NHS
Golden Jubilee

Nursing Delivery Plan

2026-2030

Contents

Foreword

At its core, this Nursing Delivery Plan (NDP) is about enabling our nursing workforce to thrive so that they can continue to deliver the highest standards of care for the people we serve. Nurses are the backbone of our health and care system, and their expertise, compassion, and leadership are central to delivering safe, effective, and person centred care every day.

This plan sets out a bold yet practical roadmap for the years ahead. It reflects the voices of our nurses, our patients, and our partners, and recognises the extraordinary skill, resilience, and professionalism demonstrated across our care settings. Our nursing teams consistently rise to meet challenge and change with commitment and integrity.

Our ambition is to build upon the foundations of a nursing service that is compassionate, inclusive, and responsive. To achieve this, we must invest in our people, strengthen our culture, and create environments where nurses feel valued, supported, and empowered.

Our Nursing Delivery Plan outlines how we will do that – by strengthening clinical excellence, advancing professional development, embedding digital innovation, improving working environments, and placing wellbeing and belonging at the heart of our approach.

Our commitment to compassionate, evidence based care remains unwavering. The purpose of this plan is simple: to ensure that every nurse has the tools, support, and conditions required to deliver safe, high quality care, while also sustaining fulfilling and rewarding careers in nursing.

I want to sincerely thank every nurse who contributed their insight, honesty, and professionalism to the development of this plan. Your voices have shaped a strategy that is both ambitious and achievable. This is our commitment to you – to provide the leadership, resources, and support you deserve. I am immensely proud of our nursing teams and confident that, together, we will continue to lead, influence, and transform care.

Through our Nursing Delivery Plan, we will build a future where nursing continues to make a meaningful difference every day at NHS Golden Jubilee.

Anne Marie Cavanagh
Executive Nurse Director

Introduction

We have seen many significant changes to our hospital services and the patients that we care for since our last nursing strategy was launched in 2020. There have been 2 expansions to increase our clinical services and allow more patients to be treated. We have also received university status from both the University of Strathclyde and the University of Glasgow, embedding our status as a teaching hospital and a home for leading clinical innovations and research.

NHS Golden Jubilee is a unique national institution, bringing together the Golden Jubilee University National Hospital, our Research Institute, the Conference Hotel as well as our national Centre for Sustainable Delivery and the NHS Scotland Academy. Since our establishment in 2002, we have grown into a highly regarded centre of excellence, known for delivering safe, high quality and person-centred care, and for our culture of collaboration and innovation.

At the heart of NHS Golden Jubilee is the Golden Jubilee University National Hospital (GJUNH), a flagship facility that provides high-quality specialist services for patients across Scotland. Our hospital is renowned for its expertise in heart, lung, orthopaedic, ophthalmic, general surgery, and diagnostic services.

Vision

Our vision statement describes the ultimate aspiration for the NHS Golden Jubilee, outlining where we want to be by 2030. This is our 'north star' and provides a unifying, long-term direction for our staff, stakeholders and partners.

> **Achieving excellence by improving how we deliver healthcare services for the people of Scotland.**

Mission

Our mission statement acts as our 'compass' to ensure we are travelling in the right direction in the actions we take in order to deliver our vision.

> **We will provide exceptional national specialist care by living our values with kindness and compassion, working as a team and focusing on innovation, learning and research, all while making the best use of our resources.**

Values

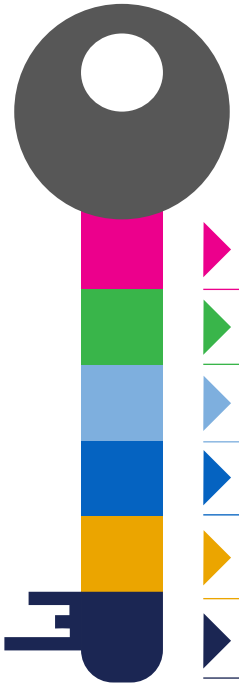
Everything we do is underpinned by the NHS Golden Jubilee values, these are: respect, kindness, teamwork, and learning.

Our board strategy was launched in summer 2025.

Key themes within our Strategy are:

Our patients and the public **Our people** **Our partnerships**

Some key facts about the Golden Jubilee University National Hospital:



- **26** operating theatres
- **5** cardiac catheterisation labs
- **220** staffed inpatient beds
- **5** endoscopy rooms
- **1** Outpatient department
- **73** day surgery/ procedure beds and chairs

Nursing department

Our nursing department team consists of:

Role	Headcount	Whole time equivalent
Health Care Support Workers (HCSW)	278	252.5
Operating Department Practitioners (ODP)	13	12.5
Registered Nurses (RN)	884	803.6
Total	**1,163**	**1,056**
Bank HCSW	158	
Bank RN	484	

(HR workforce data March 2026)

The nursing department makes up **43%** of the overall workforce at NHS Golden Jubilee. (HR workforce data March 2026).

Job families

Job families within the nursing department:

- Registered Nurses (RN)
- Advanced Nurse Practitioners (ANP)
- Clinical Nurse Specialists (CNS)
- Operating Department Practitioners (ODP)
- Clinical Educators (CE)
- Hospital at Night Senior Nurses (H@N)
- Research Nurses (ReN)
- Health Care Support Workers (HCSW)
- Associate Practitioners (AP)
- Surgical Care Practitioners (SCP)
- Advanced Clinical Nurse Specialists (ACNS)

Reference to nurses in this document includes all these staff groups unless stated otherwise.

Departments we work in

- All inpatient wards (orthopaedic surgery, general and colorectal surgery, cardiac surgery, thoracic surgery, ophthalmic surgery, cardiology)
- Critical care (intensive care and high dependency units)
- National Services Division (Scottish Adult Congenital Cardiac Service, Scottish National Advanced Heart Failure Service, Scottish Pulmonary Vascular Unit)
- Coronary care
- Operating department (including preoperative assessment, theatres and recovery room)
- Outpatients (orthopaedics, cardiac and general)
- Clinical research
- Cardiac catheterisation lab and cardiac day unit
- Endoscopy suite
- Prevention and control of infection
- Occupational health
- Clinical education
- Acute pain team

Other strategies and initiatives

Our Nursing Delivery Plan aligns to a number of internal and external strategies and initiatives.

Internal:
- NHS Golden Jubilee Board Strategy (2025)
- NHS Golden Jubilee Clinical Education Strategy (2024)
- NHS Golden Jubilee Digital Strategy (2023)
- NHS Golden Jubilee Workforce Strategy (2025)

External:
- Nursing and Midwifery Taskforce Recommendations (2025)
- Health and Care Staffing (Scotland) Act (2019)
- NHS Scotland Operational Improvement Plan (OIP)
- Population Health Framework (PHF)
- Health and Social Care Service Renewal Framework (SRF)
- Realistic Medicine

How we developed our NDP

We launched our last Nursing Strategy in spring 2020. We reported progress annually through our Staff Governance Group. In autumn 2025 we held several consultation sessions with our staff to review the key board strategy themes of our patients and the public, our people, and our partnerships. We asked a set of open questions on how we move forward with nursing. We also asked the same questions at existing meetings.

All of the sessions were facilitated by the Executive Nurse Director, Associate Nurse Directors or Heads of Nursing. We met with over 150 staff, including RNs, HCSWs, ODPs and pre-registration student nurses who were on clinical placement at the time.

How our NDP is laid out

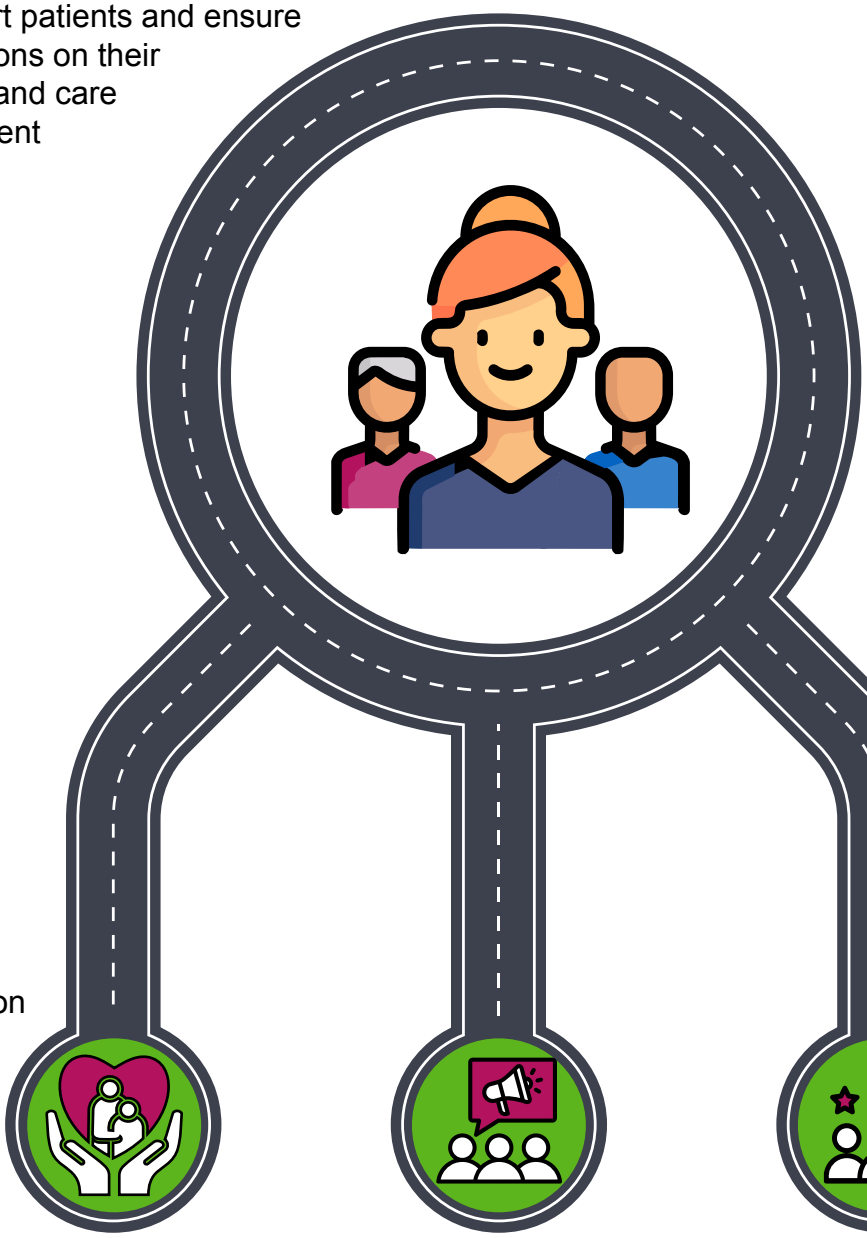
Our NDP is presented within each of our Board Strategy themes – our patients and public, our people, and our partnerships. We have included key objectives and actions within each of these topics.

Our patients and public

1. Patient advocacy and empowerment

Nurses are at the heart of every patient's care journey.

We support patients and ensure that decisions on their treatment and care reflect patient priorities.



As a profession we continue:

Person-Centred Care: Ensuring we have tailored nursing care plans and "What Matters to You?" conversations with patients.

Advocacy: Empowering patients through informed choices and shared decision-making, where possible. This includes our approach to implementing the Realistic Medicine principles.

Clinical expertise: Using our clinical expertise and applying evidence-based practice to deliver safe and effective nursing interventions.

2. Safety and quality

- High quality safe and effective care is a priority for us. There are many local examples of quality improvement activity within the hospital. We have strong links with the national Excellence in Care and Scottish Patient Safety Program teams. Care Assurance Information Resource (CAIR) dashboards are in place.

  We will embrace the new Scottish Approach to Change Framework launched by Healthcare Improvement Scotland (HIS) which incorporates a Quality Management System approach to drive change and improvements for our patients. We will use this framework to reduce harm, strengthen our safety culture, and embed evidence-based care.

  Quality Management System Framework
  This framework describes the interconnections needed to support quality improvement and fundamentally quality assurance. Planning, maintaining and improving quality are closely linked and each theme impacts on each other. None of these can work in isolation.

Scan the QR code or click the link to access the Healthcare Improvement Scotland Quality Management System (QMS) Framework.
www.healthcareimprovementscotland.scot/improving-care/quality-management-systems-qms

Areas we will strengthen for the future and our ambitions going forward:

Care assurance:
We will continue to refine and embed our Care Assurance approach. This will be a blend of Care Assurance Visits and Clinical Care Audit Tool (CCAT) audits. We will also continue supporting quality improvement initiatives and monitoring quality improvement through audits. We have developed our own templates for Levels 1 Care Assurance CCAT and have adopted the national HIS Care Assurance Visits methodology for level 2 and 3 Quality of Care and Care Assurance visits. Our Framework describes our methodology in detail. This states that we will review our workforce information and available qualitative and quantitative data to assure care, being mindful of our local circumstances.

Quality assurance
Other ways we assure care for our patients include:
- Joint Advisory Group (JAG) on Gastrointestinal (GI) Endoscopy accreditation.
- Association for Perioperative Practice Audit.
- Healthcare Improvement Scotland announced and unannounced inspections.

Quality improvement training and coaching
We want all charge nurses and senior charge nurses to complete formal quality improvement training and ongoing refresher training and coaching as required. This will help them to take responsibility for quality improvement work within their clinical areas, making a real difference to patient care at ward and departmental level.

Safety checks
We have put in place the World Health Organization (WHO) surgical safety checklist. We will strengthen this approach as this becomes more embedded in everyday practice. We will also continue to develop and embed medication reconciliation practices.

Enhanced training
We will initiate an exercise to look into opportunities for developing simulation training for complex clinical scenarios and communication skills.

Digital data transparency
We will use electronic public quality dashboards to be more transparent in reporting our clinical quality and safety metrics. These will display information on the levels of care within clinical areas.

Our current focus to ensure the Quality Management System (QMS) Framework is in place includes:

3. Holistic and person-centred care

We have a high number of patients coming to the Golden Jubilee for their treatment. In 2025/26 we cared for over **43,000** patients across all our clinical areas and outpatient departments. In 2026/2027 this is projected to increase to almost **44,000**.

We continue to maintain a patient centred focus, and meeting physical, emotional, social, and cultural needs of our patients and their families. We want our ward environments to be as welcoming as possible. We display feedback from recent patients. We gain feedback from our patients through multiple forums and platforms including, but not limited to, patient experience surveys and real-time feedback loops such as Viewpoint® and Care Opinion. It is essential that we share feedback and act on this where we can make improvements that will improve the experience of patients in our care.

Our plans for using patient feedback include:

- Scoping the methods to receive feedback from patients, such as QR codes and ongoing use of our Viewpoint™ terminals for instant feedback.
- Ensuring that clinical teams have access to the feedback received.
- Allocating time for Senior Charge Nurses and Clinical Nurse Managers to review feedback at ward departmental meetings.
- Sharing feedback across the hospital nursing teams at scheduled Nurse Leaders meetings.
- Discussing any improvements needed with clinical teams to support implementation.
- Working closely with Clinical Education where there may support required for improvements identified.
- Sharing information with patients and relatives in clinical areas through 'you said, we did' displays. This will encourage feedback from other service users that their opinions are important to us.

Our people

The Nursing department workforce has increased by 23% since 2023. We have welcomed many new members of staff to support the expansion in clinical activity and associated increased clinical workload.

Year	Headcount	Whole time equivalent (WTE)
March 2023	940	864,62
March 2024	1,113	1,019.10
March 2025	1,129	1,023.20
March 2026	1,163	1,056.00

Taken from HR data March 2026

Our nursing structure maintains a profession-led hierarchy up to the Executive Nurse Director. This includes our Registered Nurses (RN), Healthcare Support Workers (HCSW) and Operating Department Practitioners (ODP). This structure supports our ongoing professional accountability in nursing from ward to Board. All nursing roles are aligned through this structure, and our reporting mechanisms enable this accountability.

Our nurses work within multi-professional teams, and our senior nurses work in triumvirate structures with senior doctors and operational managers.

The nursing department ensures governance and accountability around nursing care provision, with robust monitoring and oversight of nursing care.

Care assurance and governance will all follow this route to provide transparent accountability at every level within the nursing department. See Appendix 1- Nursing structure (high level).

Key principles

- **Professionalism and Support**

  The Nursing and Midwifery Council (NMC) is the regulator for all Registered Nurses (RNs). The Health and Care Professions Council (HCPC) is the regulator for Operating Department Practitioners (ODPs). Registrants take personal responsibility to maintain their professional registration and uphold the values of the NMC and HCPC at all times. Healthcare Support Workers (HCSWs) adhere to the NHS Scotland HCSW Code of Conduct.

  There is recognition of staff achievements through nominations for the annual Our People Awards, and many opportunities to acknowledge colleagues through Greatix, Long Service Awards and patient feedback.

- **Clinical Supervision**

  Clinical Supervision (CS) is a process of facilitated reflection to support learning and development for quality of care and outcomes. It provides practitioners with time, feedback and guidance, in a psychologically safe space, to critically reflect on and in, their practice. This in turn, empowers them to celebrate, learn, develop, thrive and innovate.

  Core functions support:

  - Continual professional development, with a focus on professional codes and quality standards.
  - Development of knowledge, skills and proficiency for practice.
  - Personal development and wellbeing; developing awareness and management of self (taken from Supervision for nursing, midwifery and allied health professions | Turas | Learn).

Public Services Delivery (PSD) Scotland Clinical Supervision model sets out 3 interlinked areas for clinical supervision:

- **Professional supervision:**
  Supporting Continuous Professional Development requirements and annual appraisals.
- **Practice supervision:**
  Working alongside more senior nurses to support and develop knowledge and skills.
- **Restorative supervision:** Providing a safe space to help nurses in their roles as they care for patients and families, and recognising the impact that this can have.

There are many opportunities in place for CS within NHS GJ. These are not yet fully aligned to and mapped against the PSD Scotland framework. We will ensure that all CS opportunities are mapped to the Framework and will identify any gaps needed to improve this.

- **Redeployment**

  We occasionally need to temporarily redeploy staff to support other teams and ensure that we have safe staffing levels across the hospital. We recognise that people can be anxious about being redeployed to a new clinical area. We work closely to ensure colleagues are supported and welcomed to the new team.

  The Nursing and Midwifery Taskforce (NMT) recommendations (2025) expect Boards to meet 4 actions around staff redeployment.

NMT Action number	NMT recommendation	GJ approach
18	Employers will put in place a fair, consistent and transparent process to deciding which staff are moved to other areas based on their skills, knowledge and experience.	We record staff moves in huddle documentation. Our senior nursing team monitor, review and discuss staff redeployment hours. We acknowledge the challenges that this can present for staff.
19	When staff are moved, the receiving area will give an adequate handover, orientation and resources to undertake role to ensure that patient and service user outcomes and staff wellbeing are not compromised.	We follow the national Handover Principles which were developed by the NHS Scotland Acute Nurse Leaders Community of Practice in March 2026. We monitor this through our established nursing governance group.
20	When staff are given temporary responsibility for additional cases, employers will put in place a clear process of prioritisation based on dynamic risk assessment and identified mitigations to ensure workload remains manageable.	Clinical Nurse Managers and Heads of Nursing work closely together to ensure that redeployed staff are fully supported and that their transferable skills map to the speciality they are deployed to as much as possible.
21	Employers will ensure a clear route of escalation is available to staff members who are moved and/or given additional temporary responsibility and feel that client/patient safety and outcomes are negatively impacted as a result, or who consequently feel unable to provide safe client/patient care.	We have escalation documentation and processes in place. These will be further enhanced once SafeCare® is fully implemented (using the Red Flags system). Our staff have several escalation routes available to them and highly visible CNMs and Hospital @ Night nurses to support staff with decisions that are made.

Taken from NMT recommendations (2025), page 25.

- **Training and Development**

  Training is a key component of a skilled and competent workforce. We have 2 established education teams – the Clinical Education Team within the Nursing Department, and our Learning and Organisational Development Team, part of our People and Culture team. These teams support all aspects of ongoing staff training and development, ensuring we have a skilled and competent workforce.

  Our Clinical Education Strategy 2024 to 2028 outlines our key objectives and supports our ambitions for staff recruitment and retention through professional development opportunities. Our annual clinical education training calendar maps out all learning opportunities for the year ahead and our Continuous Medical Education (CME) days across the hospital. We have protected learning time in place, with staff rostered to attend training. Our Clinical Educators monitor attendance.

  In April 2026 NHS Scotland increased the number of mandatory training modules for all employees to complete from 5 to 9. We are working to ensure that all nurses have protected learning time to complete their mandatory training. We will be reviewing the profession specific mandatory training to ensure that this remains relevant. All NHS Golden Jubilee staff can apply for the Further and Higher Education Scheme to support ongoing professional academic development.

Healthcare Support Workers (HCSW) development

Our HCSW staff are key members of our clinical teams. Their professional development is important, and all have to achieve core clinical competencies as they contribute to the nursing skill mix within their teams.

NHS National Education for Scotland (now Public Services Delivery Scotland) launched the 'Development and Education Framework for Levels 2-4 NMAHP Healthcare Support Workers' in 2024. This framework aligns the knowledge and skills within the 4 pillars of practice for each level of HCSW in NHS Scotland.

We will map our existing HCSW clinical competencies to this Framework within all areas and adjust these accordingly.

We will review induction for new HCSW colleagues, to ensure there are opportunities to understand the patient journey better, and for cross-area visits to increased knowledge and understanding of different clinical areas and teams. This will support this staff group during periods of redeployment.

We have many HCSWs who have achieved Scottish Vocational Qualifications (SVQs), enabling career progression and promotion to Associate Practitioner roles. Some staff have progressed through Open University to gain an RN qualification. Our HCSWs tell us they value the learning opportunities available to them and are keen for further development in this area.

Alongside organisational support, registered nurses and HCSWs share a professional responsibility to maintain and enhance their own knowledge and skills. Nurses are expected to engage proactively in lifelong learning, reflective practice, and continuing professional development.

Career progression and leadership training:

Succession planning is essential in order that we develop our staff for future leadership roles, and that they can fulfil their career potential at NHS Golden Jubilee. This supports our overarching aim to attract and retain new talent to our teams. We provide several leadership training opportunities including Leading Excellence in Care (LEiC), i-Supervise, access to coaching and external development courses.

We are reviewing the workload of our Senior Charge Nurses (SCN) who lead nursing teams within the clinical areas. This work is ongoing across the hospital and aims to ensure consistency to support them in their clinical leadership and staff management/ staff development roles.

We have developed work-based learning contracts in partnership with Glasgow Caledonian University to support staff undertaking specialist training within clinical areas. These structured agreements enable targeted skills development, strengthen succession planning, and align progression with the Advanced Nurse Specialist Framework. This approach ensures a sustainable, highly skilled workforce equipped to meet future service needs.

4. Health and wellbeing

The health and wellbeing of all our team is vitally important, enabling our staff to deliver safe, effective and person-centred care for our patients. We have many wellbeing initiatives in place and a designated staff wellbeing zone for specific activities. We also provide access to mental health resources, counselling, and resilience training.

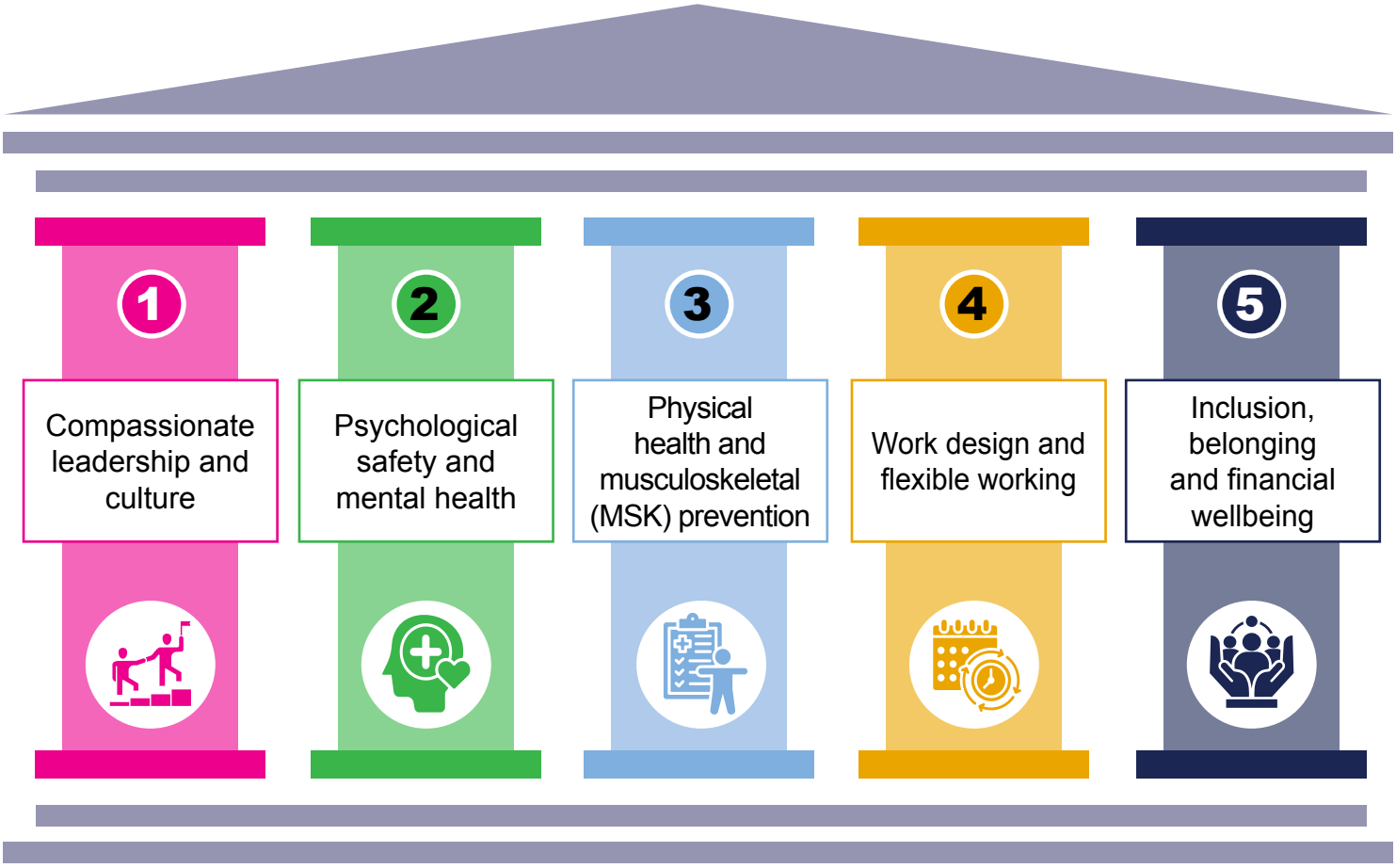
Our Nursing Roster Policy supports work/life balance principles for rostering, especially for colleagues who work a rotational shift pattern.

We have good mechanisms in place for teamwork and wellbeing support. Our staff value the strong links that they have across the hospital.

Professional Nursing Health and Wellbeing Framework

We have developed our Professional Nursing Health and Wellbeing Framework to ensure we have robust plans in place to support our nurses in their roles, moving from reactive to proactive support, and embedding a wellbeing culture across our clinical areas.

This framework sets out a whole-system approach with 5 strategic pillars:



This Framework includes a clinical wellbeing action plan/ roadmap to implementation. We also have strong links with colleagues from Nursing and Midwifery Council and Royal College of Nursing.

Our partnerships

Our nursing teams do not work in isolation. Multidisciplinary working is key to delivering high quality patient care.

Key Principles

1. **Partnerships – internal and external**

   We will review all our internal and external nursing partnerships. This will enable us to establish where there are gaps and opportunities to build on these.

- **Internal:** We have specialist nurses and teams across the hospital. We will improve knowledge about these teams across all of our nursing staff so that they are aware of the roles, and the external links that specialist nursing teams have. Expanding our workforce in recent years has given us an opportunity to highlight roles and improve knowledge about specialist roles and their own links to wider specialist communities. This will reduce isolation and raise visibility of specialist teams, and their connections across the hospital. We will continue to strengthen our professional working relationships with our staff side colleagues, both internal and external to the organisation who represent our staff.

- We will strengthen our partnerships with colleagues from other parts of the Golden Jubilee family including the NHS Scotland Academy, Golden Jubilee Research Institute, and Centre for Sustainable Delivery.

- **External:** We work closely with our local higher education institutes (HEIs) and the Open University as a clinical placement provider for pre-registration student nurses (adult nursing) and further education (FE) colleges for Higher National Certificate (HNC) student placements. Our Practice Education Facilitators link closely to the HEIs and FE colleges. We have close working relationships with community nursing teams supporting continuity of care, and support from specialist teams. We have strong links with our external colleagues at the NMC, Royal College of Nursing (RCN), Scottish Executive Nurse Directors (SEND) group and the communities of practice that are aligned to SEND (corporate and acute nurse leaders' groups).

2. **Digital Enablement**

   We have begun moving from paper to digital patient care systems through implementation of our Board Digital Strategy, led by our Digital Services team. We are review the training support needed for all levels of staff to use these digital systems. The nursing department is represented on the Board's clinical digital subgroup to ensure that digital developments are prioritised with insight of the clinical need and safety critical systems. Our ambition is digitally enabled nursing teams who will use digital platforms and applications to aid delivery of high-quality nursing care at the bedside.

   We have outlined our action plan for the coming years in Appendix 3.

References

- NHS Golden Jubilee Board Strategy 2025-2030
- NHS Golden Jubilee Clinical Education Strategy 2024-2028
- NHS Golden Jubilee Digital Strategy 2023
- NHS Golden Jubilee Workforce Strategy 2025
- NHS GJ Professional Nursing Health and Wellbeing Framework
- NHS GJ Care Assurance Framework
- Scottish Government 'Delivering Together for a Stronger Nursing and Midwifery Workforce – The report and recommended actions of the Scottish Ministerial Nursing and Midwifery Taskforce' (2025) Delivering Together for a Stronger Nursing & Midwifery Workforce Accessed 10 February 2026
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- Scottish Government NHS Scotland Operational Improvement Plan (2025), NHS Scotland Operational Improvement Plan Accessed 10 February 2026
- Scottish Government (2025) Scotland's Population Health Framework (2025-2035) Scotland's Population Health Framework 2025-2035 Accessed 10 February 2026
- HIS Care Assurance Visits template Quality of care review data gathering template | Right Decisions Accessed 27 April 2026
- Scottish Government (2025) Health and Social Care Service Renewal Framework The Health and Social Care Service Renewal Framework Accessed 10 February 2026
- Development and Education Framework for Levels 2-4 NMAHP Healthcare Support Workers HCSW Development Education Framework NMAHP V7.2.pdf (Accessed 7 April 2026)NHS National Education for Scotland (2026) Code of Conduct for Healthcare Support Workers

Appendix 1

Questions we asked our staff (consultation)

Theme 1: Our patients and the public

We asked:

1. What is our contribution as a profession to achieving the aim of safe, effective and person-centred care?
2. How do we do this?
3. How do we contribute?
4. How do/should we embed patients at the heart of their own care journey?
5. How will we demonstrate this to others?

Theme 2: Our people

We asked:

1. How will we embed and ensure an equitable and inclusive culture for our staff?
2. How do we maintain this equitable and inclusive culture for our staff?
3. How do we ensure leadership and career development opportunities for staff?
4. What should access to training look like?
5. What training or development would make the biggest difference to your team?

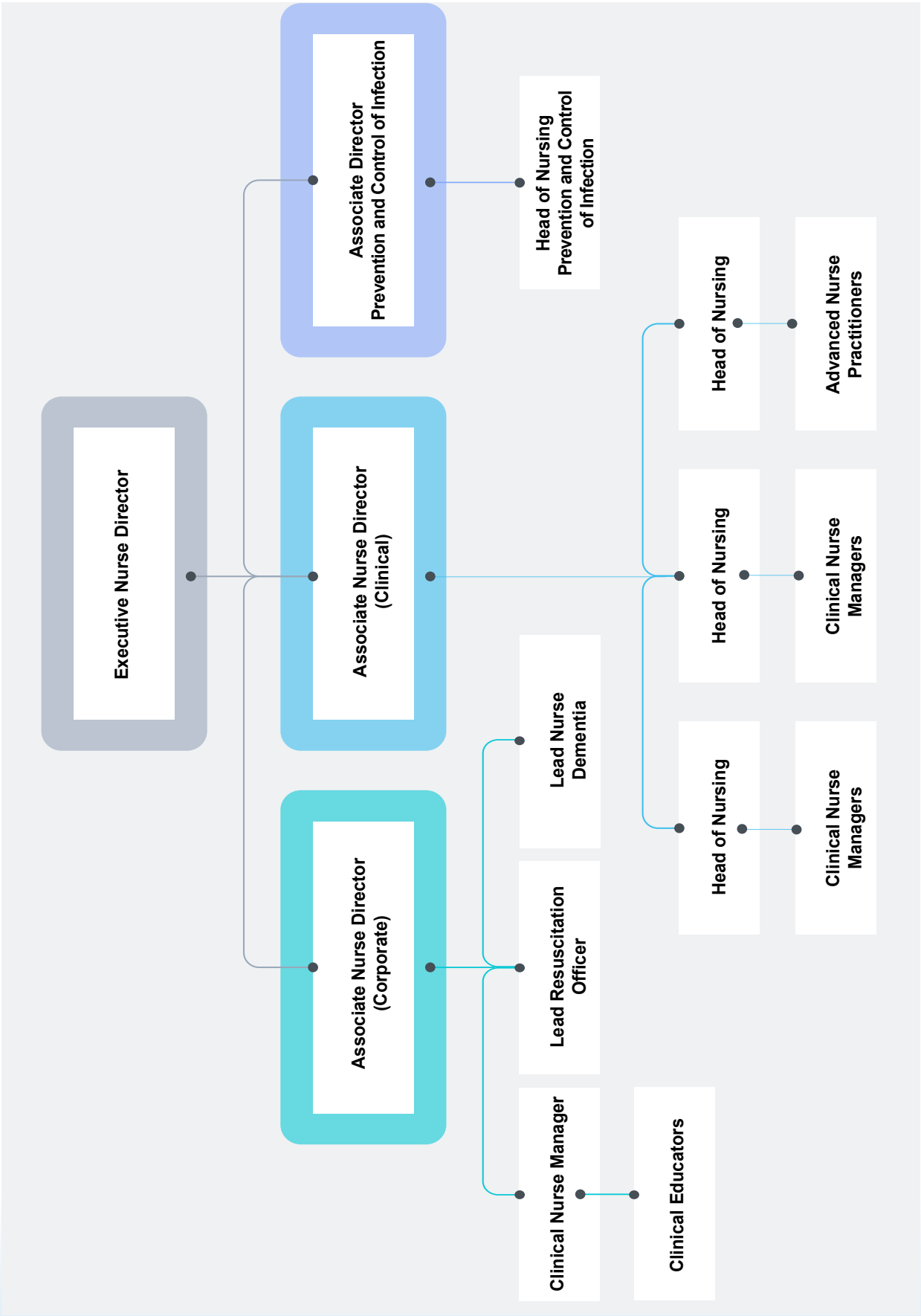
Theme 3: Our partnerships

We asked:

1. Who are your key partnership colleagues?
2. How do we influence and maintain these relationships?
3. What helps you build strong partnerships with others?
4. How do we know that these are working well and how do we demonstrate this?

Appendix 2

Nursing department structure



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