Deliver targeted interventions to mainstream equalities for staff with a protected characteristic, adopting a holistic intersectional approach.</p> <p>The timeline is outlined below:</p> <p><b>Quarter 1</b></p> <ul style="list-style-type: none"> <li>Develop an Action Plan outlining timelines for implementation of associated deliverables.</li> </ul> <p><b>Quarter 2 - 4</b></p> <ul style="list-style-type: none"> <li>Commence work to deliver outcomes associated with the 4 Outcomes.</li> </ul> <p>Thematic analysis of NHS GJ workforce and service user equalities data will inform strategic priorities for mainstreaming equalities based on protected characteristics. This analysis will adhere to General Data Protection Regulation (GDPR) and Data Protection Act 2018.</p> <p><b>Anti-racism Action Plan</b></p> <p>Developing and delivering against the Anti-racism Action Plan covering workforce and service delivery, aligning with the SG framework for actions set out in the guidance.</p> <p>Deliver targeted interventions associated with the five strands:</p> <ol style="list-style-type: none"> <li>Leadership and accountability</li> <li>Culture</li> <li>Equity of opportunity</li> <li>Using data to inform action</li> <li>Addressing concerns</li> </ol> <p>The timelines are outlined below:</p> <p><b>Quarter 1</b></p> <ul style="list-style-type: none"> <li>Develop an Action Plan outlining timelines for implementation of associated deliverables.</li> </ul> <p><b>Quarter 2 - 4</b></p> <ul style="list-style-type: none"> <li>Commence work to deliver outcomes associated with the 5 strands.</li> </ul>
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		<p>The delivery and reporting of Equality Outcomes and Anti-racism Action Plan are the responsibility of the boards Equality and Inclusion Lead.</p> <p><b>Delivery of the wider NHS GJ Culture Programme</b></p> <p>The NHS GJ corporate objectives - Culture, Wellbeing, and Values - prioritise optimising staff health, enhancing overall wellbeing, and fostering a workplace where individuals feel valued and appreciated.</p> <p>The NHS GJ Culture Programme aims to achieve our Boards vision and associated goals and objectives by focusing on, and enabling, a culture of kindness for our staff, volunteers, patients and visitors.</p> <p>The timelines are outlined below:</p> <p><b>Quarter 1</b></p> <ul style="list-style-type: none"> <li>• Key draft output from staff and stakeholder engagement will be refreshed organisational values for the Board.</li> <li>• Refreshed organisational values will then be the basis of agreement on a <ul style="list-style-type: none"> <li>○ Staff Behavioural Framework</li> <li>○ Leadership Behavioural Framework</li> </ul> </li> <li>• A draft culture action plan will then be developed with prioritised actions to embed organisational values and behaviours.</li> </ul> <p><b>Quarter 2, 3 &amp; 4</b></p> <ul style="list-style-type: none"> <li>• Delivery of prioritised actions as agreed in Board Culture Action Plan.</li> </ul> <p>As a strategic project, a full risk analysis will be carried out. The Culture Programme has an agreed infrastructure to support its achievement.</p>
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## Section 2: NHS Golden Jubilee Board Planning Priorities

### 4. Core Functions of the Board

#### **The NHS Golden Jubilee University National Hospital**

The NHS GJ remains committed to driving healthcare excellence and ensuring the delivery of high-quality, timely care for patients across Scotland. The 2025/26 Annual Delivery Plan (ADP) outlines a year of progress, growth, and collaboration in response to the evolving healthcare needs of communities. Central to this plan is the continued expansion of NHS GJ's surgical capacity, particularly through the phased launch of the Phase 2 Surgical Centre, which began treating patients in August 2024. This initiative will see the activation of additional theatres and procedure rooms throughout 2025/26, significantly enhancing Scotland's ability to address elective surgical backlogs and improve patient outcomes.

Aligned with the SG's national priorities, NHS GJ is dedicated to strengthening core elective services, leveraging existing facilities such as the Phase 1 Eye Centre to reduce wait times for cataract surgery and other critical procedures. NHS GJ will focus on maximising theatre capacity, optimising referrals, and minimising cancellations while working closely with health boards to ensure equitable access to care. We will also remain engaged in supporting the National Cancer Action Plan, ensuring optimal theatre and procedure room utilisation while managing cancer referrals and diagnostic services.

In parallel, NHS GJ will expand its diagnostic capabilities, with the anticipated introduction of a third CT scanner set to boost annual capacity by an additional 11,000 exam units (full year effect), with further potential from extended working hours. We are also poised to contribute to Scotland's lung cancer screening programme, building on successful pilot studies from England.

Continued leadership in heart and lung services will remain a priority, ensuring support for Scotland's specialised services like SNAHFS and SACCS. Despite financial pressures, NHS GJ remains committed to delivering high-quality care, advocating for necessary funding, and monitoring activity levels to maintain service delivery.

Workforce development remains a critical focus, with NHS GJ continuing to build its workforce strategy in alignment with the National Workforce Strategy. The recruitment of a Workforce Planning Manager and engagement with directorates across NHS GJ will be crucial to ensuring that the workforce plan addresses current and future needs. The People Strategy, designed to support both current and future workforce challenges, will play a key role in ensuring the organisation can meet its strategic objectives.

#### **The Centre for Sustainable Delivery**

CfSD will play a pivotal role in transforming healthcare delivery across NHS Scotland in 2025/26. Through national programmes, CfSD will focus on modernising patient



pathways, improving elective coordination, and enhancing unscheduled care services. The MPP Programme will support the development of national clinical pathways, promoting best practices and clinical leadership to reduce waiting times and enhance patient flow. Likewise, NECU will remain integral to Scotland's strategy for managing waiting lists and cross-board collaboration.

The Unscheduled Care Team will continue to provide essential support to NHS boards, focusing on tools and frameworks to enhance community urgent care, hospital-at-home models, and overall system capacity. Cancer improvement initiatives will continue to focus on reducing cancer wait times, expanding rapid cancer diagnostic services, and embedding best practices in referral guidelines. Through its National Endoscopy Programme, CfSD will support the adoption of new technologies, such as Trans-nasal Endoscopy (TNE), while working with the NHS Scotland Academy to bolster workforce training across these critical areas. Innovation and sustainability are also core components of CfSD's delivery, with the Accelerated National Innovation Adoption (ANIA) programme driving the scaling and adoption of IDA-approved innovations. Additionally, the National Green Theatres Programme will lead the charge in implementing environmentally sustainable practices across NHS Scotland's operating theatres. These efforts will include carbon-saving initiatives, sustainability actions, and developing measurement plans to track progress. In addition, this programme will scope the expansion into further areas including Renal, Endoscopy and Labs.

The Planned Care Programme will continue its focus on improving demand and capacity balance in elective care, supporting national plans for specialties such as Ophthalmology, Orthopaedics, Gynaecology, and Urology. Collaboration across regional and national networks will be essential to reduce waiting times and enhance productivity through NTCs.

### **NHS Golden Jubilee Conference Hotel**

NHS GJ will continue to diversify its revenue streams through the GJCH, developing a strategic plan aimed at enhancing non-NHS bookings, workforce development, and sustainability initiatives. The hotel's success in market diversification, workforce training, and sustainability will directly contribute to NHS GJ's financial sustainability, supporting its broader healthcare objectives.

### **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 (the EU Clinical Trials Directive). Within GJUNH, all clinical specialities are research-active, hosting both commercially sponsored/funded and academic studies through links with Universities.

Over the course of 2025/26, GJRI will continue to focus on a number of areas:

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



In conclusion, the delivery of these strategic programmes and initiatives will be critical to ensuring the continued transformation of NHS services across Scotland. Collaboration with NHS boards, innovation adoption, workforce planning, and sustainability efforts will drive the success of NHS GJ in meeting the evolving needs of Scotland's healthcare system in 2025/26 and beyond.

## 5.

## Planning Priorities

No.	Executive Lead	Planning Priorities for 2025/26
5.1	Director of Operations	<p><b>Phased opening of the NHS GJ Phase 2 Surgical Centre</b></p> <p>NHS GJ Surgical Centre operationally opened in August 2024 with a phased approach of theatres &amp; Surgical Admissions and Endoscopy followed in early September 2024. CSPD is due to be operational by end February 2025. All 5 orthopaedic theatres in Phase 2 are due to be operational during 2025/26 in addition to all 5 procedure rooms. A further 3 theatres will remain in use within the original theatre suite. There are no plans to further increase theatres during 2025/26 due to anaesthetic recruitment challenges.</p> <p>NHS GJ will work with the SG Planned Care team to ensure allocations to boards align with longest waiting patients to reduce wait time.</p> <p>Our objectives are:</p> <ul style="list-style-type: none"> <li>• To work collaboratively with boards to ensure timely receipt of referrals and optimise operational delivery of services in a timely way</li> <li>• To ensure maximum utilisation of theatres</li> <li>• To minimise cancellations</li> </ul>
5.2	Director of Operations	<p><b>Optimisation of core elective services including Phase 1 Eye Centre</b></p> <p>NHS GJ will work with the SG Planned Care team to ensure allocations to boards align with longest waiting patients to reduce wait times across Scotland.</p> <p>Objectives are:</p> <ul style="list-style-type: none"> <li>• To work collaboratively with boards to ensure timely receipt of referrals and optimise operational delivery of services for elective services</li> <li>• To ensure maximum utilisation of elective theatres</li> <li>• To minimise cancellations</li> </ul> <p>Meetings will take place with boards monthly to target local wait times at NHS GJ.</p> <p>Current NHS GJ Wait times:</p> <ul style="list-style-type: none"> <li>• Orthopaedic joints 12 weeks</li> <li>• Foot and Ankle 6-8 weeks</li> <li>• Hand and wrist 12 weeks</li> <li>• General surgery 6-8 weeks</li> </ul>



		<p>continues its efforts to increase diagnostic capacity, supporting timely access and optimising treatment options.</p> <p>In December 2024, a business case for a third CT scanner was approved by SG to deliver an additional 11,000 exam units per year, based on full year effect, to support SG priorities around diagnostic waiting times including diagnostic services to support the National Cancer Action Plan.</p> <p>A further paper has been submitted to SG to approve extended day and weekend working in diagnostics which would further increase the diagnostic imaging capacity delivering an additional 21000 additional exam units across CT and MRI.</p> <p>Screening for lung cancer has been in a pilot phase in NHS England for several years and is now being rolled out across multiple sites. Following the publication of the NELSON trial, it is clear that screening is associated with earlier diagnosis and treatment and undoubtedly saves lives. NHS Scotland is in the process of planning a screening programme but this has not yet started.</p> <p>Experience from Central and Greater Manchester which has a mature lung cancer screening program and Targeted Lung Health Check has indicated that their screening program has resulted in an additional 15-20% patients requiring lung resection for potential cure of their lung cancer.</p> <p>GJUNH has offered to contribute to scoping exercises and capacity planning to quantify the impact of a national Scottish screening program and the subsequent impact for the GJUNH. It is anticipated that the programme may be initiated in targeted areas likely to include the West of Scotland (WoS).</p> <p>Additionally, with the consequential potential for an increase in lung cancer referrals, NHS GJ will explore the potential to establish a lung biopsy service.</p> <p>The timeline for delivery is as follows:</p> <ol style="list-style-type: none"> <li>1. CT 3 Go live – Q3 2025</li> <li>2. 5/7 day approval – if funded, phased implementation from September 2025</li> <li>3. 25/26 commence scoping consequence of pilot lung screening in WoS</li> </ol> <p>The following should be noted in regard to the timeline above:</p> <ol style="list-style-type: none"> <li>1. Current CT capacity is estimated at 20,400 exam units per annum. Phased introduction of the new CT3 will be dependent on the success of recruitment for required staff. Estimates for year 1 of implementation are around 6,000 additional exam units, building up to 11,000 additional exam units annually.</li> </ol>
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		<p>2. Proposed 5/7 working model estimates a total of 1275 additional exam units for CT in year 1, 7140 additional exam units for CT and 2040 for MRI in year 2, phasing up to a total of 13,260 additional exam units for CT and 8,160 for MRI annually from year 3.</p> <p>3. Should SG Pilot Lung screening in WoS – GJ would plan for an increased activity trajectory for MDT to surgery pathway in line with UK intelligence.</p> <p>The following risks have been identified in relation to points 1 and 2:</p> <ul style="list-style-type: none"> <li>• Recruitment of required workforce – Radiographers, Health Care Support Workers, Radiologists</li> <li>• Booking office capacity</li> <li>• Capacity to send referrals from Boards</li> </ul> <p>Additional workforce risks are:</p> <ul style="list-style-type: none"> <li>• Staffing resource for booking co-ordinators at other Health Boards to supply referrals</li> <li>• Staffing resource (diagnostic/theatre/hospital care relating to lung cancer screening programme and a resultant increase in number of lung cancer operations</li> </ul>
5.4	Director of Operations	<p><b>Sustainable delivery of the three NSD commissioned services:</b></p> <ol style="list-style-type: none"> <li><b>Scottish National Advanced Heart Failure Service</b></li> <li><b>Scottish Adult Congenital Cardiac Service</b></li> <li><b>Scottish Pulmonary Vascular Unit</b></li> </ol> <p>Discussions continue to finalise the current level of funding for the three national services (SNAHFS, SACCS and SPVU).</p> <p><b>i. Scottish National Advanced Heart Failure Service</b></p> <p>It is noted that not all requested funding has been approved for SNAHFS with an outstanding deficit of c£1.2M. With growing demand across these services, funding levels may impact on activity and increase delivery risks. Monthly activity will be closely monitored against cost.</p> <p>There is a risk that SNAHFS will be unable to deliver the required care across the heart transplant and Advanced Heart Failure (AHF) patient pathways for both out and in patients. The ability to receive emergency referrals for AHF treatments such as Extracorporeal membrane oxygenation (ECMO) is dependent on specialised, trained staff.</p> <p><b>ii. Scottish Adult Congenital Cardiac Service</b></p> <p>GJUNH submitted a Business Case in 2024-25 for £2.7M. This reflected the shortfall in the current budget and included £380K to increase staffing to deliver the increased demand which is demonstrated. We have recently received notice of funding to cover</p>

the £380K, however the remainder has not been supported, and this has been flagged to SG as an ongoing risk.

### **Proposed Activity**

Costs and activity levels have been described within the business case and a Proposed Activity Summary is shown below:

- Surgical Procedures – 110
- Catheter Procedures – 136
- Consultant Outpatient Appointments – 1800
- Other Outpatient Appointments - 894
- Outreach Appointments – 180
- Cardiac MRI – 650
- Echocardiography - 1800
- Other Diagnostics Assessments – 446

Activity and waiting times are reported to NSD on monthly basis.

### **Service Risks**

A summary of service risks if the business case is not supported are noted below:

- Worsening clinical outcomes as a result of delayed or missed patient assessment/ treatment.
- Waiting times – a high proportion of patients unable to be seen within clinically recommended timescales.
- Failure demand placing additional strain on regional cardiology and emergency service who do not have access to the specialist diagnostic assessments and/or expertise to manage the needs of complex Adult Congenital Heart Disease (ACHD) patients.
- Reputational damage – Risk to provision and quality of ACHD services in Scotland.

### **Workforce Risks**

Workforce risks would result in an inability to provide an ACHD service that favourably benchmarks against other UK and international centres is a risk to workforce retention.

SACCS expect to be able to implement the service developments requiring recruitment with the exception of expanding echo capacity, within 6 months of approval. The timescale for increasing echo capacity is dependent on recruitment and is likely to require at least 12 months (from approval) to deliver. GJUNH has an established training programme for ACHD echocardiography.

### **iii. Scottish Pulmonary Vascular Unit**

GJUNH submitted a Business Case for an additional £320K to deliver increased assessment and follow up capacity in response to the increased referral rates, growth in the patient population and

		<p>increased treatment options. We have recently received notice from SG Health Planning that the £320K will be funded recurrently from the NSD baseline.</p> <p><b>Proposed Activity</b> Activity levels are described in the business case and a proposed activity summary has been provided:</p> <ul style="list-style-type: none"> <li>• Cardiac MRI - 200</li> <li>• Cardiac CT- 200</li> <li>• Echocardiogram- 450</li> <li>• Right Heart Catheterisation - 200</li> <li>• Pulmonary Function Tests - 140</li> <li>• 6 metre walk test - 750</li> </ul> <p>Monthly activity continues to be monitored and reported.</p> <p><b>Service Risks</b> A summary of risks if business case is not supported is noted below:</p> <ul style="list-style-type: none"> <li>• Insufficient capacity for diagnostic assessment</li> <li>• Increased waiting time for patient assessment</li> <li>• Increased deaths on waiting list awaiting diagnostic admission</li> <li>• Increase in patients treated without complete diagnostic assessment</li> <li>• Insufficient capacity for return outpatient appointments</li> <li>• Reputational damage- deterioration in clinical outcomes and service performance, and inequality across UK.</li> </ul> <p><b>Workforce Risks</b> Consultant, pharmacy and specialist nursing roles are cross site working with budget allocated to NHS GGC.</p> <p>A proposed reinvestment of efficiency savings identified by National Services Scotland (NSS) has been suggested to support Outreach clinics. This would require consultant, clinical fellow and nursing resources. It is proposed instead to direct funding to support the recruitment of a clinical fellow to increase Return Outpatient capacity.</p>
5.5	Director of Operations	<p><b>Delivery of Regional Heart and Lung Services, including the Regional Cardiology and Transcatheter Aortic Valve Implantation Services</b></p> <p>In 2024-25, the SG agreed to fund 232 Transcatheter Aortic Valve Implantation (TAVI) procedures in addition to the 229 funded by WoS Boards. This was to clear the backlog of 112 patients, and to increase the per million population (pmp) rates. As a consequence, waiting times for this procedure have significantly improved.</p>

		<p>NHS GJ had modelled requirements to deliver 420 TAVI procedures in 2025/26 - equivalent to 166 pmp. As at the date of this draft ADP submission, funding to deliver 420 TAVI procedures has not been confirmed. An early decision is required to support service sustainability. It is understood that decisions on funding for TAVI will now be authorised via the NHS Planning and Delivery Board.</p> <p>National clinical guidelines recommend that patients should receive TAVI within 18 weeks of referral, and within 6 weeks of decision to treat with TAVI.</p> <p>As a result of the delay to confirmation of funding for 2025/26, GJUNH will implement a plan to deliver 360 TAVI procedures, noting that this will be insufficient activity to meet demand.</p> <p>The model to deliver 420 TAVI through existing 5 cath labs would require the introduction of weekend working (requiring organisational change). Delays in confirmation of funding may risk delay to implementation.</p> <p>The introduction of 6/7 day working will also support the Service ambition to reduce the waits for Non-ST-elevation myocardial infarction (NSTEMI) – to comply with the 72hr target.</p> <p>Key actions will be:</p> <ol style="list-style-type: none"> <li>1. Confirm funding for TAVI in 2025/26</li> <li>2. Continue to report monthly to the WoS Boards and to SG activity and waiting times and to SCAP for outcome data.</li> </ol> <p><b>There is a risk of delayed confirmation of funding available for 2025/26.</b></p>
5.6	National Director	<p><b>Delivery of Centre for Sustainable Delivery National Programmes:</b></p> <p><b>I. Modernising Patient Pathways</b></p> <p><b>II. National Elective Coordination Unit</b></p> <p><b>III. Unscheduled Care</b></p> <p><b>IV. Cancer Improvement and Earlier Diagnosis</b></p> <p><b>V. National Endoscopy Programme</b></p> <p><b>VI. Innovation</b></p> <p><b>VII. National Green Theatres Programme</b></p> <p><b>VIII. Planned Care Programme</b></p> <p>Indicative high level aims and objectives for all CfSD Programmes of work in consideration into the NHS GJ ADP are provided below. These are subject to change following discussions and negotiations with colleagues within the SG Performance and Delivery Division. As CfSD is commissioned directly from SG, it's workplan for 25/26 with associated indicators and outcomes will be added as a link within this ADP once available.</p> <p><b>Indicative for 2025/26 and 2026-28:</b></p>



		<p>i. <b>The Modernising Patient Pathways (MPP) Programme</b> will continue to implement a range of activities designed to support Health Boards, identify best practice, and deliver improvements on a National scale. This will include:</p> <ul style="list-style-type: none"> <li>• Development of national clinical pathways, including active Dissemination and implementation</li> <li>• Continue to promote high impacting productive opportunities such as Active Clinical Referral Triage and Patient Initiated Review</li> <li>• Maintain and establish Specialty Delivery Groups as the Clinical Leadership model to design, develop and deliver service redesign and sustainable transformation</li> </ul> <p>ii. <b>National Elective Coordination Unit (NECU)</b> programme will continue to deliver national and local waiting list validation exercises across NHS Scotland. They will also continue working with Health Boards on capacity campaigns designed to facilitate treatment of patients across Board boundaries. NECU will work with SG to review opportunities to further evolve its role in supporting the matching of capacity and demand across Scotland.</p> <p>iii. <b>Unscheduled Care Team</b> will continue to deliver national implementation support, develop national tools, and manage system capacity and capability diagnostics to help Boards improve unscheduled care delivery. Whilst details are still to be finalised the programme is likely to continue leading on a number of national programmes such as:</p> <ul style="list-style-type: none"> <li>• Community Urgent Care</li> <li>• Hospital @Home</li> <li>• Flow Navigation</li> <li>• Front Door Medicine</li> <li>• Optimising Flow</li> </ul> <p>iv. <b>Cancer Improvement and Earlier Diagnosis Programme</b> will continue to design and develop a range of service design opportunities to support Health Boards on improving earlier and faster diagnosis of cancer. This will include:</p> <ul style="list-style-type: none"> <li>• Supporting Boards with the Framework for Effective Cancer Management</li> <li>• Establishing/ maintaining Rapid Cancer Diagnostic Services with Boards</li> <li>• Embedding optimal cancer diagnostic pathways working with Boards to implement and adopt</li> <li>• Embedding and supporting implementing Scottish Referral Guidelines</li> </ul> <p>v. <b>National Endoscopy Programme</b> will support Boards with the adopting the Endoscopy and Urology Diagnostic Recovery and Renewal Plan objectives; This will include:</p>
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		<ul style="list-style-type: none"> <li>• Rollout and implementation of a National Endoscopy Reporting System (ERS)</li> <li>• Support the rollout of Transnasal Endoscopy (TNE)</li> <li>• Continue to work with NHS Scotland Academy in support of national workforce, training and education</li> <li>• Develop an Endoscopy Speciality Delivery Group (SDG) workplan which will support sustainable endoscopy delivery</li> </ul> <p>vi. <b>Innovation team</b> will continue to lead the ANIA national pathway end to end process. Working collaboratively with other organisations to scale and adopt innovation, with particular reference to the adoption of Innovation Design Authority (IDA) approved innovations as part of the ANIA pathway. This will include:</p> <ul style="list-style-type: none"> <li>• Continuing to support and assess projects through all stages of the ANIA pathway</li> <li>• Preparing value cases for national adoption and implementation of approved innovations</li> <li>• Supporting the implementation working with Health Boards</li> </ul> <p>vii. <b>National Green Theatres team</b> will continue to support Boards to deliver green workstreams designed to implement the green actions and to improve and evidence environmental sustainability across NHS Scotland. This will include:</p> <ul style="list-style-type: none"> <li>• Development of Green/Sustainable carbon saving actions</li> <li>• Deploy measurement plans to support Boards progress and demonstrate impact</li> <li>• Expanding into Renal, Endoscopy, Pathways and Labs</li> </ul> <p>viii. <b>Planned Care team</b> will continue to work with all Health Boards to facilitate initiatives designed to improve demand and capacity balance, promoting greater elective activity and addressing waiting times. This will include:</p> <ul style="list-style-type: none"> <li>• Support the delivery of National Plans for Ophthalmology and Diagnostics/Imaging and develop National Plans for Orthopaedics, Gynaecology and Urology</li> <li>• Support matching outstanding demand with available capacity across Scotland through regional and national working including through the NTCs</li> <li>• Increasing productivity and efficiencies and reducing variation across Scotland, such as optimising theatre utilisation</li> </ul> <p>CfSD National Programmes will be ongoing throughout the year, in delivering the aims and objectives outlined over 2025/26 and beyond. CfSD do not have any specific LDP indicators or waiting time targets. At this current time there are no immediate workforce implications impacting the delivery of the draft work plans.</p>
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5.7	<b>Director NHS Scotland Academy, Learning &amp; Innovation</b>	<p><b>Delivery, in partnership with NHS NES, of the NHS Scotland Academy Programmes:</b></p> <ul style="list-style-type: none"> <li>i. <b>National Endoscopy Training Programme, including Assistant Practitioner</b></li> <li>ii. <b>NTC Accelerated Workforce Programme – Foundations of Perioperative practice, Anaesthetic Practitioner and Surgical First Assistants</b></li> <li>iii. <b>National Clinical Skills for Pharmacists</b></li> <li>iv. <b>NMC OSCE preparation – digital learning programme</b></li> <li>v. <b>Preparing for work in health and social care – digital learning programme</b></li> <li>vi. <b>National Ultrasound Training Programme</b></li> </ul> <p>The NHSSA Executive Programme Group have approved the NHSSA ADP 2025/26 which has been included as an appendix to the NHS GJ ADP 2025/26 and provides detail regarding the delivery of the NHSSA programmes.</p>
5.8	<b>Director of Transformation, Strategy, Planning and Performance</b>	<p><b>The role NHS Boards have in redirecting wealth back into their local community to help address the wider determinants of health inequalities, through progressing specific, measurable objectives that align with their Anchor Strategic Plan</b></p> <p>NHS GJ has identified specific Anchor objectives for 2025/26 and beyond which feature across the three pillars of Workforce, Estates and Procurement.</p> <p><b>Workforce</b></p> <ol style="list-style-type: none"> <li>1. Launch Employability Plan to support NHS GJ Anchor Strategy in 2025/26 which details plan to deliver Foundation, Modern apprentice programmes and wider initiatives to support young people, veterans and other disadvantaged groups in the West Dunbartonshire Council area into employment in NHS GJ – Quarter 2 2025/26.</li> <li>2. Review existing and develop options for salary sacrifice schemes to support all staff with particular reference to those who are in lower paid roles within NHS GJ – Quarter 1 2027/28.</li> <li>3. Review staff members addresses linked to Equalities Action plan to determine staff living in lower Scottish Index of Multiple Deprivation (SIMD) postcode area and pay band detail to identify how we can support staff development linked to Socio economic background – Quarter 4 2025/26.</li> </ol> <p><b>Estates</b></p> <ol style="list-style-type: none"> <li>1. Establish Greenspace and Biodiversity Subgroup to feed into Climate Change Sustainability Strategic (CCSS) Group – February 2025.</li> <li>2. Become a net zero organisation by 2045.</li> <li>3. Establishment of an environmental management system compliant with ISO14001 or similar – December 2025.</li> </ol>

		<p><b>Procurement</b></p> <ol style="list-style-type: none"> <li>1. Attend meet the buyer events and promote NHS GJ Procurement opportunities – March 2025. <ol style="list-style-type: none"> <li>a. NHS GJ recently became an affiliated member of Supplier Development Programme (SDP) and will work together to raise the profile.</li> <li>b. Marketing and press news release planned for Feb/March 2025.</li> <li>c. First meet the buyer event planned for March 2025.</li> </ol> </li> <li>2. Increase Small and Medium Enterprises (SMEs) and local business engagement for future tender and quick quote and identify specific areas of spend to encourage local SMEs to bid – April 2026 <ol style="list-style-type: none"> <li>a. SDP will promote up and coming contracts and projects to SMEs and will provide suppliers with assistance on the Public Contract Scotland portal for bidding for tender opportunities.</li> <li>b. Review spend analysis of particular spend categories and identify opportunities.</li> </ol> </li> <li>3. Include community benefit in tender activities – August 2025. <ol style="list-style-type: none"> <li>a. Develop Procurement procedures that encourage suppliers to include employability activities as community benefits in tender bids.</li> <li>b. This can take the form of apprentice places and targeted recruitment to enable local people to gain jobs.</li> </ol> </li> </ol> <p>In addition, NHS GJ has identified wider strategic projects which will be delivered by the organisation throughout 2025/26.</p> <ol style="list-style-type: none"> <li>1. Develop scope of the proposed NHS GJ Information Technology (IT) Academy – August 2025.</li> <li>2. Confirm contribution towards child poverty targets led by the Family Prosperity Group – March 2025.</li> <li>3. Develop scope for an NHS GJ careers network to support young people across West Dunbartonshire - June 2025.</li> <li>4. Develop proposal with the University of Strathclyde on the concept of a 'civic university' to develop accessible training and educational programmes for the local community – July 2025.</li> </ol>
5.9	Director of People and Culture	<p><b>Refresh of the Workforce Plan and review of NHS GJ People Strategy</b></p> <p>A board wide review of workforce planning to ensure that we are able to identify staffing requirements linked to the board strategy.</p> <p>The People strategy will be developed in line with the Board strategy and wider consultation across NHS GJ will take place. The refresh of the NHS GJ strategy, and the refresh of the People strategy that underpins it in the summer of 2025/26 and beyond will be centred around the delivery of that strategy, year on year.</p>

		<p>An initial one year workforce plan is to be returned in March 2025, with wider review to be completed over 2025/26 to ensure that the right skills and roles are in place to deliver against organisational and SG priorities.</p> <p>The timelines are outlined below:</p> <p><b>Quarter 1</b></p> <ul style="list-style-type: none"> <li>• Workforce Planning Manager to be recruited into post / data collection to be gathered.</li> </ul> <p><b>Quarter 2</b></p> <ul style="list-style-type: none"> <li>• Deliver workforce planning sessions across NHS GJ at Directorate level, to gain wider understanding of workforce issues.</li> </ul> <p><b>Quarter 3</b></p> <ul style="list-style-type: none"> <li>• Develop a report detailing workforce planning linked to NHSS six step methodology, and 5 pillars of Workforce planning detailed in National Workforce Strategy for Health and Social Care in Scotland.</li> </ul> <p><b>Quarter 4</b></p> <ul style="list-style-type: none"> <li>• Report will go through relevant internal governance routes within NHS GJ.</li> </ul> <p>The People Strategy will be delivered once the NHS GJ Board Strategy is complete and will link to the wider Culture programme that is being delivered across NHS GJ.</p> <p>Workforce data is available and will be used to support wider workforce planning across NHS GJ. Data from services and current workforce data will be used to ensure accuracy across the services / organisation.</p> <p>One identified risk is the potential inability to deliver the workforce plan due to insufficient resources. Recruiting a Workforce Planning Manager will be essential to ensure the successful delivery of this programme within NHS GJ. The Workforce Plan and People Strategy will detail high level strategy and operational activity to support the workforce and services in the next 3 years within NHS GJ.</p>
5.10	Director of Finance	<p><b>Adoption and implementation of the national digital programmes</b></p> <p>Please refer to Section C 8 - Digital and Innovation for a detailed response to this priority.</p>
5.11	Director of Transformation, Strategy,	<p><b>Deliver Climate Emergency and Environment priorities</b></p>

	<b>Planning and Performance</b>	<p>The objective is to work towards achieving targets of net zero for heat by 2038, and net zero for emissions by 2040 that are within the board's control.</p> <p>The key priorities for Boards are laid out in the following national strategies and Directors letters:</p> <ol style="list-style-type: none"> <li>1. NHS Scotland Climate Emergency Sustainability Strategy 2022-2026</li> <li>2. DL 38 Climate Emergency and Sustainable Development 2021</li> </ol> <p>Our Board response is compiled within the following two annual returns:</p> <ul style="list-style-type: none"> <li>• Annual Climate Emergency and Sustainability Report (CESAR) <ul style="list-style-type: none"> <li>○ Published November 2024. Mandatory report for all NHS Scotland boards.</li> </ul> </li> <li>• Public Bodies Climate Change Duties Report (PBCCD) <ul style="list-style-type: none"> <li>○ Published November 2024. Mandatory report for all Scottish public sector bodies.</li> </ul> </li> </ul> <p>A base line has been established and a trajectory formed on the basis of energy and heat reduction known schemes.</p> <p>Total current emissions for 2023/24 is 8414.85 tCO<sub>2</sub>e.</p> <p>The over-arching risks being monitored through the Board Climate Change and Sustainability Strategic Group are:</p> <ul style="list-style-type: none"> <li>• Workforce infrastructure associated with climate change and sustainability programme delivery</li> <li>• Meeting net zero targets</li> <li>• Funding to implement net zero changes</li> <li>• Unintended consequences of external policy or target change</li> <li>• Inability to deliver on the climate change and adaptation plan</li> <li>• Staff engagement in the NHS GJ Climate Change and Sustainability programme.</li> </ul>
5.12	<b>Director of Operations</b>	<p><b>Delivery of the strategic plan arising from the outcome of the GJ Conference Hotel Review</b></p> <p>GJCH aims to deliver exceptional service while achieving financial sustainability, workforce development, and alignment with NHS GJ and SG priorities. The core objectives for 2025/26 and beyond include:</p> <ol style="list-style-type: none"> <li>1. <b>Delivering a Strategic Plan:</b> <ul style="list-style-type: none"> <li>○ Develop and implement a comprehensive strategic plan to position the hotel for long-term success.</li> </ul> </li> </ol>



		<ul style="list-style-type: none"> <li>○ The plan will address market diversification, workforce development, sustainability, and technological enhancements to ensure alignment with future operational and financial goals.</li> </ul> <p><b>2. Market Diversification:</b></p> <ul style="list-style-type: none"> <li>○ Replace the reduced NHS market share by growing bookings in association, corporate, public sector, and education markets, targeting a 10% increase in non-NHS revenue.</li> <li>○ Strengthen partnerships with meeting booker agencies and trade unions to expand market reach.</li> </ul> <p><b>3. Workforce Development:</b></p> <ul style="list-style-type: none"> <li>○ Introduce hospitality-specific Scottish Vocational Qualifications (SVQs) through the NHS GJ SVQ Centre by Quarter 3 2025/26.</li> <li>○ Collaborate with local further and higher education institutions to address skill shortages and enhance career pathways in hospitality.</li> </ul> <p>The planned actions and timelines for 2025/26 are as follows:</p> <ol style="list-style-type: none"> <li>1. Develop and deliver a strategic plan – Quarter 2 2025/26</li> <li>2. Market diversification strategy – throughout 2025/26</li> <li>3. Launch hospitality specific SVQ's – Quarter 3 2025/26</li> </ol> <p>GJCH aims to deliver measurable improvements aligned with key objectives for 2025/26. Targets and planned trajectories include:</p> <p><b>Revenue Growth:</b> Achieve a 10% year-on-year increase in bookings from non-NHS markets (associations, corporate, and public sector) to offset reduced NHS market demand.</p> <p><b>Training Accreditation:</b> Gain SQA accreditation for SVQ hospitality awards by Quarter 3 2025/26, with a target of 15 staff enrolled in the first year.</p> <p><b>Sustainability Initiatives:</b> Reduce food waste by 15% compared to 2024/25 baseline through the introduction of waste-free catering challenges by Quarter 4 2025/26.</p> <p><b>Customer Satisfaction:</b> Maintain a minimum Net Promoter Score (NPS) of 75, with quarterly reviews to identify trends and improvements.</p> <p>Numerical data will be tracked through operational systems, including Google Analytics for website engagement, Opera Cloud for bookings, and ReviewPro for satisfaction metrics.</p> <p>Key risks and their alignment to the corporate/Board risk register include:</p> <p><b>Market Risks:</b></p>
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		<ul style="list-style-type: none"> <li>• Reduction in NHS market activity due to ongoing budget pressures.</li> <li>• Mitigation: Focused marketing efforts in high-potential non-NHS segments.</li> </ul> <p><b>Operational Risks:</b></p> <ul style="list-style-type: none"> <li>• Workforce shortages, particularly in skilled roles.</li> <li>• Mitigation: Partnership with educational institutions and improved recruitment strategies.</li> </ul> <p><b>Financial Risks:</b></p> <ul style="list-style-type: none"> <li>• Challenges in maintaining profitability amidst rising operational costs.</li> <li>• Mitigation: Efficiency drives and targeted promotional offers to enhance occupancy rates.</li> </ul> <p><b>Technological Risks:</b></p> <ul style="list-style-type: none"> <li>• Delays in adopting new systems due to budget constraints.</li> <li>• Mitigation: Prioritisation of high-impact technology investments, e.g., self-service kiosks.</li> </ul> <p>These risks will be reviewed quarterly as part of the corporate risk governance framework.</p> <p>GJCH has identified workforce development as a priority to address hospitality sector challenges. Key actions include:</p> <p><b>SVQ Programme Launch:</b> By Quarter 3 2025/26, implement hospitality-focused SVQs in collaboration with the NHS GJ SVQ Centre, providing upskilling opportunities for current staff.</p> <p><b>Educational Partnerships:</b> Collaborate with local further/higher education institutions to develop curricula that address workforce skill gaps and future hospitality needs.</p> <p><b>Recruitment and Retention:</b> Introduce targeted recruitment campaigns and employee engagement initiatives, such as career development plans and mentorship programs, to combat high turnover rates.</p> <p>Workforce planning will be closely monitored to align with Board targets and ensure sufficient staffing levels to support operational needs.</p>
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## Section C: Planning Priorities for all Boards

### 6. Finance, Infrastructure and Value Based Health care

#### Financial Planning

At Month 9 NHS GJ is forecasting a breakeven position for 2024/25 and will fully achieve its challenging savings programme (“Achieving the Balance”) of £9.9m. The Board has a three year financial plan of Breakeven in each of the years which relies on a savings programme of £8.5m in 2025/26, £10m in 2026/27 and £11.6m in 2027/28. This financial year saw a strengthening of governance and a focus on delivery for the Achieving the Balance Programme and that focus will continue with planning in place for delivery of 2025/26 targets. There will be increased focus on transformation and the identification of recurrent savings. Achieving the Balance will be supported by robust programme management, Quality Impact Assessments and two weekly Chief Executive led programme boards.

The SG approach to utilising the capacity of the National Treatment Centres, including NHS GJ, and the associated change to the funding model will reduce the significant administrative burden that has been required to support individual service level agreements and ensure that the focus is on delivery of activity and optimising the number of patients being treated. To support this the Board will focus on maximising the use of its existing capacity and bringing on line new capacity for Phase 2.

#### Infrastructure Planning

The aim and objective of the Whole System Infrastructure Planning has been met by providing a response to the “do minimum” option as identified in the DL in January 2025. The DL required a stage one response to be submitted by January 2025. This was submitted to SG in December 2024.

The second phase of work related to a Whole System Infrastructure Plan, will be commenced after discussions with SG confirm acceptance and plan to mitigate the “do minimum” risks.

The specific SG risk matrix has been completed and submitted. In addition, a corporate risk captures this risk as a generic assessment. There are no workforce planning implications associated with this risk.

#### Value Based Health Care

To successfully implement Value Based Health Care (VBHC) requires the capture of both inputs and outcomes. In 2025/26 NHS GJ is focussed on developing the use of Patient Reported Outcome Measures (PROMs) further, with the medium-term aim of having Board visibility of the health gain generated by each department. Automating the collection of the data is a key element for a high-volume centre like ours.

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Spreading the approach out with orthopaedics is our other main goal for the year. PROMs will also contribute to shared decision making, by providing actual health gain generated by procedures in our own institution to inform discussions with patients.

CfSD have been identified as an essential delivery partner with a specific action to promote and support the use of improvement tools and approaches that help to deliver the VBHC delivery plan. CfSD will continue to promote the adoption of Active Clinical Referral Triage (ACRT), Effective Quality Interventions Pathways (Opt-In Pathways), Discharge Patient Initiated Review (PIR), and digital approaches working collaboratively with NHS Boards and Health and Social Care Partnerships (HSCP)s, to manage patients by reducing or stopping lower value interventions and care.

In addition, CfSD will continue to further develop, at a national level, the atlas of healthcare variation to help identify unwarranted variation in health, service provision or outcomes. We will further engage with Health Boards via our Board engagement meetings with the aim of achieving a reduction in unwarranted variation. Interpretation of data is important therefore, we will aim to continue providing education to Health Boards. SDGs will actively aim to reduce unwarranted variation through the development of optimal pathways and supporting narratives for new atlas maps.

CfSD has established SDGs throughout NHS Scotland. This is a well-established model that involves clinical leadership and mutual decision making across all Health Boards. This is done by using an evidence-based approach to implementing pathways of best practice, to support the delivery of realistic medicine (RM) goals of safe, person-centred care, reducing unwanted variation and inequality, reducing waste and harm and empowering people to make informed choices about their care through shared decisions. CfSD will continue to build on the expertise of the SDGs to continue to identify areas where national pathway guidance is required; and work in team partnership with our Health Boards.

SDGs will continue to engage with Health Boards stakeholders at all levels to work to agreed processes to reduce low clinical value procedures. CfSD will act as change agents enabling opportunities for changes to all Health Boards. Procedures of low clinical value will include procedures that offer limited value for patient outcomes, or low priority treatments and are considered clinically ineffective or not cost-effective as agreed by the respective SDGs. This important work will continue and will provide opportunities for change at national level. CfSD is actively supporting development of appropriate care pathways and is involved in the process of developing a refined list for NHS Scotland and endorse the application of existing guidance through SDGs.

CfSD has been commissioned to lead the National Green Theatres Programme and support clinical involvement in environmental matters at Board level. The National Green Theatres Programme is a key element of the SG Climate emergency and sustainability strategy. Considerable work has been undertaken with Health Boards to commence work to reduce the carbon footprint of theatres across NHS Scotland and enable more environmentally sustainable care. CfSD will continue to work with the Health Boards to develop actions and opportunities for change that reduce carbon emissions, and will support the Health Boards to implement, measure and report on these activities.

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NHS GJ has undertaken improvement work on implementing lean tray within the orthopaedic theatre team. This has significant potential benefits for theatre efficiency and supports the decontamination services capacity. The work on lean trays is now being explored within Cardiac Cath Labs and Thoracic Surgery.

## 7. Workforce

In 2025/26, NHS GJ will prioritise strategic workforce optimisations and address key recruitment challenges. A major focus will be reducing agency staffing use by enhancing internal staff bank arrangements and ensuring that staff training is aligned, particularly in peri-operative nursing. The goal is to phase out peri-operative nursing agency staffing and address ongoing recruitment difficulties, such as in the ophthalmology consultant workforce. Additionally, the Board is implementing escalation and control mechanisms similar to those in nursing across other areas to streamline recruitment processes and improve workforce stability.

A significant aspect of the workforce strategy will be the optimisation of NHS GJ access to the NHS GGC staff bank, with plans to expand its reach beyond nursing to include administrative and housekeeping roles. This will provide increased flexibility and reduce reliance on external agencies, ensuring staff are deployed efficiently when and where they are needed most. NHS GJ will also grow its internal staff bank, increasing its pool of dedicated bank staff across all staff groups. This will not only offer more flexible working options but also contribute to the development of a highly skilled workforce that can adapt to changing service needs.

A critical element of workforce planning for 2025/26 is the continued rollout of eRostering solutions across the organisation. NHS GJ is working towards the full implementation of Allocate Rota for resident doctors, as well as SafeCare, a module designed to support compliance with safe staffing legislation. This work will be completed in phases, with all medical and hotel units expected to have transitioned to eRostering by 2025, followed by wider departmental rollouts. This system will improve rostering efficiency, provide better visibility of staffing levels, and ensure compliance with regulatory standards, enhancing the ability to manage staffing requirements and reducing reliance on locum staff.

Alongside these technological advancements, NHS GJ will continue to focus on achieving reductions in medical locum spending. While the organisation has no immediate plans to reduce locum ophthalmology staffing, overall locum spending will be closely monitored to ensure fiscal control. The ongoing corporate review of administrative and support services will identify opportunities for greater efficiencies across non-clinical areas, informing future workforce planning and helping to ensure that resources are deployed effectively.

In terms of staff wellbeing, NHS GJ will implement initiatives to support health and attendance, including a full review of its Occupational Health Services, with an emphasis on mental health support. Additionally, the Board will focus on its Spiritual Care and Chaplaincy Strategy, offering staff opportunities for mindfulness, meditation, and training in grief and bereavement support. These efforts align with the broader goal of improving staff resilience and attendance, ensuring that employees are well-supported in their roles.

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NHS GJ is also strengthening its collaboration with educational institutions to address the evolving educational needs of the workforce. By formalising partnerships with local universities and colleges and offering tailored vocational qualifications, such as SVQs in hospitality, the organisation aims to create a sustainable talent pipeline and enhance staff retention. These efforts will be complemented by the continued implementation of eRostering, which will provide the flexibility and efficiency needed to meet the changing demands of the workforce.

No.	Executive Lead	Planning Priorities for 2025/26
7.1	Director of Nursing	<p><b>Achieve further reductions in agency staffing use and to optimise staff bank arrangements</b></p> <p>Board-wide challenges in recruiting to specific roles remain a key focus for 2025/26. Replicating the escalation and control mechanisms that are in place for nursing is being implemented across the organisation. Challenges remain with the medical consultant workforce (Ophthalmology).</p> <p>Peri-operative nursing agency use (on framework) is on a trajectory to cease over 2025/26. Peri-operative nursing agency use is aligned waiting times and to the opening of theatres in new surgical centre. Agency is also being utilised as cover for staff training (for staff new to the perioperative environment). Completion of this training is expected at the end of June 2025. This priority links to workforce risk and appropriately trained staff.</p> <p><b>Staff bank arrangements</b></p> <p><b>Optimisation of the NHS GGC bank:</b> There is a well-defined and embedded process in NHS GJ to utilise the NHS GGC bank (in particular for Nursing including the utilisation of the WoS Neutral Vendor services awarded to Retinue). 2025/26 plans include the exploration of accessing the NHS GGC bank for non-Nursing roles (for example Admin and Housekeeping). This links to workforce risk and the appropriate staff in the right place at the right time.</p> <p><b>Growth of NHS Golden Jubilee bank with our existing staff:</b> NHS GJ has a small bank, and there is further potential in 2025/26 and beyond to expand this with a larger pool of dedicated bank staff across all staff groups. This will not only offer our current workforce the opportunity to work more flexibly across the organisation, it will contribute to the development of staff, provide more skill availability and help with temporary staff deployment when needed.</p> <p>An initial meeting has been arranged during Quarter 4 of 2024/25 to explore and identify views regarding bank staff and to agree a way forward.</p> <p>Actions during 2025/26 will be as follows:</p> <p><b>Quarter 1</b></p> <ul style="list-style-type: none"> <li>Set up a Short Life Working Group (SWLG), engage and develop a plan linked to bank across NHS GJ and link with external health boards.</li> </ul>

		<p><b>Quarter 2</b></p> <ul style="list-style-type: none"> <li>Paper to be submitted to NHS GJ Executive Leadership Team Meeting with options.</li> </ul> <p><b>Quarter 3 and 4</b></p> <ul style="list-style-type: none"> <li>Take agreed option forward depending on options timeline will be determined.</li> </ul>
7.2	Medical Director	<p><b>Achieve reductions in medical locum spend</b></p> <p>NHS Golden Jubilee has no current challenges in regards to medical locum spend. The organisation currently employs two locum ophthalmologists through choice and within the budget for the service. There are no plans to reduce this spend as it is critical to service delivery.</p>
7.3	Director of People and Culture	<p><b>Increasing efficiencies across administrative and support services</b></p> <p>A Board-wide corporate review will run throughout 2025/26 (which started in Quarter 3 of 2024), the purpose of which is to thoroughly review all non-clinical, administrative services. This is in response to the growth of the administrative job family since pre-Covid. The review is phased throughout 2025/26, using a standard methodology, programme management and governance to ensure consistency of approach and the ability to measure the efficiency outcomes.</p> <p>Any outputs which are agreed at Executive Leadership Team Meetings which could include HR Advice, organisational redesign / change that stem from this activity across NHS GJ, will be supported by the HR function.</p> <p>The planned timelines are as follows:</p> <p><b>Quarter 1 and 2</b></p> <ul style="list-style-type: none"> <li>Review of the corporate services, with the review scheduled to conclude Quarter 3 2025/26.</li> </ul> <p><b>Quarter 3 and 4</b></p> <ul style="list-style-type: none"> <li>Review output and agree plan to implement any changes required via Governance routes. The timescale for implementation of recommendations will vary depending on scale and difficulty of change. The target timelines to be described in review report.</li> </ul> <p>An analysis of workforce and finance data is fundamental to the review.</p> <p>A primary risk identified is the capacity of the programme teams and corporate departments to support the review. The following mitigations are in place to address this risk:</p> <ol style="list-style-type: none"> <li>Dedicated project team with protected time to lead the review and minimise the burden on individual departments</li> <li>Project flexibility to allow departments to schedule work around existing commitments and busy periods</li> <li>Project governance group will monitor progress and escalation point for any delays</li> </ol>

		<p>4. Monthly updates</p> <p>5. Exec sponsorship of the project</p> <p>6. Priority project on the Boards achieving the balance programme.</p> <p>It is expected that this work will inform future workforce planning of corporate services.</p>
7.4	Director of People and Culture	<p><b>Encourage attendance and support employees, where health issues impact on their ability to be at work, through implementing the NHSScotland Attendance Policy</b></p> <p>A Board-wide project focussing on Safe Attendance began in 2024/25, which will run through 2025/26 as part of the NHS GJ's 'Achieving the Balance' programme (designed to achieve financial balance). As part of this programme, face to face Absence Management sessions have been designed and are being delivered to ensure the NHSScotland Attendance Policy is well understood and being adhered to by all managers. A local Absence target has been set for 2025/26 to reduce the annualised absence figure from 5.6% (from 2023/24) to 5.4% in 2025/26.</p> <p>A full review of the Occupational Health (OH) Service in NHS GJ is being undertaken in 2025, to ensure it is continuing to support the health and wellbeing of all staff and volunteers. This review will focus on a more robust offering to support the mental health of our staff and volunteers.</p> <p>There is a continued focus of Health and Wellbeing special interest groups on Mental Health, Physical Health and Financial/Social Health.</p> <p>The 2025/26 timelines are outlined below:</p> <p><b>Quarter 1</b></p> <ul style="list-style-type: none"> <li>• Ongoing delivery of Absence Management Training across NHS GJ to Managers. Ongoing review of absence management data and return to work meeting.</li> <li>• Reviewing Occupational health service review and linking in at a national level to understand what options there are for the service at Local, Regional and National Level.</li> </ul> <p><b>Quarter 2</b></p> <ul style="list-style-type: none"> <li>• Ongoing delivery of Absence Management Training, reviewing data linked to absence management and return to work meeting.</li> <li>• Develop an Occupational Health Change management plan if required.</li> </ul> <p><b>Quarter 3</b></p> <ul style="list-style-type: none"> <li>• Monitor and review absence management data and KPI's and assess training requirement on an ongoing basis.</li> <li>• Occupational Health Plan to be taken through Governance Routes in NHS GJ.</li> </ul>



**Quarter 4**

- Implement plan linked to OH services if change is required to the service.

Absence management data is shared currently on a monthly basis across the wider organisation. Absence % reduction has been identified and is linked to the Achieving the Balance programme.

There is a risk that absence may not reduce regardless of education of managers. Interventions by the People Directorate are in place to address this. There is a workforce risk that the National / Regional review of Occupational Health services may not happen within the timelines detailed in this ADP.

**Delivery of the Spiritual Care and Chaplaincy Strategy – Year 3**

Under the banner of “safer staff, safer patients” we will deliver:

1. A Listening Ear service
2. Weekly wellbeing activities in the Spiritual Care Centre (Mindfulness, Meditation and Breath into the Weekend)
3. Mindfulness Course (associated with the 5 ways of wellbeing model)
4. Values Based Reflective Practice sessions
5. Collaboration with the Nursing Directorate to contribute to the caring behaviours audits
6. Education and training: Spiritual and Religious Care, Spiritual Care Assessment and Loss, Grief and Bereavement
7. In collaboration with the AHP Strategy, chaplaincy team involvement in facilitating an AHP Men's Group

The timeline for delivery during 2025/26 is as follows:

**Quarters 1-4**

- **Items 1, 2, 3, and 4:** Continue to be operational as part of our pastoral care towards staff and volunteers.
- **Item 5: Quality improvement** - Continued collaboration with the Nursing Directorate in association with the care experience volunteers to deliver a care experience measurement tool to ward areas. Part of this initiative involves the increase in Care Experience Volunteers.
- **Item 6: Education and Training:** As part of our action plan for 2025, dates have been identified for the training to take place.
  - Training: Mindfulness Course (item 3) February-March 2025; April-May 2025; October-November 2025.
  - Training: Spiritual Care at the End of Life July & September 2025.
  - Training: Loss, Grief and Bereavement September 2025.
  - Training: Values Based Reflective Practice Taster Session December 2025.



		<ul style="list-style-type: none"> <li>• <b>Item 7: AHP Men's Group</b> - Consultation ended and recommendations supported to move forward with the group and to be reviewed after the first year including continued facilitation by the chaplaincy team. Quarterly meetings of the group to be committed to the diary.</li> </ul> <p>Regarding items 1-4, data will be collected on a regular basis and reported to workforce. The Spiritual Care database will be used for data collection of all activities. Spiritual Care data and patient data will be used as part of workforce planning to identify staffing requirements for the service.</p> <p>A potential risk is that chaplaincy absence may result in focusing on front facing responsibilities (e.g. patient and families).</p>
7.5	Medical Director	<p><b>An implementation plan for eRostering in 24/25 with a view to implementing across all services and professions by 31st March 2026</b></p> <p>Overall aims and objectives for eRostering have been described below:</p> <ul style="list-style-type: none"> <li>• Implementation of Allocate Rota, for the rostering of Resident Doctors. The implementation of Allocate Rota will replace the current system DRS.</li> <li>• Implementation of SafeCare, the module that will be used for the compliance of the Safe Staffing legislation</li> <li>• Wider organisation implementation of Optima, the eRostering solution that will replace existing manual processes and tools</li> </ul> <p>Deliverables have been agreed as follows with indicative timelines identified. Timelines are provisional until resource and time requirements to implement Allocate Rota and SafeCare have been confirmed:</p> <ul style="list-style-type: none"> <li>• Allocate Rota to be implemented by end of March 2025</li> <li>• Medic units implementation of eRostering will be complete by 30<sup>th</sup> May 2025</li> <li>• Hotel will complete implementation of eRostering on 27<sup>th</sup> June 2025</li> <li>• NES units will complete eRostering implementation by 29<sup>th</sup> August 2025. Units that will require the implementation of SafeCare will also complete by this date</li> <li>• HLD units will complete eRostering implementation by 28<sup>th</sup> November 2025. Units that will require the implementation of SafeCare will also complete by this date</li> <li>• For Corporate units that work core hours, these will be regarded as “quick wins” and therefore the eRostering solution will be implemented tactically and will be completed by 31<sup>st</sup> March 2026.</li> </ul> <p>Key risks to the implementation plan include:</p> <ul style="list-style-type: none"> <li>• <b>Risk of not meeting the timelines</b> – the eRostering team consists of 2 staff, who will be tasked to implement eRostering to the wider organisation, implement SafeCare and implement Allocate Rota whilst simultaneously providing support to implemented teams</li> <li>• <b>Mitigations</b> – the eRostering project manager has had their contract extended to January 2026 which will support, plan and implement the wider roll out of the eRostering solution, advanced planning and</li> </ul>

		<p>engagement with teams across the organisation and will hope to mitigate any delays. Lessons learned from the early adopter implementation will be implemented to support the wider roll out plan.</p> <ul style="list-style-type: none"> <li>• <b>Implementing Allocate Rota by financial year end was to take advantage of costs being absorbed by NSS</b> – a short window of implementation coupled with resource challenges could impact the deadline being met</li> <li>• <b>Mitigations</b> – early engagement with junior doctors; discussions with the HR to identify members who could support role out from the wider HR team; develop project plan; discuss implementation approach with national programme team which may allow implementation to continue passed the financial deadline set</li> <li>• <b>Implementation of SafeCare will require stakeholders with a strong understanding of compliance with the legislation and the technical knowledge of the SafeCare module</b> – not having a champion of SafeCare would mean any support in successfully implementing would be sought from various stakeholders, which could prolong the implementation.</li> <li>• <b>Mitigations</b> – ensure project plan is developed in collaboration with the nursing team and SafeCare programme; support the SafeCare team with project set up and implementation; ascertain lessons learned from other NHS boards to support implementation at NHS GJ</li> </ul> <p>Clarity is required on the resource requirements to implement Allocate Rota in addition to the commitment required for the implementation. Uncertainty also exists over obtaining resource from nursing that would be a champion in the implementation of SafeCare across the Board.</p>
7.6	Director of Operations	<p><b>How they are working with Further/Higher Education Institutions to improve the way they plan the education needs of their workforce, and what collaboration takes place to ensure education curriculums offered can respond to the changing population health needs both locally and nationally</b></p> <p><b>Golden Jubilee Conference Hotel</b></p> <p>GJCH is actively working with education institutions to address the evolving education needs of its workforce and ensure curriculums respond to changing health and hospitality demands locally and nationally. Key initiatives include:</p> <ol style="list-style-type: none"> <li>1. Partnership Development: <ul style="list-style-type: none"> <li>• Establish formal partnerships with local schools, colleges and universities, such as Glasgow Caledonian University and West College Scotland, to align hospitality curriculums with the specific skills required for roles in the hospitality industry.</li> </ul> </li> <li>2. Hospitality-Specific SVQ Awards: <ul style="list-style-type: none"> <li>• Partner with the NHS Golden Jubilee SVQ Centre to launch Scottish Vocational Qualifications (SVQs) tailored to the hospitality industry.</li> </ul> </li> </ol> <p>The following are the planned actions and timelines for 2025/26:</p>

- Formalise partnerships with education – Quarter 2 2025/26
- Launch hospitality specific SVQ's – Quarter 3 2025/26

To track the impact of collaboration with further and higher education institutions, GJCH will monitor and report on the following metrics:

Workforce Development Progress: Number of staff completing SVQs annually (target: 15 staff enrolled in Year 1).

Recruitment Metrics: Number of apprenticeships and placements offered and completed annually.

Curriculum Alignment: Number of partner institutions incorporating GJCH-informed modules or case studies (target: 2 institutions by Quarter 4 2025/26).

Data will be gathered using internal HR systems, feedback surveys from employees and apprentices, and periodic reviews with partner institutions.

Key risks and mitigation strategies related to workforce collaboration include:

Risk: Limited Institutional Engagement

- Difficulty in securing long-term partnerships with educational institutions.
- Mitigation: Leverage existing relationships with NHS GJ SVQ Centre and local colleges to formalize agreements.

Risk: Misalignment of Curriculums with Hospitality Needs

- Curriculum changes may not fully reflect the skills required in modern hospitality.
- Mitigation: Actively participate in advisory roles to shape curriculum content and ensure relevance.

Risk: Recruitment Challenges

- Low uptake of apprenticeships or training programs.
- Mitigation: Enhance outreach efforts through local career fairs and marketing campaigns showcasing clear career pathways within GJCH.

Risk: Resource Constraints

- Limited capacity to support training programs or placements.
- Mitigation: Allocate dedicated resources and staffing to manage training initiatives effectively.

The collaboration with further and higher education institutions directly supports workforce development by:

Upskilling Staff: Offering tailored SVQs to address critical skill gaps in areas such as customer service, technology, and sustainability.

	<p><b>Director of People and Culture / Director of Operations</b></p>	<p>Recruitment Pipelines: Creating a talent pipeline through internships and placement programs, ensuring a steady flow of skilled workers into the workforce.</p> <p>Retention Strategies: Providing structured career development opportunities to enhance employee satisfaction and reduce turnover rates.</p> <p>These initiatives are designed to align with both the Board's workforce planning goals and the broader challenges in hospitality recruitment and retention.</p> <p><b>NHS Golden Jubilee People and Culture Division / NHS Golden Jubilee National Elective Services Division</b></p> <p>Develop and agree a plan for the financial year 2025/26 with Further and Higher Education institutions linked to skills requirements and the anchor strategy/Employability plan within the board.</p> <p>Data derived will support workforce planning at a national level and form part of the NHS GJ workforce and skills requirements at a local level.</p> <p>The NHS GJ NHS team will develop and agree a plan for the financial year 2025-26 with Further and Higher Education institutions linked to skills requirements and the anchor strategy/Employability plan within the board.</p> <p>During 2025/26 stronger links will be made between corporate Learning and Organisational Development (OD&amp;L) service and further / higher education institutes to support current staff educational requirements.</p> <p>The following timelines and actions will be applicable during 2025/26:</p> <p><b>Quarter 1</b></p> <ul style="list-style-type: none"> <li>• Link in with Colleagues across NHSS to understand system challenges and how we can work with institutions together.</li> <li>• Create a SLWG link to OD&amp;L and HR Directorate community.</li> </ul> <p><b>Quarter 2</b></p> <ul style="list-style-type: none"> <li>• Continue to link in with Further and Education colleges across West of Scotland including University of Glasgow, Strathclyde University and West Scotland College where existing relationships exist to agree a plan of engagement for FY 25-26 for the development of a plan.</li> <li>• Attend meetings and agree common goals and requirements</li> <li>• Develop a plan linked to Learning and development needs across NHS GJ and Nationally.</li> </ul> <p><b>Quarter 3</b></p> <ul style="list-style-type: none"> <li>• Develop a plan linked to Learning and development needs across NHS GJ and Nationally.</li> </ul> <p><b>Quarter 4 (People and Culture Division)</b></p> <ul style="list-style-type: none"> <li>• Implement a plan via continual engagement with the Institutions.</li> </ul>
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		<p>Skills requirements across NHS GJ and Wider NHSS linked to workforce planning required to give full detail on educational needs for educational establishments.</p> <p>There is a risk that the Human Resources Directorate (HRD) and Organisational Development (OD) community may not have the capacity to deliver at a national level. Work can be done at a local level dependent on OD &amp; Learning team capacity and Workforce planning capacity within the People team. A workforce planning lead must be recruited to ensure the success of this initiative.</p>
7.7	Director of Finance / Director of Nursing	<p><b>Plans to ensure that all relevant staff are face fit tested to an FFP3 respirator to support business as usual patient care and in the event of responding to an incident such as Mpox Clade1 and Measles.</b></p> <p>A revised Respiratory Protection Equipment (RPE) policy was ratified in November 2024. Operational arrangements including equipment, testing area and standard operating procedures (SOP) were revised and implemented in January 2025. The detailed SOP is available for all clinical staff to ensure they are face fit tested.</p> <p>Mask fit testing is actively monitored. Current trajectories indicate ongoing efforts to enhance accessibility and efficiency, with targeted actions in place to improve compliance rates. Mask fit testing is recognised as a key component of staff safety and infection control. Risks include potential delays in fit testing, impacting workforce availability and patient care. Mitigations include increase in testing capacity – a train the trainer model has been adopted within all clinical and high-risk areas.</p> <p>All areas have access to mask fit testing which is factored into workforce planning. Challenges remain out with the Boards direct control, such as supply chains, and national decisions. These challenges are escalated where necessary to ensure appropriate support.</p>

## 8. Digital and Innovation

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

The plan is governed by eight key principles:

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

The plan details improvement plans incorporating the needs of the GJUNH, NHSSA, GJRI, GJCH and CfSD through 60 work packages in four main areas:

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

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

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

The Golden Jubilee Research Institute (GJRI) has maintained a holding position in recent years of 100 projects within the research portfolio at any one time. The current position shows a significant expansion to the portfolio which now includes 120 projects. The GJRI priority for 2025/26 will be to continue this growth which will provide a number of additional options for NHS GJ patients in terms of; access to novel drugs, devices and procedures and enhanced care through follow-up hospital visits to assess the effectiveness of the test intervention.

Trials involving gene therapy are currently expanding with four projects being set up where previously there were none in this area. Each of these projects are sponsored by external organisations and participants are being recruited by NHS GJ.

No.	Executive Lead	Planning Priorities for 2025/26
8.1	Director of Finance	<p><b>Adoption and implementation of the national digital programmes</b></p> <p>All current national digital programmes are contained and scheduled within the Board's DIP. Specifically OpenEyes, NetCall, Theatre Scheduling, TrakCare, and Endoscopy Reporting are all project line items within the plan. The DIP covers planning, delivery and onward support for products in use within NHS GJ. The plan will complete its objectives by end March 2026.</p> <p>Currently the following dates are scheduled for each of the national projects: -</p> <ul style="list-style-type: none"> <li>• OpenEyes – July 2025</li> <li>• NetCall – June 2025</li> <li>• Theatre Scheduling – May 2025</li> <li>• TrakCare – March 2025</li> <li>• Endoscopy Reporting - March 2025</li> </ul> <p>The adoption of these national solutions will provide information as part of the system deliverables. The impact of these on the referenced measures is not managed by the digital service. The implementation of national solutions is dependent on those systems being fit for purpose and available to implement within the stated timescales. Delays to this may have an impact on NHS GJ ability to meet internal expectations which is out with the control of the Board.</p> <p>The DIP includes an investment in the Digital workforce to ensure new solutions can be supported in a sustainable manner. The Board has committed to funding these additional resources and recruitment is ongoing.</p>
8.2	Director of Finance	<p><b>Improving cyber resilience and compliance with the Refreshed Public Sector Cyber Resilience Framework.</b></p> <p>The DIP includes significant improvements in the Boards Cyber posture. This includes additional security tooling, improved processes and procedures and an increase in staffing resource. The plan leans heavily on the adoption of nationally available products such as Microsoft Defender and is aligned to and supported by the national Security Operations Centre.</p> <p>Improvements in Cyber are iterative throughout 2025/26 however some specific timescales are as follows: -</p> <ul style="list-style-type: none"> <li>• Firewall Replacement – July 2025</li> <li>• Microsoft Sentinel – Nov 2025</li> <li>• Defender for Identity - Sep 2025</li> </ul> <p>The adoption of national Cyber tooling will provide visibility at a national level of the performance of Jubilee systems against national benchmarks.</p>



		<p>This will inform any improvements or changes required locally to maintain good cyber practice.</p> <p>The implementation of national solutions is dependent on those systems being fit for purpose and available to implement within the stated timescales. Delays to this may have an impact on NHS GJ ability to meet internal expectations which is out with the control of the Board. The DIP includes an investment in the Digital workforce to ensure new solutions can be supported in a sustainable manner. The Board has committed to funding these additional resources and recruitment is ongoing.</p>
8.3	Director of Finance	<p><b>Executive support and commitment to optimising use of digital &amp; data technologies in the delivery of health services, and ongoing commitment to developing and maintaining digital skills across the whole workforce, including promotion of Digital and Data Capabilities Framework and Digital Learning Pathways</b></p> <p>As part of the Finance Directorates Improvement Plan for FY 25/26 there is the commitment to establish a Digital and Data Champions Network within the Board. This will raise awareness generally around the importance of the use of Digital and Data in the delivery of care and identify skills gaps to inform a sustainable staff digital skills development programme.</p> <p>A number of activities will be carried out throughout the FY however key milestones will be as follows: -</p> <ul style="list-style-type: none"> <li>• Introductory communications plan – April 25</li> <li>• Initial call for volunteers and Champions Network governance agreement – July 2025</li> <li>• Skills Development Framework Published – Jan 2026</li> </ul> <p>Any data collected as part of the skills development framework can be used by the Boards Learning and Organisational Development function to inform wider intelligence gathering over the level of digital maturity within the workforce.</p> <p>Low engagement due to competing pressures will limit the impact of any work in this space. Commensurate workforce commitment to support the establishment and running of the Champions Network will be required to ensure success. This provision is included in the workforce planning section of the DIP.</p>
8.4	Director of Finance	<p><b>Working collaboratively with other organisations to scale and adopt innovation, with particular reference to the adoption of Innovation Design Authority (IDA) approved innovations as part of the Accelerated National Innovation Adoption (ANIA) pathway</b></p> <p><b>NHS GJ Digital and eHealth</b></p> <p>The Digital team provide direct support to the ANIA Team in an advisory and technical readiness capacity for new Digital products and services. As an example Digital Dermatology testing has been facilitated through engagement with the Boards Digital team and this relationship is expected</p>

	<b>National Director</b>	<p>to continue through FY 25/26. The commitment to support ANIAs objectives will be ongoing throughout the FY. There is no specific data capture elements of the work undertaken by Jubilee Digital at this time. Availability of relevantly skilled Digital staff will depend on current workload and capacity. Information Governance is a specific consideration in this area. ANIA support is provided currently by existing Digital workforce. The increased demands for Information Governance support may require address as the volume and scope of activities increases in this area.</p> <p><b>Centre for Sustainable Delivery</b></p> <p>Working with Scottish Health Technologies Group (SHTG) CfSD will lead the ANIA horizon scanning and via quarterly reports to the Innovation Design Authority (IDA) identify new technologies that could enter the ANIA Pathway. Following approval by IDA, they will ensure that new innovations are successfully introduced onto the ANIA pathway.</p> <p>Innovation priorities for 25/26 are as follows:</p> <ul style="list-style-type: none"> <li>• Complete Digital Dermatology implementation, transition to business as usual from April 2025 and optimise uptake across NHS Scotland</li> <li>• Pending funding approval, lead delivery of T2 Diabetes Remission Programme</li> <li>• Pending funding approval, lead the delivery of the Pharmacogenetic Testing Programme</li> <li>• Lead the ANIA Partnership (with HIS, PHS, NSS and NES) and co-ordinate their specialist inputs to delivery and adhere to IDA change request process and reporting requirements</li> </ul>
8.5	<b>Director of Finance</b>	<p><b>How analysis of Digital Maturity Assessment updates informs planning, priority setting and progress reporting aligned to the Board's Digital Strategy</b></p> <p>The Boards DIP is a wide-ranging series of projects designed to improve the overall Digital maturity of clinical and business services within the Board. Through use of the Digital Maturity Assessment the Board is able to measure progress towards Digital Maturity improvement and adjust and prioritise projects accordingly. The DIP will complete its delivery in March 2026. The adoption of the DIP will provide information as part of the system deliverables. The impact of these on the referenced measures is not managed by the digital service.</p> <p>The implementation of national solutions is dependent on those systems being fit for purpose and available to implement within the stated timescales. Delays to this may have an impact on NHS GJ ability to meet internal expectations which is outwith the control of the Board. The DIP includes an investment in the Digital workforce to ensure new solutions can be supported in a sustainable manner. The Board has committed to funding these additional resources and recruitment is ongoing.</p>

## 9. Climate

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

Alongside NHS GJ, the CfSD continues to provide national leadership to the National Green Theatres programme. The Programme continues to release new sets of recommended actions to Boards and subject to availability of funding, is scoping extension of the National Programme into other clinical services such as Laboratories.

No.	Executive Lead	Planning Priorities for 2025/26
9.1	Director of Transformation, Strategy, Performance and Planning	<p><b>Greenhouse gas emission reduction in line with national targets with focus on building energy use reduction, transport and travel and medical gases</b></p> <p>The objective is to work towards achieving targets of net zero for heat by 2038 and net zero for emissions by 2040 that are within the board's control.</p> <p>Monitoring data has been established through Public Bodies Climate Change Duties Report (PBCCD) and Annual Climate Emergency and Sustainability Report (CESAR).</p> <p>Our strategic objectives to meet these targets are described in the project scheme updates throughout this section of the ADP.</p> <p><b>Reporting deadlines:</b></p> <ul style="list-style-type: none"> <li>• CESAR - Publish September 2025</li> <li>• PBCCD - Publish September 2025</li> </ul> <p>In support of the above, a mid-year review will track progress and provide the board the ability to review data; this will be recorded through CCSSG in November annually.</p> <p>National systems such as eSight and National Procurement as well as internal data such as waste tonnage, provide a baseline to inform our improvement plan.</p> <p>Our baseline data for 2025/26 comparison is as follows:</p> <ul style="list-style-type: none"> <li>• Emissions from building energy use for 2023/24 was 7859.75 tCO<sub>2</sub>e</li> <li>• Medical gases for 2023/24 was 188.78 tCO<sub>2</sub>e</li> <li>• NHS Fleet emissions for 2023/24 was 40.38 tCO<sub>2</sub>e</li> <li>• Business travel emissions for 2023/24 was 73.54 tCO<sub>2</sub>e</li> </ul>

		<p>The over-arching risks being monitored through the Board Climate Change and Sustainability Strategic Group are:</p> <ul style="list-style-type: none"> <li>• Workforce infrastructure associated with climate change and sustainability programme delivery</li> <li>• Meeting net zero targets</li> <li>• Funding to implement net zero changes</li> <li>• Unintended consequences of external policy or target change</li> <li>• Inability to deliver on the climate change and adaptation plan</li> <li>• Staff engagement in the NHS GJ Climate Change and Sustainability programme.</li> </ul>
9.2	Director of Transformation, Strategy, Performance and Planning	<p><b>Adapting to the impacts of climate change, enhancing the resilience of the healthcare assets and services of NHS Boards</b></p> <p>NHS GJ completed a Climate Change Risk Assessment (CCRA) using the Climate Change Risk Assessment and Adaptation Planning Tool developed in February 2024 with the support of NHS Scotland Assure.</p> <p>The 5 main risks identified in our assessment are as follows:</p> <ol style="list-style-type: none"> <li>1. Access to the GJUNH - Patient and staff access may be difficult in heavy downpours.</li> <li>2. Access to the GJUNH - Site access may be restricted during combined climatic weather events.</li> <li>3. Patient capacity within GJUNH - delayed patient discharge due to increased local service demand.</li> <li>4. Staff wellbeing - Staff wellbeing may be negatively impacted during warm temperatures; and</li> <li>5. Electronic equipment and room temperature monitoring systems - Electronic equipment may overheat as room temperatures increase.</li> </ol> <p><b>Timelines</b></p> <p>Our actions which will continue during 2025/26 are to:</p> <ul style="list-style-type: none"> <li>• Explore consultation with the Scottish Environment Protection Agency (SEPA) and check the certainty of local maps, and consider using their flood maps/alerts/warnings, which may come at a cost. This will help plans to be proactively adjusted, such as rerouting transport.</li> <li>• Consider liaising with Local Authorities to discuss whether they have flood plans and diversions in place for roads that are likely to flood.</li> <li>• Develop and formalise a communication plan for weather and Scottish government and/or local authority or other alerts.</li> <li>• Formal community response to be developed.</li> </ul>

		<ul style="list-style-type: none"> <li>Consider developing a Summer/Hot Weather Plan, similar to the Winter Plan, to ensure an intentional and fully consistent approach to addressing the impacts of periods of high and/ or sustained summer heat. This could explore the local and historical impacts of previous heatwaves. Most notably, the knock-on impacts of increased service demand on GP surgeries and community health centres during periods of high heat on Golden Jubilee's capacity to discharge patients should be assessed.</li> </ul> <p>The CCRA will be revisited during April 2025, with further updates reported as part of Climate Emergency and Sustainability Annual report review in Summer 2025.</p> <p><b>Data and Intelligence</b> The National Climate Change and Adaptation report compares NHS GJ position from CCRA with other NHS Boards. This supports priority action areas for 2025/26.</p> <p><b>Risks</b> In addition to the risks mentioned above for deliverable 9.1, the CCRA forms an overarching risk assessment of the specific potential impacts of climate change on the NHS GJ site and its services.</p>
9.3	<b>Director of Transformation, Strategy, Performance and Planning</b>	<p><b>The achievement of national waste targets, local targets for clinical waste, and engagement with local procurement, waste leads and clinicians to progress Circular Economy programme within Boards</b></p> <p>The focus for 2025/26 will be on embedding and scaling up improved clinical waste segregation practices across NHS GJ, ensuring sustainable change. Key actions include:</p> <ul style="list-style-type: none"> <li><b>Updated Waste Policy:</b> Finalisation and rollout of revised clinical waste segregation guidelines to ensure alignment with NHS Assure recommendations. Supported by an adapted localised version of the national clinical waste posters.</li> <li><b>Bin Placement Optimisation:</b> Reviewing and adjusting bin placement across all clinical and non-clinical areas to improve compliance and reduce unnecessary clinical waste.</li> <li><b>Expansion of Waste Segregation Improvements:</b> Implement lessons learned from pilot ward areas across all relevant hospital wards/departments.</li> <li><b>Training &amp; Awareness Campaign:</b> encouraged clinical and general waste segregation training for clinical and non-clinical staff, integrated into induction and refresher training.</li> <li><b>Performance Tracking &amp; Audits:</b> <ul style="list-style-type: none"> <li>Ongoing financial and tonnage tracking of orange bag waste reduction, while monitoring the effect on general and dry mixed recycling waste.</li> </ul> </li> </ul>

- Rolling programme of waste segregation audits, feeding into compliance dashboards.
- **Waste Communication & Engagement Plan:**
  - Consider development of bespoke waste education materials for different departments.
  - Regular feedback on waste performance to clinical teams in 25/26. Plans require to be made for beyond 2026 anticipating progression to BAU.
- **Engagement with National & External Stakeholders:**
  - Benchmarking waste practices with other health boards.
  - Continued collaboration with NHS Assure and Waste Management Officers nationally to drive best practice.
- **Sustainability Considerations:** Explore potential for a Waste Management Officer (WMO) role to ensure the sustainability of improvements beyond the project period and/or potential for localised ward level clinical waste budgets.

### Timelines

#### Quarter 1 2025/26:

- Finalise updated waste policy following stakeholder engagement. Subsequent management dissemination as a precursor to action.
- Develop and launch staff training modules.
- Expand waste segregation improvements beyond pilot wards. (note – this depends on initial testing/ piloting in Feb/March 25)

#### Quarter 2 2025/26:

- Complete first round of waste segregation audits in expanded areas.
- Roll out updated bin placement guidance across departments.
- Continue stakeholder engagement with NHS Assure and other health boards.

#### Quarter 3 2025/26:

- Assess and report on impact of clinical waste reduction measures.
- Implement targeted interventions in areas with lower compliance.
- Begin evaluation of long-term sustainability options (e.g. feasibility of Waste Management Officer role and localised ward budgets for clinical waste).

#### Quarter 4 2025/26:

- Review year-end performance against waste reduction targets.
- Finalise sustainability plan to ensure continued waste reduction beyond 2026 and transition to BAU.



		<p><b>Key Measurable Data</b></p> <ul style="list-style-type: none"> <li>• ≥10% reduction in orange bag waste costs by March 2026 (baseline cost: £170K in 2023/24) → target savings of at least £17K</li> <li>• ≥10% reduction in orange bag tonnage, measured via TradeBe waste tracking reports.</li> <li>• Improved waste segregation compliance, tracked via audit results and ward-based assessments.</li> <li>• Increased recycling tonnage, particularly for packaging in clinical preparation areas</li> </ul> <p><b>Wider Programmes to improve Waste Management</b> In addition, our wider programmes to improve waste management during 25/26 are as follows:</p> <ul style="list-style-type: none"> <li>• Completion of Pre Acceptance Audits (PAA)</li> <li>• Implement zero waste to landfill with incumbent domestic waste contractor</li> <li>• Promote circular economy and promote waste hierarchy.</li> </ul> <p><b>Timelines</b> Pre-Acceptance Audits will be carried out for level 2 in 2025/26; level 3 and 4 in 2026/27 and level 1 in 2027/28 to complete a whole site cycle.</p> <p>Quarter 4 2025:</p> <ul style="list-style-type: none"> <li>• Establish zero waste to landfill from contract inception in December 2024. Monitor reporting to ensure compliance.</li> <li>• This work will be taken forward by the Waste Management Group in 2025/26, with an end year update being produced.</li> </ul> <p><b>Key Measurable Data</b></p> <ul style="list-style-type: none"> <li>• Reduce domestic waste by a minimum of 15%, and greater where possible compared to 2012/2013 – by 2025 (baseline 2021/22) – target by 2025 is 102.63 tonnes.</li> <li>• Ensure that no more than 5%, and less where possible, of all domestic waste is sent to landfill – by 2025 – target by 2025 is 24.23 tonnes.</li> <li>• Reduce the food waste produced by 33% compared to 2015/16 – by 2025 (baseline 2021/22) – target by 2025 is 9.67 tonnes.</li> <li>• Ensure that 70% of all domestic waste is recycled or composted – by 2025 – target by 2025 is 42.51 tonnes.</li> </ul> <p><b>Key Risks</b></p> <ul style="list-style-type: none"> <li>• <b>Cultural Change &amp; Compliance</b> <ul style="list-style-type: none"> <li>○ Ensuring long-term behavioural change in waste segregation practices among clinical staff may be challenging</li> <li>○ <b>Mitigation:</b> Regular training, audits, and clear guidance materials.</li> </ul> </li> <li>• <b>Lack of Waste Management Officer (WMO)</b></li> </ul>
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		<ul style="list-style-type: none"> <li>○ Without a dedicated WMO, maintaining waste improvements post-project may be difficult.</li> <li>○ <b>Mitigation:</b> Explore feasibility of a WMO role and/or assign waste champions in each department.</li> <li>• <b>Inconsistent interpretation of Waste Segregation Rules</b> <ul style="list-style-type: none"> <li>○ Some health boards apply different standards for what constitutes clinical waste, leading to confusion.</li> <li>○ <b>Mitigation:</b> Align policy with NHS Assure and conduct staff education sessions.</li> </ul> </li> <li>• <b>Operational Challenges in Expanding the Project</b> <ul style="list-style-type: none"> <li>○ Phase 2 expansion will increase waste production, making it difficult to isolate savings from project improvements.</li> <li>○ <b>Mitigation:</b> Use historical clinical waste data to adjust for increased activity levels.</li> </ul> </li> </ul> <p><b>Workforce Dependencies</b> There are minimal direct workforce dependencies, however, success relies on:</p> <ul style="list-style-type: none"> <li>• Infection Prevention and Control (IPC) Team: Input on what constitutes clinical versus non-clinical waste to refine waste policies.</li> <li>• Facilities &amp; Estates: Support for bin placement changes and ensuring appropriate waste collection infrastructure.</li> <li>• Clinical Teams: Compliance with updated waste segregation practices and participation in audits.</li> <li>• Sustainability &amp; QI Teams: Performance monitoring and long-term sustainability planning for 2026/27 and beyond</li> </ul>
9.4	<b>Director of Transformation, Strategy, Performance and Planning</b>	<p><b>Implementation of the sustainable travel approach for business travel, commuting and patient and visitor travel, linking to other strategy areas such as greenspace and adaptation</b></p> <p>Planned activity at NHS GJ is currently focused on business and staff travel, ensuring patients are able to secure parking when travelling to NHS GJ. As an NTC, patients are often required to travel distances to receive treatment at NHS GJ. Where appropriate and by agreement with referring boards, patients will be offered accommodation at the GJCH to make travel easier, or where clinically appropriate, have their consultation carried out via NHS Near Me.</p> <p>Our focus areas for 2025/26 are:</p> <ol style="list-style-type: none"> <li>1. <b>Data analysis on staff and service user travel</b> <ul style="list-style-type: none"> <li>• Re-run patient and staff travel surveys to provide more informed data as part of engagement with ScotRail and Strathclyde Partnership for Transport (SPT).</li> <li>• Conclude surveys, analyse results, and commence dialogue with Scotrail and SPT in Quarter 3-4 2025.</li> </ul> </li> </ol>

		<ul style="list-style-type: none"> <li>• A key risk identified is that NHS GJ may not be able to sufficiently influence ScotRail or SPT to improve access to public transport to the GJ site</li> </ul> <p><b>2. Review feasibility to relaunch LiftShare scheme for staff</b></p> <ul style="list-style-type: none"> <li>• Present feasibility analysis on LiftShare to Executive Leadership Team in Quarter 4 2025</li> <li>• A key measurable target identified is the LiftShare target update</li> <li>• A key risk identified is the availability of funding to manage the LiftShare scheme and allocated car park bays</li> </ul> <p><b>3. Biodiversity and Greenspace</b></p> <ul style="list-style-type: none"> <li>• Our objective is to achieve a balanced biodiverse green space by reporting biodiversity through the CESAR report.</li> <li>• In addition, we will meet the requirements of the Biodiversity Duty Report by: <ul style="list-style-type: none"> <li>◦ Creating a Local Biodiversity Action Plan (LBAP) or contributing to a local authority LBAP.</li> <li>◦ Undertaking a natural capital assessment of our organisation.</li> <li>◦ Identify, restore, enhance and protect habitat types across the estate.</li> <li>◦ Identifying nature network opportunities throughout the site and wherever possible, aligning with wider connectivity opportunities in adjacent locations.</li> </ul> </li> <li>• In Quarter 1 2025, a biodiversity group will be set up as part of CCSSG governance</li> <li>• In Quarter 4 2025, the first Biodiversity report for NHS GJ will be produced</li> <li>• Key measures identified: area of habitat restored or area of estate now managed for biodiversity.</li> <li>• Consolidating biodiversity data the Board may hold (e.g. site surveys as part of developments, tree surveys, protected species surveys) to ensure it is accessible to reference.</li> <li>• NHS GJ currently has 4.84 hectares of greenspace, the total site area is 12.97 hectares. The object is to maintain carbon sequestration or improve on existing levels.</li> <li>• A key risk identified is securing staff support to participate in biodiversity group.</li> <li>• Mitigation: there are opportunities to involve local community in biodiversity projects as part of anchor organisation programme. Staff engagement will be a focus area.</li> </ul>
9.5	Director of Transformation, Strategy, Performance and Planning	<b>Environmental management and use of EMS, including increasing biodiversity and improving greenspace across NHS Scotland estate</b>

		<p>The objective is to meet the requirements of DL 38, to develop and implement an Environmental Management System (EMS) to ISO14001 or a similar standard.</p> <p>The strategy for implementation of an EMS will be developed in Quarter 4 2025.</p> <p>There is currently no baseline data available. Some data can be migrated from other reports and we will focus on reporting uniformity with other boards through national group discussions.</p>
9.6	Director of Transformation, Strategy, Performance and Planning	<p><b>Improving environmental performance through improved stewardship of capital and assets and identified opportunities through the Business Continuity Planning process</b></p> <p>The objective is to identify and mitigate infrastructure Business Continuity Planning (BCP) risks to meet the needs of DL (2024) 02.</p> <p>The second planning phase will be to develop a longer-term service-informed infrastructure investment strategy – referenced as the Preferred Way Forward Option in the PIA guidance document. Existing Clinical Strategies and Medium Term Plans will be used to inform this exercise.</p> <p>A do minimum response will be submitted to SG by January 2025 and the Preferred Way Forward Option review will reach completion by 31<sup>st</sup> January 2026.</p> <p>Data from Strategic Asset Management System (SAMS) will be utilised as well as site specific data gathered through physical condition surveys.</p>
9.7	Director of Transformation, Strategy, Performance and Planning	<p><b>Reducing environmental impact through adopting the National Green Theatre Programme actions, supporting the implementation of the Quality Prescribing Guides and adoption of the sustainability in quality improvement approach</b></p> <p><b>The Centre for Sustainable Delivery</b> The CfSD's National Green Theatre Programme will continue to develop and publish actions for Boards to implement. They work with Boards to implement the published actions. New measurement returns are now in place to track the environmental impact of rolling out these actions on a national basis. This involves supporting Boards to develop implementation and measurement plans. Through these plans they will include promoting the benefits and impact for Boards associated with the green actions.</p> <p><b>NHS GJ Green Healthcare Group</b> The focus of the NHS GJ Green Healthcare Group (incorporating Green Theatres and Sustainable Care programmes) for 25/26 will be:</p>

		<ul style="list-style-type: none"> <li>• <b>Anaesthetic Gas Scavenging System (AGSS) and Heating Ventilation Air Conditioning (HVAC)</b> <ul style="list-style-type: none"> <li>○ A project is underway to pilot and evaluate the effect of switching off the AGSS and HVAC systems in GJ theatres out of hours</li> <li>○ Standard Operating Procedure (SOP) for out of hours switch off will be shared with clinicians in Quarter 1 2025</li> <li>○ Switch off changes will begin testing in Quarter 3 2025</li> <li>○ Energy use in theatres will be compared with baseline data to allow for measurement</li> </ul> </li> <li>• <b>Embedding “Rub not Scrub”</b> <ul style="list-style-type: none"> <li>○ This work has already been partially implemented in Thoracic Theatres and Cardiac Catheter Labs as a means of reducing water use in an operating environment. Roll out will continue with an aim to be more systematic in these clinical areas.</li> <li>○ Final SOP will be developed and rolled out in Quarter 1 2025</li> <li>○ Collation and presentation of audit results will take place in Quarter 2 2025</li> </ul> </li> <li>• <b>Improve patient warming pre and peri operatively</b> <ul style="list-style-type: none"> <li>○ Aim is to optimise patient warming pre and perioperatively to improve clinical outcomes. Audit demonstrated room for improvement. A proposal is being developed within orthopaedic theatres using sustainable warming technologies</li> <li>○ Testing of changes will begin in Quarter 1 2025</li> <li>○ Audit early results available in Quarter 3 2025</li> </ul> </li> <li>• <b>Lean theatre trays</b> <ul style="list-style-type: none"> <li>○ Lean theatre trays have already been trialled by some orthopaedic surgeons carrying out robot-assisted knee replacement procedures. It is intended that this project is extended further across orthopaedics and testing begins in thoracic theatres.</li> <li>○ Update report on further roll out will be produced in Quarters 3-4 2025</li> </ul> </li> <li>• <b>Reusable Theatre Caps and Gowns</b> <ul style="list-style-type: none"> <li>○ A new theatre headwear policy has been developed to allow for the use of reusable caps, paving the way for a trial of the Lyocell cloth caps, created through our membership of the Design HOPES project, working with colleagues from University of Strathclyde and Heriot-Watt University. A SLWG has been established for the trial of Reusable Theatre Gowns in Thoracic theatres. The group will identify any logistical challenges around drop off and collection before the trial commences.</li> <li>○ Progress policy approval and continue with sample production for testing in Quarter 1 2025.</li> <li>○ Trial of reusable theatre gowns commences in Quarter 1 2025.</li> </ul> </li> </ul>
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		<ul style="list-style-type: none"> <li>○ Audit and reports covering all reusable item projects to be presented to the NHS GJ CCSSG in Quarter 3 2025.</li> <li>• <b>Pulse Lavage – move to rotary powered hand tool</b> <ul style="list-style-type: none"> <li>○ This project has been developed from limited testing in Orthopaedics of a more sustainable and environmentally-friendly pulse lavage system. This solution prevents the disposal of tens of thousands of single use batteries</li> <li>○ Completion of business case to request investment and support practice change in Quarter 1 2025</li> <li>○ Subject to business case approval, evaluate first part-year results in Quarter 4 2025.</li> </ul> </li> <li>• <b>Extend programme to Green Health</b> <ul style="list-style-type: none"> <li>○ Achieve similar good practice and reduction in carbon emissions in Cath Lab and Diagnostics</li> <li>○ Agree clinical leadership model for further programme roll out in Quarter 2 2025</li> </ul> </li> <li>• <b>Introduction of pre filled syringes</b> <ul style="list-style-type: none"> <li>○ Since initial trials, GJ has seen a sustained 42% decrease in usage of ephedrine (in grams), through introduction of widespread utilisation of pre- filled syringes, led to reduced wastage of product, as product does not have to be discarded at the end of the procedure due to pre-filled syringes longer expiry.</li> <li>○ Evaluate ongoing impact of this approach across relevant specialities in Quarter 4 2025.</li> </ul> </li> <li>• <b>Reduce Inhaler use</b> <ul style="list-style-type: none"> <li>○ Projects on reducing inhaler waste/duplication of supply has led to a 40% reduction in NHS GJ supply of inhalers when comparing the last two calendar years.</li> <li>○ Evaluate ongoing impact of this approach across NHS GJ in Quarter 4 2025.</li> </ul> </li> <li>• <b>Reduce intravenous (IV) paracetamol</b> <ul style="list-style-type: none"> <li>○ Since this project began in Q3 2024, there has been a significant financial benefit seen in using oral paracetamol, where appropriate, in preference to intravenous paracetamol. One gram of oral paracetamol on average costs £0.03, compared with intravenous paracetamol at an average cost £0.59 per gram, more than nineteen times greater. Based upon national prescribing data, there is a potential green dividend of over £53,000 if use of intravenous paracetamol was reduced by 70%, and IV paracetamol has a much higher carbon footprint.</li> <li>○ Plan to explore opportunities for further IV to oral switches in Quarter 2 2025</li> <li>○ Evaluate full year effect of IV to oral paracetamol switch in Quarter 4 2025</li> </ul> </li> </ul>
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		<p><b>Key Risks across all Green Healthcare programmes:</b></p> <ul style="list-style-type: none"> <li>• <b>Cultural Change &amp; Compliance</b> – ensuring long-term behavioural change in clinical practices among clinical staff may be challenging.</li> <li>• <b>Clinical Programme Leadership</b> - securing clinical leaders with time protected to deliver improvement programmes</li> </ul>
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