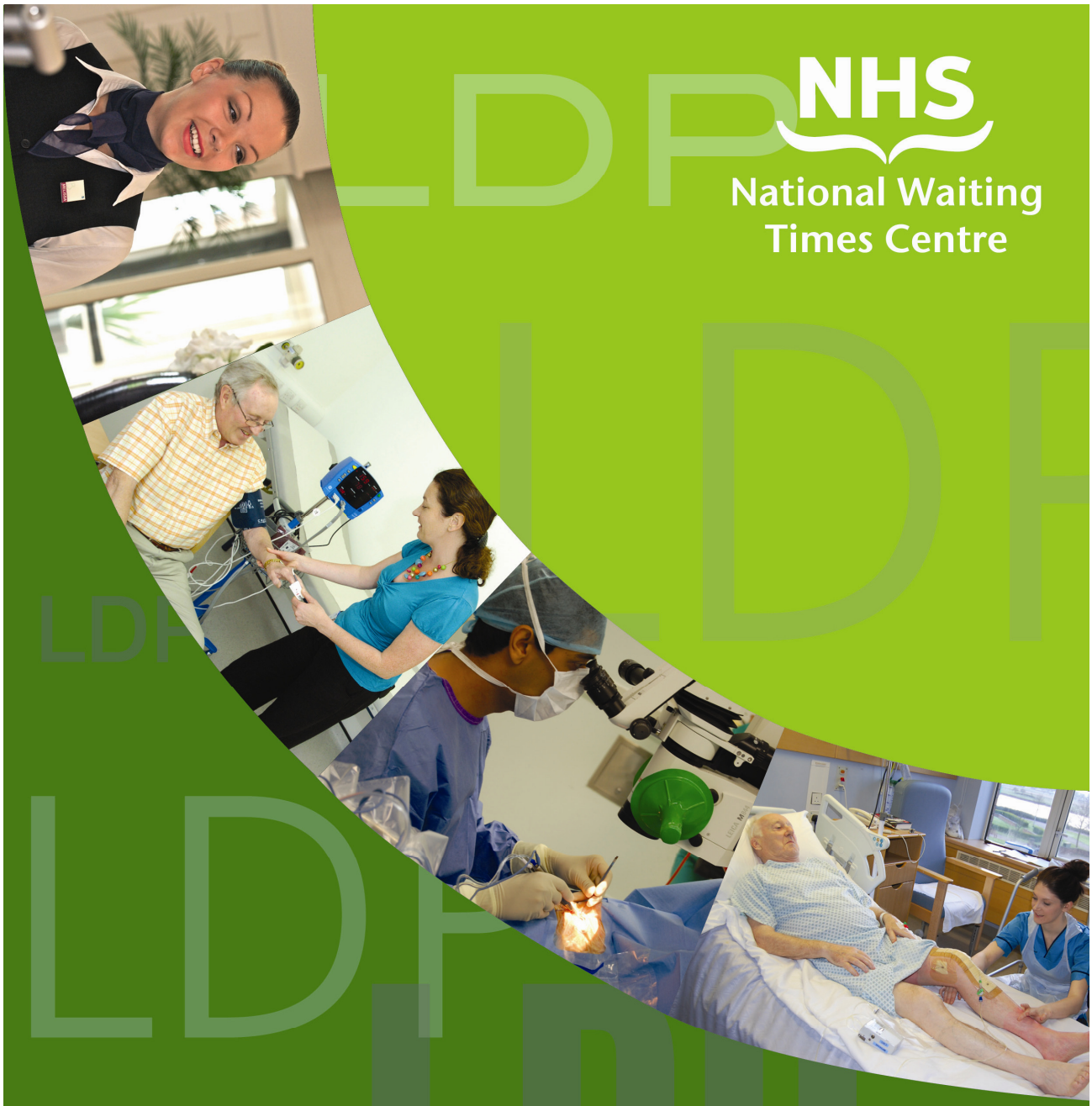

NHS
National Waiting Times Centre

Local Delivery Plan

2014 – 2017

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Chief Executive and Chair Introduction
As a national resource for the NHS in Scotland, we strive to deliver a quality service that is person centred, safe and effective for every single one of our patients.

Last year saw us celebrate 10 years as part of the NHSScotland family. We have performed well over 300,000 procedures for Scottish patients in that time and we're continuing to expand to meet demand for our specialist services.

Reaching this milestone was the perfect time for us to take stock of where we are now and how far we have come. Setting our vision statement – 'Leading quality, research and innovation for NHSScotland' – gives us a clear idea of the direction we have set for the continuous improvement and delivery of our services. And we have developed this in our Board's 2020 vision, focusing on future service priorities and our estate capacity, to meet the priorities and demands of NHSScotland.

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

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

- Our Board local priorities – Board 2020 Strategy
- HEAT plans and delivery trajectories
- Improvement and Co-production plan

Within our Board local priorities we have outlined our strategic vision and developments within our national services. During 2013-14 we have had further expansion of patient services including orthopaedic, ophthalmology and diagnostic services with further growth already planned during 2014-15. The LDP also describes the physical capacity available at GJNH for development of existing services or creation of new services to expand our capacity as a national resource.

The LDP also highlights the crucial role that the Beardmore Hotel and Conference Centre fulfils in supporting, not only public sector conferences and training, but also directly to the Golden Jubilee through patient, relative, visitor and staff accommodation. The 2020 Beardmore Strategy will look to ensure that this support increases and enhances delivery for NHS Scotland. In addition, the planned developments in 2014-15 for the Beardmore Centre for Health Science building cement its success in research and clinical skills.

Within the Improvement and Co-production plan we outline our priorities against the NHS Scotland 2020 route map. We describe how this broad range of improvement activity is supporting us to achieve these aims and objectives as well as helping us to deliver on the three quality ambitions of safe, effective and person-centred care.

In our Board there is a culture of improvement and innovation which is overseen and strengthened by robust governance arrangements. From our senior leaders and throughout our organisation, we continue to promote and reinforce this approach, recognising its importance as we continue to deliver our local performance priorities and national objectives aligned to the quality ambitions and the priorities outlined in the 2020 route map.
.

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

Local targets and priorities

L1 Strategic changes and expansion within our national services
L2 Expanding capacity as a National Resource
L3 Options to deliver local services
L4 The Beardmore Centres - Hotel and Conference Centre and The Beardmore Centre for Health Science

1. **Health Improvement**

   1.1 Early Cancer Detection – Lung Cancer

2. **Efficiency and Governance Improvements – continually improve the efficiency and effectiveness of the NHS**

   2.1 Reduce carbon emissions/ Reduce energy consumption

3. **Access to Services – recognising patients' need for quicker and easier use of NHS services**

   3.1 Delayed Discharge

4. **Treatment Appropriate to Individuals - ensure patients receive high quality services that meet their needs**

   4.1 MRSA/MSSA Bacteraemia/ Clostridium difficile infections

The relevant national 2020 route map priorities for this Local Delivery Plan (LDP) are as follows:

1. Person-centred Care
2. Safe Care
3. Unscheduled and emergency care
4. Integrated Care
5. Care for Multiple and Chronic Illnesses
6. Health Inequalities
7. Workforce
8. Innovation
9. Efficiency and Productivity

+

NHS National Waiting Times Centre Board– Background

The National Waiting Times Centre Board (NWTCB) is an NHS National Board. The range of services provided includes: orthopaedic, general, ophthalmic and plastic surgery, bariatric and spinal surgery, minor procedures, endoscopy and diagnostic imaging. The Board is also home to the West of Scotland Heart and Lung Centre and the Scottish National Heart Transplant Unit. The Board also manages the Scottish National Advanced Heart Failure Service (SNAHFS), the Scottish Adult Congenital Cardiac Service (SACCS) and the Scottish Pulmonary Vascular Unit (SPVU) which are commissioned by the NHS National Services Division (NSD).

Patients can be referred to the hospital for cardiothoracic surgery, diagnostic and interventional cardiology, orthopaedic surgery, diagnostic procedures (X-ray, MRI, ultrasound etc.), plastic surgery, eye surgery, endoscopy procedures and other general surgery.

During 2012/13, the Golden Jubilee National Hospital (GJNH) celebrated ten years as a national resource and it has responded to national demand for its key specialties and increased its activity by 900% over the last 10 years.

We are also the only NHS Board in the UK to manage a four star hotel on site. The Beardmore Hotel and Conference Centre is a four-star facility specialising in conferences, meetings and training courses at special rates for the public sector.

NWTCB, HEAT targets and the Improvement and Coproduction Plan

As a national board GJNH receives referrals from all Scottish NHS Boards to enable patients to be treated within the timescales set by the Scottish Government. The Board is also responsible for a range of regional and national heart and lung services.

The NWTCB, in discussion with the Scottish Government Performance Division, has agreed a specific number of Health, Efficiency, Access and Treatment (HEAT) targets, to reflect its specialist services and national status.

The LDP this year integrates actions to deliver the 2020 Vision:

'Our vision is that by 2020 everyone is able to live longer healthier lives at home, or in a homely setting. We will have a healthcare system where we have integrated health and social care, a focus on prevention, anticipation and supported self-management. When hospital treatment is required, and cannot be provided in a community setting, day case treatment will be the norm. Whatever the setting, care will be provided to the highest standards of quality and safety, with the person at the centre of all decisions. There will be a focus on ensuring that people get back into their home or community environment as soon as appropriate, with minimal risk of re-admission.'

The Route Map was designed to focus on improving quality and to make measureable progress to the 2020 Vision. A new element of the LDP this year is the Improvement & Co-production Plan (I&C Plan) that sets out the priority actions our Board is taking to deliver the 2020 Vision. We have included areas within our I&C plan where our Board is able to influence or contribute to delivery of that route map priority.

The I&C plan reflects the key areas of work to deliver each relevant route map priority without aiming to duplicate existing plans and strategies. It is acknowledged that this is a transitional year and work is ongoing to ensure that the LDP continues to complement and align with other local and national planning requirements.

The Local Delivery Plan and Financial Challenges

Delivery of the 2014-17 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.

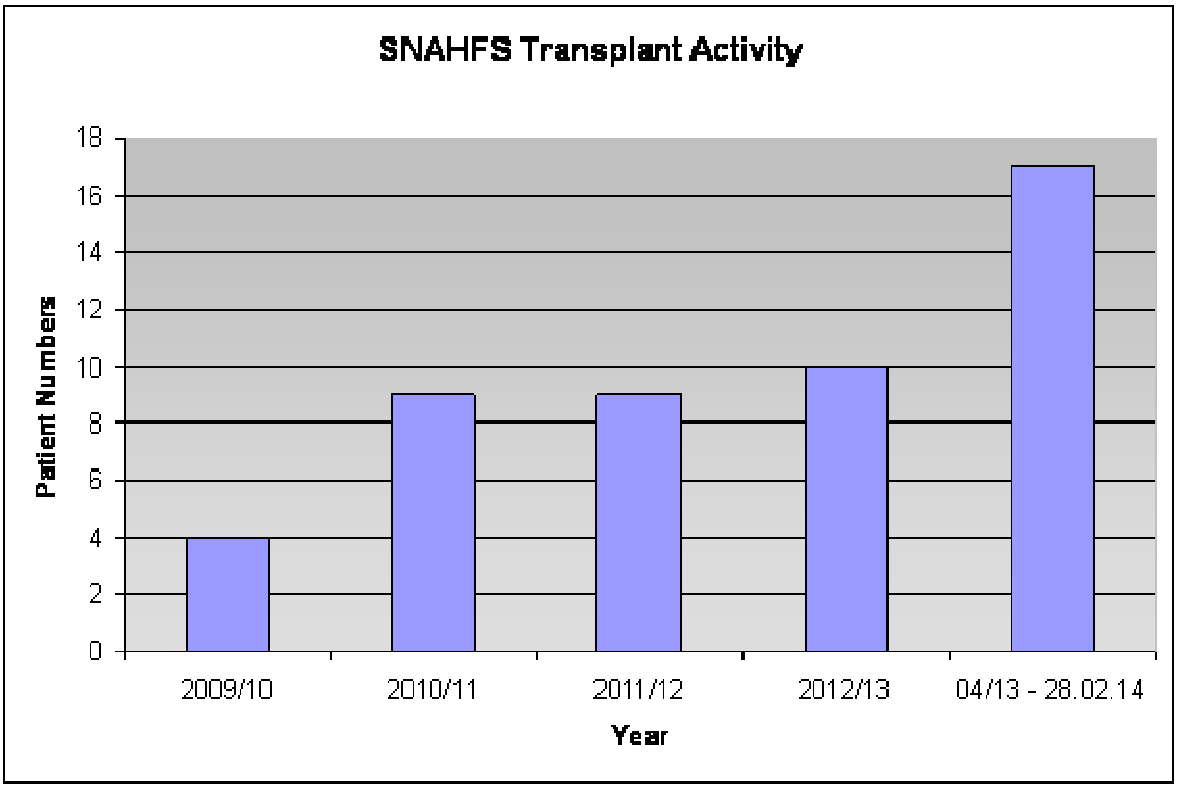
L1 Strategic changes and expansion within our national services

NWTCB strategic lead: Jill Young, Chief Executive

L1.1 Advanced Heart Failure Service Strategy Update

The Scottish National Advanced Heart Failure Service (SNAHFS) continues to exceed the target transplant activity outlined in the Strategy approved in December 2010 by the Cabinet Secretary for Health and Wellbeing. This Strategy describes an integrated approach which will ensure that patients with heart failure throughout Scotland have equal access to a high quality service that provides a full range of appropriate therapeutic options, including heart transplantation.

Since the publication of the strategy and the dedicated and focussed work of our team, transplantation activity has increased with improvements in 30 and 90 day survival. Our target for heart transplants for 2013/14 was 11, and as at end February 2014, we have carried out 17 transplants. Over the last four years, heart transplant numbers in Scotland have increased by 185%. The graph below shows the increase in heart transplants.



This increase in activity is thought to be multi-factorial along with the significant improvement made by the team it is also attributed to an increase in donation across the UK and work by the Cardiothoracic Transplant Advisory Group including the Scout project. The SNAHFS service has focussed on a number of elements to increase heart transplantation numbers and improved outcomes for patients:

L1.1.1 The Referral Management Strategy

The Referral Management Strategy is part of the overall SNAHFS Clinical Strategy that aims to ensure Scotland-wide referral of candidates for transplantation by heightening awareness of transplantation. This initiative involves visiting referral centres emphasising that referrals should not just be for those who are critically ill but also those who are chronically limited by their symptoms; this ensures early referral to our specialist service.

L1.1.2 The Donor and Retrieval Strategy

This aims to:

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

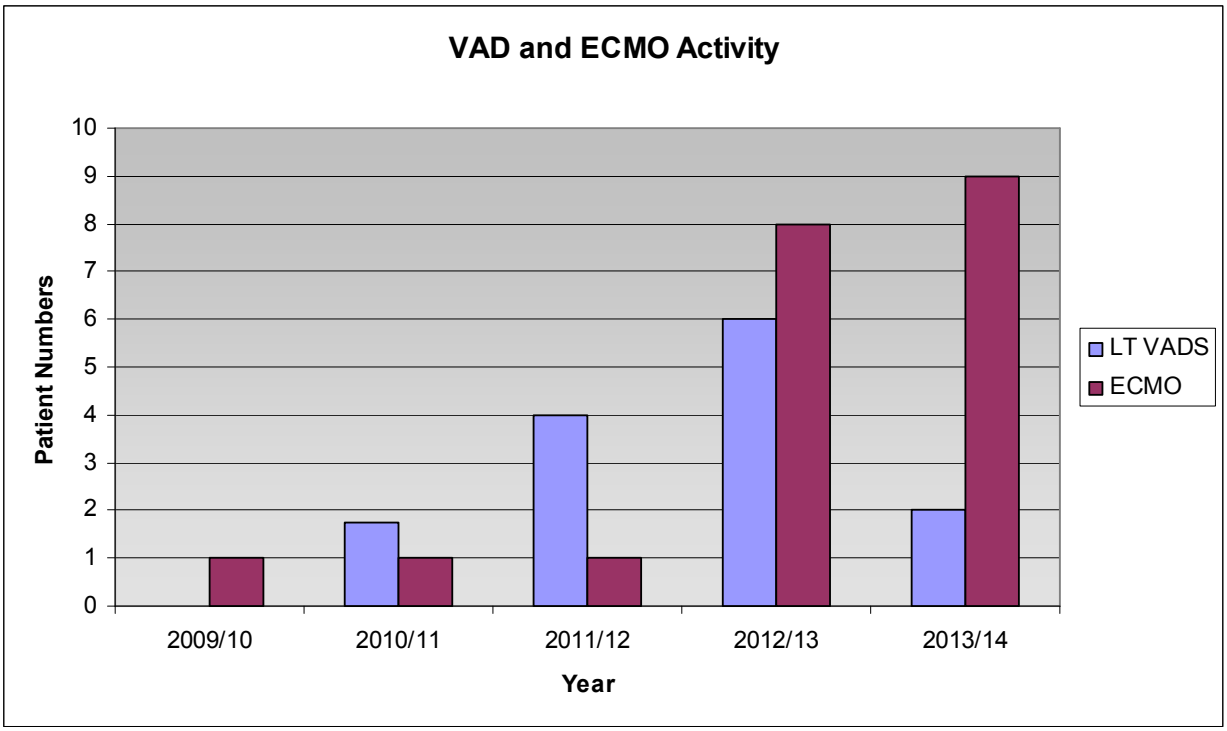
As part of the response to the United Kingdom (UK) Transplant Review the Examination of Issues in Adult Cardiothoracic Organ Retrieval and Transplantation the Scottish Government sought assurance that the quality and outcomes achieved by the Scottish heart transplant service were equivalent to those achieved throughout the UK. As a result it became evident that the retrieval service required significant redesign and investment to bring it in line with other centres in the UK. The redesign focussed on the medical support for the retrieval programme and is a crucial step in maintaining a safe and effective service and supporting further development. Additionally, the redesign has enabled the SNAHFS to join the UK scout project, aiming to ensure that all possible donor organs are inspected and optimally managed.

In considering the 2020 Vision for Health and Social Care the Golden Jubilee National Hospital is keen to be seen as a centre of excellence for transplantation. This will include increasing activity levels, further improving outcomes for patients and delivering a high quality retrieval service. There are also plans to develop an internationally recognised research programme into heart failure and transplantation.

The service would in the future like to explore the possibility for adult congenital heart transplant drawing on the synergies between SNAHFS, the co-located Scottish Adult Congenital Cardiac Service, and the Scottish Pulmonary Vascular Unit. In the longer term the service would like to explore the possibility of providing a lung transplantation service for Scottish residents.

L1.1.3 Mechanical Circulatory Support

The service provides Mechanical Circulatory Support through the use of Veno-Arterial Extra-corporeal Membrane Oxygenation (ECMO), Short Term Ventricular Assist Devices (VADs), and Long Term VADs. 18 intensive care nurses at the Golden Jubilee are now fully trained in ECMO, which reduces the dependence on perfusionists. VAD and ECMO activity has increased, with a reduction in mortality at 30 days.



L1.2 Scottish Adult Congenital Cardiac Service (SACCS) Strategy

The Scottish Adult Congenital Cardiac Service based at the GJNH is a National service. The SACCS Clinical Strategy was published in 2012 acknowledging the expanding role of SACCS and detailing a network model of Adult Congenital Heart Disease (ACHD) care in which patients can access specialist care when needed irrespective of geographical location but are also supported by high quality local services.

Key components of the model include specialist medical and nursing involvement in local services, combined with education and training across all areas of the care pathway to improve care and ensure sustainability. Infrastructure and improved communication are acknowledged as central to the success of the strategy. In 2013 the Scottish Government recognised the need for a network approach to congenital heart disease care by commissioning the Scottish Congenital Cardiac Network to provide an infrastructure supporting the developing clinical networks in both paediatric and adult populations.

The Scottish Adult Congenital Cardiac Service has developed considerably since designation as a national service. The unit has been successful in achieving recognition as the national centre for treatment of adult congenital heart disease in Scotland. SACCS is acknowledged as one of the specialist Adult Congenital Heart Disease (ACHD) centres in the UK.

The clinical demand on the service has continued to increase in recognition of patient need. This has outstripped the available resources despite recognition of the changing role by National Services Division (NSD). Furthermore, the need to improve patient care through implementation of a clinical network places even greater demands on the specialist service and emphasises the shortfall in clinical resource and therefore the ability to continue to deliver high quality care matching other centres in the UK. To address these challenges a business case was developed and submitted to NSD in February 2014 outlining the skills and resources that would be required to expand SACCS to meet the clinical demand and delivery of high quality services over the next three years.

L1.2.1 Supporting Regional ACHD Service Delivery

Significant progress has been made during 2013/14 to establish a resourced regional ACHD service co-located beside the National Service at GJNH to enable appropriate management of patients from the West of Scotland and ensure equity of access to the National Service for appropriate patients from the North, South and East of Scotland. A Regional ACHD Project Board has been established that will be responsible for the physical relocation of this regional clinic to a suitable site in the West towards the end of 2014 allowing more local care and access.

L1.3 Scottish Pulmonary Vascular Unit (SPVU)

Specialist services for pulmonary arterial hypertension are designated as a national specialist service and are commissioned on behalf of NHS Scotland by the National Services Division. The service has been nationally designated since October 1997. Its mission is to provide first class investigation and appropriate treatment for those patients who have this rare and life threatening illness.

In 2008 the diagnostic and assessment service moved from the Western Infirmary to the Golden Jubilee National Hospital, along with cardiothoracic and cardiology services. The respiratory medicine element of the SPVU service continues to be provided by NHS Greater Glasgow and Clyde as part of the much larger respiratory medicine service.

As a result the service is currently provided over two sites and presents a number of challenges around the management and governance of the service. With the planned changes in the provision of acute hospital services in Glasgow consideration is being given to whether there is scope to streamline patient pathways or to consolidate the service into one site. As a designated national service there will be a need for broad stakeholder engagement to ensure any proposed change to the service delivery model is in line with Board strategies. The GJNH are currently undertaking internal scoping work to inform the discussion on the way forward.

L1.4 Performance Management

Each of the National Services has their own clinical governance arrangements overseen by the Board's Clinical Governance Committee. Operational and strategic management of the services is monitored by the Performance and Planning Committee.

In addition each service is accountable to NSD and produces an Annual Report for their consideration providing an overview of clinical activity, research undertaken and strategic developments for discussion at their annual review meeting.

L2 Expanding capacity as a National Resource

NWTCB strategic lead: June Rogers, Director of Operations

Our activity plan for 2014/15 includes capacity for: orthopaedic joints, foot and ankle surgery and 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 first year of this arrangement which has been successful and our expectation is that this will continue, as planned, for 2014/15. The main benefits of this model have been:

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

L2.1 Orthopaedic surgery

Orthopaedic expansion

Orthopaedic surgery continues to be in high demand. In response to this demand, we increased our capacity at GJNH in 2013/14 to accommodate an increase equivalent to 300 primary joint replacements. In addition to this increase, a further expansion was approved and planned to take effect from November 2013 to support NHS Boards with winter pressures. This amounts to 180 additional joint procedures over the winter period and includes weekend working. The full year effect of this increase will amount to the equivalent of 300 primary joint replacements in 2014/15

Taking into account the expansion above, the 2014/15 target for orthopaedic joint replacements is based on 3,300 primary joints. This number was calculated on the basis of one patient to one theatre slot. Each session equals two theatre slots.

In early 2013 a specialist Foot and Ankle surgeon was appointed to join the GJNH orthopaedic team. This post replaced a lower limb arthroplasty consultant to allow the range of procedures available to patients from across Scotland to be extended. The procedures carried out by this specialist surgeon are offered to boards as an alternative to joint replacements and will be accounted for in the total activity mentioned above.

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

The Board has recently been asked to submit a proposal to further expand orthopaedic capacity by a further 300 cases (joint replacements or equivalent) using our current unstaffed capacity. We are planning that this will commence in September 2014, subject to approval with the Scottish Government.

Orthopaedic telehealth clinics
We currently provide Orthopaedic telehealth follow-up clinics for patients from NHS Orkney. This is now the preferred follow- up model for both patients and clinicians. This approach to follow up has now been extended to patients from Shetland and it is expected that in 2014/15 this model will be rolled out to other Boards whose patients experience similar challenges with travel.

L2.2 General surgery
The availability of a general surgeon 24 hours a day, seven days a week is a prerequisite to support the cardiothoracic programme. It is important, therefore, that general surgery continues to be part of the plan for the GJNH. Currently this service is provided by visiting consultants; the rota is fairly complex and when compounded by the fluctuation we experience in referral flows, this can be a very challenging service to deliver. This challenge would be alleviated if the GJNH could attract an appropriate surgical programme which required the presence of general surgeons on site on a continuous basis. This would allow us to provide support to boards on a routine basis and also to support the cardiothoracic programme.

L2.3 Ophthalmology
The GJNH has employed one full time Ophthalmic Surgeon for a number of years who has the capacity to deliver 1200 procedures per year. In mid 2013/14 an additional two part time Ophthalmic Surgeons were recruited to address the increased demand for cataract surgery. As a result of these appointments together with utilising visiting consultants, we were able to offer an additional 920 ophthalmic procedures to support Boards over the winter period. These patients will be seen on a 'see and treat' basis which will amount to approximately 1,200 new referrals. The full year effect of this increase will result in approximately 2,400 procedures being carried out in 2014/15.

During 2013/14 the GJNH Ophthalmic Surgeon provided an outreach service approximately four times per annum NHS Orkney. During these visits, our surgeon remains on the island for several days to carry out outpatient clinics and theatre lists. This arrangement will continue throughout 2014/15. While our Ophthalmic Surgeon is operating in Orkney, services continue at the GJNH by visiting consultants.

The Board has also recently been asked to submit a proposal to further expand ophthalmology capacity. This expansion (due from September 2014) would result in an additional 600 cases in 2014/15, increasing to an additional 1200 cases (full year effect) in 2015/16.

L2.4 Plastic surgery
We have theatre and ward capacity to deliver 960 inpatient plastic surgery procedures and up to 240 local anaesthetic day cases per year. Surgeon availability has presented fewer challenges in 2014/15; however referral rates have been disappointing. We have proposed to referring Boards that we could adopt an outreach model of care for patients whereby patients will be seen in a clinic in their local hospital with surgery being carried out at GJNH. However, agreement has yet to be reached on how this will progress.

L2.5 Endoscopy
Referral flows for patients who require endoscopy were slow at the beginning of 2013/14 but have improved as we have progressed through the year. There is the potential to increase this service significantly if Boards commit to referrals on a sustainable basis.

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

L2.6 Diagnostic Imaging

In addition to the abovementioned expansions, an additional 1200 MRI scans and 520 ultrasounds were also offered to NHS Boards to support them over the 2013/14 winter period.

L2.7 Future capacity at the GJNH

There is still physical capacity to further develop existing services or to create new services at the GJNH. Some examples of opportunities are outlined below:

- There is the capacity to take on the delivery of a new national service at the GJNH. In addition, operating space in the laminar flow theatres remains available and presents an opportunity to further develop the orthopaedic programme. An expansion of this service could encompass: increasing the lower limb arthroplasty programme further or introducing another subspecialty such as upper limb surgery. This capacity is being scoped and will be presented to SGHSCD for consideration.

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

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

L2.8 Performance Management

Ongoing scrutiny of scheduling and capacity utilisation takes place at the Performance and Planning Committee and the main Board. Contingency and delivery planning is in place to support delivery of the activity.

L3 Exploring the opportunity to provide essential services for our local population

NWTCB strategic lead: Jill Young, Chief Executive

3.1 Overview

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

3.2 Exploring Opportunities

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

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

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

3.3 Framework for Developments

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

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

3.4 Finance, Estate and Workforce Implications

The financial and workforce implications of any development are difficult to assess at this early stage given that, the final clinical services to be considered and the size of the potential healthcare expansion is not known at this time.
In terms of the availability of space there is sufficient space for a doubling of the existing facilities on the site if required. This could accommodate a significant range of development opportunities.

3.5 Performance and Delivery Management

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

L4 The Beardmore Centres:
Beardmore Hotel and Conference Centre
NWTCB strategic lead: Jill Young, Chief Executive

L4.1 Strategic Developments

The Beardmore Hotel and Conference Centre continues to play a vital and supportive role as part of NHS Scotland with more than 50% of Beardmore business being generated annually from conferences and events and has established itself as a conference centre of excellence.

Percentage NHS/Public Sector Business increase since 2005/6

2005/6	2006/7	2007/8	2008/9	2009/10	2010/11	2011/12	2012/13
11%	21%	36%	41%	43%	53%	50%	54%

The Beardmore continues to support the adjoining GJNH by providing dedicated sleep room provision for clinical staff and accommodation for patients and patient relatives, to facilitate improved patient access to treatment and reduce waiting times.

It also operates as a 4 star hotel and welcomes local community, business and leisure guests who use a range of services from hotel accommodation, the health club and restaurants.

The Board approved an interim updated strategy in 2013 and work is underway to develop a new strategy which will identify the potential direction of The Beardmore until 2020. This will form part of our overall Board 2020 strategy and aims to create an innovative future for the Hotel and Conference Centre in the locality and internationally as a national resource for Scotland. A Programme Board has been established to steer and approve the development of the strategy and the Beardmore 2020 Strategy will be submitted for Board approval in the early summer of 2014.

There is wide stakeholder engagement both internally and externally and a number of identified workstreams supporting development of the Strategy. This has included taking stock of the current environment, considering future trends and ensuring alignment with the overall Board's 2020 strategy. These activities will inform the business and market projections and identify opportunities for service developments, redesign and innovation. The development of the Strategy will also consider the 2020 Workforce model and look at financial modelling, strategic objectives and risk.

L4.2 Performance and financial challenges

With the economy showing some signs of recovery, The Beardmore is forecasting to exceed its income target for 2013/14. At this stage, we are forecasting that the NHS/public sector business will be at a similar level as last year.

The Beardmore Team gained a number of awards at the Scottish Hotel of the Year awards including Gold Medals for Service Excellence and The Green Laurel Eco Award.

Key performance indicators continue to be monitored by the Performance and Planning Committee.

L4.3 Service redesign and enhancement

The existing reception area was remodelled and redesigned to create the dynamic new Central Plaza enabling an effective event networking and catering area for conferences and meetings, whilst relocating the reception team to more ergonomic workspace and reception area for guests, patients and delegates.

The Beardmore has continued to develop and invest in both the infrastructure and in the level of service required to maintain its position as a conference centre of excellence and to meet the needs of the NHS and public sector, as well as commercial and leisure customers. A plan will be developed during 2014-15 to upgrade and modernise bedroom stock.

L4.4 Financial implications

The financial plan recognises that the financial pressures within the Beardmore and are not dissimilar from the hospital including rising energy costs and pay costs in addition to the challenges of the current economic environment.

L4.5 Beardmore Centre for Health Science

Executive Lead: Dr Mike Higgins

The Beardmore Centre for Health Science (BCHS) opened in 2011 and is a unique facility within NHS Scotland in that it combines a specialist NHS facility – the Golden Jubilee National Hospital – with a purpose-built Clinical Skills Centre and Clinical Research Facility and a four star hotel – the Beardmore Hotel and Conference Centre.

The Centre operates as part of the NWTCB providing the latest technology for the clinical training of all health professionals both internal and external to NHS Scotland.

The management and performance of the Centre is overseen by the Board's Performance and Planning Committee.

L4.6 Planned Developments for 2014-15

During 2014-15 the BCHS will continue to build on its success and explore the opportunities for marketing its services including the **Live Link** available in the Centre. The **Live Link** is an innovative teaching and conferencing system that enables sound and images from the cardiac catheterisation labs, imaging suites (CT and MRI scanners) and a number of orthopaedic and cardiothoracic operating theatres to be viewed in the BCHS training rooms. For large events the same system is available in the Beardmore Hotel and Conference Centre auditorium.

The high bandwith fibre optic connection allows remote audiences to view live interventions, procedures and operations and the two-way sound link enables the audience to interact with the operator as the procedure is performed.

The technology has been successfully used for a number of national and international events including Chronic Total Occlusion (CTO) and Intravascular Ultrasound (IVUS) study days.

L4.7 Clinical Skills Centre

The Clinical Skills Centre is open to staff across NHS Scotland and to other organisations that require a high quality clinical training environment. The Centre has four clinical style training rooms including: in-built audio visual links to the Golden Jubilee's theatres, cardiac catheterisation laboratories and diagnostic imaging suite; a patient simulator, and a surgical skills training area which incorporates wet lab capability.

The Centre continues to attract new and repeat business from clients running a wide range of courses and the medical and dental examinations for the Royal College of Physicians and Surgeons Glasgow.

L4.8 Clinical Research Facility

The Clinical Research Facility (CRF) is the base for research projects and continues to be heavily used since opening. The Clinical Research Facility provides researchers with all the space, equipment and resources necessary to conduct high quality research in an environment designed to respect the patient's safety, wellbeing and privacy.

The Golden Jubilee National Hospital presently hosts research projects relating to its clinical specialities, including interventional cardiology, electrophysiology, pulmonary vascular disease, advanced heart failure, orthopaedics and anaesthetics.

As the number of research studies hosted by the hospital continues to increase, an area of the centre has been refurbished into our new Research Hub. This provides a base for our research nurses and as the hub is co-located with the Research and Development Office, provides research governance oversight for all research activity.

All research projects hosted by the Golden Jubilee National Hospital – irrespective of funder or sponsor – are subject to research governance review and approval. The purpose of this process is as follows.

- Proper governance of research is essential to ensure that the public can have confidence in, and benefit from, quality research in health and community care.
- The public has a right to expect high scientific, ethical and financial standards, transparent decision-making processes, clear allocation of responsibilities and robust monitoring arrangements.

In line with the established strategic path of increasing the number of commercially sponsored trials and the number of eligibly funded trials, we will direct previously uncommitted resources relating to research support to the departments that demonstrate consistently increasing numbers of trials for these two project types. For financial year 2014/15, resources will be directed to the cardiac and thoracic specialities.

NHSScotland Objective 1: Health Improvement

Target Identifier	Target Details
H 1.1	Detect Cancer Early (Lung Cancer – surgical treatment)

NWTCB strategic lead: June Rogers, Director of Operations
As a centre providing surgical treatment for lung cancer patients, the NWTCB contributes to the delivery of the existing 31-day and 62-day cancer HEAT standards and is responsible for the accuracy of the data reported to the Information Services Division (ISD). Effective and timely surgical treatment of lung cancer is an important element of the delivery of the Early Cancer Detection HEAT target.

1.1.1 Delivery

To support the delivery of the surgical treatment of lung cancer target we have continued to enhance our patient pathway by increasing the numbers of elective patients seen pre-operatively as an outpatient by the consultant prior to surgery.

We also promote the use of e-referral to minimise delays in receiving referrals and agree a minimum clinical and non clinical dataset. Multidisciplinary team (MDT) meetings ensure that patients are brought to our attention more quickly. We also use videoconference facilities when a surgeon is unable to travel to an MDT and arrangements are put in place for the respiratory physician to discuss patients with the surgeon over the phone.

If patients are undecided at the time of consultation they are given time to think and date of decision to treat is based on when both the patient and consultant have agreed. Patients are contacted to ensure that the outcomes of decisions are appropriately recorded and referrals processed in a timely manner. The Board also provides patients with a list of possible sources of assistance when considering their future treatment such as the support offered by the Spiritual Care Service within the hospital and the lung cancer nurse. In line with our Board Equality Outcomes and Involving People Strategy, we are committed to providing high quality patient information materials that meet individual needs.

1.1.2 Performance

The NWTCB has consistently achieved the 31 day cancer HEAT standard and works with referring Boards to meet the 62 day standard.

1.1.3 Performance Monitoring

Performance against national waiting time targets is recorded on the Corporate Balanced Scorecard and is reviewed at the Performance and Planning Committee and thereafter the NWTC Board.

NHSScotland Objective 2:

Efficiency and Governance Improvements – continually improve the efficiency and effectiveness of the NHS

Target Identifier	Target Details
E 2.1	Reduce carbon emissions
	Reduce energy consumption

NWTCB strategic lead: Julie Carter, Director of Finance

NHSScotland is targeted with reducing energy-based carbon emissions and to continue a reduction in energy consumption to contribute to the greenhouse gas emissions reductions targets set in the Climate Change (Scotland) Act 2009.

NHSScotland is required to continue to reduce energy consumption based on a national average year-on-year energy efficiency target of 1% each year up to and including, with the percentage change measured on the 2009/10 baseline climatically adjusted represented by absolute energy values in Gigajoules (GJ).

2.1.1 Delivery and Improvement

A range of improvement measures have been undertaken within the Board to support achievement of the energy efficiency targets to reduce energy consumption and carbon. The Board recognises that increased efficiency will not only assist with the financial pressures of rising energy costs but also help to meet the associated national outcomes to reduce the local and global environmental impact of our consumption and production.

The Board's Energy Steering Group meets regularly to support the work of the Board in improving energy efficiency and has developed links across the organisation to promote energy awareness and identify areas for improvement. .

Staff engagement is also a key area of focus with the use of staff bulletins, the intranet and other forms of communication to reiterate the need for improved energy management. .

Plans are at an advanced stage to decentralise the boiler plant following our successful grant funding application through the Scottish Government. This project will assist us in achieving a significant reduction in our energy consumption and a corresponding fall in C02 emissions.

2.1.2 Our performance

We continue to experience challenges in demonstrating progress against the 2009/10 baseline to reduce our C02 emissions and energy usage. We have sought guidance and support from HFS who have recognised and supported the complexities of energy management within the estate.

Improvements are set against a backdrop that sees the Board continuing to significantly expand its patient activity and a number of capital estate projects that have seen increased utilisation of the building. These developments have masked persistent efforts to be more energy efficient which has resulted in a reduction in the rate of increase in energy consumption rather than showing a total energy use reduction

2.1.3 Performance Monitoring

These HEAT targets are key performance indicators in the Board's Corporate Balanced Scorecard and these are reviewed at the Performance and Planning Committee and thereafter the NWTC Board.

NHSScotland Objective 3:

Access to Services – recognising patients' need for quicker and easier use of NHS services

Target Identifier	Target Details
A 3.1	Delayed Discharge

NWTCB strategic lead: Shona Chaib, Nurse Director

NHSScotland is targeted with ensuring that no patients will wait more than 14 days to be discharged from hospital into a more appropriate care setting once treatment is complete by April 2015.

3.1.1 Delivery

NWTCB has well-developed discharge planning arrangements with a dedicated team working closely with patients and referring Boards to ensure that appropriate discharge planning takes place and address any challenges to effective capacity planning with local authority and social services colleagues.

3.1.2 Our performance

We have had no delayed discharges (over six weeks) in recent years and it is our intention to maintain this good performance. As the range of patients with complex care needs increases, the new HEAT target for delayed discharge may make this more challenging to achieve. We are, however, committed to working with our NHS and local authority partners to ensure that discharge processes do not result in delays for patients waiting to be discharged to another care setting.

3.1.3 Performance Monitoring

Delayed discharge is a key performance indicator in the Corporate Balanced scorecard and this is reviewed at the Performance and Planning Committee and thereafter the NWTC Board.

NHSScotland Objective 4:

Treatment Appropriate to Individuals - ensure patients receive high quality services that meet their needs.

Target Identifier	Target Details
T 4.1	MRSA/MSSA bacterium: 0.24 cases per 1000 occupied bed days by end March 2015.
	Clostridium difficile infections in ages 15+: 0.25 cases per 1000 total occupied bed days by end March 2015.

NWTCB strategic lead: Shona Chaib, Nurse Director

4.1.1 Delivery and Improvement
The types of specialist surgical care delivered at GJNH, including the use of invasive devices, means there is a higher risk of bacteraemia than would be found in Boards providing a mixture of acute and long-term care. For this reason, GJNH has agreed with SGHSCD and Health Protection Scotland that where our Healthcare Associated Infection (HAI) data is published nationally, clarification on the interpretation of that data will be provided, where no direct comparisons can be made with data from other NHS Boards.

Infection prevention and control depends on all areas of the organisation being aware of, responsible for and taking appropriate action to ensure the provision of safe care and a safe environment for patients, staff and visitors. The Board has systems in place to monitor these key delivery areas and to give early indication if problems should arise. The Prevention and Control of Infection Team (PCIT) provides key data to each unit monthly, detailing bacteraemia, healthcare associated infections, Meticillin Resistant Staphylococcus Aureus (MRSA), Clostridium difficile infections (CDI) and surgical site infection (SSI) rates.

4.1.2 Our performance
While our risk factors are high, our actual incidence numbers are low. The HEAT targets for delivery by March 2015 are based on an infection rate per occupied bed days rather than numbers of cases. Using this method of measurement in a specialist surgical centre makes the target very challenging to achieve. We already have a very low incidence of Clostridium Difficile (C.difficile) Infections (CDI) and sustaining this performance will also prove challenging. The Board has adopted clear actions to achieve this.

To maintain our performance we have rigorous governance processes in place and regularly review the interventions in place including restriction of specific antibiotics which are known to increase the risk of CDI and action plans directed at reduction in Staphylococcus Aureus Bacteraemia (SAB). All HAI risks identified are interdependent and form part of a wider delivery plan for infection control services, including audit, education, policy provision and surveillance and national targets for hand hygiene compliance, cleaning and estates services.

Staphylococcus Aureus Bacteraemia (SAB)
Our overall SAB numbers are low and therefore small numbers of cases can quickly change our targeted approach to SAB reduction. The epidemiology of SAB infections has changed locally as a result of quality improvement. Sources of SAB are less easily attributed and are more sporadic in nature.

Clostridium Difficile Infection
The Prevention and Control of Infection Team will continue to monitor new cases of C.difficile as part of their alert organism surveillance programme. Monthly local reporting using statistical process control charts provides the means to monitor trends and review control limits, and review overall rates per 1,000 acute occupied bed days locally and nationally in keeping with the national surveillance programme. As we have very small numbers of CDI cases, our trigger for action for all areas is set at one new case likely to be acquired in GJNH.

Boards currently with a rate of less than the national target are expected to at least maintain this, and this should be reflected in their trajectories. Based on this statement and on local case numbers, our target is 0.1 per 1000 occupied bed days.

There are a number of actions in place to maintain our performance on this challenging target:

- Ongoing alert organism surveillance and close monitoring of the severity of cases by the Prevention and Control of Infection Team.
- There is ongoing monthly unit specific reporting with triggers for action set for each unit. This includes implementation HPS Trigger Tool if the trigger is breached and implementation of HPS Severe Case Investigation tool if the case definition is met.
- Antimicrobial prescribing audits and monitoring of compliance with policy have been implemented by the Antimicrobial Management Team.

4.1.3 Performance Monitoring

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

NWTCB Improvement and Co-production Plan

The priorities for improvement within the 2020 route map have been reviewed and we have highlighted the following relevant priorities for our Board, which are included in our I&C plan:

Triple Aim	Quality Ambitions	Priority Areas for Improvement	Key Relevant Deliverables	
Quality of Care	Person-centred	Person-centred care	1	Person-centred Health and Care Collaborative Implemented
	Safe	Safe Care	2	Further increase in safety in Scottish hospitals
			3	New broader measure of safety developed (SPSI)
	Effective	Unscheduled and Emergency Care	4	Out of hospital care action plan
			5	Sustainable performance on 4-hour A&E waits
			6	Increase flow through the system
		Integrated Care	7	New Bill
			8	Preparatory work with NHS Boards, local authorities, third and independent sector and the building of effective Integrated Health and Social Care Partnerships
		Care for Multiple and Chronic Illnesses	9	Key pressure points in the entire patient pathway for most common multiple illnesses will be identified and actions agreed
			10	Through more detailed analysis of existing data, people will be identified as 'at risk' and anticipatory plans will be agreed
Health of the Population		Health Inequalities	11	New focus on most deprived areas
Value and Sustainability		Workforce	12	2020 Vision for NHSScotland workforce
			13	Detailed action plan agreed to deliver 2020 Workforce Vision
		Innovation	14	A new fund to provide pump-priming for Innovative approaches in healthcare
			15	A new procurement portal will be established to encourage working with SMES and third sector
		Efficiency and Productivity	16	Recommendations to increase shared services

2020 Route Map Executive Leads

2020 Route Map Priorities	Executive Lead
1. Person-centred care	Shona Chaib, Nurse Director
2. Safe Care	Mike Higgins, Medical Director
3. Unscheduled and Emergency Care	June Rogers, Director of Operations
4. Integrated Care	Jill Young, Chief Executive
5. Care for Multiple and Chronic Illnesses	June Rogers, Director of Operations
6. Health Inequalities	Lindsey Ferries, Director of Human Resources Shona Chaib, Nurse Director Mike Higgins, Medical Director
7. Workforce	Lindsey Ferries, Director of Human Resources
8. Innovation	Jill Young, Chief Executive Mike Higgins, Medical Director
9. Efficiency and Productivity	Julie Carter, Director of Finance June Rogers, Director of Operations

Priority 1

Person-centred Health and Care

Lead: Shona Chaib, Nurse Director

The National Person Centred Health and Care Programme was launched in November 2012 with its key aim being, by 2015, to ensure all care services in Scotland are centred around people and evidenced by improvements in care and staff experience and co production.

What we are doing to deliver this priority?
The Board already has a strong person centred ethos with many good examples of interventions across all elements of the programme. The Board will use the programme as a platform to further enhance our progress.

Key Areas of Development

Management of patient complaints and feedback
Over the past year, we have reviewed and strengthened our complaints management processes. Our approach is underpinned by a commitment to improve our complaints and feedback processes in a continuous and sustainable way within the context of our Boards vision and values. Central to this is empowering and encouraging staff to engage with patients and their families quickly to fully understand their concerns and ensure these are appropriately managed and resolved and to understand the consequences for patients and families. To effectively manage complaints we continue to monitor the key themes to ensure we learn from them and make improvements as required

Care of Older People and patients with cognitive impairment
We have introduced volunteer roles to enhance the experience of the older patient e.g. sensory care, befriending, spiritual care and volunteers with specific training on dementia. We are committed to ensuring broad staff, patient and public engagement to meet the aims of the programme and ensure delivery of our key actions.

- Seven nurses, physiotherapists and occupational therapist have completed the NHS Education for Scotland (NES) dementia champion's programme

- 28 members of nursing and rehabilitation staff and a theatre porter have completed the Best Practice in Dementia Care programme

- staff have completed a three day course on caring of patients with dementia in an acute setting.

- A part time seconded nurse post has been in place to support staff education and implementation of care in line with the Older People in Acute Care standards and we are exploring the possibility of making this a permanent post.

The 'Getting to know me' document is used at pre-operative assessment if a patient has a confirmed diagnosis of dementia or cognitive impairment, and patient and carer are in agreement. The form helps staff to learn more about the patient and what is important to them. Sharing this information with staff is intended to make the stay of the patient more comfortable and less stressful.

What are our plans for 2014/15?

Leadership
Leadership across all levels of the Board is an obvious and essential element in delivery of this programme. We have a nominated Executive Lead and Programme Lead and in addition, our Chief Executive and Board Chair are strong champions of person-centred care. The recently reviewed Involving People Strategy will form the blueprint for delivery of the programme which will be overseen by the Involving People Group (IPG). The IPG has the same status as the Clinical Governance and Risk Management Group (CGRMG) reporting directly to the Person Centred Committee (PCC).

Care Experience.
It is intended that the following two key pieces of work continue to be supported under care experience.

(a) Evaluation of Caring Behaviours Assurance Programme (CBAS).
The Caring Behaviours Assurance System(CBAS) has been introduced in Scotland as part of NHS Scotland's Healthcare Quality Strategy enabling Person Centred Care through a structured programme of training and local ownership of care indicators. This was rolled out across all nursing areas. Work is currently underway to evaluate the impact of the programme through a series of patient and staff questionnaires and factor analysis of care interventions and patient outcomes. This work is being led by the Nurse Director and supported by the chair of the Quality Patient Public Group (QPPG) and the Head of Clinical Governance.

(b) Volunteer walk rounds. (Primary Driver 4)
Volunteer walk rounds have been in – place for the past 2 years. Walk rounds, which are conducted by volunteers, take place fortnightly and aim to meet with patients and staff to assess the quality of care delivered. Whilst walk rounds have been successful work is required to:

- Make further improvements to the process specifically questions asked.
- Utilise data generated to drive improvement more effectively.
- Consider and test appropriate high level process and outcome indicators.

Staff Experience
It is intended that three key pieces of work progress under staff experience.

(a) Peer walk rounds.
Peer walk rounds are a concept evolved from the Scottish Patient Safety Programme Executive walk rounds. Ward and departments are visited by small teams of leaders drawn from all areas of the Board. The walk rounds take place weekly and have a similar function as volunteer walk rounds although focus specifically on any issues which impact on staff experience specifically the ability to deliver safe and effective services.

It is intended to:

- Monitor this process which complements volunteer walk rounds not duplicates them.
- Develop and test indicators linked to the SPSP which will support improvements to patient safety.

(b) Schwartz Center Care rounds.
The Golden Jubilee National Hospital is the first hospital in Scotland to start using 'Schwartz Center Rounds. This is a one hour, once a month meeting that all grades and disciplines of staff are invited to attend to discuss difficult emotional and social issues that arise from patient care.

The Round is not designed as a forum to make decisions or solve problems, but as a space to think and talk about the experience of work. It is anticipated that over time the Rounds will facilitate an open learning culture that explicitly promotes the recognition of the emotional aspects of caring and supports the sharing of personal insights across the different professions and staff groups.

This programme has been led by the Nurse and Medical Directors over the past year.

(c) Values Based Reflective Practice (VBRP) groups. These small groups are designed to help healthcare staff deliver the care they came into the service to provide. The groups allow an intentional place to reflect on practice, using a simple model developed with NES, which attends to the self esteem, safety and self awareness needs of its participants.

The intended outcomes are to help staff

- (Re)connect with their core values and motivations
- Reflect on their attitudes and behaviours
- Enhance their person-centred practice
- Deepen their relationship with colleagues
- Develop their resilience and well-being at work.

These will be led by our Spiritual Care Provider, a trained VBRP facilitator. Pilot groups will be offered across our Divisions.

Co-Production (Primary Driver 2)
The Board engages with a number of external third sector organisations to develop person centred approaches to care delivery.

It is intended, as part of the Boards advocacy plan, to develop, implement and test an enhanced citizen advocacy model applied to our Quality Patient Public Group (QPPG). This model will allow the QPPG to engage more effectively with Board staff at all levels as well as greatly enhances engagement with the third sector and other organisations who can contribute to improving the quality of the patient experience.

We are also starting to establish a network of stakeholders from the NHS and Third Sector that facilitates sharing of learning and good practice which ultimately benefits improved patient experience. This will encourage and build a capacity among the people using our services to be active partners in what we do.

How will we measure and monitor progress?

Our Board person-centred health and care action plan is evolving and is monitored by our Involving People Group and our Person-centred Committee (which has oversight of all Staff Governance and Patient Focus, Public Involvement activity)

Priority 2

Safe Care

Lead: Mike Higgins, Medical Director

What we are doing to deliver this priority?
The organisation has robust and well managed clinical governance arrangements in place to support the range of activities designed to further increase safety in hospital.
This includes:

- incident management
- progression of the Board's Scottish Patient Safety Programme
- actions to review mortality and improve morbidity outcomes across the Board

Incident management and reporting
A robust incident reporting process is a critical component in the management of clinical risk. When things go wrong these need to be indentified, managed and learning points identified to reduce the risk of recurrence and to improve the quality of care. In April 2013 Healthcare Improvement Scotland (HIS) assessed the Board's approach to the management of Significant Adverse Events (SAE) and an action plan has been developed which is overseen by the Board's Clinical Governance and Risk Management Group (CGRMG).

Key actions include:

- The Board has reviewed the new published national Incident Reporting (IR) Framework and incorporated it into its local IR policy. This will be tested and fully implemented in the coming year.
- Several workshops have been held with support from staff across the organisation to review the incident reporting process and to make improvements.
- Ongoing improvements are being made in the way our staff engage with patients and their families following a SAE. In line with the Board's approach to management of complaints it is recognised early engagement is an effective way to gain trust in complex situations

Scottish Patient Safety Programme (SPSP)
Following the recent national learning session, NHS HIS published an updated approach to progressing SPSP. CEL (2013) 19, outlines general expectations and changes for the programme as a whole whilst CEL (2013) 18 outlines similar changes for Medicine Reconciliation.

(a) Locally monitored indicators that have been 'removed' from being reported to the national SPSP programme are being monitored through the Divisional Clinical Governance Groups on a regular basis with assurance on compliance with these provided to the Clinical Governance Risk Management Group (CGRMG) through the Clinical Governance Committee (CGC) to the Board.

(b) Nationally monitored indicators - the key indicators that will be reported and scrutinised nationally are detailed below:

AIM	PRIMARY DRIVERS	SECONDARY DRIVERS
Further Improve the safety of people in Acute Adult Healthcare **Reduce Harm** 95% of people in acute adult health care free from harms in SPSI • Cardiac Arrest • CAUTI • Pressure Ulcers • Falls **Reduce Hospital Associated Mortality** Reduce HSMR by 20% By December 2015	Strategic Priority	• Ensure safety and quality are organisational priorities • Provide leadership & oversight to ensure delivery of programme • Actively develop your safety culture • Essentials of Safety are comprehensively implemented
	Point of Care	• Reliable person centred response to Deteriorating Patients • Reliable recognition and care delivery for patients with Sepsis • Reliable risk assessment to prevent Venous Thromboembolism • Reliable care delivery for patients with Heart Failure • Reduce Surgical Site Infections (SSI) • Prevent Catheter Associated Urinary Tract Infections (CAUTI) • Reduce Falls • Prevent avoidable Pressure Ulcers • Safer Use of Medicines – Reliable Implementation of Medicines Reconciliation – Reliable interventions to improve safety with high risk medicines
	Infrastructure	• Develop and utilise local capacity & capability in QI • Effective measurement systems • Programme Management • Effective Communications • Manage transitions of care

The SPSP Leadership Group has been reviewed and refreshed and senior management and team leads will continue to work closely on this. This Group is currently undertaking a full review of position against the new indicators as well as evaluating expertise and skills around the Board to support accelerated progress.

The CGRMG and CGC will monitor and steer progress on SPSP on behalf of the Board.

Actions to review mortality and improve morbidity outcomes across the Board
There has been a significant amount of improvement work over the past three years with regards to mortality and morbidity arrangements across the Board and a number of targeted improvement actions have been undertaken. These include:

- an improved multidisciplinary team (MDT) process including the introduction of electronic referral;
- a new cardiothoracic audit database (CATHI) with clinical functionality
- improvements in clinical governance process (including mortality and morbidity and incident analysis),

- a new medical management and leadership structure based on integration of medical, nursing and operational management.

As a result, mortality fell substantially over the period 2008/09 to December 2012.

Looking ahead a focus for the SPSP work plan will be the 'Rescue of the deteriorating patient'. A significant number of high risk patients are treated in Intensive Care following their surgery or intervention as either planned or unplanned admissions to the unit.

Priority 3

Unscheduled and emergency care

Lead: June Rogers, Director of Operations

What we are doing to deliver this priority?
A key priority for the Board is to ensure that we are able to maximise flow through the system to support both unscheduled and emergency cardiology and cardiac surgery patients, including heart transplant activity.

In January 2014 we opened a new six-bedded cardiology unit to support various aspects of interventional cardiology treatments as well as the provision of additional catheterisation laboratory capacity..

This unit is designed to support inpatient treatment, specialist patient review (assessment) by the broader multidisciplinary team and inpatient research studies.

In 2013 the Board introduced a new "Consultant of the Week" medical model within Cardiology and this brought significant benefits to the service by supporting high quality patient care while optimising patient flow. We have also recently implemented a revised Critical Care medical model which also supports the optimisation of care of emergency patients.

A range of performance indicators have been introduced to monitor the impact of these changes and at this early stage these have demonstrated:

- Increased flow and timeliness of Cardiology inpatient transfers
- Facilitated the increased throughput required to reduce waits and maximise patient journey
- Supported the treatment of more urgent inpatients

What are our plans for 2014-15?
Internal scoping work is also underway to review the urgent and emergency cardiac surgery pathway considering referral, MDT discussion and patient flow as well as demand and capacity. The findings of this scoping work will be presented to the Performance and Planning Committee in early 2014.

How will we measure and monitor progress?
All waiting times activity and key performance indicators are monitored by the Performance and Planning Committee and the Board.

Priority 4

Integrated Care

Lead: Jill Young, Chief Executive

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

What are our plans for 2014/15?
This section links to our local priorities outlined in section L3 of this LDP. We are committed to working with local, regional and national partners to support Health and Social Care Integration priorities. In particular, we have begun to explore the feasibility of a range of local developments with West Dunbartonshire:

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

How will we measure and monitor progress?
Performance management and delivery oversight will be steered through the Board Strategy programme following agreement of the option(s) to be pursued.

Priority 5

Care for Multiple and Chronic Illnesses

Lead: June Rogers, Director of Operations

What we are doing to deliver this priority?

NWTCB is the home of the following designated national services:

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

These services are responsible for treating patients often experiencing multiple and chronic illnesses with the aim of ensuring that they are cared and supported in the highest quality and most effective way for their particular needs. We provide a range of support options to deliver this care:

- A helpline is run by specialist nurses to respond to patient/carer enquiries
- Access is provided to the onsite hotel facilities for patients and their families travelling for clinical assessment or inpatient treatment.
- Outreach services have been set up across Scotland supported by specialists from GJNH working with local clinicians, with the aim of providing equity of access to highly specialist advice, review and detailed assessment when it is needed and in a location most appropriate to the clinical needs of the patient
- Recognising the importance of well supported transition arrangements for patients moving from paediatric to adult care there are both consultant and nurse led clinics twice a month at the Royal Hospital for Sick Children in Glasgow. There is a strong ethos of person-centred care, where patients and their families moving into transition services are supported to ensure consistency of care at a time which can be unsettling for vulnerable young people and their families.

One common aspect of the care provided for patients within these services is the requirement to assess their clinical needs, often on an in-patient basis, utilising the full range of specialist diagnostic services here at the GJNH. There is also close collaboration with the patient's local clinical team providing advice and management on the care of patients across Scotland.

Recognising that for some of these patients palliative care is an important element we have enhanced our provision of psychology services to support the patient and family and have developed links with a number of external organisations providing palliative care.

Plans for 2014-2015

A multiprofessional team is responsible for coordinating the Board end of life care arrangements. Whilst it is considered that an appropriate end of life care structure is currently in place, further work is planned as part of the SPSP programme.

Additionally our key priorities for these national services are described in detail within the local targets section of this LDP – L1 "Strategic changes and expansion within our national services"

Priority 6

Health Inequalities

Leads: Lindsey Ferries, Human Resources Director
Shona Chaib, Nurse Director
Mike Higgins, Medical Director

What we are doing to deliver this priority?

Equality and Diversity, Involvement and Inclusion

Investor in Diversity
Investor in Diversity (IiD) is an accreditation awarded by the National Centre for Diversity which demonstrates a commitment to attaining the highest standards in Equality and Diversity (E&D). This year our Board achieved IiD level two.

Equality outcomes and mainstreaming report.
We have introduced further developments to our equality outcomes which we published as part of our requirements under the general and specific duties of the Equality Act. Several engagement events were held with staff, patients and members of the public to shape four high level outcomes. Our Board approved our outcomes and the associated mainstreaming report in 2013.

Diversity Champions
During 2012-13 we introduced the first cohort of Diversity Champions (DC) to the Board with support from NHS Tayside who provided training for us. 17 members of staff volunteered to take part in the training in May 2012 and continue to hold networking events to discuss progress and share experiences. We are looking to build on our progress in the coming year and have commissioned NHS Tayside to support us to train a second cohort.

Volunteers
The Board has a well established programme of volunteering and we currently have over 70 volunteers working in advisory or patient support roles. We recently reviewed our volunteer forum and this is now chaired by a non executive Board member. We have also elected volunteer representatives onto the forum.

Patient public forums
Last year we established two new forums following several meetings with patient groups. These forums are the Scottish Adult Congenital Cardiac service group and the Heart Transplant forum. In the coming year our intention is to fully develop these groups so they are able to support activity across their respective services

Improving Access to reduce health inequalities
We continue to work with local clinicians and specialists across Scotland to improve equity of access to our highly specialist National Services.

What are our plans for 2014/15?
Our work to improve equality, diversity, involvement and inclusion has a number of key aspects:

- We are developing detailed measures to assess progress in delivering our Equality outcomes;
- In 2014-15 our aim is to move to level three accreditation from the National Centre for Diversity becoming Leaders in Diversity;
- Equality Impact Assessment – broadening of focus to encompass health inequalities impact assessment as a step to deliver a wider human rights based approach;

- Training a second cohort of Diversity Champions; and
- Continued work to build on the progress the Board has made with Glasgow Centre for Inclusive Living (CGIL) in promoting opportunities for people with disabilities to access work opportunities in the NHS.

Welfare reform
There are a number of areas for us to consider over the coming years. We will be liaising with the Citizen Advice Bureau and the Independent Resource Centre to support patients and staff in particular

1) Workforce – taking steps to support the effects of welfare reform (e.g. low pay/part time work etc) for our current and future staff.
2) Signposting to help patients around eligibility for benefits and supporting them to receive assistance through liaison with local authorities.
3) Reducing health inequalities in accessing our services

This will be monitored through the Involving People Group and the Person Centred Care Committee.

Learning Disability (LD)
With regard to the additional LDP guidance issued on 23 December 2013 and 13 January 2014, we can report the following current activities in relation to learning disabilities:

What we are doing to deliver this priority?

1. Named senior lead on the delivery of this work, reporting through the Director of Public Health (or equivalent) to the NHS Board, and the NHS Annual Review and Mid-Year Review

The Nurse Director is the Board lead, with progress to be monitored through the Involving People Group

2. Special NHS Boards should determine the inequalities for the LD population as relevant to their Board's remit.

Based on a review our patient data on our patient management system, LD patients do not make up large numbers in our overall patient population, however, we believe that improved capture of equality data for patients will provide a more accurate assessment of LD patient numbers.

We have a well-known cohort of LD patients within our SACCS service, and recognise that patients with special needs also have treatment through our other services. We have introduced a number of changes to support their needs:

- We have reviewed our LD resource pack in clinical areas
- Increased education sessions at the workplace to raise awareness of the needs of patients with LD (e.g. through the Good Life Group)
- Prior to patients attending our service we try to establish the presence or extent of a learning disability
- Medical staff, nursing staff, and also importantly secretarial staff within SAACS are encouraged to recognise where a patient may have a learning disability.
- Establishing an effective relationship with the patient, family or carers and recognising other stakeholders at this point e.g. GP, local LD team
- Outpatient appointments are tailored to meet the requirements of these patients

- We offer facilities so that parents are able to stay with the patient including overnight stays.
- Provision of an Advocacy Service
- We are also exploring the feasibility of funding a pilot part time post to support patients with LD during their out patient visits or stay in hospital.

3. **NHS Boards should use their information on the inequalities in health/health care experienced by adults with learning disabilities, and current best practice in Scotland, to develop a "SMART" action plan to reduce inequalities and improve health, for implementation in 2015/16**

Working with the Scottish Public Health Network (ScotPHN) and the Scottish Learning Disabilities Observatory (SLDO), the Board lead will oversee the development of a SMART action plan to reduce inequalities for our LD patients. This will cover a number of areas of activity, which are still to be defined, but likely to include:

- Developments to improve equalities data capture for our patients;
- Exploring opportunities to flag "learning disabilities" on IT systems, so information is available in advance for all routine appointments;
- Continue to build on and enhance working relationships with the LD service within NHS Greater Glasgow and Clyde; and
- Roll out further training to hospital staff - a course entitled 'Care for People with Learning Disability / Dementia' has been offered to all staff as part of the Board learning and development training calendar The course was designed and delivered as joint work between the disability lead and a volunteer from Alzheimer's Scotland. Further training requirements will be explored as part of the action plan.

Priority 7

Workforce

Lead: Lindsey Ferries, Human Resources Director

Background

Everyone Matters: 2020 Workforce Vision recognises the key role the workforce will play in responding to the challenges that NHSScotland is facing, and in improving patient care and overall performance. It sets out the values that are shared across NHSScotland and asks Boards to make early progress in embedding the core values.

Over the next seven years, all Boards are expected to deliver the commitments set out in *Everyone Matters* and in the first instance, develop and agree an implementation plan for 2014/15

Our Everyone Matters Implementation Plan

Our plan focuses on five priorities for action:

- healthy organisational culture;
- sustainable workforce;
- capable workforce;
- integrated workforce; and
- effective leadership and management.

These priorities are designed to be delivered through embedding the NHS shared values of:

- care and compassion;
- dignity and respect;
- openness, honesty and responsibility; and
- quality and teamwork.

In developing our plan, we have taken account of feedback from a number of sources including the 2013 staff survey; feedback from the national staff experience project (as a pilot Board); our staff governance action plans and relevant patient survey results.

Our priorities for action

1. **Healthy Organisational Culture** - ***creating a healthy organisational culture in which NHS Scotland values are embedded in everything we do, enabling a healthy, engaged and empowered workforce.***

What we have achieved:

- In 2012, we commenced a programme of work to embed our five organisational values through focused work plans led by our Values Programme Steering Group at all levels within the Board;
- We produced a Board DVD on Values and Equality and Diversity which has been widely promoted to staff;
- 270 staff participated in the national staff experience pilot survey, and 18 teams received follow up organisational development support;
- We developed a local values survey which has been validated by Strathclyde University; and a Values Measurement Tool and Dashboard to review the Values Programme progress and to correlate with patient/staff outcomes; and
- We developed a values based recruitment processes and ensured integration of our Board values into the objective setting and appraisal process.

Our 2014/15 plans

- Further roll out sessions with managers and clinicians to support values-based conversations across the organisation;
- Evaluation and delivery of an in house training programme to support all staff with managerial/supervisory responsibilities (Band 3 – 8).
- Integrating the Board Values as an improvement tool for teams;
- agreeing Board roll out of 'I Matters' Staff Experience continuous improvement model and develop its associated implementation plan; and
- Review of 2013 staff survey feedback, development of 2014/5 Staff Governance Action Plan and roll-out of new staff governance monitoring arrangements.

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

What we have achieved:

- Ensured that workforce planning is subject to a formal risk assessment process and national workforce planning tools are in use;
- Triangulated workforce data with quality/safety data;
- Engaged with staff on the development of NHS Scotland's 2020 Workforce Vision and on the development of our local Board Workforce Strategy;
- Engaged with partnership colleagues to develop our Board Workforce Plan;
- Established a Workforce Planning Strategic Group to horizon scan and develop longer term strategies;
- Carry out regular skill mix reviews in nursing/AHP areas;
- Developed an action plan to provide employment opportunities for young people; and

- Supported employment opportunities for a disabled worker through collaboration with Glasgow Inclusive Living – this model is being rolled out across Scotland in 2014.

Our 2014/15 plans

- Consultation on Board 2020 Workforce Strategy incorporating both human resources and learning and development strategies;
- Conduct a formal review of workforce planning requirements to determine future needs; and
- Carry out a review of healthcare support worker roles and mandatory standards.

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

What we have achieved:

- Produced a Board wide training plan (at individual, team and organisational level);
- Supported a range of professional development programmes i.e. Flying Start, Simulation training; Heartmath; Further Education funding;
- Obtained Scottish government funding support to work with teams using improvement methodology and local implementation of organisational values;
- Continued to provide KSF training and support to managers and staff; and
- Continued competency based and core training and review of practice in clinical areas.

Our 2014/15 plans

- Consultation on our new 2020 Board Workforce Strategy which puts employee wellbeing for peak performance at the heart of the strategy;
- Providing specific interventions to enable support services staff to access learning and to develop their skills;
- Continue to focus on the quality of appraisal training and objective setting and enhance delivery of organisational values at individual level; and
- Invest further in training on professionalism and human factors for clinical staff

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

What we have achieved:

- Supported individual NHS Boards through discharge planning arrangements;
- Delivered workshops with Board partners and 3rd parties around caring behaviours to develop measures to show impact of caring on patient outcomes.

Our 2014/15 plans

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

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

What we have achieved:

- Delivered our Leadership and Management Framework to support leaders and managers;
- Develop and ran a cross-Board leadership programme for clinical leaders;
- Increased use of management development tools such as 360 degree feedback and our local management development programme;
- Supported senior staff to access Coaching and Mentoring support; and

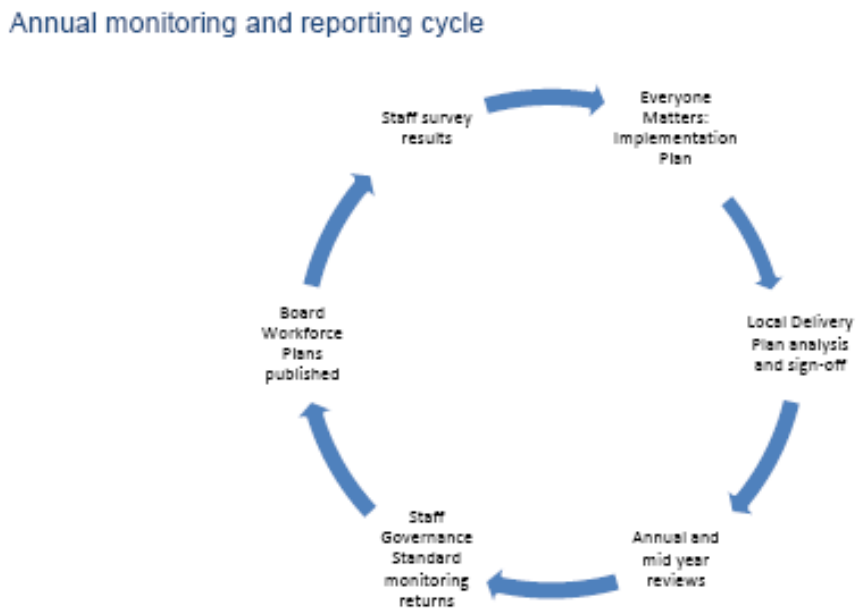
- Held professionalism workshops for nurses, AHPs and healthcare scientists.

Our 2014/15 plans

- Deliver a Values Development workshop for Senior Managers;
- Implement the refreshed Board Coaching Strategy;
- Run a second cohort of the Leadership 3 Programme for clinical managers;
- Develop a Board human factors training strategy.

Monitoring Approach

Our monitoring of the Everyone Matters Implementation plan will follow the cycle described overleaf:



Summary of main workforce issues facing NHS National Waiting Times Centre Board

The Local Delivery Plan and Financial Challenges

Delivery of the 2014-17 Local Delivery Plan and the three year financial plan is based on the planned achievement of all three key financial targets. This can be very challenging, but working in partnership, management and staff side continue to identify and deliver a number of improvement and efficiency schemes. This work will continue each year with partnership colleagues committed to identifying and delivering new workforce efficiency schemes. The workforce developments described in this section will be managed in line with the financial plan.

National Workforce Issues

- It is recognised that the national economic and financial context may to have an impact on the morale of our workforce. Pension and national insurance contribution increases have also had a considerable financial impact on take-home pay for all staff.
- The pensionable age change will necessitate changes to retirement policies. As staff members may work longer, if concerns emerge regarding an individual's physical ability,

more emphasis on sourcing opportunities for refocusing skills and using expertise will need to be explored.

- The removal of the national recruitment and retention premia from staff groups is having a further financial impact on some staff and affects morale, which can impact on staff flexibility to support challenging workloads.
- The current benefits of the 'no compulsory redundancy' and organisational change protection policies in NHSScotland are recognised by staff and we continue to work with our staff side colleagues to review how we deliver our services, whilst improving quality balanced with ensuring efficiency and productivity. We are in the process of introducing eESS to our Board and are fully engaged with the implementation of this new national system.

Seven Day Service Framework
We have been asked by the Scottish Government to develop a framework to explore options to offer services across seven days within the elective clinical areas of ophthalmology and orthopaedic in patient services, outpatient clinics and MRI. The framework will set out the current status of these services and identify steps to be implemented to support Seven Day Services configuration.

Nursing workforce tools
The Board makes full use of the national nursing workload and workforce planning tools. The national tools ensure that all Boards are calculating nurse staffing using the same methodology that considers the following:

- Adult In-patient tool
- Professional judgement tool; and
- Quality indicators / local tools

Board Workforce Developments

Nursing
In line with the significant expansion within orthopaedic services, a review of the nursing skill mix is planned which will consider skill mix changes, e.g. increasing the numbers of band 6 nurses and band 3 healthcare support workers (HCSW). There will also be exploration of the necessity to develop a band 4 practitioner role and Theatre Practitioner roles. In response to the significant expansion in our Ophthalmology service, we have also developed a new band 3 HCSW role to support the optometry clinics.

We have increased the numbers of staff undertaking Surgical Care Practitioner Training, which will help to reduce pressure on orthopaedic middle grade medical staff. In addition, we are exploring options around the introduction of new practitioner roles in pre-operative and outpatient clinics and critical care.

Extra-corporeal Membrane Oxygenation (ECMO) Service
An ECMO Coordinator was appointed last year and has been instrumental in supporting the roll-out of specialist training to critical care nursing staff. We are planning to train all charge nurses to a similar level over the forthcoming year in response to the increased use of ECMO for patients undergoing Heart Transplant or Ventricular Assist Device insertion.
In addition, the service has benefitted from the wider multidisciplinary approach involving medical staff, nurses and perfusionists in relation to ECMO care and treatment.

Allied Health Professions

Rehabilitation Services
The Rehabilitation department implemented a seven day service in January 2014, restructuring the existing staff model and recruiting additional resources to deliver services in orthopaedic and cardiothoracic surgery every day of the week. An emergency on-call will continue to be

provided at night. Performance metrics and clinical outcome measures are in place and will be reviewed following implementation to evaluate the benefits of the new service model.

The band 4 Physiotherapy Assistant Practitioner Role is working effectively to facilitate timely discharge of day case orthopaedic surgical patients and a new band 4 Physiotherapy Assistant Practitioner role has now been developed in Heart & Lung services to enable more specialist physiotherapy staff to make the most effective use of their skills.

Radiology
As a response to the Allied Health Professions National Delivery Plan, it is planned to recruit a reporting radiographer to report musculoskeletal (MSK) plain films and free up a Consultant Radiologist to report more complex imaging.

Health Care Scientists

Cardiac Physiology
A new full-time research Cardiac Physiologist post has recently been funded; the only one of its kind in Scotland. This post is a Band 7 advanced practitioner role supported by external funding to facilitate research studies on patients with implanted cardiac devices. These devices provide therapy for patients with heart failure, ischemic heart disease, chronic cardiac arrhythmia and complex congenital cardiac conditions. GJNH is the busiest implant centre in NHS Scotland and are at the forefront of ground breaking technical developments e.g. the first MRI-safe device in NHSS.

Laboratories
The laboratory service has been redesigned to a blood science lab, cross-training between haematology and chemistry. The laboratories are planning to "grow their own trainees" by recruiting new graduates at band 6 (using Annex U) and cross-training them to specialties. This will enable them to complete the Institute of Biomedical Scientists specialist portfolio over 1-1.5 years to prepare them to move to Band 6 positions. The MLA Band 3s also provide a 7 day working service in all disciplines.

Pharmacy
Pharmacy have increased their use of band 3 technician roles to release more senior Pharmacy staff to perform drug reconciliation and counselling in patient areas.

Workforce Challenges

Medical Staff Vacancies
In order to respond to increasing challenges in Primary Coronary Intervention a Locum Consultant has been employed and a further bid has been submitted to the Region with the aim of creating a joint post with other Health Boards. This post will also ensure continuity of care and support to coronary patients by creating a new medical model ensuring safe turnover of patients and effective re-patriation of patients to their local hospital following treatment at GJNH.

Recruitment to anaesthetic middle grade posts has been challenging. This appears to be a problem experienced by health boards across Scotland due to the reduction in anaesthetic trainee posts. We are working with the Deanery and the University to address this issue. Currently the anaesthetic rota is covered by six deanery rotational posts; and cover can be challenging due to vacancies, but work continues to achieve the ambition of becoming less dependent on these positions. This year the department has employed a middle grade anaesthetist from overseas as an Internationally Trained Medical Fellow to facilitate the rota and if this works well we may use this approach in future.

In theatres, in order to combat the lack of junior medical staff available to assist in theatre, the role of the Advanced Scrub Practitioner is being fulfilled by senior, experienced members of the theatre nursing team.

Recruiting Experienced Nursing Staff
The national reduction in workforce turnover has led to some challenges in recruiting experienced staff to some clinical areas and consequently more junior staff are recruited and trained "on the job" over a period of a year to reach competence to work on call. This has been compounded by some senior staff retirals.

Physiotherapy
Retention of staff in Band 5 and Band 6 Physiotherapy roles is a challenge due to the absence of rotations with neighbouring Health Boards. All possible efforts to maximise retention are being explored.

Radiology
The national shortage in specialist radiographers in MRI at Band 6 is an ongoing challenge, particularly as MRI capacity is in great demand across Scotland. We are now initiating an ongoing programme of training to "grow our own" specialist staff in MRI.

Healthcare Science specialties
In response to national recruitment challenges within the specialised areas of cardiac physiology and perfusion, we are working with NHS Education Scotland (NES) and have introduced NES-funded training posts for these clinical scientist roles.

Estates and Facilities
The Board is experiencing challenges in recruiting and retaining multi-skilled technical staff due to salary levels available in industry and as a result of the withdrawal of the national recruitment and retention premium for Maintenance Technicians. During 2014/15, the Board will explore opportunities for developing modern apprenticeships as a solution to this challenge.

Priority 8

Innovation

Lead: Jill Young, Chief Executive

What are we doing to deliver this priority?
The Board has established a clear 2020 vision statement of "leading quality, research and innovation" and this vision is owned and led from the most senior levels within the Board. A clear link between research and quality and innovation has been established to facilitate mainstreaming within our normal business. We have also realigned our organisational structures and research governance to deliver high quality, safe, effective and person-centred services.

To continue to meet patient expectations and provide quality care, we are committed to thinking in different ways and doing different things. Becoming creative thinkers, becoming innovative in the way we work and implementing effective new ideas is central to our aim to build and develop our culture of innovation and improvement.

Being creative and coming up with innovative ideas are linked, not only to our five organisational Values, especially *"displaying a can do attitude at every opportunity", but also* used as a way to demonstrate our commitment to Quality.

There is significant senior support for the development and growth of our quality and innovation infrastructure overseen by our Quality and Innovation Group (chaired by our Chief Executive). This group is the main regular scrutiny group for our Quality Dashboard.

Our Quality dashboard has been developed to integrate and triangulate key indicators which are focussed across patient care, our workforce and our key performance targets. The dashboard provides the following key benefits to our quality and innovation infrastructure:

- Quality assurance on an organisational basis;
- A starting point for innovation and improvement;
- 'First of its kind', delivering ownership and collective responsibility; and
- Continuous scrutiny, challenge and evolution.

Our approach to innovative projects includes consideration of anything from a small project that benefits one department to a large research project that crosses between departments/specialist areas and can be an improvement for many patients.

High capacity for innovation allows us to experiment and adapt to change.
To build resilience in the system we will empower staff to think creatively. To do this, we must have an understanding of the concept of creativity and innovation and view it as core business, we need to come up with ideas and new ways of working to deliver care in an increasingly challenging environment, make these ideas come to life, and implement real improvements.

What are our plans for 2014/15?

Developing our Innovation Infrastructure
We are investing in own Innovation hub and holding "world café" events to encourage the generation and sharing of innovation and improvement ideas. This central hub will centralise the collection of improvement ideas to facilitate the widest level of adoption and spread. It will be supported by a range of staff skilled in improvement methodologies and able to signpost, log and support staff presenting innovation and improvement ideas.

A monthly Safety, Quality and Improvement Club has been established and will be further developed, where clinical and non-clinical staff can get together to discuss innovation and improvement ideas to improve safety and quality of patient care.

The Board makes extensive use of the Caring Behaviours Assurance System (CBAS) which facilitates improvement and accountability and has had a positive effect in clinical areas where staff have the authority to make changes to practice if it is right for the patient.

In addition, the Board will continue to run a number of events to facilitate shared learning and spread of ideas and innovation such as the Annual Research and Patient Safety days.

Our Innovation Centre
GJNH is creating a dynamic purpose-built space where innovators and designers/manufacturers can work with clinical experts and business intermediaries to develop new medical devices and innovations. This Lab area will become operational from Summer 2014. We will use this facility to enable further work with the Scottish Life Science Association and Scottish Health Innovations Limited (SHIL).

Research Priorities
Significant progress has been made in advancing the board's research agenda. Our Board acknowledges the importance of following the research priorities outlined by The Chief Scientist Office (CSO) of cancer, cardiovascular disease/stroke and mental health. Cardiovascular

disease/stroke is also a local priority. Other local priorities include orthopaedics and anaesthetics.

We aim to continually increase the volume of research projects by supporting researchers who recruit to multi-site projects, including those originating from the CSO funded UK Clinical Research Collaboration (UKCRC) initiatives, and actively assisting staff who wish to become Chief Investigators in areas such as protocol design, ethics and research governance procedures, and management of research projects.

Our Research Office promotes appropriate contract research (e.g. drug trials with pharmaceutical companies), and joint developments with industry (e.g. partnerships with local companies). We are also committed to the appropriate exploitation of intellectual property (IP) generated through research or clinical work. We have recently become a member of the Board of SHIL and work closely with them to facilitate this exploitation, which has the potential to generate additional income for NWTCB.

One of our major research priorities for this year is the UK's first gene therapy trial for advanced heart failure, CUPID 2, which is underway at GJNH. This international trial, helping gather a total of 200 patients from 50 institutions worldwide, will determine the effectiveness of the gene therapy treatment, MYDICAR, in advanced heart failure patients. Through collaboration with Glasgow University this has allowed the project to be conducted in Scotland as one of only two selected UK sites. Currently very few sites within the NHS are able to support gene therapy.

Innovation Funding Test of Concept Project
In early 2013, the Scottish Government commissioned work by GJNH and NHS Tayside to explore Innovative Models that could offer opportunities for healthcare organisations to attract development monies for research, service development and innovation work, linked to healthcare imperatives, with a remit to consider strategic partnerships across a range of sectors. This work also assessed the best practice that exists outside the NHS in relation to Innovation Funding.

In order to test a proof of concept for an Innovation Funding Model and establish its appropriate governance structure, it has been agreed that the Model would be tested and implemented in one or two Health Boards, in the first instance, with the ambition that there could be wider application of this model, over time, across other NHS Boards in Scotland who may also have an interest in pursuing development work.

It was proposed that the research would invest the proof of concept with:

- A review of funding opportunities, and possible target areas;
- Networks used, and routes of access to them;
- Examples of sectors operating best practice governance models; and
- Strategic collaborations and partnerships that would enhance the innovation opportunities and support future requirements to scale up.

An initial report on the test of concept will be developed and presented to the NWTC Board by Autumn 2014.

Innovation Champions
The Board has responded to the request to Board Chief Executives to identify an Innovation Champion (IC) who would be responsible to the Chief Executive and who would be the principal internal and external contact point for Innovation and Health.

The following responsibilities have emerged for the IC role:

- Key contact within each Board promoting the idea and concept of innovation;
- Encourage and steer networks and connections to facilitate Innovation;
- Working with colleagues to address ways to overcome barriers to Innovation in their Board;
- Champions can link their Board into collective national innovation work and be the communication channel in their Board; and
- Be part of a national network to support Innovation and facilitate Boards working together.

The IC role will be embedded in our Quality and Innovation infrastructure and will support our key innovation priorities during 2014-15.

How will we measure and monitor progress?
Our Board Quality and Innovation Group will oversee and steer our key priorities for the year ahead and the NWTC Board and Endowments Subcommittee will provide a strategic focus for this dynamic and exciting improvement priority in order to deliver our Board 2020 vision statement.

Priority 9

Efficiency and Productivity

Lead: Julie Carter, Director of Finance

What we are doing to deliver this priority?
In line with the national NHS Efficiency and Productivity framework the Board has established an Efficiency and Productivity Group, chaired by the Director of Finance, with key representatives from across the organisation. A 3-5 year workplan has been developed to oversee a broad range of workstreams to ensure opportunities for efficiencies are maximised at all levels of the organisation.

These specific workstreams are described in further detail within the Board's financial plan but in the main focus on the following key areas:

- The roll-out and development of Clinical Portal;
- Telehealth;
- Job Planning;
- Prescribing;
- Radiology review and redesign;
- Income generation initiatives;
- Workforce planning/rostering; and
- Review of capacity.

What are our plans for 2014/15?
The priorities for 2014-15 agreed by the Efficiency and Productivity Group are:

- Supporting the ongoing business as usual workstreams described above;
- Utilisation and roll-out of CHKS for benchmarking purposes; and
- Engagement with a number of national shared services programmes.

How will we measure and monitor progress?
The Efficiency and Productivity Group utilise the Strategic Projects group to commission specific redesign work when required that will support the achievement of the Efficiency and Productivity workplan. These activities and progress against plans are regularly reviewed by the Performance and Planning Committee.

Appendix 1 – 2020 Route Map Priority Areas for Improvement – associated plans

2020 Route Map Priority Areas for Improvement – associated plans	**Executive Lead**
2. Person-centred care • Person-centred health and care action plan • Equality Outcomes • Involving People Strategy	Shona Chaib, Nurse Director
2. Safe Care • Risk Management Strategy • Significant Adverse Events action plan • Scottish Patient Safety Programme Work Plan	Mike Higgins, Medical Director
3. Unscheduled and Emergency Care • Capacity Strategy – Cardiology	June Rogers, Director of Operations
4. Integrated Care • Board 2020 Strategy including Beardmore 2020 Strategy	Jill Young, Chief Executive
5. Care for Multiple and Chronic Illnesses • Scottish National Advanced Heart Failure Strategy • Scottish Adult Congenital Cardiac Service Strategy • Scottish Pulmonary Vascular Unit Service review	June Rogers, Director of Operations
6. Health Inequalities	
6.1 Equality and Diversity • Equality Outcomes • Involving People Strategy	Lindsey Ferries, Director of Human Resources
6.2 Patient Focus, Public Involvement • Involving People Strategy • Learning Disability action plan	Shona Chaib, Nurse Director
6.3 Equity of Access to Care Services National Services Strategies (see priority 5)	Mike Higgins, Medical Director
7. Workforce • Board Workforce Strategy and Plan • Everyone Matters Implementation Plan • Leadership and Management Framework • Staff Governance Action Plan and monitoring framework	Lindsey Ferries, Director of Human Resources
9. Innovation • Quality framework and infrastructure • Beardmore Centre for Health Science plan	Jill Young, Chief Executive Mike Higgins, Medical Director
9. Efficiency and Productivity • Efficiency and Productivity Workplan • Three year financial plan • Activity plan (SLA) 2014/15	Julie Carter, Director of Finance June Rogers, Director of Operations