NHS
National Waiting Times Centre

Local Delivery Plan

2015 – 2018

Version 3
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Index

Chief Executive and Chair Introduction

As Scotland's flagship health facility, the Golden Jubilee National Hospital specialises in cardiothoracic, orthopaedic and ophthalmic surgery as well as interventional and diagnostic cardiology. It is also the Scottish centre for heart transplantation and for patients with congenital cardiac and pulmonary vascular issues. A major diagnostic imaging centre, the hospital also has one of the largest concentrations of intensive care beds in the UK.

The Golden Jubilee campus also includes a four star residential training and conference venue – the Beardmore Hotel and Conference Centre. With audio visual links to the operating theatres, cardiac catheterisation laboratories and diagnostic imaging suites at the adjoining Golden Jubilee National Hospital, the Beardmore is perfect for medical and clinical conferences, showcasing new devices, techniques and IT technology.

Research takes forward the ways that healthcare professionals can provide improvements for patients and is also the way we give back real living benefits to everyone. That is why we created our on-site research arm – the Beardmore Centre for Health Science. Currently undertaking ground-breaking research across all of our specialties, the Centre hosts a significant number of commercial and non-commercial research trials and studies.

Some of the most ground breaking ideas are born out of issues encountered in day-to-day work and it is essential that staff are provided with the space, technology and support to undertake exciting new projects which lead to direct improvements for patients and service users. For this reason, we have created the fourth element of our campus – the Innovation Centre – as a location equipped with high specification technology to support our lead role for Innovation in NHSScotland.

Our vision statement – 'Leading quality, research and innovation for NHSScotland' – gives us a clear idea of the direction we have set for the continuous improvement and delivery of our services. And we have developed this in our Board's 2020 vision, focusing on future service priorities and our estate capacity, to meet the priorities and demands of NHSScotland.

Sitting right at the heart of our strategy are our Board values, which set out our commitment on how we work and behave towards our patients, guests, visitors and to each other. Supporting these values – and more importantly, demonstrating them in everything we do and say, helps us provide a caring, personal and quality service for our patients, visitors and guests.

Our agreed Board Values are:

Valuing dignity and respect
A 'can do' attitude
Leading commitment to quality
Understanding our responsibilities
Effectively working together

This year our LDP has three elements which are underpinned by finance and workforce planning:

- Our Board local priorities to deliver our Board 2020 Strategy
- LDP Standards
- NHS Scotland Improvement priorities

The local and relevant national targets agreed for this Local Delivery Plan (LDP) are as follows:

- **Local targets and priorities**

  L1 Strategic changes and expansion within our national services
  L2 Expanding capacity as a National Resource
  L3 Options to deliver additional local and national services
  L4 Innovation and Research
  L5 The Beardmore Hotel and Conference Centre

- **The relevant NHS Scotland Improvement priorities for this Local Delivery Plan (LDP) are as follows:**

  1. Health Inequalities and Prevention
  2. Person-centred Care
  3. Safe Care
  4. Integrated Care

- **LDP Standards**

  1. Early Cancer Detection – Lung Cancer
  2. 31 day cancer – from decision to treat (95%)
  3. 12 weeks Treatment Time Guarantee
  4. 18 weeks Referral to Treatment (90% RTT)
  5. 12 weeks for first outpatient appointment (95% with stretch target to 100%)
  6. MRSA/MSSA Bacteraemia/Clostridium difficile infections (maintain local good performance)
  7. Sickness absence (4%)
  8. Operate within agreed revenue resource limit; capital resource limit; and meet cash requirement

- **Workforce developments**

  1. National workforce issues
  2. Our priorities for action
  3. Workforce developments

NHS National Waiting Times Centre Board – Background

The Golden Jubilee National Hospital's vision is to be a world wide leader in quality, research and innovation for health.

We have a strong track record in the delivery of safe, effective and efficient health care and work in partnership with all NHS Boards to provide essential services to patients.

- Home to regional and national heart and lung services, we are the only site in Scotland to undertake heart transplantation.
- The largest single-site elective Orthopaedic Centre in Scotland, we perform above 25% of all Scottish hip and knee replacements.
- Following recent expansion in Ophthalmology, we will perform at least 12% of all cataracts in Scotland.

NWTCB, LDP standards and the National Improvement priorities

As a national board GJNH receives referrals from all Scottish NHS Boards to enable patients to be treated within the timescales set by the Scottish Government. The Board is also responsible for a range of regional and national heart and lung services. The NWTCB, in discussion with the Scottish Government, has agreed a specific number of LDP standards to reflect its specialist services and national status.

A new element of the LDP this year is the six strategic NHSScotland Improvement Priorities to support delivery of the 2020 Vision. We have included four of these within our LDP to reflect where our Board is able to influence or contribute to delivery of that priority. Two of these priorities – antenatal and early years and primary care – are not relevant to the work of our Board.

The Local Delivery Plan and Financial Challenges

Delivery of the 2015-2018 Local Delivery Plan and the three year financial plan is based on the planned achievement of all three key financial targets. This is very challenging but working in partnership, management and staff side have identified a number of efficiency and improvement schemes year on year. Through partnership working, the Board has been able to deliver these efficiency schemes. This work will continue each year with partnership colleagues committed to identifying and delivering new workforce efficiency schemes.

L1 Strategic changes and expansion within our national services
NWTCB strategic lead: Jill Young, Chief Executive

L1.1 Advanced Heart Failure Service Strategy Update

The Scottish National Advanced Heart Failure Service (SNAHFS) was designated as a national service in 2006 and aims to provide patients with heart failure throughout Scotland equal access to a high quality service offering a full range of appropriate therapeutic options, including heart transplantation.

The service continues to exceed the target transplant activity outlined in the Strategy for the service and through the focussed work of the SNAHFS team there continues to be increasing numbers of transplantations with improvements in 30 and 90 day survival. We experienced a slower start to activity in 2014/15 than in the previous year where a total of 19 transplants were performed. As at end February 2014 we have carried out 12 transplants.

Our Ventricular Assist Device (VAD) programme continues, although numbers of implanted VADs have reduced, and are expected to stay at current levels. The use of VAD implantation as a bridge to transplant is being successfully maintained.

The SNAHFS service continues to focus on a number of elements to maintain heart transplantation numbers and improved outcomes for patients. In addition, the opportunity remains to host a designated Scottish lung transplantation service at GJNH.

L1.2 The Referral Management Strategy

The Referral Management Strategy is part of the overall SNAHFS Clinical Strategy that aims to ensure Scotland-wide referral of candidates for transplantation by heightening awareness of transplantation. We have continued our SNAHFS Roadshows, with the aim of increasing awareness about the services on offer, strengthening the relationship between referring doctors and the SNAHFS team and ultimately increasing referral and transplant activity.

Previously the approach has been to take a ‘blanket’ approach, visiting all potential referring hospitals. However more recently a targeted approach has been taken, visiting hospitals where we have experienced lower referral rates to the SNAHFS service. Feedback from the hospitals visited is overwhelmingly positive and the general view is that the Roadshows have contributed to the increase in transplant numbers. Our plan is to continue the Roadshows for the foreseeable future, raising awareness of the services on offer to Cardiologists and Heart Failure Nurses across Scotland.

L1.3 The Donor and Retrieval Strategy

This aims to:

- Ensure optimal use of organs offered: Donor offers are reviewed at a weekly multidisciplinary meeting to ensure optimal use.
- Ensure optimal management of donors prior to removal of the accepted heart.

We continue to focus on our Retrieval Strategy and have undertaken significant redesign of our retrieval service to bring it in line with other centres in the UK. This redesign involved the recruitment to Retrieval Fellow posts supported by the Consultant rota, thus establishing the service against the National Standards for Organ Retrieval. Through the recruitment and training of the Clinical Fellows, we have been able to support the UK SCOUT project, aiming to ensure that all possible donor organs are inspected and optimally managed. Additionally we aim to continue to improve retrieval of potential donor organs.

We have also signed up to SCOUT 2, an audit which will seek to establish whether scouting optimises available organ numbers. We are also keen to develop the role of Donor Care Practitioner to assist with the SCOUT project and provide support to local Intensive Care nursing staff when a donor is identified.

L1.4 Plans for 2015 and beyond

The Board recently participated in the Commissioning Transplantation to 2020 Reference Group on the future of organ transplantation services for Scottish residents. In terms of adult heart transplantation, it noted that the increase to 19 transplants in 2013/14 was more than double the activity level from any other year during the past decade. The review noted that this was likely due to the increased level of referrals to the service, the increased waiting list and acuity of patients, as well as the increase in organ donation seen through the SCOUT programme. The review has concluded that the need for heart transplantation will remain steady, and that a forecast of 18 transplants per year by 2020 is to be expected.

Going forward, we plan to maintain the numbers of transplants at 18 and continue the good clinical outcomes from transplantation. In developing our ongoing strategic vision for this service, we are keen to be seen as a centre of excellence for transplantation. This will include increasing activity levels, further improving outcomes for patients and delivering a high quality retrieval service. There are also plans to develop an internationally recognised research programme into heart failure and transplantation.

L1.5 Scottish Adult Congenital Cardiac Service (SACCS) Strategy

The Scottish Adult Congenital Cardiac Service aims to provide the highest quality specialist care to adults with congenital heart disease in Scotland irrespective of geographical location. The approach combines a comprehensive, multidisciplinary assessment with specialist congenital cardiothoracic surgical and catheter interventional expertise. The adult team works closely with the paediatric cardiac unit at Yorkhill and provides specialist adult congenital heart disease (ACHD) care for the Scottish Congenital Cardiac Network.

The establishment of the Scottish Congenital Cardiac Network has been a major achievement and has heralded a new approach to the care of patients of all ages with congenital heart disease. The foundation has been laid to take major strides forward in the management of patients with ACHD through the development of Scottish Standards of ACHD care, the introduction of Scotland wide guidelines for clinical management and further develop the expanding clinical network of care providers. Patient involvement is now paramount in all stages of the process.

There has been expansion of outreach support to all but one hospital in the Northern, and South East and Tayside regions. This has facilitated, for the first time in Scotland, the wide acceptance of a shared model of care in which patients can access high quality local services whilst maintaining access to the specialist service when required. The expansion of the SACCS service and associated resource demand recently resulted in an additional allocation of £275,000 from National Services Division (NSD) to support this service.

The SACCS service at GJNH has also recently recruited further specialist Consultants and in the meantime, until these new appointees are in post, an innovative plan has been initiated which will involve utilising a six month locum consultant appointment with Royal Brompton Hospital, who will work remotely to support the MRI service.

GJNH has also participated in a recent clinical review of the location of the SACCS service. Healthcare Improvement Scotland published in June 2013 a follow-up review to the recommendations made by the Kennedy Report (May 2012) to improve paediatric cardiac services. As an addition to the remit of the Review, the Healthcare Improvement Scotland Review Team recommended that the review should consider the safety and feasibility of combining national adult and paediatric congenital cardiac services at the new South Glasgow Hospitals Campus. This review has found that it is not feasible or desirable to co-locate these services at the new South Glasgow Hospitals Campus. Gains made in relation to potential improvements in surgical cover would be offset by a potential detrimental impact on the provision of specialist congenital cardiology, adult cardiac anaesthesia, adult cardiac intensive care, nursing, and all other interdependent services.

L1.6 Supporting Regional Non-National ACHD Service Delivery

The development of a non national ACHD outpatient review service for those with congenital heart disease in the West of Scotland has had a major impact on the workload of the SACCS service.

This has allowed the specialist team to concentrate on delivering the highly specialist aspects of care and is improving equity of access to the SACCS national service from other regions within Scotland.

Currently this non-national outpatient review service is provided within GJNH; however it is planned that the individual Boards within the region will provide this care at a local level by the end of 2015. The first of these Board–based non national clinics commences in Glasgow in June 2015, with Forth Valley taking their patients soon thereafter and the remaining Boards through the remainder of 2015.

L1.7 Scottish Pulmonary Vascular Unit (SPVU)

Specialist services for pulmonary arterial hypertension are designated as a national specialist service and are commissioned on behalf of NHSScotland by the National Services Division; its mission is to provide first class investigation and appropriate treatment for those patients who have this rare and life threatening illness.

We continue to develop the patient pathway based on receiving patient referrals from respiratory medicine or cardiology and these are vetted by our Consultant team. Some of the changes that we have introduced include direct admission for selected patients, initiation of therapy on the day of the multidisciplinary meeting, and assigning new patient slots in every clinic, which have resulted in a reduction in the time between referral and diagnosis/treatment.

Outpatient activity at both GJNH and at the satellite Aberdeen clinic continues to increase and all available space has been utilised. The Aberdeen outreach clinic is extremely popular with patients in the north east of Scotland, preventing around 80 trips to Glasgow per year. NSD have agreed to review the need for further outreach clinics and scoping work is underway. The respiratory medicine element of the SPVU service continues to be provided by NHS Greater Glasgow and Clyde as part of the much larger respiratory medicine service.

The service has noted that the incidence of pulmonary hypertension is now stable since we believe that through our educational programme we have informed all consultants in Scotland of the existence and functions of the Scottish Pulmonary Vascular Unit.

We have initiated a review of the accommodation of the SPVU service at GJNH and it is intended that during 2015, further capacity modelling work will be initiated which will help to define the ongoing resource requirement at GJNH and support the future strategic direction of the SPVU Clinical Strategy.

L2 Expanding capacity as a National Resource
NWTCB strategic lead: June Rogers, Director of Operations

Our activity plan for 2015/16 includes capacity for orthopaedic joints, foot and ankle surgery, orthopaedic 'other' (intermediate and minor procedures), general surgery, plastic surgery, ophthalmology, endoscopy and diagnostic imaging.

In order to ensure high quality, safe care and maximise the most cost effective and efficient use of capacity at GJNH and to ensure sustainable activity flows, a new funding model was agreed at the beginning of 2013/14 with Scottish Government Health and Social Care Directorate (SGHSCD) and presented to referring Boards. It was agreed that Boards would commit to sending patients to GJNH for treatment on the basis of a three year rolling average. We have now completed the second year of this arrangement. This has been successful and our expectation is that this will continue, as planned, for 2015/16. The main benefits of this model have been:

- Maximising the use of capacity throughout the year;
- Delivering greater efficiency in use of resources and public funding;
- Planning and retention of the GJNH workforce in a more productive and efficient way to meet the needs of NHS Boards;
- Improving forward planning to address the long term demands of NHSScotland; and
- Supporting the development of 'see and treat' programmes.

L2.1 Orthopaedic surgery

Orthopaedic expansion

Orthopaedic surgery continues to be in high demand. In response to this demand, we initiated our fourth consecutive orthopaedic expansion plan in November 2014. Approximately 150 joints more than was originally planned will be delivered in 2014/15. The full effect of this increase amounts to 300 primary joint replacements (or equivalent) per year. This capacity will be made available to referring Boards in 2015/16.

Taking into account the expansion outlined above, the 2015/16 target for orthopaedic joint replacements is based on 3,600 primary joints and 700 intermediate orthopaedic procedures. This number was calculated on the basis of one patient to one theatre slot. Each session equals two theatre slots.

Physical capacity remains in our current laminar flow theatres to accommodate one more orthopaedic surgeon and therefore one more expansion. A business case was therefore submitted to SGHSCD and received recent approval to increase capacity by a further 300 primary joints (our fifth consecutive expansion in five years). Our expectation is that, subject to successful recruitment, approximately 200 additional joint replacements will be delivered in 2015/16. This will bring the total number of orthopaedic procedures planned for 2015/16 up to 3,800 joint replacements and 700 intermediate orthopaedic procedures. Following this expansion, there will be no residual capacity available in any of the five laminar flow theatres in the GJNH theatre suite.

Much of our orthopaedic activity is now delivered on a 'see and treat basis' which is considered the best service delivery model for most patients. However, we adopt a flexible approach between the 'see and treat' model and the 'treat only' model to support referring Boards in the delivery of NHS Waiting Time Guarantees.

Orthopaedic outreach clinics

During 2014/15, GJNH was approached by NHS Highland and NHS Shetland requesting outreach support from our orthopaedic team. Since then our consultants have carried out three outreach clinics for NHS Highland and three outreach clinics for NHS Shetland.

The agreement with these Boards was that the patients who required surgery would have their surgery carried out at the GJNH. It was also agreed that in order to avoid unnecessary travel for patients and their companions, patient follow up would be managed via a telehealth link. To date, a total of approximately 450 new out patients have been seen in these outreach clinics with very positive feedback having been received from the patients, the consultants and host Boards. Discussions are under way with NHS Highland and NHS Shetland with a view to continuing these clinics in 2015/16.

L2.2 General surgery

The availability of a general surgeon 24 hours a day, seven days a week, is a prerequisite to support the cardiothoracic programme. It is important, therefore, that general surgery continues to be part of the plan for the GJNH. Currently this service is provided by visiting consultants; the rota is fairly complex and this can therefore be a very challenging service to deliver. This challenge would be alleviated if the GJNH could attract an appropriate surgical programme which required the presence of general surgeons on site on a continuous basis. This would allow us to provide support to boards on a routine basis and also to support the cardiothoracic programme.

L2.3 Ophthalmology

The GJNH employs one full time and two part time Ophthalmic Surgeons. In addition, by March 2015, we will have recruited eight Optometrists to work in parallel with Consultant Ophthalmic Surgeons in clinic and ensure the surgeons spend optimal time with patients ready for surgery. At the beginning of 2014/15 we were tasked with delivering 3,600 cataract procedures on behalf of NHSScotland. However, due to the increasing demand of referring Boards, a business case describing how we would expand our capacity further was prepared and submitted to the Scottish Government for approval. Subsequently, following approval, our capacity increased in October with the aim of delivering an additional 600 procedures over the winter period in 2014/15. The full year effect of this expansion will result in the service delivering a total of 4,800 cataract procedures on behalf of referring Boards in 2015/16. This represents a 400% increase in the number of cataract procedures being carried out in GJNH since 2011/12.

All patients referred to this service are seen on a ‘see and treat’ basis. It is our assumption, therefore, that a total of approximately 6,000 new outpatients will be seen in the ophthalmology service in the forthcoming financial year.

In addition to the cataract activity currently being carried out in GJNH, one of the GJNH consultants provides an outreach service to NHS Orkney four times per year. During these visits, our consultant remains on the island for several days, during which time he sees a combination of new and return patients and also operates on the island. Our expectation is that this service will continue in 2015/16.

The ophthalmology service has undergone significant redesign in order to accommodate the most recent expansion. However, as for orthopaedic surgery, the current physical infrastructure prohibits any further expansions to this service.

L2.4 Plastic surgery

We have theatre and ward capacity to deliver 960 inpatient plastic surgery procedures and up to 240 local anaesthetic day cases per year. Surgeon availability has presented fewer challenges in 2014/15; however referral rates have been disappointing. We have proposed to the referring Board that a plastic surgery joint appointment may provide a solution to the challenges we are currently experiencing. The expectation would be that the consultant would see patients locally but operate at GJNH.

L2.5 Endoscopy

Referral flows for patients who require endoscopy were slow at the beginning of 2014/15 but have improved as we have progressed through the year. There is the potential to increase this service significantly if Boards commit to referrals on a sustainable basis.

We will continue to respond to our referring Boards' pressures, however, a more predictable and long term workflow would demonstrate a higher quality service with more efficient and effective use of the GJNH capacity and would subsequently demonstrate more benefits to referring Boards.

L2.6 Diagnostic Imaging

In addition to the abovementioned expansions, an additional 1450 magnetic resonance imaging (MRI) scans were also offered to NHS Boards to support them over the 2014/15 winter period. Our expectation is that 2,500 additional MRI scans, 250 computerised tomography (CT) scans and 170 DEXA (bone density) scans will be made available to referring Boards in 2015/16.

L2.7 Future capacity at the GJNH

As a consequence of the expansions that took place throughout 2014/15, there is now minimal physical theatre capacity available to further develop existing services or to create new services at the GJNH. However, some examples of opportunities that should be explored are outlined below.

- Ophthalmology theatres could be relocated away from the main theatre suite to a purpose built Ophthalmology Unit that would encompass theatres, recovery space and outpatient accommodation. This would create an environment conducive to improving the patient experience, focussing on continued service redesign and improving productivity. This would also release space in the main theatre suite to develop existing services or attract new services to GJNH.

- Endoscopy could be relocated away from the main theatre suite to another part of the hospital where a larger service could be developed. This service could interact with the national screening programme to support service demand arising from this service in territorial boards.

- Capacity could be made available to either relocate or further develop a general or plastic surgery service at the GJNH. These specialties are currently delivered by visiting or locum consultants. More robust services with a substantive workforce would add quality and value to NHSScotland.

- Each year, Boards request MRI activity that exceeds our capacity. Our MRI capacity could be expanded by extending the working day on the machines and by commissioning another unit.

L2.8 Performance Management

Ongoing scrutiny of scheduling, wait list management and capacity utilisation takes place at the Performance and Planning Committee, Senior Management team and the Board. Contingency and delivery planning is in place to support delivery of the activity and our key activity performance indicators are available on our digital dashboards.

L3 Exploring the opportunity to provide additional local and national services
NWTCB strategic lead: Jill Young, Chief Executive

L3.1 Overview

As a national resource our primary focus is to deliver consistent high quality healthcare to the people of Scotland – specialist care that is person centred, safe and effective. In response to emerging national requests, we have also begun to consider how we can extend this focus to include a range of services which are delivered for and meet locally identified need.

L3.2 Exploring Opportunities

We have conducted a high level feasibility analysis of options that could be developed at the GJNH campus for the provision of more locally delivered services without compromise to the highly specialised National Services already provided on the site. If agreed, this first stage analysis will be used to inform further detailed analysis and specific recommendations. All of our work will focus on improving quality, access and safety in our healthcare services. It will also recognise that over the next few years the demands for health and social care and the circumstances in which they will be delivered will be radically different.

GJNH already provides a range of highly specialised services for patients from all over Scotland. The modern techniques, resources, specialist teams and expertise provide great opportunity and synergy for expansion. Importantly the remaining available estate on our campus provides significant potential for further expansion on the site.

The GJNH, the Beardmore Centre for Health Science, Innovation Centre and the Beardmore Hotel and Conference Centre offer significant opportunities to improve healthcare services by further utilising our capacity and expertise. Expanding the current range of services, and importantly, further developing the Centre of Excellence model that has been so successfully deployed to date, should be carefully considered. This could be achieved with minimum disruption to existing services while maintaining the delivery of consistent high quality of care.

The initial options explored include developing an elective Diagnostic and Treatment Centre. This could be a stand-alone development or be combined at a later stage with
an unscheduled care facility providing minor injuries or emergency care. From the early scoping work, the elective facility could provide services which may include:

- Additional elective orthopaedic capacity;
- Further ophthalmology capacity;
- Outpatient facilities;
- New complete regional or national services;
- General surgery day case capacity; and
- Diagnostic equipment such as MRI and CT.

We are working with the Scottish Government to project the likely demand and capacity across all elective specialities in NHS Scotland over the next ten years.

L3.3 Framework for Developments

Any development on the GJNH campus will build upon the agreed Board strategy and vision of providing high quality, specialist healthcare and delivering innovation and research to drive clinical excellence.

We will adopt an approach which is not confined to a simplistic movement of facilities or buildings but takes the opportunity to look at patient experience and flows and ways to accelerate real quality improvements for patients resident within an agreed local area.

L3.4 Finance, Estate and Workforce Implications

The financial and workforce implications of any development are difficult to assess at this early stage given that the final clinical services to be considered and the size of the potential healthcare expansion is not known at this time.

In terms of the availability of space there is sufficient space for a doubling of the existing facilities on the site if required. This could accommodate a significant range of development opportunities.

L3.5 Performance and Delivery Management

Performance management and delivery oversight will be steered through the Board Strategy programme following agreement of the option(s) to be pursued.

L4 Innovation and Research

NWTCB Strategic Leads:
Jill Young, Chief Executive (Innovation)
Mike Higgins, Medical Director (Research)

The Board has established a clear 2020 vision statement of “leading quality, research and innovation” and this vision is owned and led from the most senior levels within the Board. A clear link between research and quality and innovation has been established to facilitate mainstreaming within our normal business.

The Board has committed to develop and implement innovation across its services and has in place a number of innovation programmes delivering this. In addition the Golden Jubilee has been asked to lead on the National Health and Social Care Innovation Fund for NHSScotland.

During 2014, the Board became a shareholder in Scottish Health Innovations Limited (SHIL), a not-for-profit company established to protect and commercialise innovative ideas generated by NHSScotland. Our Chief Executive is now a SHIL Board member and SHIL have re-located to office space at GJNH for a two year period.

The Board has reviewed the structure and function of its Quality and Innovation Group, ensuring it monitors, directs and provides leadership to the key programmes identified by the Board to deliver our quality and innovation priorities.

The wider Board Quality Framework encompasses all elements of the Board Innovation programme, which is comprised of the following key development areas which are being progressed for 2015:

1. Success of the Innovation Centre and Innovation Hub
2. The wider ‘campus/enterprise’ brand
3. Board Quality Framework application and Dashboards
4. National Innovation Fund progress work
5. The strengthened governance arrangements
6. Scottish Government partnership and National Innovation Partnership Board.

L4.1 Innovation Centre and Innovation Hub

The Cabinet Secretary had a ‘first look’ at the Innovation Centre on 18 July 2014 by the Cabinet Secretary, as a space where innovation could be channelled, working with industry, academia and the NHS. Since opening it has been used extensively by the Board to host the Medical Devices Alpha Test or to showcase with a wide range of stakeholders including industry, the Cabinet Secretary, public sector organisations and potential innovation partners. The Centre has recently hosted events with visitors from China, Sweden and Norway.

Our plans for 2015 will involve further exploitation of the high-specification interactive technology in the Innovation Centre to facilitate the development of new innovative solutions.

As part of our commitment to creating a culture of continuous improvement, we opened our Innovation Hub in August 2014. It has been designed as a flexible, drop-in environment for staff and partners, which is ideal for encouraging creativity and developing new ideas and projects. The operation of the Hub is supported as a space which is suitable for team improvement events, individual self-study or group workshops.

The Hub is designed to provide an environment to encourage all staff to become creative thinkers and develop innovative, practical and effective new ideas to improve our services. It provides staff with the space, technology and resources to undertake projects which lead to direct improvement for our patients and service users. These projects can be anything from ground-breaking medical research to a small change which allows one area to run more efficiently.

During 2015, as part of our wider Quality Improvement infrastructure work, it is planned to commence a programme of outreach across the organisation to establish ways in which teams can be supported further to deliver improvements and innovation.

L4.2 Board wide 'campus/enterprise' brand

Our "Innovation campus/enterprise" includes all four of our onsite facilities – the Golden Jubilee National Hospital, the Beardmore Hotel and Conference Centre, the Beardmore Centre for Health Science and the Innovation Centre. Each area currently has its own identity/brand, however it was agreed that there is a real need to have an overarching identity/brand for the full Innovation campus/enterprise.

We have been working to develop our 'brand' that will take a lead role in positioning our "Innovation Campus" as the leading site for new concepts and innovations on behalf of NHS Scotland. The outcome of this work will be approved by our Board in Spring 2015.

L4.3 Board Quality Framework and Quality Dashboards

During the past few years the Board has developed a unique Quality Framework that provides assurance that safe, effective and person centred care is our top priority and is delivered at all times. The three elements of this quality framework are:

- ***Board Governance*** – our Board Governance Committees have been realigned to ensure delivery of the Quality Ambitions as a primary focus and that there is a clear line of sight between our corporate objectives, delivery of the Board vision and values and the NHSScotland Quality Strategy.

- ***Quality indicators*** – we have developed a range of visual and interactive key quality indicators displayed on our dashboards which describe at a glance the quality of the patient and staff experience and our compliance with our performance measures. These are aggregated into our overall Board Quality Dashboard.

- ***Values based Workforce*** – this is evidenced through our leadership programmes and framework and our innovative values based recruitment process.

This work has been presented to a number of high profile conferences and has received significant interest in NHSScotland and from international partners.

Commercial collaborations

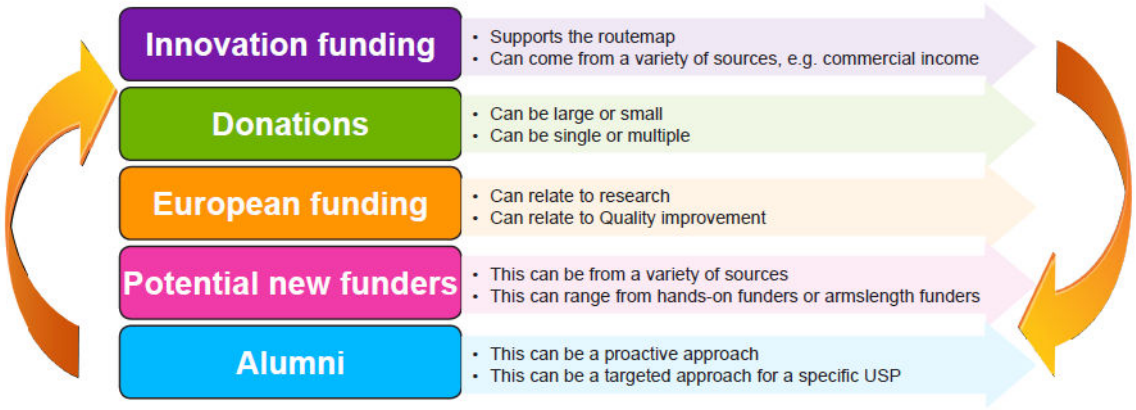
We have also been progressing an upgrade of our dashboard software system (idash). We have chosen a preferred provider for this is Microstrategy, who are on a national framework contract for NHSScotland. Their dashboard and business intelligence platform is significantly enhanced compared to our current system and provides a more automated approach, and can be used for predictive analysis and for an NHSScotland-wide analysis of key performance indicators.

In the development of this work we have also identified the opportunity of developing our own digital product and mobile application that could be developed for our whole Quality Framework (including the Quality Dashboards) to provide a unique product for UK and international customers. Our plan for 2015 is to continue the commercial development of this product and look to generate revenues that can be re-invested in our Board innovation programme and the national innovation fund.

We will continue to explore opportunities to develop this product further, including the potential opportunities to partner with a Scottish-based software company to be involved in this venture and to assist growth in the Scottish economy. A business plan is currently being established with support from Scottish Health Innovations Limited (SHIL).

L4.4 Innovation Fund Progress

The potential contributing components to the fund were established following the early feasibility project with the Scottish Government and are displayed in the diagram below:



The business case for the internal set-up costs to develop this concept further was approved by the Scottish Government, with investment of £100k allocated to the Board. The key resulting actions from the business case are outlined below, together with progress achieved and plans for 2015:

(i) Funding from Industry Partners through:

- an intellectual property arrangement;
- a product development initiative;
- research funding; and/or
- a strategic innovation partnership including academia partners if appropriate.

We have developed the legal and governance arrangements to protect and develop the innovation(s) and our key focus for 2015 is to establish proof of concept partnerships to evidence the economic benefits across Scotland.

(ii) Secure donations from philanthropists, business contacts or further funding sources

We have been working with a specialist company to develop a robust investment “case for support” that can be presented to potential funders. This case is nearing completion and will shortly enter a testing phase with key philanthropic and business contacts. Our plan for 2015 is to work with philanthropists and develop a formalised network of ‘giving circles’ to attract investment to the Innovation Fund based on our case for change. We will thereafter progress our work with the Innovation Partnership Board to consider pan Scotland case(s) for investment.

(iii) Attract European Funding

We have initiated contact with the European funding lead in NHS24 and have met with the Digital Health Initiative (DHI) to see how our work can be of mutual benefit. In addition, we have built connections with the Strathclyde University Incubator to learn from our mutual collaborations. Our plans for 2015 will focus on exploring opportunities for widening contacts with global funders using our case for support.

Industry Collaborations

Medical Devices Alpha Test (MDαT)

One of the priority areas of the Innovation programme and focus for the Innovation Centre is to support a process that we have developed to connect inventors, funders and clinicians to work together to create innovation in medical devices. We are calling it the Medical Devices Alpha Test (MDαT), this has been trademark registered to enable us to market and 'sell' the concept.

In summary the process enables individuals and organisations (such as commercial device companies and academic organisations) to submit a healthcare related device for review by a panel of clinical experts. The review will evaluate the device and its potential use in NHSScotland and the wider healthcare environment.

To date we have run five very successful MDαT sessions and there is now significant demand from commercial companies to participate in these sessions. The learning from the sessions has been very useful, complementary to established techniques relating to research and improvement technology, and is a logical extension of the expertise that the Board has in terms of device research. The aim of the process is to advise on the development pathway for the device.

Our focus for 2015 will be to formalise the MDαT outcome stages and processes and consider the ongoing infrastructure requirement to meet the emerging demand from external organisations. The resource requirement to manage the MDαT process is being considered as part of a wider business and marketing plan for the Beardmore Centre for Health Science.

L4.5 Strengthened Governance Arrangements

The governance arrangements for the Board charity and the innovation work have been strengthened as previously described and we now have in place:

- An endowments charter and standing operating procedures;
- Plans in progress to transfer the management of the Board endowment funds from NHS Greater Glasgow and Clyde by 31 March 2015;
- Systems in place to provide controls, delegated responsibilities and reporting for the fundholders;
- Governance to support the charity trustees through the endowments sub committee and good reporting between trustees and the Board;
- Collaboration and data sharing with other Health Board charities to ensure good practice models can be put in place; and
- Arrangements in place to appoint external auditors and investment management support

L4.6 National - Innovation Partnership Board (IPB)

The national group responsible for overseeing the innovation progress within the NHS is the Innovation Partnership Board. Our Board Chief Executive is a member of this group and will chair the Assessment Committee, the subgroup of the IPB set up to oversee the allocation of the national innovation fund. Work is ongoing to formalise the assessment and allocation process and during 2015, consideration will be given to the impact of the Golden Jubilee case for support and its potential benefit for the wider NHS.

Research

L4.7 Beardmore Centre for Health Science

The Beardmore Centre for Health Science (BCHS) is a unique facility within NHSScotland combining a purpose-built Clinical Skills Centre and Clinical Research Facility promoting excellence in health, research and learning.

Clinical Skills Centre

The Clinical Skills Centre is open to staff across NHSScotland and other organisations and is specifically designed to address clinical and surgical training requirements. Our Clinical Skills Centre includes facilities not readily available in other hospital environments, such as:

- live audio visual links to cardiac catheterisation labs, theatre and imaging suites; and
- an area designed for surgical skills training.

Clinical Research Facility

The Clinical Research Facility (CRF) continues to attract research sponsors who identify with the fast approval times of projects and good availability of Research Nurses. Building on this success, a 'Research Hub' has been created which is populated by research support staff and is co-located with the Research and Development (R&D) department. The peer support provided by this co-location is important to the continued growth of the R&D function. The number of active research projects has increased year on year.

We continue to deliver world-leading research ensuring it is taken from 'bench to bedside' to benefit patients and recognise the importance of research to health. Research activity helps us investigate, test out and develop responses to the challenges we face and improves our knowledge and understanding which can lead to improvements in healthcare quality, better outcomes and care for patients and improved performance.

Within the Research Centre projects are hosted relating to our clinical specialties including interventional cardiology, electrophysiology, pulmonary vascular disease, advanced heart failure, orthopaedics and anaesthetics.

Targets for research project numbers and contract value for commercial research projects continue to be exceeded. One such project represents a new era in research at the GJNH, namely the organisation taking on the lead role in a European multi-site trial. The IDEAL LM project is an international academic research project led by GJNH and an academic in the Netherlands. The study is a phase four device study that will recruit approx 818 participants from 34 sites – four of which are in Russia. GJNH has accepted sponsor responsibility for the European sites with most responsibilities delegated to a Clinical Research Organisation. The study is fully funded by Boston Scientific.

Our Thoracic Surgery specialty also has an excellent reputation for clinical research and has been represented at all the major UK and European meetings over the past six years. These presentations and publications have proved to be an excellent area for trainees and other junior staff to showcase their audit and clinical research projects. There is an excellent portfolio of collaborative and multicentre studies such as SMART III, Roy Castle Lung Cancer study and TRANSFORM. Our service has established excellent links with the Beatson Institute and the Scottish Pulmonary Vascular Unit as well as the University of Glasgow which provides significant opportunities for further collaboration in basic science and translational research studies.

We continue to work with Scotland's Chief Scientist Office, performing well against agreed key performance indicators and during 2015 will be refreshing our Research Strategy to reflect the development of our research portfolio and progress of our performance.

L5: Beardmore Hotel and Conference Centre
NWTCB strategic lead: Jill Young, Chief Executive

L5.1 Strategic Developments

The Beardmore Hotel and Conference Centre continues to be an integral part of NHSScotland with more than 50% of Beardmore business being derived from the NHS and public sector.

There is ongoing support to the adjoining hospital and in 2013/14, more than 8000 patient related bedrooms were provided in the hotel, facilitating improved patient access to treatment and reduced waiting times.

The Beardmore 2020 Strategy was approved in May 2014 following extensive internal and external engagement. The aim of the Strategy is to harness the Beardmore's strengths and opportunities allowing it to fulfil its role as an integral part of the campus concept and as a national resource for NHSScotland.

Implementation of the Beardmore 2020 Strategy is being progressed through a number of groups including:

- Business Development 2020;
- Conference 2020;
- Sleep 2020; and
- Workforce 2020.

During 2015 the key aim will be to lay the foundations and create the infrastructure for the long term delivery of the strategy. The Strategy is aligned with the overall Board 2020 Strategy and business development and marketing activity is focussed on generating additional income from current key sectors until 2017 whilst developing a presence and position in the sectors relevant to the 2020 Beardmore strategy both UK wide and internationally.

The Beardmore has established itself as the leading conference centre of excellence in Scotland and is able to host a wide range of residential and non-residential events. It has attracted a number of notable industry awards over the last year and The Beardmore secured its fourth consecutive Gold Accreditation from Venue Verdict and is one of only seven Conference Centres of Excellence venues to have received it. It has also been accepted into the world renowned International Association of Conference Centres (IACC), an internationally recognised symbol of quality and excellence in the conferencing industry. This is a significant achievement for the Beardmore and will support the implementation of the Beardmore strategy aiming to attract more international conferences to the venue. In addition, the Beardmore recently became one of an elite group of businesses in the UK to have achieved the prestigious Investors in People Gold Accreditation.

L5.2 Performance

During 2014 there was a marked increase in the number of enquiries for conferences and events and this has continued into 2015.

The Beardmore has also experienced a substantial and sustained increase in bedroom occupancy and had a major role in providing bedroom capacity and hospitality during the 2014 Commonwealth Games.

Online productivity has increased with online bedroom bookings up by 46% during 2014. Big Data analysis and management will be a major focus during 2015 to further increase productivity across both rooms and conference.

The Beardmore is on target to deliver all key performance and financial indicators during 2014/15.

NHS Scotland Improvement Priority 1

Health Inequalities
Leads: David Miller, Acting Director of Human Resources
AnneMarie Cavanagh, Interim Nurse Director
Mike Higgins, Medical Director

Our work to support the identified areas for NHS action:

Supporting employment

Since 2013, we have increased year-on-year our youth employment opportunities offered. These have totalled 152 in the period April 2013 to December 2014, and have covered a range of positions in areas including support services and administration. We are currently considering introducing Modern Apprenticeships in partnership with West Dunbartonshire Council.

Over the last few years we have built a relationship with Glasgow Centre for Inclusive Living (GCIL). This has resulted in us benefiting from a high quality trainee who has supported our equalities and engagement work and we have been supported by the team from GCIL.

The GCIL Professional Careers scheme provides its placements with:

- a suitable placement opportunity that utilises their previous skills, experience and knowledge;
- agreeing and funding a suitable academic qualification to further career options;
- addressing any access requirements (equipment, adaptations and/or arrangements) to allow them to access the job fully;
- providing on-going in work support to identify and address any support needs;
- providing on-going support that will lead to further employment; and
- offering training and support to core staff, for example, equality and disability equality training.

In the past year the Beardmore Hotel has developed a relationship with 'Adopt an Intern' and employed a recent graduate through the scheme. The 'Adopt an Intern' organisation and employers are committed to facilitating paid meaningful internships, reducing youth unemployment, enhancing business growth and contributing to the Scottish economy.

Supporting vulnerable groups and communities

(i) Learning Disability (LD)

Our main areas of focus for 2015 are as follows:

- Data collection: as part of our implementation of TrakCare, our new patient management system, we are developing customised data capture forms that will enable us to more accurately identify LD patients using our services. This will enable us to be able to respond more pro-actively to patients needs prior to admission.

- Education: Following a review to scope out suitable education available for patients on care of patients with LD and communication with patients with LD, we are planning to deliver LD training as part of the core training for nursing staff. We have also raised awareness of our consent policy in relation to patients with a learning disability and role of the carers in the care of these patients, noting that sedation may be required for some procedures. This has led to a review of medical and nursing staff induction to build knowledge of capacity to consent and links to our advocacy services. During 2015, we intend to expand on our clinical resource packs for staff working with LD patients.

- Links to LD specialists: We have well-established links with LD specialists to support our patients and to facilitate staff education. During 2015, we plan to continue to build on and enhance our working relationships with the LD service within NHS Greater Glasgow and Clyde and build on our recently established link with the wider Learning Disabilities health inequalities network.

(ii) Older People in Acute Care

During 2014 we appointed a Lead Nurse for Dementia to oversee all aspects of dementia care and education in the Board. Within the remit of this role, an action plan has been developed to take forward this work, building on past achievements and integrating the National 10 Key Actions for Dementia.

At pre-operative assessment outpatient clinics, use of the 'Getting to know me' document has commenced if a patient has a confirmed diagnosis of dementia or cognitive impairment, and the patient and carer agree to its use.

We have developed dementia-friendly inpatient rooms which will aid the person to settle within the hospital environment. Patients with a known diagnosis of dementia can be allocated to these inpatient rooms on admission. We are planning to create additional rooms as part of planned ward upgrades in 2015. .

We have delivered 'Promoting Excellence' dementia education to staff and are rolling out a 'Best Practice in Dementia Care' course to our Healthcare Support Workers. These dementia training sessions help staff to identify and recognise behavioural and psychological symptoms associated with dementia and how to deal with these in an acute care setting. The Board currently has eight Dementia Champions with more staff due to enrol in the 2015 cohort.

We continue to support and encourage the involvement of older people in a number of our forums ranging from the Food, Fluid and Nutrition Group to the Quality Patient Public Group.

A primary area of focus for 2015 will be the roll out of the delirium care bundle across all of our wards and the continuation of delirium teaching sessions to our nursing staff. We will also expand our assessment of the patient and relative care experience and support offered from initial testing in our orthopaedic wards to all specialties.

Health promotion and healthy living

During 2014, our main priorities from our Health Promoting Health Service workstream were:

- Health Promotion training: we have offered staff access to online training on Alcohol Brief Interventions and smoking cessation.

- Clinical treatment guidance: we have amended our patient integrated care pathway documents to include details about smoking cessation advice and treatment for patients. This includes support for patients who will require nicotine replacement therapy whilst in hospital and clarifies onward referral for local support to the patient's "home" Board.

- Commonhealth programme: During 2014, we promoted a wide range of health, activity and wellbeing activities for staff ranging from fun runs to local sports and activity information days. We have also introduced signposted walking routes in our grounds for staff and service users that take advantage of our green space and riverside location. We continue to promote a range of staff challenges and offer exercise classes led by Beardmore Health Club staff.

Our main priority for 2015 will be to develop an approach to ensure that our hospital consultant staff are supported to advise patients on health improvement actions. We are currently working with NHS Forth Valley to learn from their approach to this work.

Procurement

Our Board complies with nationally-negotiated supplier contracts managed by NHS National Services Scotland and awards local contracts to meet the needs of our range of specialist services and our management of the Beardmore Hotel. The national contracts are awarded by National Procurement, who will apply the following principles to contract awards:

- Ensure that they purchase goods, services and facilities in line with public sector equalities and diversity commitments.
- They will not use agencies or companies who do not share our NHS values on equality of opportunity and diversity.
- Their procedures will make sure that businesses from diverse communities have an equal opportunity of competing for NHSScotland contracts.

In awarding our contracts with suppliers, we seek suppliers who can demonstrate that they understand their responsibilities and operate with due regard to the equality legislation. In addition, through our sustainability agenda, we award contracts for provision of food and some conference supplies to local companies to support local businesses.

We have a policy that ensures that our suppliers have no history of discrimination or unfair policies or practices (or if they have, that they have rectified this) and for higher value contracts we request detailed information from suppliers to ensure they have the policies and procedures in place to meet the equality standards (across all areas of equality).

We are keen to encourage all our suppliers to introduce appropriate equal opportunities policies and procedures and to demonstrate that their practices eliminate unlawful discrimination and promote equality.

We have asked all of our main suppliers to attend regular contract meetings, at which, we are keen to learn about and share good equalities practice. As a first step, we have begun a dialogue with suppliers about their equality and diversity policies, practices and training. For 2015, we intend to build on progress to date in our contract meetings and increase the level of equalities compliance with our main suppliers.

NHS Scotland Improvement Priority 3

Person Centred Care
Lead: AnneMarie Cavanagh, Interim Nurse Director

Our work to support the identified areas for NHS action:

Person centred care – delivering this priority

A strong person-centred ethos exists within the Board and we have used the National Person Centred Health and Care Programme to further enhance our progress to ensure all care services are centred around people and evidenced by improvements in care and staff experience.

Our Involving People Group is responsible for coordinating the delivery of the Board's Involving People Strategy and associated action plans and reports directly to the Board's Person Centred Committee.

During 2014 we undertook a full review of the role and impact of the Quality Patient Public Group (QPPG) to ensure it continues to be a key voice for patients and service users and we are working against an action plan to further strengthen this group during 2015. This group reports to the Involving People Group. We have involved third sector partners, patients and services users and representatives from other NHS Boards.

Key Areas of Development

The Board is committed to delivering a positive care experience in line with "must do with me" and have made significant progress in a number of areas with new actions planned to spread and sustain these activities across the organisation. A good example is the "#hello my name is …" which was launched nationally and we will include in our programmes of work.

We have had successful funding awarded by the Scottish Government's Person Centred Health and Care Bids to allow us develop further projects. These include training a small group of transplant buddies who would become volunteers with SNAHFS and provide support to patients who are awaiting transplant.

We have introduced a patient led 'Learning Café' for heart transplant recipients. This is to allow them to share experiences of their patient journey and its ongoing management and to engage with staff for information and advice if required. We are aiming to expand this opportunity for all national service patients.. Looking forward the project aims to:

- provide peer support;
- improve patients' experience and satisfaction of their management;
- improve patients' perception of support and control of their condition's management; and
- enhance key thought processes associated with favourable disease management outcomes, such as optimism.

We have developed a local Person Centred Collaborative that meets quarterly; staff are encouraged to attend and talk to us about their progress and areas identified for improvement.

We have implemented a number of improvements to our services as a direct result of feedback from patients and staff including:

- launch of a Bereavement Care Service - this new service allows bereaved relatives the opportunity to arrange support and follow up advice and initial feedback has been positive;
- follow up phone call to Interventional Cardiology patients who have had any complications to ensure that any questions or concerns following their procedure can be discussed; and
- introduced a 24 hour telephone support for discharged orthopaedic patients.

Our Caring Behaviours Assurance Programme (CBAS) has also provided essential in delivering person centred care. Part of this work has been the evaluation of patient and staff questionnaires by a US researcher who has visited the Board to meet the management team and Executives. This has illustrated that we have sufficient data to establish a baseline and this external analysis has shown high levels of satisfaction for both staff and patients alike. This work will continue in 2015.

The nursing teams and wards have identified their Person Centred Care Quality Indicators that are used to improve Caring Behaviours within clinical areas. This includes 'challenging conversations' with staff encouraged to openly and fairly discuss areas of interaction or practice that does not seem to be in line with person centred care.

Values Based Reflective Practice (VBRP) groups have been designed to help healthcare staff deliver the care they came into the service to provide. This work has been led by a trained VBRP facilitator within the Board and the pilot is due to end in March 2015. A number of teams have engaged with the process and it has been well received by those involved. Other NHS Boards have expressed an interest in the outcomes of the VBRP groups and the aim is to evaluate effectiveness with a view to extending the pilot in 2015 with funding support from the Person Centred Health and Care bids.

The Board has a sizeable team of volunteers working in both advisory and patient support roles and we have recently appointed a manager to both coordinate and support our growing number of volunteers. Our trained volunteers visit the wards and departments to discuss the quality of care from both a patient and staff perspective. This reduces formality and supports staff and patients to speak more freely. Over the last year these ward visits have helped to track the impact of improvement initiatives and supports our CBAS work and will be extended in 2015.

We have also undertaken activities to attract younger volunteers. Our Young People Group was set up as a pilot in 2014 designed for 16-25 year olds who were thinking of careers in healthcare. A further development of this was building stronger links with the local secondary schools where we supported volunteer placements for sixth year pupils involved with a community building programme. This programme will be formally reviewed and if sustainable will develop links with additional schools during the 2015/16 academic year.

Management of complaints and concerns

To promote a culture of supporting staff and the public to be open and confident in giving and receiving feedback, we have continued with our leadership walkrounds which have been positively received. In addition, the Board's SpeakEasy programme is designed to allow staff and members of the public to comment on our services in an anonymous way if they so wish. Where possible, we will also write to individuals to advise them of what we are doing to address any issues that have been highlighted.

As part of our management of complaints and concerns, staff are empowered and encouraged to engage with patients and their families quickly. There is clear information visible across the organisation outlining how people can feedback and make complaints.

NHS Scotland Improvement Priority 4

Integration
Lead: Jill Young, Chief Executive

What we are doing to deliver this priority?

In line with the Public Bodies (Joint Working) (Scotland) Bill – Integration of Health and Social Care Services, GJNH is developing plans to support other NHS Boards as they establish their Integrated Joint Boards (IJBs) and we are actively engaging with our local authority neighbour West Dunbartonshire Council. In addition we have a passion to design new and innovative models of care partnerships that could help deliver the integration agenda, supporting the Scottish Government commitment to public sector reform.

A current excellent example of successful regional working can be seen in Interventional Cardiology. The Cardiac Intervention Regional Planning Group has supported a service expansion at GJNH to improve access for high risk patients following 'minor' heart attacks. This has had a significant impact on bed days in the base hospitals; it is estimated that approximately 325 bed days are saved each month across the Region by the reduction in the time waiting for transfer into GJNH for treatment. Over the period of one year, this is saving almost 4000 bed days for the West region. It is expected that this should contribute towards reducing pressures on 'blocked' beds.

Impact of Integration on GJNH

We recognise that as we implement our 2020 strategy and vision we will in the future have relationships with IJBs, particularly around the planning and delivery of further speciality expansion and potentially through our innovation programme. We will also review our operational working arrangements as necessary with Boards around discharge planning arrangements and the commissioning of services. This may have a specific impact in the future on our ophthalmology and orthopaedics service delivery. At this early stage the management of the waiting list remains with the Health Boards. The Board will however remain close to the work of the IJBs and will consider how we can support this important strategic development.

Potential local developments arising from Integration

We are committed to working with local, regional and national partners to support Health and Social Care Integration priorities. We have recently begun a collaboration of the top teams from GJNH, West Dunbartonshire Council and West College, setting up a joint working group. In particular, we continue to explore the feasibility of a range of local developments with West Dunbartonshire:

- Consideration of the modernisation of Clydebank Health Centre which may involve relocation of the Health Centre closer to land around the Golden Jubilee National Hospital, allowing direct access to laboratory and other diagnostic facilities.
- Carrying out a high level feasibility analysis to outline what could be developed at the GJNH campus for the provision of more locally delivered services.
- Opportunities to explore models for sharing a range of corporate support services with the council and West College such as transport or estates services.
- Development of closer training links with West College (Clydebank Campus), reviewing offering apprenticeship opportunities with our Board.
- Relocation of leisure centre facilities to land close to the Golden Jubilee National Hospital, opening up the possibility of sharing facilities or developing new services.

How will we measure and monitor progress?

Performance management and delivery oversight will be steered through the Board Strategy programme following agreement of the option(s) to be pursued.

NHS Scotland Improvement Priority 5

Safe Care
Lead: Mike Higgins, Medical Director

Our work to support the identified areas for NHS action:

The Board has robust and well managed clinical governance arrangements in place to support the range of activities; these are designed to further improve the safety of people in acute adult healthcare.

We have clearly defined roles and responsibilities across managerial and clinical staff to progress the SPSP workstreams. The actions associated with Point of Care and embedding the 10 Safety Essentials are monitored directly by the SPSP Leadership Group and there is a clear line of accountability through the governance structures to the Clinical Governance Committee ultimately providing assurance on compliance with the programme to the Board.

There are plans to develop a dashboard displaying our SPSP measures and this work will be overseen by the Clinical Governance Risk Management Group.

Key progress and planned actions within the Acute Adult Programme include:

Deteriorating Patient

Within the last year, some wards in the hospital have changed the tool which they use to monitor and assess patients. Previously the MEWS tool was used (Modified Early Warning Score) across all clinical areas in GJNH. However, as the scoring system was developed at a local level, the format of the charts was inconsistent across the organisation. The Cardiothoracic wards have introduced and evaluated a NEWS tool (National Early Warning Score) over recent months, and initial feedback is very positive. Although anecdotal, evidence suggests that deteriorating patients are being identified and treated in a more timely fashion.

In order to utilise the NEWS tool effectively, a minimum of 80% of nurses in each clinical area (including Advanced Nurse Practitioners) are required to have completed a national training module associated with the tool, and this has been achieved. This has resulted in not only improving the ability of the nurses to use the tool, but also their confidence in applying it.

Following the successful implementation in Cardiothoracic wards, the NEWS tool is now being introduced to the Orthopaedic wards and early discussions are now underway to extend the use of the tool to Cardiology. During 2015, as well as introducing the NEWS tool to all ward areas, the information generated from the NEWS chart will be used to investigate the reasons for deterioration in specific patients and a pilot for this has recently commenced in 3 West.

We will also be undertaking work to investigate the cause and outcome of all cardiac arrests within the Board. The aim is to identify preventable cardiac arrests with a view to addressing the causes and eradicating the incidence of preventable arrests within this Board. This work will be undertaken at ward level with the results and outcomes being reported through the Clinical Governance route.

The **Sepsis** programme integrates well with the Deteriorating Patient workstream and some examples of progress include a GJNH Sepsis screening tool, use of ‘Think Sepsis’ stickers, and introduction of Sepsis Champions. This is enabling us to identify patients at risk of sepsis at an earlier stage. The next steps for the Sepsis workstream include ongoing education in the sepsis screening tool, improved clinical engagement and implementation of a robust handover tool between the Hospital at Night staff and day staff.

We are aiming to introduce a **Catheter Associated Urinary Tract Infections (CAUTI) Prevention Programme** in Cardiac Critical Care and Cardiac Theatres. Previously no local data existed to evaluate how urinary catheters are inserted/maintained nor was data collected on the rate of CAUTI. We are almost achieving sustained compliance in process measures in critical care and theatre and this remains our goal for summer 2015. Looking forward we aim to scope the use of point prevalence to gain intelligence on the CAUTI rate as an outcome measure.

The revised **SPSP Falls** care bundles work has been tested using PDSA cycles in one pilot ward and the falls documentation has been developed to produce a form which will cover most of the bundle requirements.

Data collection continues and the aim is to spread to other areas with a focus on staff education around the revised paperwork.

We are also testing a key code to raise awareness of the increased risk of falling that some of our patients may have and using posters to raise awareness to patients of simple things to reduce their risk of a fall. Our plan is also to test 'falls kits' for patients who are identified as being at increase risk of falls.

As part of our programme to **Reduce Hospital Acquired Pressure Ulcers** we have a number of actions underway including the implementation of the use of validated Risk Assessment Tools across the hospital and measuring compliance with risk assessment within six hours of admission into GJNH including a full skin inspection. Our pilot ward is achieving 95% or above compliance with the Risk Assessment within six hours of hospital admission and daily skin inspection and the plan will now be to spread and sustain this work across all areas within the GJNH.

Steady progress is being made with the aim of reducing the occurrence of **Venous Thromboembolism** (VTE) with good engagement and ownership across ward areas. Data collection for the outcome and process measures is being collected and actions are underway to improve compliance further.

The **Heart Failure** bundle has been reliably implemented within our National Services Division (NSD) ward and key actions include:

- All patients receive expert review (by a consultant cardiologist with a specialist interest in heart failure).
- All patients have received or had consideration of evidence-based drug therapy for heart failure.
- Patients are referred to the Heart Failure Liaison Service on or before discharge and currently 96% of patients in NSD with heart failure receive this.

Secondary aspects of the heart failure bundle used in NSD are aimed at ensuring patients with heart failure receive appropriate assessment including the relevant diagnostic tests, review of medications and consideration of suitable interventions with 100% of all patients in NSD receiving this.

The **Surgical Site Infection (SSI)** bundle includes ward and theatre based interventions to improve teamwork and communication as well as ensuring evidence based care for preventing SSI. The bundle is now implemented in all orthopaedic theatres for all major cases. Although progress of implementing the SSI bundle within the wards has been slower than expected, we are now re-energising the programme within 2 East using the SPSP methodology of "one nurse, one patient, one time". The aim for the coming year is to sustain progress in this area and to spread to other specialties.

There has been good progress around the **Safer User of Medicines** with the main pieces of work around electronic medicines cupboards and new IV medicine pumps.

The Board has purchased new volumetric pumps and employs 'guardrails' to the majority of IV infusions that are prescribed. 'Guardrails' are a safety feature which create alerts when concentrations of products or infusion rates could potentially result in harm to patients. Regular audits showing instances when guardrails protocols have been overridden are conducted and reviewed by the Infusion Device Committee. If these protocols are regularly required to be overridden in response to clinical needs, the guardrails protocols are discussed and scrutinised by clinical peers and adjusted in response..

The Board has also invested in Electronic Drugs Cupboards (EDCs) and planned implementation is by July 2015. These cupboards will ensure that patients receive their drugs in a more efficient and timely manner. They also allow the gathering of intelligence on the drugs that are stocked across the hospital, stock levels of these drugs, providing information to allow wards to borrow stock from each other, helping to alleviate omitted doses. The ultimate benefit of the EDCs will come from the reduction in drug selection errors. This is achieved by the cupboards guiding the staff to the location of the drug they have selected. The cupboards can avoid the traditional problem of having to store medicines alphabetically and so similar medicines or the same medicine of different strengths can be separated.

Mortality

The Board continues to focus improvement activity on mortality and morbidity arrangements and there continues to be a reduction in mortality across all of our clinical specialties. Our unadjusted mortality rates have fallen from 4.5% in 2008/9 to 1.5% in 2012/13 and despite increasing our heart transplant activity, mortality rates have fallen.

SPSP

The SPSP Leadership Group continues to offer support and scrutiny to the SPSP workstreams. The group meets regularly to discuss the progress of the workstreams and data compliance. This Group is currently undertaking a full review of the current position against indicators as well as evaluating expertise and skills around the Board to support accelerated progress. This progress will be championed by the HAI Improvement Facilitator.

The Board invested in a two day quality improvement programme facilitated by NES in the summer of 2014. This was well attended by Senior Charge Nurses and members of the Senior Management Team. Each participant was assigned a specific project based on one of the 10 safety essentials or point of care measures appropriate to their clinical area.

The Clinical Governance Risk Management Group has assumed responsibility for working with our dashboard provider Microstrategy, to display progress against the SPSP measures within the dashboards. The Clinical Governance Department will work on the development of a clinical outcomes framework as part of their yearly objectives. Going forward this will allow a wider forum for continuing robust scrutiny of the SPSP measure alongside HSMR figures and clinical outcomes.

The Board has utilised SGHD funding to secure a 12 month secondment of an HAI Improvement Facilitator. The post holder will work closely with existing Improvement Advisors to drive forward specific improvement work and regenerate enthusiasm within the SPSP workstreams.

The Board has recently met with the Head of SPSP to explain the changes within the organisation and the challenges that have been experienced in recent months with the SPSP programme particularly in relation to building capacity to support spread and sustainability. Additionally despite data being collected for the various programmes, it was not being used to populate the reporting template, meaning that no review of current position can be undertaken by the SPSP national team on which to tailor specific support and advice.

The Board has agreed with the SPSP National Steering Group to implement specific actions over the next two months in order to align our baseline position with the Acute Adult programme measurement plan and to focus specifically on the data associated with the process and outcome measures for the four harms: Falls, CAUTI, Pressure Ulcers and Cardiac Arrest. Progress will be reviewed in April 2015.

Vale of Leven Inquiry

As part of Lord Maclean's inquiry report, all Boards were asked to make an assessment of progress against the recommendations. We have responded to this request and all recommendations will be monitored through our internal governance structures and reported to our Board. We have fully reviewed all of our internal procedures and the inquiry recommendations, and have provided assurance to our Board and the Scottish Government that our services are safe.

NHS LDP Standards

Our Board has not identified any significant risks to the ongoing delivery of these LDP standards.

31 days from decision to treat – lung cancer (95%)

As a centre providing surgical treatment for lung cancer patients, the NWTCB contributes to the delivery of the existing 31-day and 62-day cancer LDP standards and is responsible for the accuracy of the data reported to the Information Services Division (ISD). Effective and timely surgical treatment of lung cancer is an important element of the delivery of the LDP standard.

12 weeks Treatment Time Guarantee (TTG 100%)
18 weeks Referral to Treatment (RTT 90%)
12 weeks for first outpatient appointment (95% with stretch 100%)

We continue to work with Boards to ensure that all patients referred to us are treated within the relevant LDP standards. There is regular scrutiny of operational waiting time targets for both outpatients and treatment.

Performance of the targets associated with achievement of treatment time targets is a key priority of the Board and progress is monitored through the Corporate Balanced Scorecard and regular review of waiting lists by the Performance and Planning Committee and Senior Management Teams with an assurance report submitted to each Board meeting.

Clostridium difficile infections per 1000 occupied bed days (0.32)
SAB infections per 1000 acute occupied bed days (0.24)

The types of specialist surgical care delivered at GJNH, including the use of invasive devices, means there is a higher risk of bacteraemia than would be found in Boards providing a mixture of acute and long-term care.

We have a low incidence of Clostridium Difficile (C.difficile) Infections (CDI) and Staphylococcus Aureus Bacteraemia (SAB) and therefore sustaining this performance will prove challenging. The Board has adopted clear actions to achieve this and there is rigorous governance processes in place to support delivery of these LDP standards.

Performance of the targets associated with healthcare associated infections (HAI) is a key priority of the Board and progress is monitored through the Corporate Balanced Scorecard. In addition the Senior Management Team receives a monthly report on HAI performance that is then submitted to the NWTC Board.

Sickness absence (4%)

Delivering the LDP standard target remains a key priority for the Board, recognising the importance of supporting staff, reducing absence and maintaining health and wellbeing.

We continue to monitor performance operationally and this is reviewed through the Corporate Balanced scorecard and with regular reports to the Senior Management Team and the NWTC Board.

Operate within agreed revenue resource limit; capital resource limit; and meet cash requirement
Performance of the financial targets remains a key priority of the Board and progress is monitored through the Corporate Balanced Scorecard and the Performance and Planning Committee, Senior Management Team and submitted to the NWTC Board.

Workforce

Lead: David Miller, Acting Human Resources Director

The Local Delivery Plan and Financial Challenges

Delivery of the 2015-2018 Local Delivery Plan and the three year financial plan is based on the planned achievement of all three key financial targets. This can be very challenging, but working in partnership, management and staff side continue to identify and deliver a number of improvement and efficiency schemes. This work will continue each year with partnership colleagues committed to identifying and delivering new workforce efficiency schemes. The workforce developments described in this section will be managed in line with the financial plan.

National Workforce Issues

- It is recognised that the national economic and financial context may have an impact on the morale of our workforce.
- Pension and national insurance contribution increases will have a considerable financial impact on take-home pay for all staff.
- The pensionable age change will necessitate changes to retirement policies. As staff members may work longer, if concerns emerge regarding an individual's physical ability, more emphasis on sourcing opportunities for refocusing skills and using expertise will need to be explored.
- The current benefits of the 'no compulsory redundancy' and organisational change protection policies in NHSScotland are recognised by staff and we continue to work with our staff side colleagues to review how we deliver our services, whilst improving quality balanced with ensuring efficiency and productivity. We are in the process of introducing the electronic employee support human resources system (eESS) to our Board and are fully engaged with the implementation of this new national system.
- Work to deliver equitable and effective services on a seven-day working basis will involve further analysis of the available resources to deliver this scale of change on a national basis.

Background

'Everyone Matters: 2020 Workforce Vision' recognises the key role the workforce will play in responding to the challenges that NHSScotland is facing, and in improving patient care and overall performance. It sets out the values that are shared across NHSScotland and asks Boards to make early progress in embedding the core values.
Boards are expected to deliver the commitments set out in Everyone Matters. We are now in a position to reflect on our first stage implementation place for 2014/15 and set out our priorities for 2015/16.

Our priorities for action

1. Healthy Organisational Culture - creating a healthy organisational culture in which NHS Scotland values, aligned and strengthened by our own Board values, are embedded in everything we do, enabling a healthy, engaged and empowered workforce.

What we have achieved:

- Continued to roll out sessions with managers and clinicians to support values-based conversations across the organisation.
- Delivered and evaluated a bespoke in-house training programme to support all staff with managerial/supervisory responsibilities (Band 3 – 8).
- Integrated the Board Values as an improvement tool for teams.
- Agreed Board roll out of 'iMatter' Staff Experience continuous improvement model and develop its associated implementation plan.
- Reviewed the 2014 staff survey feedback, developed our 2014/5 Staff Governance Action Plan and rolled out the new staff governance monitoring arrangements.

Our 2015/16 plans

- Further investment in youth employment and development of apprenticeships within the Board – there are plans to develop Modern Apprenticeships within the Estates Department during the coming year.
- Learning and Development Department **-** L&D has an important and active part to play in promoting and enabling a Healthy Organisational Culture. The ethos of the department is to ensure that every member of staff has access to appropriate and timely learning and wider development opportunities in order to meet personal, professional and organisational needs. The support provided also helps the Board to work towards its Vision for leading quality, research and innovation, and our Values of:
    - **Valuing dignity and respect**
    - **A 'can do' attitude**
    - **Leading commitment to quality**
    - **Understanding our responsibilities**
    - **Effectively working together**
- iMatter - much work has been undertaken by the implementation team to stress that IMatter is an improvement tool and not a performance management tool. NWTC staff have previously been involved in the pilot for this project, and their responses and feedback have contributed to the development of the current programme being rolled out nationwide. NWTC intends to implement iMatter as an accelerated programme which will be rolled out to the whole Board within one year. iMatter will be delivered to every team in the Board by the end of 2015 including the values pulse survey.
- The Senior Management Team has recommended a renewed focus on promotion of acceptable behaviours and effective feedback.
- Implement a new effective, multi stranded approach to managing employee stress which will include employee counselling, training for managers and staff and raising awareness of a wide range of stress management and mental wellbeing coping strategies.

2. Sustainable Workforce – ensuring that the right people are available to deliver the right care, in the right place, at the right time.

What we have achieved:

- Consulted on Board 2020 Workforce Vision incorporating both Human Resources and Learning and Development strategies.
- Continued to ensure full deployment of Nursing and Midwifery Workload and Workforce Planning tools.
- Conducted a formal review of workforce planning requirements to determine future needs.
- Carried out a review of healthcare support worker roles and mandatory standards.

Our 2015/16 plans

- Refresh how Knowledge and Skills Framework (KSF) personal development reviews (PDRs) are undertaken in the Board and deliver bespoke training to all teams that require support to maximise the impact of a PDR ensuring optimal employee engagement and alignment of skills against need.
- Conduct a review of the whole Human Resource (HR) function (HR, L&D, Occupational Health and Safety) ensuring the service is progressive, innovative and responsive to the needs and aspirations of the organisation.
- The Board will further develop and utilise a workforce planning tool which assists department managers to:
    - understand capacity and capacity planning;
    - forecast staff requirements;
    - agree staffing according to peaks and troughs in activity; and
    - plan the workforce according to service expansions.

3. **Capable Workforce – ensuring all staff have the skills needed to deliver safe, effective and person-centred care**

What we have achieved:

- Consulted on our 2020 Board Workforce Vision which put employee wellbeing for peak performance at the heart of the strategy.
- Provided specific interventions to enable support services staff to access learning and to develop their skills.
- Continued to focus on the quality of appraisal training and objective setting and enhance delivery of organisational values at individual level.
- Invested further in training on professionalism and human factors for clinical staff.

Our 2015/16 plans

- We will review our training provision to ensure that it is fit for purpose, supports the outcomes of our robust Learning Needs Analysis process and is available in various modes i.e. classroom based, e-learning, blended learning.
- Deliver HR skills training to all managers in the Board to build capacity and ensure they are delivering the highest quality support to our staff
- Further develop our quality improvement training and infrastructure and ensure that staff have access to appropriate learning opportunities to facilitate quality improvement, innovation and service redesign.
- Continue to provide specific interventions to enable support services staff to access learning to develop their skills.
- Continue to focus on the quality of appraisal training and objective setting and enhance delivery of organisations values at individual level.

4. **Integrated workforce – developing an integrated health and social care workforce across NHS Boards, local authorities and third party providers.**

What we have achieved:

- Supported NHS Boards who are directly involved with the health and social care integration agenda by increasing patient activity at GJNH.
- Supported local and national actions to facilitate the integration agenda.

Our 2015/16 plans

- Continue to support NHS Boards who are directly involved with the health and social care integration agenda by increasing patient activity at GJNH
- Continue to support local and national actions to facilitate the integration agenda.
- The Board are considering the introduction of Modern Apprenticeships within the Board working in partnership with West Dunbartonshire Council.

5. **Effective leadership and Management – leaders and managers lead by example and empower teams and individuals to deliver the 2020 Vision.**

What we have achieved:

- Delivered a Values Development workshop for Senior Managers.
- Implemented the refreshed Board Coaching Strategy.
- Delivered a second cohort of the Leadership Three Programme for clinical managers.

Our 2015/16 plans

- Develop and implement a Leadership Framework for Quality and Innovation that enables managers and staff to deliver the Board's 2020 Vision of Leading Quality, Research and Innovation. The foundation of the framework will be our Values and there will be three elements to the framework:

    - Developing Capability and Capacity for Improvement
    - Enabling and Empowering Our Staff
    - Creating a Culture for Improvement and Innovation

- The organisation will continue to achieve the delivery of its organisational goals through the provision of targeted leadership and management development interventions such as:

    - Access to 360 feedback
    - Management and Leadership Development Programmes.
    - Coaching and Mentoring
    - Action learning

- Recognising the potential to support the delivery of safe, effective and person centred care we plan to develop a Human Factors training strategy and integrate this into our educational interventions and practice across all areas of the workforce to support the delivery of our Board's 2020 Vision of Leading Quality, Research and Innovation.

Board Workforce Developments

Radiology

Radiology has developed a Training Academy to support the development of specialist skills in CT, Cath Labs and MRI. These are specialities where specialist radiographers are in short supply; and this development has resulted in a number of rotational radiographers completing training. In meeting the Allied Health Profession (AHP) National Delivery Plan recommendation, we are the process of recruiting a reporting radiographer to report Musculoskeletal (MSK) plain films, freeing Consultant Radiologists to report more complex imaging e.g. additional MRI from extended working day.

Rehabilitation

A new Band 4 Physiotherapy Assistant Practitioner role has been developed in Heart and Lung services, improving the skills mix within these services. There are now a number of Band 4 assistant practitioners working across seven days within the Rehabilitation Department who are responsible for treating and discharging routine orthopaedic and cardiothoracic patients.

Laboratories

The laboratories plan to recruit newly graduated biomedical scientists at band 6. They will undertake extensive training in one of the specialist areas but will also be trained to a competent level in other specialist areas. The aim is to create a blood science lab and maintain a highly specialist group of staff whilst also having flexibility within the staff group for contingency.

Clinical Perfusion

The Board currently coordinates the NHS Education for Scotland (NES) funded training programme for Clinical Perfusionists in Scotland, organising academic training and clinical placements for candidates nationally. On completion of the training programme, these qualified Clinical Perfusionists will provide a critical resource across the three cardiac centres in Scotland. The first candidate is due to qualify this year and this will allow capacity to recruit another trainee perfusionist onto the programme.

Theatres Services

The Golden Jubilee has recently been added to the placement portfolio for trainee Operating Department Practitioners (ODPs) through Glasgow Caledonian University and will participate in the training of this theatre specific staffing resource.

Theatre Associate Practitioner Scottish Vocational Qualification (SVQ) – Band 4 Associate Theatre Practitioners are being trained and developed 'in-house' in response to the local and national difficulties in recruiting qualified theatre practitioners (Registered Nurses and ODPs). The candidates are existing theatre healthcare support workers (HCSW) who undergo a stringent selection process, and are supported through an SVQ Level 3 - Perioperative healthcare. There are currently two fully trained and competent Associate Theatre Practitioners with another two undergoing a period of supernumerary observed practice. During 2015/16, the plan is to develop four additional Associate Practitioners who will directly replace vacant band 5 nurse (RN)/ODP posts.

Nursing and Allied Health Professions

The Board's recently refreshed Advanced Practice Strategy scopes and determines advanced nursing and allied health professional roles in a national and local context. This will ensure that these roles currently and in the future are underpinned by autonomous practice, critical thinking, problem solving and high level decision making. Examples of these roles are:

- Hospital at Night;
- Advanced Nurse Practitioners/ Nurse-led clinics;
- Acute Pain Nurse (APN);
- Tissue Viability;
- Infection control; and
- Clinical Nurse Specialists across the Divisions.

Optometrists

We have recently recruited a number of optometrists to support our ophthalmology cataract service. They are now reviewing all new patients in the outpatient clinic to free up Consultant time to spend more time in theatre.

Medical Joint Academic/Clinical Roles

Work is underway to expand our joint academic/clinical posts. The first appointment was made in May 2014 in partnership with the University of Strathclyde. The post holder currently lectures at the University of Strathclyde and works clinically within Orthopaedics. Discussions are underway to implement a similar type of role within Cardiology this year.

Workforce Challenges

Medical Workforce vacancies

Recruitment of Anaesthetic Consultant and middle grades posts has been challenging during the past 24 months. This appears to be a problem experienced by health boards across Scotland due to the reduction in Anaesthetic trainee posts and in the case of the middle grades, a lack of recognition of some aspects of the educational aspects of the Cardiac Anaesthetic role. In addition, there are challenges recruiting medical staff to the National Services where there are national shortages in the very highly specialised skills required. We continue to utilise innovative approaches to delivering service-specific training.

Currently the Anaesthetic rota is covered by seven Deanery rotational posts but work continues to achieve the ambition of becoming less dependent on these posts. We do expect to see our Medical workforce further increase over 2014/15 due to expansions.

Overall numbers and experience levels of cardiothoracic surgical trainees have diminished over previous years, again due to the changes made to the training places available and the format of the training itself. For the experienced surgical trainees, the changes due to European Working Time Directive (EWTD) hours have meant a reduction in overall time available for theatre training opportunities, which in turn increases the length of training time required to attain the required number of clinic operating hours.

The Board is currently exploring the opportunity to introduce an Advanced Critical Care Practitioner role. This role would provide a 24 hour service to supplement the existing medical workforce in critical care and facilitate the smooth progression of routine patient care pathway in the relevant patients, allowing Consultant and trainee medical staff to focus their attentions on more critical patients and emergency situations.

Theatre Nursing

Over the last few years there has been an ongoing recruitment campaign to meet both annual service expansion and staff turnover within the operating theatre department. Staff turnover is currently 7- 8%, which is comparable with other theatre departments across Scotland. In response to these recruitment challenges, GJNH has developed a “Theatre Academy” which provides the opportunity for newly qualified RNs with no theatre experience to under go a supported, supernumerary rotation through the various clinical specialities within theatre. If the trainees complete the required competencies and meet the required recruitment criteria, they will be offered a vacant post. We have also commenced targeted overseas recruitment for “hard to recruit” posts and are keen to explore opportunities to partner with other Boards.

Appendix 1 – NHS Scotland Priority Areas for Improvement – associated plans

2020 Route Map Priority Areas for Improvement – associated plans	**Executive Lead**
Priority 1 – Health Inequalities • Equality Outcomes • Mainstreaming Equalities report • Involving People Strategy	David Miller, Acting Director of Human Resources AnneMarie Cavanagh, Interim Nurse Director
Priority 3 - Person-centred care • Equality Outcomes • Involving People Strategy	AnneMarie Cavanagh, Interim Nurse Director
Priority 4 – Integration • Board 2020 Strategy including Beardmore 2020 Strategy	Jill Young, Chief Executive Mike Higgins, Medical Director
Priority 5 – Safe Care • Risk Management Strategy • Significant Adverse Events action plan	Mike Higgins, Medical Director
Workforce • Everyone Matters Implementation Plan • Staff Governance Action Plan and monitoring framework	David Miller, Acting Director of Human Resources