Golden Jubilee Foundation

Patients at the heart of progress

Local Delivery Plan

2016 – 2017

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NHSScotland Improvement Priorities

Chief Executive and Chair Introduction

The Golden Jubilee Foundation incorporates the Golden Jubilee National Hospital, Research Institute, Conference Hotel and Innovation Centre. 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 Foundation (GJF) also includes a four star residential training and conference venue – the Golden Jubilee Conference Hotel with audio visual links to the operating theatres, cardiac catheterisation laboratories and diagnostic imaging suites at the adjoining Golden Jubilee National Hospital (GJNH), the facility 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 benefits to everyone. That is why we created our on-site research centre – the Golden Jubilee Research Institute. Currently undertaking ground-breaking research across all of our specialties, the Institute 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. We have developed this in our Board's 2020 vision, focusing on future service priorities and maximising 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, staff, visitors and guests.

Our Board Values are:

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

This year our LDP is constructed from the following elements which are underpinned by finance and workforce planning:

- Our Board local priorities to deliver our Board 2020 Strategy
- Delivering NHS Scotland Improvement priorities relevant to our Board
- Ongoing achievement of the LDP Standards
- Board Financial Plan (submitted in parallel to the LDP)
- Delivery of the key national workforce focus areas

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 Heart and Lung service developments
  L3 Development of the new Elective Care Centres and our commitment as a national resource
  L4 Increasing and supporting Innovation
  L5 Research Strategy and the Golden Jubilee Research Institute
  L6 Delivery of the Golden Jubilee Conference Hotel Strategy

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

  1. Health Inequalities and Prevention
  2. Safe Care
  3. Person-centred Care
  4. Scheduled 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
  7. Sickness absence (4%)
  8. Operate within agreed revenue resource limit; capital resource limit; and meet cash requirement

- **Workforce**
  - Everyone Matters progress
  - Workforce developments
  - Workforce Challenges

Golden Jubilee Foundation

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

We have a strong track record in the delivery of safe, effective and person-centred 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 over 25% of all Scottish hip and knee replacements.
- Following the most recent expansion in Ophthalmology, we will perform over 15% of all cataracts in Scotland.

GJF, 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 Board, in discussion with the Scottish Government, has agreed a specific number of LDP standards to reflect its specialist services and national status.

In response to the nine 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. Five of these priorities – antenatal and early years, primary care, integration, unscheduled care and mental health – are not directly applicable to our Board.

The Local Delivery Plan and Financial Challenges

Delivery of the 2016/17 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 National Services Developments
Strategic lead: Jill Young, Chief Executive

During the year 2016/17, the key areas of focus within our national services will be active involvement in the UK review of organ retrieval systems and work to explore and scope options for the future delivery of lung transplantation for Scottish patients.

Lung Transplantation

During regular discussion with National Services Division (NSD), Golden Jubilee National Hospital (GJNH) has outlined its aspiration to develop a lung transplantation service at GJNH as a logical progression from establishment of the heart transplantation service on the site in 2008. Indeed, GJNH is the only heart transplant centre in the United Kingdom which does not currently offer both Heart and Lung transplantation.

The current lung transplant waiting list for Scottish patients has been expanding over the years. These patients are referred to Freeman hospital in Newcastle which performed 20 lung transplants on Scottish recipients last year. This is expected to rise to 26 lung transplants per year by 2020. Currently approximately 50 lungs per year are harvested in Scotland which are exported to other centres. A significant proportion of these organs could be utilised for Scottish recipients.

There are considerable synergies between lung transplantation and existing services at GJNH which would support the service development such as the heart transplant service, our expertise in thoracic surgery and critical care, and the ventricular assist device (VAD) and extracorporeal membrane oxygenation (ECMO) programmes.

Establishment of a lung transplantation service in Scotland would complement the national aim of delivering integrated health care for all NHS Scotland patients by reducing the distance patients and their families need to travel for surgery. It would also allow for follow up care to be provided by the same team who undertook the surgery, providing a more patient focused solution.

In terms of clinical infrastructure, GJNH recently appointed a consultant surgeon who has just spent twelve months in a high volume lung transplant centre in the USA; and nine months prior to that in a high volume lung transplant centre in the UK. Our existing team of transplant coordinators, specialist nurses, physiotherapists, consultant psychologist, and dieticians alongside the respiratory physicians and physiologists would be well-placed to care for lung transplant patients. We are currently carrying out work to ensure the future-proofing of our critical care facility, already one of the largest in the UK; and would be able to consider the demands for intensive and specialist care beds as part of this review.

We have discussed and agreed with NSD, the service commissioners, to carry out a scoping exercise to assess the implications including estimated costs for the development of a lung transplantation service at GJNH. This scoping exercise was formally agreed as an action point with Scottish Government at the Board Annual Review in January 2016. This work will commence with a large-scale multidisciplinary workshop following a visit to Mater Misericordiae Hospital in Dublin, who operate a very successful lung transplantation service established only five years ago. The findings of this scoping exercise will thereafter be discussed with NSD and Scottish Government.

National Organ Retrieval Systems Review (NORS)

The NORS provides a 24 hour service for retrieving organs from UK donors. Since 2008 and following recommendations published in *'Organs for Transplants*' the NORS has been provided throughout the UK in a number of different models. NORS is uniquely commissioned by NHS Blood and Transplant (NHSBT) on behalf of the four UK Health Departments, who contribute funding for the provision of an integrated UK wide retrieval service. In 2013/14 the cost of NORS was £25.2m, including transport and consumables.

In Scotland the service is provided through the Scottish Organ Retrieval Team (SORT). The model in Scotland is the only one with a combined Abdominal (Abdo) and cardiothoracic (CT) team. Since 2011 the Scottish National Advanced Heart Failure Service (SNAHFS) management team based at GJNH have been aware of significant variation across the funding models in the NORS and following agreement to redesign the service in line with other centres presented a business case to NHS Blood & Transplant (NHSBT) in 2012 to increase funding. Additional funding was not allocated although some non recurring funding was given in 2012/13, albeit not at the level requested to support the major redesign required.

The SORT model is commissioned through NHS Lothian who provides the entire 'scrub' team, the abdominal medical workforce and in addition they also maintain, transfer and take full responsibility for all equipment including instruments, fluids and organ transfer boxes. GJNH team supply the cardiothoracic medical staff – currently this is a Consultant led service supported by a clinical fellow in a 'Scout' capacity.

Background to the NORS review

Although the team must be available 24/7, the activity is sporadic and therefore unpredictable. Scotland is the least busy CT team however the journey times are long in comparison to some other centres. This has an impact on the total length of time for each episode and subsequent disruption to next day clinical activities.

Lung donation from cardiac death (DCD) has slowly increased in recent years. Donation from brain death (DBD) has decreased this year whilst the DCD numbers have remained constant. At present the Newcastle team attend for DCD in Scotland. The recommendations made for GJNH in the National Review of Transplant centres in 2011 included the need for our team to become proficient in DCD. We now have two consultant surgeons trained in DCD who can start to do DCD retrieval in Scotland. In line with this review and the recommendations made previously we will commence DCD retrieval from April 2016.

The NORS review was commissioned in 2013 to commence in April 2014 and to report to the NHSBT Board in April 15. During the review period, the team made visits to all centres including GJNH and Edinburgh. The review recommendations were presented at a launch in June 2015 and can be summarised as follows:

1. Realigning capacity (equity across the UK)

The SORT model has been recommended for implementation across the UK; joint working arrangements with provision for a Standard (Abdo) retrieval team and Extended (CT) retrieval team. Additionally, the review recommends that the CT centres on call at any given time could be reduced to three or four (from six).

2. Future proofing (to support activity predictions until 2020)

The capacity modelling has described a requirement to only increase the number of teams on call at any time as activity increases. To avoid diversification across centres, future service requirements will ensure training and certification of all team members within the model across all centres. Additionally the model includes roles that could be redesigned to accommodate the formal introduction of the Scout project and possible use of mechanical organ support - Organ Care Systems.

3. Commissioning (centralising the organisation of teams)

The Review considered joint commissioning for Transplant and Retrieval, but concluded that the variation across the four Health Departments precluded this option. However, the Review does include a recommendation to centralise the organisation of teams (increasing NHSBT infrastructure).

Implementation

The review concluded with the establishment of workstream groups tasked with developing plans to implement the review recommendations.

The work to date on the preferred option will result in an increase in budget provision for GJNH; however this will require significant redesign across the cardiothoracic senior and junior workforce in addition to an increased commitment to the retrieval service. Our team would be working at a higher intensity opposite the Newcastle centre in a 1:2 rota arrangement to cover a larger geographical area.

During 2016/17, this new model of care will be developed and implemented, and will require redesign of the GJNH workforce to deliver our retrieval commitment. This redesign will however enable us to maintain the Scout service and potentially enable the development of an Organ Care Service in the future.

Scottish Pulmonary Vascular Unit (SPVU)

During the Annual Performance Review meeting in October 2014 the SPVU service described its current capacity challenges. National Services Division (NSD) requested that the service build a case to support the funding of additional medical workforce to meet the current demand.

The SPVU is based on two sites in Glasgow – at GJNH and Queen Elizabeth University Hospital (QEUH). The outpatient clinic, elective inpatient admissions and inpatient diagnostic pathway are all at GJNH. Since commissioning, SPVU has experienced a steady increase in its clinical activity largely dominated by the growth in prevalent patients however there has been no increase in medical staff to deliver the service.

There are further opportunities for service redesign to manage the service demand and expand the successful outreach model; however this is dependent on medical workforce expansion. The findings of the review and a proposal to increase the resource for the SPVU service at GJNH have been submitted to the Scottish Government and we await their decision.

Scottish Adult Congenital Cardiac Service (SACCS)

Throughout 2015/16 there has been progress in realigning the ongoing management of adult patients with congenital heart disease to a shared-care model between the West of

Scotland Regional Health Boards and the National Scottish Adult Congenital Cardiac Service (SACCS), mirroring the partnership between local boards and the National service in the rest of Scotland. This realignment will be completed in 2016/17, ensuring equity of access for all Scottish patients into the National SACCS and local ongoing management of their condition.

L2 Heart and Lung Developments
Strategic lead: June Rogers, Director of Operations

The priority areas for development identified in 2016/17 have been outlined as follows:

- Direct Admission to the Regional Interventional Centre for high risk heart attack patients;
- Structural Heart Strategic developments

New Service development for high risk heart attack patients

GJNH has been working to improve the time to treatment for those patients presenting with non -ST segment elevation myocardial infarction (NSTEMI) and is now in a position to implement this service improvement during 2016/17.
This will change the patient pathway for the highest risk group of patients who currently are transferred from base hospital to GJNH for treatment, by admitting these patients directly to GJNH, rather than admission to local hospital coronary care unit (CCU) with subsequent transfer. GJNH will be the first service in Scotland to implement this approach.
Acute Coronary Syndromes (ACS) (NSTEMI and STEMI) account for 65% of all percutaneous coronary intervention (PCI) undertaken in the UK. GJNH receives in excess of 2400 referrals for in-patient angiography in patients with NSTEMI per year. The recommendations for management of high risk NSTEMI patients are that they should undergo angiography and revascularisation within 24 hours of admission, with those considered to be at intermediate risk to be treated within 72 hours of admission.
This new development will result in the identification of high risk NSTEMI patients early in their pathway and admit them directly to the GJNH for urgent angiography and revascularisation, thus maximising the available clinical benefits. Those patients presenting with NSTEMI at intermediate risk will continue to be admitted to their base hospitals, referred and transferred for treatment at GJNH within 72 hours of their admission.

Benefits of the new service

It is expected that the new service will result in a reduced length of stay across the West region. A similar service introduced at The London Chest Hospital resulted in a six day reduction in length of stay per patient. Direct admission to GJNH will reduce average length of stay by reducing the delays to transfer for in-patient angiography. There will therefore also be a reduced number of ambulance inter-hospital transfers. These benefits will be further consolidated by a policy of direct discharge from GJNH for all suitable patients.

As an additional benefit of this new service, it is expected that there would be a positive impact on the time waited for those patients with intermediate risk. Currently these patients are triaged to a lower priority than the high risk group. By moving to direct admission for the high risk group, our ability to transfer and treat the remaining NSTEMI patients (who have been admitted to their local hospital but require inpatient angiography prior to discharge) within 72 hours will improve, with a target of 80% achievement of the target for this group.

Implementation Plans

There will be three phases to the introduction of this service;

- Phase 1: Accept referrals from Scottish Ambulance Service (SAS) Glasgow Ambulance depots, Glasgow Royal Infirmary and Queen Elizabeth University Hospital Emergency departments.
- Phase 2: Service extended to Emergency Departments within Royal Alexandra Hospital, Inverclyde Royal Hospital, Forth Valley Royal Hospital, Crosshouse Hospital, Ayr Hospital and Dumfries and Galloway Royal Infirmary.
- Phase 3: Open to all remaining SAS resources and Emergency departments in the current GJNH catchment area.

GJNH has committed to provision of quality bid funding to enable this service development to progress and monitoring of the service benefits and regional impact will be regularly reported through the Board Performance and Planning Committee.

Transcatheter Aortic Valve Replacement (TAVI)

Following the introduction of a single site TAVI service for NHS Scotland in NHS Lothian, numbers of patients treated continue to grow. In order to deliver excellent access to the service across Scotland, the original plan envisaged a role out to one or more additional centres as experience built and the numbers of patients being treated increased. We are continuing to refine and update our patient pathways for the TAVI service to optimise access and patient experience for West of Scotland patients. We remain ready to institute an additional TAVI service at the GJNH as the need arises, and in response to review of the national situation. In particular, our clinicians have worked closely with Edinburgh and other centres to maintain their clinical skills. Any expansion of the TAVI service to this or other Scottish sites would be carefully coordinated with the Edinburgh team so as not to destabilise the existing service.

Other structural heart strategic developments

We are progressing work on a business case to provide solutions for structural heart disease as well as percutaneous mitral valve repair/replacement for patients with severe mitral valve disease who are likely to benefit from a suite of percutaneous interventions, including Mitraclip. The Mitraclip device can be deployed in patients who have been deemed unsuitable for a surgical mitral valve repair, and for whom the only alternative is continuing medical therapy. These percutaneous interventions contribute to improvements in mitral valve symptoms and a reduction in hospital admission for heart failure.

Minimally Invasive Surgery and Enhanced Recovery

Our cardiothoracic surgeons have been developing a range of minimally invasive approaches to cardiothoracic surgical procedures including surgical mitral valve repair and during 2016/17, the numbers and ranges of these innovative surgeries will improve. In addition, we have rolled out our Enhanced Recovery programme to both Thoracic and Cardiac Surgery, and we are the only site in Scotland carrying out aortic valve replacement and coronary artery bypass graft procedures using enhanced recovery approaches. In Thoracic Surgery this programme has led to significant reductions in critical care length of stay and in Cardiac Surgery, we are seeing promising early signs in reduction in overall length of stay and faster mobilisation after surgery.

L3 Elective Care Centres and our national resource activity for 2016/17
Strategic Lead: June Rogers, Director of Operations

Elective Care Centres

A detailed capacity and demand analysis exercise was carried out during 2015 to assess the predicted demand on elective/scheduled care services over the next ten years in Scotland. GJNH worked in partnership with the Scottish Government and a number of NHS Boards to examine projected population increases, the effect of an increasing older population and the resulting increase in demand for health and care services. In particular, volumes of cataract and hip and knee replacement surgery have increased by at least 90% since 2002; and this growth rate is expected to continue. Furthermore if intervention rates per head of population for these procedures increase, this projected growth will be greater still.

This growth in activity is set against the backdrop of increasing capacity challenges in NHS Scotland leading to difficulties in meeting waiting times and an increased use of private sector capacity.

As a result of this analysis and based on the success of the Golden Jubilee model of elective care, the Scottish Government has announced that there will be an investment of £200 million to meet demand for elective procedures over the next ten years. The planned objectives of the investment are as follows:

- Eliminate the use of the private sector;
- Reduce the chances of cancellation of elective surgery;
- Deliver in full and on a sustainable basis current and future Government guarantees on inpatient/day case waiting times;
- Deliver increased efficiency and productivity by greater separation of elective and emergency workload;
- Provide greater resilience around the winter period with a more flexible use of beds and theatres;
- Adopt leading edge best practice from across European and the World in delivering safe, effective and person centred elective healthcare; and
- Create additional capacity in outpatients with elective centres and within main hospital sites.

In response to the predicted demand from the West region, the footprint of GJNH will be expanded through the construction of a new wing adjacent to the current theatre suite. This new structure will contain additional operating theatres, outpatient consultation areas and diagnostic facilities. An outline image of the architects design is pictured overleaf. The capacity modelling attached to this £50M capital investment has been based on utilising the best practice “enhanced recovery” principles developed at GJNH initially called the CALEDonian technique as well as the use of telehealth solutions for the assessment and follow up of patients from remote areas. It is anticipated that the increase in capacity at GJNH will be phased in over ten years and will offer:

Orthopaedics: up to 120% increase in procedures per year by 2025
General Surgery: up to 165% increase in procedures per year by 2025
Ophthalmology (cataracts): up to 65% increase in procedures by 2025

Implementation Plans

By March 2017, GJNH will have completed an outline and full business case for the development of the new elective care facility for the West region. This will identify full capital, revenue and workforce plans to deliver the strategy. Between 2017 and 2021, the new facilities will become operational on a phased basis. The Scotland wide project is large and complex and it has been proposed that a new National Diagnostic and Treatment Centre Project Board will be established comprising:

- National Project Director
- Senior Responsible Officer from each Board building a new elective facility
- Scottish Government officials from Performance Management, Health Finance and Infrastructure and the Access Team

Delivering as a National Resource – activity plans for 2016/17

Our activity plan for 2016/17 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 third year of this arrangement. This has been successful and we have now completed our negotiations around activity allocations and funding for 2016/19. 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.

Orthopaedic surgery

Orthopaedic expansion

Despite continuous expansions, demand for Orthopaedic surgery continues to exceed our capacity. In response to this demand, we initiated our fifth expansion in September 2015 and our sixth expansion plan in November 2015 The full year effect of these expansions equates to an additional 450 primary joint replacements(or equivalent) and an additional 200 foot and ankle procedures per year.
Taking into account the expansions outlined above, the 2016/17 target for orthopaedic joint replacements is based on 4,200 primary joints (or equivalent) 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 in our current laminar flow theatres is now fully utilised and operating has extended to Saturdays on a permanent basis. 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 address individual Board pressures and to support referring Boards in the delivery of NHS Waiting Time Guarantees.

Orthopaedic outreach clinics

During 2015/16, GJNH consultants continued to provide outreach clinics for NHS Highland, NHS Shetland and delivered a 'test' clinic in NHS Orkney.
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, their companions and the orthopaedic consultants, patient follow up would be managed via a telehealth link. To date, a total of approximately 550 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. This model of care will continue to be delivered to patients in NHS Highland and NHS Shetland during the period 2016-19.

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 is 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 in a substantive capacity. This would allow us to provide support to boards on a routine basis, potentially for a wider range of procedures and would also improve support to the cardiothoracic programme.

Ophthalmology

The GJNH employs two full time and two part time Ophthalmic Surgeons. In addition, we 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 2015/16 we were tasked with delivering 4,800 cataract procedures on behalf of NHS Scotland. 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 November with the aim of delivering an additional 500 procedures over the winter period in 2015/16. The full year effect of this expansion will result in the service delivering a total of 6,200 cataract procedures on behalf of referring Boards in 2016/17.

All patients referred to this service are seen on a 'see and treat' basis. It is our assumption, therefore, that a total of approximately 8,000 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 2016/17.

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.

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. This service is delivered entirely by visiting consultants and surgeon availability throughout 2015/16 presented significant challenges. Our intention for 2016/17 is to recruit a part time hand surgeon to supplement the group of visiting plastic consultants.

Endoscopy

Referral flows for patients who require endoscopy were slow at the beginning of 2015/16 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.

Diagnostic Imaging

In addition to the abovementioned expansions, an additional 1,450 magnetic resonance imaging (MRI) scans were also offered to NHS Boards to support them over the 2015/16 winter period. This activity was provided through a staffed mobile MRI scanner, however the reading and administration was carried out by GJNH. Our preference would be to construct a second MRI scanner within the hospital, to allow us to provide this capacity on a permanent basis.

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 2016/17.

Future capacity at the GJNH

As a consequence of the expansions that took place throughout 2014/15 and 2015/16, 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 NHS Scotland.

- 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.

L4 Increasing and Supporting Innovation
Strategic lead: Jill Young, Chief Executive

National Innovation Collaboration

Open Innovation

Open Innovation has been defined as "t*he process of innovating with others for shared risk and reward to produce mutual benefits for each organisation, creating new products, processes or ideas that could not otherwise have been achieved alone, or enabling them to be achieved more quickly, cheaply or efficiently"*

There are several forms of Open Innovation already in place within Scotland including European Union project based competitions, academic Innovation Centre activity such as DHI calls, Board Innovation Programmes and other competitions. Open Innovation approaches involve a host organisation inviting others into an open space to jointly find a solution to a key challenge.

Golden Jubilee has now participated in two Open Innovation sessions led by Scottish Enterprise. This programme is the first of its kind in Scotland, with the cohort being established to:

- Build capacity and capability;
- Develop new relationships and collaborative opportunities;

- Share learning, expertise and experiences;
- Help each other with implementation – what's working; what's not;
- Stimulate new thinking and ways of working; and
- Maintain pace and momentum.

Golden Jubilee has presented at these events on Innovation funding and industry collaboration and will be exploring further joint working as part of Open Innovation events in 2016/17.

Innovation Fund and campaign planning

Case for Support and Development of Fundraising initiative

Work has been ongoing in developing a Case for Support for the Innovation Fund in Scotland, with a pilot developed for the Golden Jubilee. The Case for Support is an essential requirement for fundraising – it is the foundation to building an ambitious fundraising initiative. This needs to create a strong, compelling and authentic story that reflects a clear vision for the charitable goals of the GJNH and NHS Scotland. It describes why we need to raise additional innovation funds and the impact it will make. As a result, contributors should see themselves as making a major contribution to help bring added value solutions to healthcare. Discussions have taken place with Scottish Government and senior "critical friends" to fine-tune this Case for Support to progress the initiative.

In order to deliver a successful fundraising strategy, it will be necessary to appoint a senior person with expertise and experience that can lead this work. The remit and case for this has been approved by the Board. The post will be employed at Golden Jubilee and will lead the innovation campaign. The post will also be a lead role within the GJF charity reporting to the Trustees with key actions to develop partnerships and raise funds to deliver the case for support. Our charitable governance procedures have now been fully established.

Enterprise Risk Management Approach

Since 2015/16, we have been progressing the development of an 'Enterprise Risk Management' (ERM) approach led by our Board and Senior Management Team. This approach, which is being uniquely applied in a health care setting, is designed to identify potential events that may affect the Board vision, to allow the to Board determine which of these events it is willing to accept in pursuit of the vision (risk appetite) and to put in place measures to manage risks within risk appetite tolerances. Triggers and alerts will be put in place to enable more effective risk management. This potentially allows us to achieve better informed decision making with enhanced information on risks and aggregation across our Board.

The Board has already completed significant work to launch this approach including:

- Agreed the structure of our risk appetite framework - with risk appetite statements framed around the three strands of the Board vision – Leading Quality, Research and Innovation;
- Tested the level of the Board risk appetite for these three areas and assessed how the level of risk appetite varied across the four elements of the Board campus – The Golden Jubilee National Hospital, the Golden Jubilee Conference Hotel, the Golden Jubilee Research Institute and the Innovation Centre; and
- Held a workshop with our Quality and Innovation Group to assess the risk landscape, risk appetite and tolerance for our innovation pillar. We developed

three possible scenarios and tested our risk appetite and the risk landscape against these.

Enterprise Risk Management Priorities for 2016/17

We are exploring the impact of using a risk profiling tool developed by Price Waterhouse Cooper who is supporting this work with us. Work is underway to complete risk tolerance proformas which will be fed into the model for us to review further.

Further options for risk governance will need to be explored to consider:

- How we set, review and monitor risk tolerances;
- What management information would be needed to provide assurance and allow decision making in reviewing our risk appetite, tolerances and future risks;
- Who takes an accountability and a lead role in providing the above and how this is reported;
- How we know it is working and how the benefits are assessed; and
- The impact on the Board Audit and Risk Committee and other senior committees with a risk management responsibility.

Quality Framework Developments

The Golden Jubilee Quality Framework is a unique concept developed by the Golden Jubilee that provides assurance that safe, effective and person centred care is delivered at all times. It describes and more importantly demonstrates that quality is the key priority for the organisation. This has been designed on a "Once for Scotland" basis to provide easy access to up to date quality, safety, performance and patient experience from individual wards, the hospital as a whole, and NHSScotland. Interest has also been received from out-with Scotland and the Golden Jubilee are working with Scottish Health Innovations Ltd (SHIL) on a commercialisation plan that aims to generate income through global sales of this framework to be reinvested back into NHS Scotland. The Quality Framework is designed to incorporate three key programmes of Governance, Quality Indicators and a Values Based Workforce. These are described below:

1. Governance – A programme of activities that aligns the governance of the Board in line with the NHSScotland Quality Strategy and Ambitions.
2. Quality Indicators – The development of carefully balanced visual and interactive indicators, displayed on our dashboards
3. Values based Workforce – A programme of activities that ensures the workforce delivering the service has person-centred quality and experience at the core of every interaction with other staff, patients and visitors.

Golden Jubilee is currently working on a business case focussing on the wider roll-out of the quality indicators programme of this framework. Through the use of a unique digital application, staff can view and analyse up to date key indicators in quality, safety, performance and patient experience. This is the business intelligence element of the framework, it is focussed on the real time monitoring of quality through a suite of triangulated indicators which together should be comprehensive enough to both indicate and be useful in the resolution of real time quality issues and improvement. The information can be seen by both staff and patients; it can be accessed remotely and at the touch of a button with the potential to view an individual ward, hospital, Board or across NHS Scotland.

It is expected that this business case will be completed by spring 2016, and work with other NHS Scotland partners to roll out the quality indicators programme will be

progressed thereafter. This will deliver a system produced by either single or multiple digital applications that can be aggregated and viewed at Scottish Government level.

L5: Research Strategy and the Golden Jubilee Research Institute
Strategic lead: Mike Higgins, Medical Director

Implementation of the Golden Jubilee Research Strategy

In late 2015, a revised Research Strategy was approved by our Board. It aims to provide direction and a coherent vision for all aspects of research activity at the Golden Jubilee Foundation. It is focused on the period leading towards 2020 and provides a baseline assessment of our current position. It has been developed to inform and promote discussion towards a long term vision, and to guide planning and investment in the near future. It directly supports the Board's vision to lead on Quality, Research and Innovation for NHS Scotland.

Delivering the Vision

Our Board vision explicitly places the performance and promotion of research as a primary purpose of the organisation, and makes research one of the key domains in which the success of the institution will be judged.

The strategy focuses on maintaining the momentum of the Boards current trajectory for research whilst retaining an interest in developing as a much large biomedical research facility. There will be a focus internally on building capacity whilst fostering co-operative external alliances. Our aim by 2020 is to have an established Scottish and UK research profile and an expanding foothold internationally. Delivery of our aim will mean we will have a wider portfolio of studies and grants spread over our main specialties and our commercial research will be growing rapidly, with a reputation as a key player on the Scottish Enterprise scene. Our academic research base will be stronger, with more studies, and some integrated work programmes, supported by the Research Funding Councils and the major research charities such as Welcome and the British Heart Foundation. We will be leading a number of multicentre international trials or trials of international clinical significance including trials of gene therapy and other cutting edge therapies and we will be exploring new areas of research activity such as data science, usual care trials and health service research.

To achieve these ambitions, however, a number of tactical planned developments will need to be realised:

Academic Structure and Capacity

The research profiles of the different clinical specialties currently vary markedly. This reflects both the current states of local development within the Golden Jubilee Foundation, and the wider specialty-specific national and international academic cultures. We are currently reviewing the academic structure across the organisation. We propose to have named specialty research leads for each specialty group, reporting to the Research and Development Director. The structure will provide a platform to support interaction between the senior research management team and the specially-based teams, between the different specialty teams and between the research and operational clinical teams.

If the research portfolio is to grow substantially the amount of time available to tenured senior researchers will need to increase. This may be through the creation of new posts or through funding research sessions for existing NHS staff.

The current mechanism to support existing research-active NHS staff at the Golden Jubilee is dependent on using Chief Scientist Office (CSO) support funding to fund job-planned sessions. As applied to medical staff, these are awarded by open internal competition and are renewable annually. Growing the support-eligible research portfolio would increase CSO funding and allow more time to be funded as would using additional sources of funding such as commercial research income. The current vision is that each Principal or Chief Investigator with a significant research portfolio is awarded at least one dedicated session.

Additionally we will aim to support individuals to apply directly for NRS (CSO-funded) career-support fellowships which provide partial funding for NHS clinical researchers for three years during which time they are expected to develop a research portfolio and establish alternate support. These fellowships are currently targeted on individuals who are not research active but wish to become so.

We are committed to the creation of new academic posts, likely to be through partnership with the universities, although third party funders such as the research charities (or exceptionally, individual donors e.g. through the Innovation Fund) may also be involved. Current possibilities in active exploration include a clinical lectureship/senior lectureship in cardiology with the University of Strathclyde, senior lectureships in cardiology and in anaesthesia with the University of Glasgow, and more speculatively, an application has been submitted for the creation of a British Heart Foundation-funded chair in cardiology in partnership with the University of Glasgow with a decision expected in March 2016.

Infrastructure

The underlying principle for the organisation of research support over the past few years has been the building of an organisation-wide structure that is professional, robust and resilient, provides strong and supportive staff governance, good operational governance, is effective, has adequate capacity, and is structured to allow growth. Under the leadership of the current Research Manager this process has been very successful. The framework is now largely set and the next few years should see continued expansion and consolidation.

Current physical infrastructure provides good research support with the clinical research facility an extremely valued asset. If the expansion of research activity continues as expected capacity will become an issue over the next few years, and this will be taken into consideration in the overall plans for the Board estate.

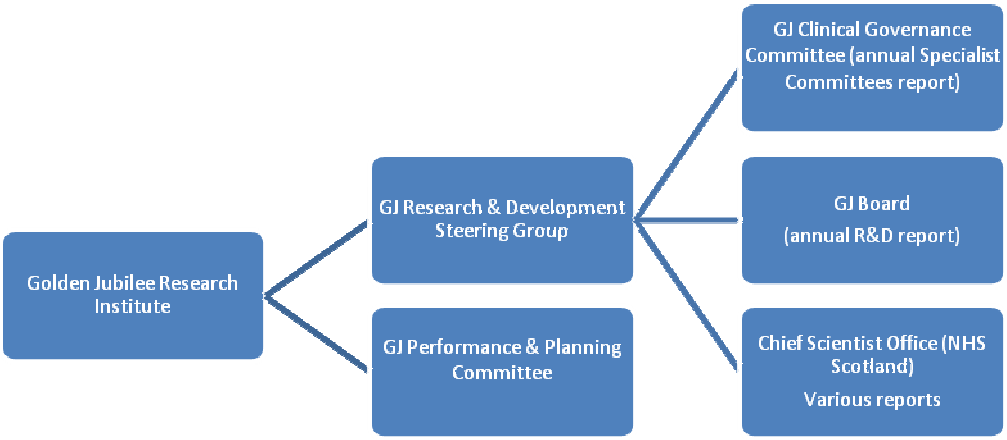
Governance

Since establishing its research office, GJNH has explicitly focussed on developing strong and effective research governance processes, including monitoring and scrutiny of ongoing studies. With the recent appointment of the Research Quality Manager, the continued development of the Golden Jubilee Research Quality Framework will take on a more formal aspect. It is anticipated that a final draft of the Framework should be reviewed by the Golden Jubilee Research & Development Steering Group at its first meeting of the 2016/17 financial year.

The Five Year Vision

The revised Golden Jubilee Research Strategy has outlined the following priority focus areas, the delivery of which will be monitored by the research governance structure below:

- Expand a commercial research programme focussed on medical device development;
- Continue expansion of academic research programme;
- Development of a Gait lab;
- Development of biologic capability and experience;
- Development of data science programme potentially including new forms of clinical trial;
- Scope out advantages and disadvantages of controlled trials of investigational medicine products (CTIMP) sponsorship; and
- Development of research led by Nursing and other clinical groups.



Golden Jubilee Research Institute

The Golden Jubilee Research Institute (GJRI) has the following functions:

1. Providing research governance oversight for research projects which recruit patients for the Golden Jubilee National Hospital;
2. Manage the Golden Jubilee Clinical Research Facility;
3. Manage the Golden Jubilee Clinical Skills Centre;
4. Manage Medical Device Alpha Test events; and
5. Development and management of the Gait Analysis lab.

Research Governance

This is a system of checks and controls which result in every research project being scientifically sound, guided by ethical principles and of high quality at all points in the life of the project – start up, recruitment, follow-up and completion. The Golden Jubilee has had systems in place for a number of years and the 2016/17 ambition is that these systems will be updated and collated into a document which will be called the **Research Quality Framework**.

The Golden Jubilee has approximately 80 active research projects at any one point, most of which are device, drug or surgical/diagnostic technique trials and therefore present additional risk to the patient. The Research Quality Framework will enable the R&D Department to manage this risk and to easily demonstrate to patients and the public that the organisation understands and manages risk relating to research.

Clinical Research Facility

The Golden Jubilee Clinical Research Facility provides an environment for patients who have consented to take part in research projects to attend follow-up appointments. Given that participation in research is entirely voluntary - patients are essentially 'gifting' their time – and that participation in research can be a risk that individuals with the relevant conditions are not normally exposed to, GJRI staff have created an environment which patients are happy to return to, sometimes periodically over a number of years. This is critical to patients not leaving projects early which is a risk to the integrity of research data and can be expensive given that more participants need to be recruited to achieve the project objective.

The Clinical Research Facility operated at over 70% occupancy during 2015/16 and this expected to increase in the 2016/17 financial year. GJRI staff will explore possibilities of expanding clinical space to support the research portfolio.

Clinical Skills Centre

The Clinical Skills Centre operates at above 80% occupancy and continues to meet income targets. The Centre is available for internal and external training events, providing a unique training environment by virtue of the co-location of the Golden Jubilee National Hospital and the Golden Jubilee Conference Hotel. The Centre continues to receive praise for the holistic approach to training.

Medical Device alpha Test (MDαT® events)

The **MDαT®** process was conceived and developed by Golden Jubilee Research Institute staff. The terminology was registered as a trademark in 2015 and so far, nine events have been organised successfully. Examples of testimonials are as follows:

> It was an excellent event – well organised and well structured with high value individuals attending who could offer real insight and advice to our development. However, it also allows for the creation of a longer term partnership – it isn't just a one off interaction and that's where the real value is. I have yet to find this process anywhere else within the NHS but it's a strong model for other companies seeking to bring technologies into the UK NHS market. *Christopher McCann, CEO and Founder of Snap40. Event held on 3 September 2015.*
>
> We found the event massively useful. It's difficult to get in front of a number of clinicians, let alone having a leading group for an evening. The way the MDαT® event is laid out allows you to get the specific feedback you require. Thoroughly enjoyed the event and took a lot away from it. *Tom Davie, Business Development Manager, Taragenyx. Event held on 19 February 2015.*

Two of the innovations which have been examined through MDαT® are progressing well:

Braidlock® attaches lines, drains and catheters to a patient, and is suitable for use in a variety of clinical settings including cardiothoracic surgery, obstetrics and gynaecology, plastic surgery, ENT, and neo-natal intensive care. The diameter of the Braidlock® expands when the device is compressed, similar to a 'Chinese finger trap'. A line can then be inserted through the device and into the body. When decompressed, the Braidlock® squeezes the line tightly and securely. Golden Jubilee will shortly be progressing with a clinical evaluation of this device.

SNAP 40 is a re-usable patient monitoring device designed to monitor patients for clinical deterioration in ward settings. By facilitating earlier interventions, snap40 hope to reduce a patient's length of stay, reduce expenditure on drugs and other consumables, and reduce transfers to intensive care and save lives. They are working on access to electronic observation information to enable GJNH to further evaluate the device.

GJRI staff will continue to organise and manage these events which have become a routine part of the Foundation's innovation agenda. In line with GJRI Key Performance Indicator for **MDαT®** events, it is anticipated that eight events will run in the 2016/17 financial year. Links with other elements of the NHS Scotland Innovation landscape such as the Scottish Life Science Association will be strengthened with the aim of **MDαT®** events becoming a routine part of that landscape.

Development and management of the Golden Jubilee Gait Analysis lab
The Gait Lab business case was approved by the relevant Golden Jubilee groups and committees in 2015/16. The Research Institute has been tasked with overseeing the installation of the lab and putting systems in place to manage the facility – in line with systems used to manage the Clinical Skills Centre and the Clinical Research Facility. It is anticipated that the lab will be installed during the 2016/17 financial year, with any infrastructure alterations completed, staff recruited, and the facility being used in line with the proposals outlined in the business case.

L6: Delivery of the Golden Jubilee Conference Hotel Strategy
Strategic lead: Jill Young, Chief Executive

Strategic Developments

On January 11th 2016 and following months of detailed preparation including engagement with stakeholders and staff, the Beardmore Hotel successfully rebranded to the Golden Jubilee Conference Hotel. The new name reflects the key role the Conference Hotel plays as an integral part of the Golden Jubilee Foundation and aligns with the aims and vision of the Board as a global centre of excellence for quality, innovation and collaboration in health, hospitality and learning. As part of the Foundation the Conference Hotel provides a practical and essential role in the day to day work of the Golden Jubilee National Hospital providing 8,280 patient related bedrooms in 2014/15 and regular nightly sleep accommodation for on call clinical teams, and works with the Golden Jubilee Research Institute to host to a range of events.

The Conference Hotel 2020 strategy aims to develop the venue as an international hospitality, meeting and conference element of the Foundation. A number of work streams, overseen by an overarching steering committee have been established to deliver the strategy including:

- Business Development 2020;
- Sleep 2020;
- Conference 2020;
- Technology 2020;
- Dining 2020;
- Hotel Services 2020; and
- Workforce 2020.

The Conference Hotel continues to create the infrastructure to deliver the strategy until 2018 with further developments being implementing during 2016/17. This will include redesigning and upgrading sections of bedroom stock, redeveloping conference rooms to increase capacity and flexibility and reviewing dining options.

The 2020 strategy is self funding and the Business Development and Event Planning teams have been redesigned to focus on generating additional income from current market sectors whilst cultivating business from international association and medical markets. The venue continues to provide a centre of excellence for meetings across the Scottish public and third sectors including trade unions and equality groups whose values are aligned.

The Conference Hotel is recognised as one of the leading UK conference venues playing an active role as the only Scottish Member of Conference Centres of Excellence and IACC, the International Association of Conference Centres. Quality and excellent guest satisfaction is key to the success of the venue and during 2015 the Conference Hotel achieved record scores from Venue Verdict and featured in the top ten of UK venues.

Performance

Following the exceptional performance generated from the Commonwealth Games, the Conference Hotel has sustained and consolidated growth achieved in 2014/15. Bedroom occupancy has continued to increase in 2015/16 and income yield will be maximised during 2016/17. The Hotel aims to maintain a growth rate of 3% year on year whilst generating sufficient profit to invest in the strategic infrastructure and contribute to Board efficiency. Progress towards these aims will be monitored and reported at an operational level within the Hotel and overseen by the Performance and Planning Committee, Senior Management Team and the Board.

NHS Scotland Improvement Priority 1

Health Inequalities and Prevention
Leads: David Miller, Interim Director of Human Resources
Anne Marie Cavanagh, Nurse Director

Our work to support the identified areas for NHS action:

Supporting employment
The Collaboration with the West College Scotland will look to maximise the community benefits associated with developing joint education and employment programmes. This is explored in more detail in the Workforce section of this LDP.

Supporting vulnerable groups and communities

(i) Learning Disability (LD)

Our main aims and focus on improvements are as follows:

- Education: we delivered LD sessions at the Nursing Assistants mandatory training for 2015/16. These were well received. We also held a capacity and consent session led by one of our Consultant Anaesthetists last year and this was well received with a good mix of participants. We will continue to focus on delivering LD education sessions during 2016/17.
- Links to LD specialists: We have well established links with LD specialists to support our patients and to facilitate staff education. During 2016, we plan to continue to build on and enhance our working relationships with the LD service within NHS Greater Glasgow and Clyde as well as our link with the wider Learning Disabilities health inequalities network.

(ii) Older People in Acute Care

We have developed an action plan to take forward our Dementia Strategy work, building on past achievements and integrating the National 10 Key Actions for Dementia. We are reviewing the requirement for a lead dementia nurse role and considering options to link up with NHS24 for a more substantive post moving forward.

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 2016 and ensure dementia friendly design is considered at every opportunity in public areas.

We continue to deliver 'Promoting Excellence' dementia education to staff as well as 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 an additional two places being filled in 2016.

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

A Delirium bundle has been implemented in critical care using the specific critical care tool CAMS-ICU. Work is ongoing for implementation in wards of the delirium bundle.

A Dementia Café was set up in autumn 2015 in partnership with West Dunbartonshire Alzheimer's Scotland Branch for local people living at home to attend a facilitated Reminiscence Group in the hospital premises. This was approved by the board and a hospital volunteer helps to run this café with local Alzheimer's Scotland Branch staff.

Health promotion and better mental health

Commonhealth programme: We continue to promote a wide range of health, activity and wellbeing activities for staff, promote a range of staff challenges and offer exercise classes led by Hotel Health Club staff.

Our Mentally Healthy Workplaces training continues to be available and work is progressing to ensure that the Healthy Working Lives (HWL) Gold Award Health is kept up to date and valid.

Health Promoting Health Service: Action in Hospital Settings

The Golden Jubilee Foundation is a key setting for incorporating health improvement into day-to-day activities and interactions, taking advantage of opportunities to change behaviours amongst patients, visitors and staff. It is important that we are seen as exemplars in promoting and improving health.

In general, given the proportionately greater use of hospital services by patients from deprived communities, hospital settings offer a major opportunity for primary and secondary prevention as part of routine person-centred care to those least likely to engage with preventative action delivered in the community setting. The demographics of patient population through the Golden Jubilee are different given the mainly elective status of inpatient admissions. However, to successfully provide equity of access to health improvement support, we may be required to offer targeted support that is specific to our clinical setting and patient demographics, beyond the requirement of CEL (1) 2012.

Our involvement in supporting Health Promotion for patients and staff across the organisation is ongoing and we continue to progress the agreed action plan.

NHS Scotland Improvement Priority 2

Safe Care – Scottish Patient Safety Programme (SPSP)
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 a range of activities aimed at continuously improving the safety of people in acute adult healthcare. We have clearly defined roles and responsibilities across managerial and clinical staff to progress the SPSP work streams. The SPSP Leadership Group oversees the work and reports to the Clinical Governance Risk Management Group ultimately via this providing assurance to the Clinical Governance Committee.

The Head of Clinical Governance role was appointed in April 2015 and a revised structure linked to the pillars of safe, effective and person centred care is in the process of implementation along with a review of the Clinical Governance work plan.

Scottish Patient Safety Programme (SPSP)

Key progress towards the improvement aims and planned actions include:

- Deteriorating Patient
  Following the successful implementation of the National Early Warning System (NEWS), Ward 3 West have been testing the development of the Scottish Structured Response (SSR) work within the Deteriorating Patient work stream, which aims to support early identification of patients at risk of deterioration. Deteriorating patients are placed on enhanced monitoring and reviewed by senior clinicians.

  The ward monitors compliance with the system measuring eight individual elements across two stages, the initial trigger and then the structured review. The team are demonstrating reliability and working to sustain this with a focus on the documentation of the structured review. The work was recently presented at the SPSP Regional Learning Session where it was well received.

  The focus this year is to demonstrate sustained compliance within the pilot area, 3 West and to develop a plan to support spread of this work reliably across the remaining wards.

- Sepsis
  There has been an ongoing focus on sepsis as part of the Deteriorating Patient work stream with a prompt built into the SSR process to "Think Sepsis" as a cause of the deterioration. Work has also continued with a focus on clinical engagement and recognition of potential Sepsis and use of the Sepsis 6 bundle. As the SSR work spreads the Sepsis links will be maintained.

- Catheter Associated Urinary Tract Infections (CAUTI)
  Our Infection control team has led work in Critical Care and Cardiac Theatres on the insertion and maintenance of urinary catheters as part of the Catheter Associated Urinary Tract Infections (CAUTI) Prevention Programme. All areas have demonstrated sustained compliance and work undertaken by Infection Control and Microbiology have confirmed a low incidence of CAUTI in Critical Care.

  The national focus has been on reducing catheter usage and where they are used ensuring this is done in line with best practice. Due to the specialised nature of our services we cannot significantly reduce catheter usage as it is a necessary component of post operative cardiac care in Critical Care and Cardiac Theatres. It has been agreed locally that the focus will remain on ensuring that local catheter practice is appropriate with discussions as to any further areas this work should spread to underway. In terms of outcome monitoring, incidence of CAUTI will be identified via existing infection control and microbiology processes. We have discussed and agreed our approach with the national SPSP team and with Health Improvement Scotland and are confident that our approach will support safe and effective use of catheters.

- Falls
  A revised Falls Strategy was approved in year and work piloted on two falls prevention bundles has been spread to all areas. This involves the use of a falls care plan to support assessment of patients' risk of falling and interventions to minimise this for those at higher risk. Following a review showing that some areas have struggled to achieve sustained reliability, the Falls Group are

planning to refocus on pilot wards to identify what improvements can be tested to support a reliable process and reduction in the level of falls. There will also be a focus on implementation of the post fall review and MDT assessment bundles.

- Pressure Ulcers
  The Pressure Ulcer prevention work has spread to all areas across the hospital with assessment of all patients undertaken within six hours of admission and daily assessments thereafter. Patients at high risk are placed on the SSKIN bundle to minimise the risk of an ulcer developing. Recent reviews have highlighted that whilst we have seen a reduction in 'traditional' pressure ulcers, there is an issue with device related pressure ulcers within critical care. A local improvement project supported by Tissue Viability and the HAI Quality Improvement Facilitator has been agreed to reduce the incidence of these by 50% by September 2016. Outcomes for both pressure ulcer and falls are now monitored via Datix following the upgrade in November 2015.

- Medicines Safety
  Within medicines safety, the main focus has been on implementation of the Electronic Drugs Cupboards (EDCs) which went live in late 2015. These cupboards will ensure that patients receive their drugs in a more efficient and timely manner and also reduce the risk of drug selection errors. 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. Medicines reconciliation on admission and discharge has been agreed as a priority for the coming year, and this will be supported by data from EDCs and the ward White Boards.

- Surgical Site Infection
  Within the supplementary areas of SPSP, the Surgical Site Infection work has demonstrated sustained reliability in all active areas with outcomes maintained within control limits. The monthly measurement of this work will be stepped down with plans to monitor compliance of this via the Standard Infection Control Precautions monitoring process.

- Venous Thrombo-embolism (VTE)
  Venous Thrombo-embolism (VTE) work has continued in wards with success, discussions are ongoing as to the future plans for monitoring of this work with proposals to step down monthly data and consider a more audit based approach to assure on compliance and support improvements as needed.

The 10 Safety Essentials have also been reviewed in year with assurance that these have been universally implemented in that the work has spread to all applicable areas with reliability established. There are mechanisms in place to monitor the measures associated and where required processes to prompt review.

The measurement strategy supporting SPSP has been under review to ensure the 10 Safety Essentials and Acute Adult reporting requirements are streamlined with data accessible to local teams and to support internal and national reporting requirements. The quality dashboard development has been part of this with SPSP data included in phase one and we continue to work towards a SPSP dashboard as part of phase two of the dashboard development.

Work has also continued to develop the Clinical Outcomes Framework support by eHealth and Clinical Governance with links to the five specialities of Cardiology, Cardiac, Thoracic, Orthopaedic and Ophthalmic surgery to discuss the key indicators for

morbidity and mortality. Phase one will involve development of an initial report providing a single repository for morbidity and mortality information for the first time, with follow-on work on developing morbidity indicators and improving access to information.

Healthcare Associated Infection (HAI) Improvement Activity

In September 2015 we voluntarily invoked the HAI Policy Unit Chief Nursing Officer (CNO) Algorithm in order to gain additional support from Health Protection Scotland and Health Improvement Scotland as we had exceeded our Staphylococcus Aureus Bacteraemia (SAB) rate over two surveillance quarters. We developed a SAB prevention group and undertook a collaborative review of possible contributory factors, which produced a robust action plan of quality improvement approaches.

Plan, do, study, act (PDSA) cycles to test changes are being undertaken, with lessons learned, discussed with clinical areas and insertion bundles realigned and retested.

Compliance measures utilising a data collection tool are also being tested and currently demonstrate 95-100% compliance in those test areas and we would hope to see a reduction in device related SABs in 2016 as we roll out the process to other clinical areas, and have a standardised approach which will reduce variation.

We will continue to focus on this area for improvement for 2016, and in particular looking at Peripheral Venous Catheter (PVC) Insertion and the introduction of a Visual Inspection Phlebitis (VIP) score.

NHS Scotland Improvement Priority 3

Person-centred Care
Lead: Anne Marie Cavanagh, Nurse Director

Our work to support the identified areas for NHS action:

As well as being one of the three national quality ambitions which we adhere to as part as NHS Scotland, being person-centred sits at the heart of the GJF values.

The ethos of being person-centred has a defined place in our governance framework. 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. Regular updates are also given to the Board.

Key Areas of Development

Enhancement of person-centred services for patients is core to a number of current initiatives within the Board.

During 2015 we piloted 'Patient Voices' films in Cardiac and Thoracic Surgery in which patients and their families spoke about their experience of care at GJNH. 'Patient Voices' have been made available to new patients as an education tool to help them prepare for surgery. Initial feedback has been positive with patients advising that the films reassured them about the treatment they were about to undergo and told them what to expect in a more accessible way than paper-based information.

An added benefit of 'Patient Voices' is the opportunities it presents to use patient feedback as an improvement tool as hearing experiences directly from patients can be more emotive and allows for better identification with the individual than reading a

complaint or a incident report. Stories in which we could have performed better are being used to start a dialogue among staff with the aim of changing attitudes and practices to improve our service delivery while positive stories provide prompts to spread what patients see as best practice.

The long term goal of the work is for us to develop a comprehensive bank of patient multimedia education and resources helping to future proof our service when the population is seeking more and more of their information from the devices in their pockets. To this end the pilot will be extended during 2016 with further films in development for both Thoracic and Cardiac Surgery. Plans are also in place to implement the scheme in Orthopaedics.

Values Based Reflective Practice (VBRP) is a method of reflecting on practice in relation to values, behaviours and attitudes; the aim of which is to help health and care staff provide the care they came into the service to provide. The results of a 2015 pilot reported that VBRP made participating staff feel supported, more comfortable, respected and trusted in their roles. Based on this positive feedback, VBRP has now been embedded as standard practice within the Physiotherapy team with group reflective sessions replacing individual clinical supervision. VBRP will be rolled out to further areas during 2016.

The challenge of quality improvement approaches in person centred care is assuring the care experience is as much about the caring relationship as it is about the information, processes and resources to deliver this. Caring Behaviours Assurance System (CBAS) provides a vehicle to implement the care governance framework and to strengthen accountability for person centred care at all levels. Through CBAS we use ‘caring walks’, patient and family interviews, staff interviews, manager conversations and practice observations to identify areas for change and celebrate the things we do well relative to five ‘must do with me’ principles and our values. An independent assessment of our CBAS programme has demonstrated the positive impact it has had on person centred care through evidencing an increase in the amount of compassion patients perceived in our staff. During 2016, CBAS training will continue to be offered to all areas along with ongoing monitoring.

Inviting and Managing Feedback

We believe that our patients and our staff are those best placed to decide whether we as a Board are person centred. Their feedback is therefore a vital tool in identifying areas for improvement and also an important temperature on whether initiatives such as ‘Patient Voices’ and VBRP are having the intended impact.

To maximise feedback opportunities we provide a number of routes so patients and their families can choose the best method for them, for example through Patient Opinion, our Facebook and Twitter accounts, or by speaking to our Complaints Team. Comments are collated, analysed and then discussed at either our Involving People Group or via the Communications Scorecard to ensure that lessons learned are disseminated throughout the organisation.

Volunteer ward walkrounds have been embedded in the Board, allowing patients and their families to feedback their views in an impartial and supportive context.

NHS Scotland Improvement Priority 4

Scheduled Care
Lead: June Rogers, Director of Operations

In line with DL (2016) 2 describing the "Getting Ahead" Programme for local sustainable demand, capacity and activity planning, GJNH will continue to work with the Access team at Scottish Government to plan and allocate capacity and deliver activity for NHS Scotland.

Our activity plans for 2016/17 and our planned new elective care centre development capacity plans are laid out in section L3.

NHS LDP Standards

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

31 days from decision to treat – lung cancer (95%)
Recognising that early treatment improves outcomes the Board continues to work with territorial Boards to provide surgical treatment for lung cancer patients and support delivery of both the 31-day and 62-day cancer LDP standard. In this role GJF has consistently delivered 100% compliance for the 31-day pathway for which it is responsible.

12 weeks Treatment Time Guarantee (TTG 100%)
18 weeks Referral to Treatment (RTT 90%)
12 weeks for first outpatient appointment (95% with stretch 100%)
Adherence with waiting time targets remains a core objective of the GJF. As a National Resource supporting other Boards in delivering Scotland's waiting times, and also as the National Centre for heart and lung services, ongoing collaboration our NHS Scotland Board colleagues ensures that patients referred to us are treated in line with the relevant LDP standards and with a person-centred approach.

In managing our waiting lists both practice and performance are subject to ongoing review at a local level within departments and at Board level with reports given to the wider management and leadership teams at Performance and Planning Committee, Senior Management Team meeting and ultimately to the Board.

Clostridium difficile infections per 1000 occupied bed days (0.32)
SAB infections per 1000 acute occupied bed days (0.24)
We continue to see low levels of Clostridium Difficile Infections (CDI) with no cases reported since April 2014. Alert organism surveillance continues.

The specialist nature of surgical care at GJNH combined with the use of invasive devices means that this site is at higher risk of bacteraemia than Boards providing a mixture of acute and long-term care. Indeed, while the incidence of Staphylococcus Aureus Bacteraemia (SAB) has tended to be low at GJNH an increase in cases of unrelated strains was seen during 2015. Delivery of this standard is therefore challenging, however clear actions are in place to ensure best performance.

Performance relating to healthcare associated infections (HAI) is given priority at all levels within the Board. Progress against the LDP standards is monitored through the

Corporate Balanced Scorecard with a monthly HAI performance report reviewed by the Senior Management Team. These reports are also submitted to the Board.

Sickness absence (4%)
Robust management of sickness absence is central to the efficacy of the Board as a means to support staff and ensure their health and wellbeing; however delivery of this LDP standard remains challenging.

During 2015/16 work has been done to improve staff access to both physiotherapy and a variety of psychological support mechanisms including, where appropriate, cognitive behavioural therapy (CBT) via referral from our Occupational Health team. The Human Resources team also continue to work proactively with managers to ensure that staff are supported and managed in line with organisational policies.

Sickness absence performance is closely monitored within departments and also at the Board's performance and management oversight committees.

Operate within agreed revenue resource limit; capital resource limit; and meet cash requirement
We recognise achievement of financial targets as a key part of effective service delivery and close monitoring and scrutiny of financial performance is emphasised throughout the Board. Progress is this area is reported at all levels with updates given to the Performance and Planning Committee, Senior Management Team and the Board.

Workforce

Lead: David Miller, Interim Human Resources Director

National Workforce Issues

- The pensionable age change will necessitate changes to how workforce is managed and incorporate flexible working models. 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.
- Recent guidance has been issued to all NHS Boards requesting an assessment of all Band 1 staff. The Board will be involved in the national review to consider progressing those staff to Band 2 roles where appropriate.

Everyone Matters: 2020 Workforce Vision

'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.

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.

Our 2016/17 plans

- Continue embedding iMatter within the organisation. As the first board to complete the iMatter roll out it is vital to embed iMatter as an established improvement tool for GJF.
- Discussions have taken place with iMatter national lead and webropol and an agreement has been made to roll out Boards validated PULSE survey via iMatter which will ask staff questions about their experiences within the workplace.
- The Board aims to roll out Human Factors and Quality Improvement training across the organisation for every employee commencing in 2016/17. Human Factors refers to the environmental, organisational and job factors and human and individual characteristics which influence behavior at work.

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

Our 2016/17 plans

- Implement eESS, including a review of the quality of workforce data, which is a national HR system for all Boards across NHS Scotland. This will improve management of staff, resources and service delivery and allow for better governance, including equality compliance.
- Explore modern apprenticeship opportunities including options within the board.
- Explore career pathways to support administrative roles.
- Develop workforce plans and identify workforce challenges in achieving and expanded workforce.

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

Our 2016/17 plans

- We will review our performance management processes 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.
- Implement our Medical and Nursing Clinical Education Strategies
- Implement our new innovative Leadership Framework for the Board
- Develop a three year clinical Allied Health Professions (AHP) strategy improving the staff experience, which will support the Boards Leadership and Innovation framework.

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

Our 2016/17 plans

- Review existing infrastructure and plans around the Board's eLearning approach (tablet and PC) and make recommendations for improvements to optimise technology based learning that compliments other learning methods.
- Review how stress, anxiety and depression are managed in the Board including the support offered.
- Expand and deliver an enhanced Psychological Support Service for the Board.
- Explore opportunities to work with local college to develop training courses specific to roles required for Board.

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

Our 2016/17 plans

- Scope out a bespoke management development programme for medical leads to support medical management activities.
- Implement our recently approved 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

- Roll out Human Factors training and practice across all areas of the workforce to support the delivery of our Board's 2020 Vision of Leading Quality, Research and Innovation.

Use of Workforce Planning Tools

The Board continues to ensure full deployment of Nursing and Midwifery and Allied Health Profession Workload and Workforce Planning tools. In addition, workforce planning tools have been developed to assist clinical and non-clinical managers to

effectively match their staffing and skill mix to predicted workload and plan for the future workforce.

Board Workforce Developments

Radiology

In the two years since the development of the Radiology Training Academy, it has supported the training of 28 Radiographers in a number of specialist modalities including CT Cardiac, MRI General and Cardiac EP. Over the past year during periods of high staff turnover the training academy has ensured sufficient staff to keep all modalities running and on-call covered during these challenging times. In the past year the first Reporting Radiographer to report Musculoskeletal (MSK) plain films was hired, freeing Consultant Radiologists to report more complex imaging; this service has been a great success. A second Reporting Radiographer has just completed training to support the orthopaedic expansion. Over the next two years the role of Reporting Radiographers will be expanded by supporting training in MRI Knee reporting which has been identified as a significant pressure within the Hospital.

Rehabilitation

Following scoping work to establish the level of service required a new onsite Speech and Language Therapy post has been developed within GJNH. This post will improve the equity of services with neighbouring boards and ensure compliance with national standards and guidelines. The aim is to develop this role over the next three years and provide it from a small team of therapists. This approach will prevent the risk that a single staffed post runs of there being no service provision at times of planned and unplanned leave.

Theatres Services

In response to recruitment challenges, which include annual service expansions and staff turnover, GJNH developed a “Theatre Academy” within the operating theatre department which provides the opportunity for five newly qualified RN’s with no theatre experience to undergo a supported, supernumerary rotation through the various clinical specialities within theatre each intake. If the trainees complete the required competencies and meet the required recruitment criteria, they will be offered a vacant post. The Academy posts were advertised in April 2015.

The students each have a clinical mentor as well as line management by the department Clinical Educators. Currently there are two Clinical Educators within theatre, one with a background in anaesthetic nursing and the other with recovery nursing. Other Health Boards have also expressed interest in the Theatre Academy concept and the content of training provided, most recently from NHS Shetland. The first group of Theatre Academy students are only five months into training and as such the full benefits have not yet been realised but interim feedback is positive. A meeting has also taken place with the University of West of Scotland to discuss academic accreditation of the Theatre Academy. This is initially looking at a work based learning programme carried out within the Golden Jubilee and accredited at honours level through the University.

The Healthcare Support Associate Practitioner role has continued to be developed whereby individuals are trained in-house in response to difficulties in recruiting qualified theatre practitioners. The candidates for this role are existing Healthcare Support Workers who are supported via undertaking SVQ level three Perioperative Healthcare

qualification After proving a success in General Surgery and Ophthalmic Surgery, the role is now expanding to Cardiac Surgery and Orthopaedic Surgery.

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. The recruitment of experienced theatre staff is an ongoing issue particularly in cardiothoracic areas. Within the past year there have been a high number of experienced nursing staff retiring and there have been some difficulties in finding experienced replacements. There are also challenges providing first assistance to general surgery lists; the hospital plan to advertise for a surgical care practitioner role to help alleviate this concern.

In October 2015 the fifth phase of the orthopaedic surgery expansion was realised within the Golden Jubilee resulting in the equivalent of an extra 300 joint procedures carried out per year. Due to this expansion elective orthopaedic surgery increased to a six day working week with two theatres now in use every Saturday.

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. Those working at the advanced practice level will deliver outcomes based around the four pillars of advanced practice. A Lead for Advanced Practice will be appointed.

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

The Board is about to commence training for an Advanced Critical Care Practitioner (ACCP) role, the first cohort will commence in autumn 2016. The role will be based in the Intensive Care unit offering support for level three critical care patients and will receive clinical leadership from the medical team. The Advanced Critical Care Practitioners will be affiliated to the Faculty of Intensive Care Medicine. The trainee ACCPs should qualify in autumn 2018 and will support and provide a 24 hour service to supplement the existing medical workforce in critical care and facilitate the smooth progression of a routine patient care pathway for the relevant patients.

The ACCP role comes within the job family of Advanced Practice, and as with other roles within the GJNH, will deliver outcomes based around the four pillars of advanced practice. The Board's recently published Advanced Practice Strategy will deliver nationally and locally agreed targets. A Lead for Advanced Practice will be appointed.

The Allied Health Professions (AHP) services within the Board are currently developing a three year clinical strategy which centres on improving the staff experience. This will align with the refresh of the AHP National Delivery Plan and will support both the Boards 2020 vision and the Leadership and Innovation framework.

HealthCare Science

Due to expansions within the Research & Development Department, in terms of project numbers and staff to support these projects, a role as Research Quality Manager was

developed. The aim of this new role is to provide an assurance concerning the quality of the recruitment and follow-up phases. There are a number of documents relating to this including guidance relating to the research Informed Consent process, peer review, research project auditing and monitoring. Given the expansion, the amount of work involved in assuring quality has expanded leading to the requirement to employ a member of staff to manage the processes. The Research Quality Manager was appointed in October 2015.

Collaboration with West College Scotland

The Golden Jubilee Foundation is due to embark on a significant expansion which over the next three to ten years will double the size of the hospital and staff. This is in line with future predictions for healthcare services based on growth demographics and an aging population.

West College Scotland is renowned for being modern, ambitious and innovative and is one of the biggest educational institutions in the country. The college has around 30,000 students, and plays a key role in supporting local communities, providing courses to more than 3,000 senior phase school pupils in College, schools and online.

The collaborative partnership between the Golden Jubilee Foundation, as a key employer within the local community and West College Scotland as an educational institution in the area, is specifically focused on supporting the local communities in providing both education and employment opportunities within the Golden Jubilee and wider NHS healthcare environment.

The Collaboration will look to develop education and employment opportunities for clinical support, administration and hospitality posts within the Golden Jubilee. This aims to deliver the future workforce to support the Board expansion of clinical services. The goals of this Collaboration are to:

- Develop and grow economic activity in the local communities with opportunities for sustainable employment within healthcare;
- Create a sustainable workforce from within Scotland to deliver the expansion of clinical services to meet the increased demand on health care services;
- Support the “Developing the Young Workforce” activities in the region maximising opportunities for all young people; and
- To further establish education links between both Parties.

These goals will be delivered through the following activities:

- Development of a plan describing the priority areas for the short, medium and long term education and employment activities. This plan should be agreed by June 2016;
- Development of education and employment programmes for the following key areas with fairly immediate effect are:
    - Clinical Sterile Production Department (CSPD)
    - Administration functions across a range of areas
    - Hospitality roles including conference hotel, catering, housekeeping and reception;
    - Healthcare support workers including theatre assistants, ward assistants and outpatient services;
- Agreement on specific placement opportunities to allow ‘on the job’ training to support education courses within West College;

- Increase the number of West College graduates being placed in full or part-time employment ;
- Maximising the community benefits associated with relevant procurement opportunities; and
- Supporting the College's 'Adopt a Class' initiative.

Workforce Challenges

Clinical Workforce vacancies

In 2015, we successfully recruited to all of the Anaesthetic Consultant vacancies, though weekend working continues to be paid as additional wait list initiative sessions. There continues to be a national shortage of anaesthetists so further recruitment challenges can be anticipated. Recruitment to middle grade posts continues to be challenging which appears to be a problem experienced by Health Boards across Scotland due to a reduction in Anaesthetic trainee posts. In the case of the our post certificate of completion of training (CCT) medical training initiative (MTI) Fellows, we are still working with the Royal College of Anaesthetists to get recognition for the educational aspects of the non cardiothoracic posts. Currently the Anaesthetic rota is covered by seven Deanery rotational posts which are supported by two post CCT fellows usually from overseas, a Glasgow University research fellow and an Associate Specialist.

In addition, there are challenges recruiting consultant 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.

The resident medical officer (RMO) rota is the most challenging; here we have depended on a diminishing number of General Surgery research fellows. Redesign has taken place, replacing most of these posts with Orthopaedic Research Fellows and Improvement Fellows. More recently a redesign of outpatient service removed the need for RMO's in the pre assessment area; this role has been replaced by a combination of pharmacists and nurse practitioners.

We have also had to expand our Physicians Assistant (PA) programme in Orthopaedics to address the ongoing challenge of recruiting middle grade fellows. This has been successful however the applicants have been recruited from the United States, which is a lengthy process. Whilst there is a PA programme in Aberdeen, there does not appear to be a pool of applicants as they are being absorbed into the service there on completion of training.

Recruitment of Band 5 Physiotherapists within the Golden Jubilee National Hospital has been particularly challenging over the last twelve months. This situation has been highlighted by other boards as a national issue with the matter now highlighted to the Chief Health Professional Officer (CHPO) who will attempt to understand the reasons behind the shortage of physiotherapists. Skill mix has already been reviewed within the teams to try and reduce the impact of this shortage and members of staff are attending recruitment fairs to promote the department. Looking at skill mix in the longer term however may need to be revisited if vacant positions remain unfilled.

In response to national recruitment challenges within the specialised area of cardiac physiology, we are exploring opportunities to consider the development of a training academy approach.

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, Interim Director of Human Resources AnneMarie Cavanagh, Nurse Director
Priority 2 - Safe care • Risk Management Strategy • Significant Adverse Events action plan •	Mike Higgins, Medical Director
Priority 3 – Person-centred Care • Involving People Strategy • Equality Outcomes	AnneMarie Cavanagh, Nurse Director
Priority 4 – Scheduled Care • Service Level Agreement Plans (with referring Boards)	June Rogers, Director of Operations
Workforce • Everyone Matters Implementation Plan • Staff Governance Action Plan and monitoring framework	David Miller, Interim Director of Human Resources