* **The Golden Jubilee National Hospital has agreed with NHS Boards to undertake 46,000 procedures in 2017/18.**

The Golden Jubilee Foundation incorporates the Golden Jubilee National Hospital (GJNH), Research Institute, Conference Hotel and Innovation Centre. The organisation specialises in provision of cardiothoracic, orthopaedic and ophthalmic surgery as well as interventional and diagnostic cardiology. In the 2017/18 year the GJNH conducted 46,003 procedures when adjusted for patient complexity (this figure excludes cardiothoracic surgery and cardiology activity).

|  |
| --- |
| **Figure 1** |
|  |

Figure 1 demonstrates the growth that has been achieved over the past seven years. Between April 2011 and March 2018 the volume of planned procedures has more than doubled. During the expansion of our services we have ensured that our growth has been both sustainable and effective and that the care our patients receive is: safe, person centred and of high quality. Performance to date for 2018/19 (April-July) shows that the Board is ahead of target and has completed 547 more procedures than planned.

The GJNH is also the Scottish centre for heart transplantation and for patients with congenital cardiac and pulmonary vascular issues. As a major diagnostic imaging centre, the hospital also has one of the largest concentrations of intensive care beds in the UK.

Orthopaedic surgery capacity at the Board has increased in the 2017/18 period however patient demand continues to exceed supply. The annual target for the service is based on a total capacity of 5,034 Orthopaedic procedures. This figure is comprised of: 3,803 primary joint replacements, 681 non joint procedures as well as 550 foot and ankle procedures. Overall our Orthopaedic surgery team ended the year by delivering a total of 5,155 procedures and as such was 121 procedures ahead of the full year plan.

Once again demand for our Ophthalmology programme has continued to increase throughout 2017/18. A total of 6,809 procedures were undertaking during this period, this represents an increase in activity of 17.5% when compared with the previous

year. Figure 2 displays the growth this service has experienced between 2011/12 and 2017/18.

|  |
| --- |
| **Figure 2** |
|  |

Strong demand from NHS Scotland for cataract procedures means that in comparison to 2017/18, the Ophthalmology service will grow by a further 12.3% during 2018/19. This means that the GJNH will aim to perform 7,650 procedures in 2018/19.

* **The Scottish Government Health Directorate will work closely with and support the Board to ensure successful delivery of key milestones in the expansion of the Golden Jubilee National Hospital between 2017 and 2021.**

The Health and Social Care Delivery Plan published in December 2016 committed to complete investment in new elective treatment capacity and expand existing services at the GJNH by 2021. The GJNH expansion is split into two phases:

**Phase 1:** Ophthalmology Expansion

**Phase 2:** Orthopaedic surgery, General Surgery and Endoscopy expansion

The expansion objectives for elective surgical services are set out in some detail below:

1. Expansion of the Board will improve current service capacity to meet the predicted increase in demand between now and 2035.
2. Improve capacity and performance to ensure the sustainable delivery of current and future Scottish Government guarantees for inpatient/day case waiting times.
3. Facilitate new, innovative models of care in a state of the art environment adopting best practice principles (nationally and internationally).
4. Facilitate the development of workforce model that supports recruitment retention, staff wellbeing and development whilst also ensuring the workforce model is efficient and sustainable.

In the past twelve month period, key programme activities have included:

**Phase 1: Ophthalmology expansion**

* Completion and approval of the Initial Agreement and the Outline Business Case (OBC) has been obtained.
* Development of the model of care and key performance indicators.
* A workforce plan has been developed.
* Development of the building outline and a detailed interior design has been produced. This design is now available within a virtual reality model.
* A full business case is now in development and it is anticipated this will be approved in December 2018 and construction will commence in January 2019.

**Phase 2: Orthopaedic surgery, General Surgery and Endoscopy Expansion**

* Completion and approval of the Initial Agreement by the Capital Investment Group.
* Work to refine the current model of care has progressed significantly. This will be used to inform our workforce planning and the development of the OBC.

The GJNH expansion team has had significant engagement with partners over the last twelve months. The Board designed a programme of engagement events which included (but were not limited to): patients, staff, volunteers and third sector representatives.  The West Engagement Group continues to meet and engagement is ongoing with the North and East regions. These meetings have proved fruitful when it comes to shared learning and best practice across the various elective centre projects in Scotland.

The Board’s expansion programme aspires to make a positive social and economic impact, particularly within the West Dunbartonshire area. It aims to do this by maximising employment, training and business opportunities whilst supporting education activities throughout the development of the project. A Community Benefits Plan is in place and in addition the Board is working closely with West College Scotland to provide additional community benefits and learning opportunities for students.

* **The Board will build on success of its high quality Heart and Lung Centre, and will work with the Scottish Government Health Directorate to provide a wide range of innovative treatment options through its Structural Heart Programme.**

The Board continues to deliver a high quality, comprehensive regional and national Heart and Lung Service for Scotland. At present the Board undertakes heart transplants and is in the process of investigating the viability of a lung transplantation service.

A total of eleven heart transplants were carried out at the GJNH during 2017/18, with excellent clinical outcomes. The number of transplants is slightly lower than 2016/17 - however this is in line with the reduction in the number of heart transplants carried out across the UK as a whole.

**Lung Transplantation**

While Scottish lung transplantation procedures are undertaken in Newcastle by the Freeman Hospital, harvesting of the organs is managed by the National Organ Retrieval Service (NORS) of which GJNH is an active member. The development of a lung transplant facility at GJNH is seen as a logical progression to our current heart transplant service which was established in 2008.

When comparing the rate of lung transplantations for Scottish patients to those in the rest of Europe and the United Kingdom (UK), far fewer patients receive these life saving organs. Indeed, the volume of exported lungs from Scotland to transplant centres around the UK exceeds the number of patients receiving transplants.

The Board is continuing its lung transplantation scoping exercise and this is being carried out in conjunction with the National Services Division (NSD). Milestones achieved to date are set out below:

* In 2016/17, GJNH established a relationship with Mater Misericordiae Hospital in Dublin to view their lung transplantation service. Data describing the anticipated outpatient and inpatient activity associated with a repatriated Scottish lung transplant service has been sourced and analysed.
* In September 2017 a team from GJNH and NSD met a multi-disciplinary group from the Freeman Hospital in Newcastle. Dialogue is ongoing with this institution and we are continuing our reviewing of the current patient pathway.
* The GJNH engaged with a specialist Respiratory and Transplant Physician from Manchester University NHS Foundation Trust. This consultation focused on the developments required to enable a safe phased introduction of pre and postoperative surgical services.
* The GJNH are currently arranging visits to Scottish NHS Boards that refer patients to the Newcastle Freeman Hospital. These will provide further context as to how the current system operates and any aspects that could be enhanced.
* National commissioning of highly specialised services such as lung transplantation for patients in Scotland is undertaken via the National Specialised Services Committee (NSSC). The Board is working with NSD on a Stage 2 submission to NSSC.

**Transcatheter Aortic Valve Implantation (TAVI)**

In November 2017, the GJNH prepared to introduce TAVI for inoperable patients. Ultimately the expansion of this service from one site in Lothian ensures there is a high quality West of Scotland service and thus improves patient access to this procedure.

TAVI is a minimally invasive procedure that allows for the replacement of a diseased aortic heart valve without the need for Surgical Aortic Valve Replacement (SAVR). The need for aortic valve replacement frequently occurs in conjunction with other conditions often associated with advancing age. As a result, there is a cohort of patients for whom the surgical risk associated with a SAVR is very high. Such risks include increased mortality, complication rates and longer overall hospital stays. In many cases, those who do recover require prolonged rehabilitation periods. As a

consequence of this, some patients are not offered surgical intervention and historically the only option has been to provide palliative medical therapy. The development of TAVI has been recognised as an effective, evidence based treatment for inoperable patients (and more recently for those at a high surgical risk). In a regional planning context, this goes some way to improving the patient experience of care.

The first TAVI procedure was carried out at the GJNH on 10 April 2018. As the volume of inoperable patients has grown, it is envisaged that the total annual demand for the TAVI procedure in Scotland could reach 300 procedures per annum within three years. Between the 10/04/2018 and 31/08/2018 a total of 35 TAVI procedures have been undertaken successfully at the GJNH.

**Organ Care System (OCS)/TRANSPLANT**

The GJNH retrieval team began using the Organ Care System during the summer of 2017. OCS provides donated hearts with warm, oxygenated blood and nutrients to keep them beating during transportation. This allows surgeons the opportunity to assess the function of the heart before undertaking a heart transplant. Using this system for organ retrieval will expand the supply of organs by ensuring a donor heart remains viable for longer and thus this should improve patient outcomes.

During 2017/18 the GJNH retrieval team had used OCS on three occasions; the first use did not lead to transplant due to the suitability of the organ however the subsequent two did result in successful transplantation. During 2018/19 following the use of OCS to successfully retrieve three hearts, approval will be sought from NHS Blood and Transplant (NHSBT) to begin a heart retrieval programme which will include obtaining organs after circulatory death.

**Non ST Elevation Myocardial Infarction (NSTEMI)**

Those suffering from the Non ST Elevation Myocardial Infarction (NSTEMI) have traditionally been admitted to their local hospital and then transferred to the GJNH within 72 hours for treatment. In 2016/17, we rolled out a programme to provide high risk NSTEMI patients with a more streamlined admission process to the GJNH. This process change has provided patients with quicker access to specialist treatment with a full roll out across the West of Scotland in 2017. This programme is now fully embedded and is operating successfully in the region.

The programme is realising better patient outcomes as well as supporting a reduction in the length of hospital stays. The median length of stay for an inter-hospital transfer NSTEMI admission is six days, with the median wait from admission at the source hospital prior to transfer of four days. The direct NSTEMI admission reduces the wait for the patient as well as reducing pressures on source hospital pre-transfer bed days.

* **The Board will support the national elective centres programme by ensuring that best practice models of care are replicated across the country in ophthalmology, orthopaedics & other strategic specialty areas.**

**Ophthalmology**

The Ophthalmology service at the Golden Jubilee has expanded significantly over the past seven years. The Health and Social Care Delivery Plan published in 2016 states that the NHS approach to health and care should be based on anticipation of the changing needs of society. The growth of our Ophthalmology service is a reflection of our changing demographics resulting in an increased demand for this provision. In the year 2017/18 the service performed 6,809 procedures.

During this reporting period the Board had experienced some initial challenges, however these have been overcome. Key milestones to date are:

* Through improving the working environment, we achieved an increase from six to seven patients per session for each consultant. As a result of this, the number of completed procedures has increased month on month between May and August 2018.
* A system has been introduced whereby if a patient has been cancelled on the day of surgery, our clinics are contacted to see if they have any pre-assessment patients willing to have their surgery completed that day. This ensures theatre slots are utilised and not left idle - patient feedback to date has been very extremely positive.
* A pilot programme with Fife Health Board successfully proved that patients can receive a consultation at their local eye department with the assistance of either an Optometrist or Specialist Nurse. These professionals with equivalent biometry skills and slit lamp can then speak to a GJNH consultant via video link. This new style of consultation has worked well and has improved the patient experience whilst reducing their need to travel. A report has been compiled with recommendations following the pilot and this will be circulated to other Health Boards.

**Orthopaedics**

Overall activity for Orthopaedic joints, foot and ankle surgery and Orthopaedic non-joint procedures exceeded the complexity adjusted target of 5,034 for 2017/18. An additional 121 procedures were carried out despite renovation work reducing theatre availability.

The Orthopaedic service has experienced increasing demand with time and as such the service has expanded several times over the years. It is important to recognise that in this reporting period the GJNH surgical services division has undertaken Orthopaedic procedures for every Health Board in Scotland. The majority of this activity has been delivered on a ‘see and treat’ basis, however in order to support individual referring Board pressures a ‘treat only’ model was also made available. The Foundation has identified that the increasing demand on our service has meant that our weekday capacity has now been exceeded. With this in mind, Saturday theatre lists have been put in place and they are now a permanent fixture of our surgical provision.

The use of Video Conferencing (VC) has increased substantially this year. Consultations are completed via the web based platform NHS Attend Anywhere. Shetland, Orkney, Raigmore and Grampian now all routinely have their arthroplasty follow up appointments via this method. Furthermore, assessments by our surgeons have now been extended to NHS Highland. Our anaesthetic team have worked hard to introduce clinics for Shetland and Western Isles which is helping to significantly reduce avoidable cancellations and unnecessary travel.

**Enhanced Monitoring Unit (EMU)**

The Foundation has invested resources into the development of a small number of ward-based EMU beds. Our team have worked in close partnership with ward nursing staff to develop a unit with the specific focus of providing safe, high quality enhanced monitoring care to moderate / high risk post-surgical patients. This has the effect of reducing the demand for post-operative care within the High Dependency Unit (HDU).

**Thoracic Surgery**

The GJNH is a UK leader in minimally invasive Video Assisted Thoracic Surgery (VATS) which is the main surgical approach used at the Board as opposed to open Thoracic Surgery.

The GJNH’s vision of “Leading Quality, Research and Innovation” has been further supported by the investment in a Thoracic Robot. The Foundation completed its first Robotic Assisted Thoracic Surgery procedure (RATS) in May 2018 and this was a great success.

Whilst VATS has been instrumental in supporting excellent resection rates (the removal of all or part of an organ), it should be noted that not all patients are suitable for this surgery. RATS on the other hand can provide further options for patients as it is a surgical robot which allows for more precise operations. Investing in the robot provides the surgeon with a 3D High Definition image which can be rotated to provide a 360 degree view of the patient’s chest. The robot has fully adjustable instruments which are controlled by the surgeon from a console. The vision and movement offered by RATS is an alternative for cases considered too complex or intricate for VATS. This therefore reduces the requirement for more invasive procedures.

From a patient perspective, RATS improves the patient experience as it results in less chronic pain as well as facilitating an earlier return to activity. Giving patients access to a minimally invasive approach helps to reduce their length of stay in hospital as well as improving their overall experience and outcome.

* **The Board, with support from the Scottish Government Health Directorate will develop and provide a sustainable service in the key demand areas of diagnostic / interventional imaging and complex orthopaedic revisions.**

**Arthroplasty Revision Strategy**

As the largest elective Orthopaedic centre in Scotland, we have significant experience in the treatment of infected joints. Being an established centre, over the past three years the GJNH has experienced an increasing demand for revision arthroplasty surgery. Between 2016 and 2018, demand for revisions has increased by 59%. This increase has been supported by our diagnostics and imaging service and there is an ongoing commitment from them to support any future developments in the service.

Moving into 2018/19 the service plans to pursue the following opportunities to improve the service further:

* Further refinement of the Revision Knee Arthroplasty.
* Redesign of our outpatient service flow in preparation for the expansion of our Orthopaedic services.
* Develop a process to fill last minute cancellations with patients who stay locally to the GJNH.
* We will Introduce a 10 bedded surgical day unit for orthopaedic day of surgery admissions.
* Extend the usage of Telehealth to assess and review patients from all remote and rural Boards in Scotland, thus reducing the need for journeys to hospital.
* Redesign the arthroplasty follow-up service to minimise patient visits while maintaining a quality and person centred service.

**Dual-energy X-ray Absorptiometry (DEXA) Service Development**

DEXA scans are a quick and painless way of assessing or diagnosing a patient’s risk of developing bone related conditions such as Osteoporosis. Due to the instruments sensitivity, this type of scan can measure very small changes in a patient’s bone mineral density. The results and recommendations that follow a DEXA scan can help patient’s understand their risk and prevent future bone fractures.

After reviewing the DEXA service, we have identified improvements that could enhance the quality of our patient scans. Using new knowledge, we have developed a more effective and robust DEXA scanning and reporting service. Patients will benefit from this updated service in that General Practitioners (GP’s) will receive enhanced imaging results, coupled with a more detailed written report highlighting recommendations for future treatment.

As the population demographic shifts to a higher percentage of elderly people, the results of this scan can be used to identify areas for improvement in lifestyle and diet. If patients make changes to their way of life, this could in turn help prevent or slow the onset of osteoporosis in later life. These changes support the Active and Independent Living Programme, along with enhancing the interactions with patients and their GP’s.

**Catheterisation Labs**

CardioMEMS are new devices that are inserted into the patient’s artery to look for and monitor heart failure. The device does this by measuring a patient’s heart rate and blood pressure.  Usage of these devices could potentially reduce hospital admissions and also improve the quality of life for patients living with heart failure. Implantation can now take place in our Catheterisation Labs which is far less invasive for patients. Other key benefits include a reduced radiation dose and less

Intravenous Contrast (IV) being required in order to position the device within the patient.

* **The Board will continue to develop a range of international Strategic Partnerships and support innovation and developments of new ideas to ensure that Scotland remains at the forefront of providing pioneering healthcare.**

**Medical Devices MDαT**

We continue to drive our innovative Medical Devices Alpha Test (MDαT), a process that connects inventors, funders and clinicians, enabling them to work together on innovation.  MDαT has now been offered to all NHS Scotland Boards plus Scottish Health Innovations Limited (SHIL) as a ‘Once for Scotland’ process.   SHIL has already adopted MDαT into their market testing process.

**Strategic Partnerships**

Strategic Partnerships are continually expanding and are returning some excellent benefits to the GJF for example:  Intuitive Surgical (DaVinci Robot) who are committing to future investment for research and clinical support.   Our partnership with Stryker is strengthening as we head towards scoping-out logistics regarding implementation of the OBERD database; which will provide GJF with access to supported worldwide orthopaedic evaluation to enable us to expand future research projects.  An early collaboration with the Innovation Team from Cleveland Clinic in Ohio is also evolving at a steady pace; the aim is to grow an innovation alliance on a Once for Scotland basis.   GJF has been identified as the centre in which, Zimmer Biomet could base their Alpha Defensin UK Lab; early detection of bone infection. These negotiations are progressing and if agreed, all income generated via the Alpha Defensin UK Lab will be directed into The Innovation Fund for Scotland.

**Golden Jubilee Research Institute (GJRI)**

The number of research projects continues to increase with 45 approved against a target of 32 in 2017/18. This beats a previous high of 40 which was achieved in 2016/17. Key highlights from the reporting period are:

* Approval times continue to be better than target with an average of 3.1 days from submission of the last essential document to approval.
* The relationship between the Golden Jubilee and the Royal College of Physicians and Surgeons of Glasgow continues to strengthen. This will provide stability to the College as the Board will continue to host their examinations.

The Golden Jubilee Motion Analysis Lab (MAL) opened in May 2017 – motion analysis is now an established outcome measure for orthopaedic research projects. The number of projects approved in the first quarter of the 2018/19 was above target at 10 against a target of 8. Our project approval times remain low and all projects have successfully recruited at or above the target volumes. Finally, the GJRI hosts a number of research projects which are sponsored by a local health tech company. This is maturing into a beneficial relationship with the focus of developing new diagnostic services for cardiovascular conditions.

**Delivery of Wait Times**

* **12 weeks Treatment Time Guarantee (TTG)**
* **18 weeks Referral to Treatment (RTT)**
* **12 weeks for first outpatient appointment**

The Board’s performance outlined below relates to the 2017/18 period:

* Cardiac and Cardiology: During the year 2017/18, 96.1% of heart and lung patients were treated within the 12 week TTG.

There remains consistent high demand for Interventional Cardiology with referrals continuing to exceed available capacity and thus treatment for some patients being delivered beyond the 12 week TTG. Working with the Scottish Government a recovery plan has been developed and we are delivering additional Cath lab sessions where possible. Our Electrophysiology (EP) service also faces significant demand with patients exceeding their TTG. This is exacerbated by a number of factors including the ongoing double clinics which are being undertaken at Greater Glasgow and Clyde. Additional EP lists are being run and a review of referral criteria is ongoing. Reducing patient waits remains a priority for the service. Urgent and emergency inpatient cardiac referral requests remain high however increased activity has reduced the impact on elective patients and minimised the number of 12 week TTG breaches. We have continued to experience low numbers of patients exceeding their waiting time target. In addition to this, we are currently scoping out opportunities within our theatre suite to extend the theatre day to support increased activity and reduce cancellations which would positively impact on managing all patients within their TTG.

* Ophthalmic surgery: 100% of patients were treated within the 12 week TTG.
* Orthopaedic surgery: A total of 5,155 lower limb orthopaedic procedures were performed in 2017/18 (when adjusted for complexity). A total of 99.9% of patients were treated within TTG.

**Cancer Treatment Target (31 days)**

As a surgical treatment centre for Lung Cancer, we can report that in 2017/18 100% of cancer patients were treated within the 31 day target and this was consistently achieved on a month by month basis. The median waiting time was 13.5 days with a range of minimum 1 day wait up to 31 days.

Between April and July 2018, all cancer treatment has taken place within the 31 day target.

**Clinical Nutrition & Dietetics**

According to current trends by 2035 more than 480,000 people in Scotland will be living with diabetes (State of the Nation 2015 report – The Age of Diabetes). Patients with high blood sugar are more likely to have their surgery delayed or cancelled. As a result of this, patients with diabetes awaiting cardiac surgery are now being screened by the Cardiac Scheduler and a Dietician. However if their operation proceeds and

their high blood sugar persists, they are at greater risk of serious postoperative complications. This patient group is now being screened and offered a dietetic consultation to improve blood glucose control via educational intervention. This represents the majority of new and review appointments seen in outpatients.

Many cardiac patients have benefitted from the proactive dietetic education that has been offered to them. This service is targeted at patients who have an increased risk of complications and infection post-operation. Without this intervention, many of these patients could experience waiting times of greater than 10 weeks to see a diabetes specialist or, dietician in primary care. In 2017/18, eight sessions were offered to patients with an average attendance of 102 patients. By offering this service, post-operative complications can be reduced and patient outcomes can be improved.

**Volunteers**

Our Volunteer Quality Walk Rounds have continued during the last 12 months with trained volunteers visiting wards and departments to discuss the quality of care from both a patient and staff perspective. We know that staff and patients have found our volunteers extremely approachable and our experience is that they feel they can speak freely to them.

In 2017/18, Volunteer Quality Walk Round activity has increased once again, with over 400 visits made to our ward areas by 68 volunteers.  On each visit, 5 patients and 5 members of staff were interviewed using a standard question set.  Feedback from these interviews continues to be reported back to the ward manager and team. There has been significant work done over the last year to improve the simplicity of the questions and the system which is used to record and report the walk rounds. Having recognised a need to improve how we capture the information; we have explored and move towards the introduction of electronic data capture through the use of tablets which connect directly to the hospitals secure Wi-Fi.

In order to continue to improve our patient services and ensure that they are of the appropriate quality, our volunteers have helped to support the Board by collecting information through surveys. They are actively working with the following GJNH teams:

* Catering department - to consider patient views in respect of the quality and quantity of food which is offered to patients.
* Clinical Nutrition and Dietetics - to learn whether patients benefit from protected meal times, if they require assistance with eating and finally to determine if they were offered the support they may need.
* Housekeeping - to support the monitoring of standards in patient areas.

**Person Centred Visiting**

Over the past year, the Board has actively progressed a person centred visiting protocol. Part of our approach has been to welcome patient visitors by providing generous visiting hours. If the guests of a patient wish to attend the hospital out with published visiting times, we would endeavour to facilitate this. This has been a

successful strategy and as such the Board has now established a Visitors Charter which we are now rolling out through a variety of communication methods. The most important element of the Charter is the change of position where the hospital will no longer decide when it is suitable for family or guests to visit. This decision will be now be within the control of the patient and their family.

It is important to recognise that there may be adaptations of this Charter in clinical areas of Board. However, we are confident that by 2019, person centred visiting will be fully established across the GJNH.

**Equalities**

Once again the Board welcomed the feedback that we had maintained our status as a Top 100 Employer in the Stonewall Workplace Equality Index. This is a benchmarking tool which measures an organisations progress with regards to lesbian, gay, bisexual and trans inclusion within the workplace. This continued achievement has helped support the Board’s delivery of our equality outcomes.

The Golden Jubilee National Hospital has also focused on supporting the roll-out of the National Dignity at Work survey. This review is completed by staff and in its first year has seen a response rate of 35%. The results were closely analysed and went on to highlight potential areas where the Board could make improvements to its practice. The 2018/19 Staff Governance Action Plan has now been updated to reflect the improvements that were suggested in the survey results. This Sub group, on behalf of the Partnership Forum, will continue to develop, progress and monitor the Action Plan. This will also help to ensure that actions which are associated with the outputs of the National Dignity at Work Staff Survey and iMatter align with the Everyone Matters 2020 Workforce Vision.

The Board has been working to ensure that it was demonstrating that it is an inclusive employer. Over the last year the organisation has achieved the Investor in Young People status and become a Leader in Disability.

Together with the department for Work and Pensions, the Foundation hosted West Dunbartonshire’s first Disability Confident employer engagement event. Such events help share best practice with other employers on the Disability Confident journey. We demonstrated our commitment to disability by becoming a level three ‘Disability Confident Leader’.

In April 2017 the GJNH achieved its Investors in Young People (IIYP) Gold Standard; this is a great achievement considering that 2018 is the “Year of the Young People”. At the time of writing, the GJNH is the only Scottish NHS Board that has this achieved this status.  IIYP is a good practice framework that supports organisations looking to recruit, retain and develop young people, and offers recognition for those that are already doing this.

As well as promoting equality we work to eliminate discrimination. All staff at the Board attend an Equality and Diversity training session, this is then followed up with an online exercise to reinforce their learning. These sessions provide a space to think about and discuss equality and diversity issues, help reduce discrimination and promote inclusivity.

In September 2018, the GJF engaged with Police Scotland to become part of a new campaign focused on tackling domestic abuse. This multi-partner initiative launched at the Board aimed to raise awareness and educate local employers. Recognising that someone may be suffering domestic abuse allows them to be provided with the right level of support whilst at work. The event brought together representatives from several large employers within West Dunbartonshire and was facilitated by Medics Against Violence (MAV).

**Feedback, Comments, Concerns and Complaints**

At the Golden Jubilee National Hospital we aim to ensure every patient receives care that is safe, effective, person centred and high quality. In doing so it is vital that we listen to what our patients have to say about the service and care they receive from us. We celebrate and share positive feedback with clinical teams and on the occasions where we do not get it right we quickly respond to this and learn from it.

For many years the Board has used the Positive Engagement Score (PES) to help collate and assess all interactions, reviews and feedback that the GJNH receives via Facebook, Twitter and Patient Opinion. The method of analysis includes reviewing patient emails and media coverage. A total of 6,035 ‘engagements’ were received, compared to 3,657 in the previous year (a 65% increase). A total of 5,997 were positive, factual or neutral (99.37%), and 38 were negative (0.63%). This gave the Board a PES score of 99.37%. This result is above our lifetime PES of 97.49% and higher than the previous year’s score of 94.23%.

In 2017/18 we implemented the revised National Complaints Handling Process. We reviewed our Complaints Policy in advance of the deadline and the Board invested in significantly upgrading our existing DATIX system.

During this year, there were a total of 82 formal complaints received (53 Stage 1 and 29 Stage 2). Overall this is an increase of 36 since 2016/17, equating to an increase of 78%.

Having thoroughly investigated each complaint, the Foundation has recognised that the increased volume is linked to changes in our internal reporting processes. We have found that issues previously captured as concerns are now being managed as Stage 1 complaints. This assertion is supported by a corresponding decrease in the number of concerns being reported this year. It should be noted that increased staff education and awareness of the improved data capture process has also contributed to the volume of Stage 1 complaints.

Despite the fact that the volume of procedures taking place at the GJNH has increased, the Board has consistently maintained extremely high levels of clinical quality combined with positive patient satisfaction and experience. In 2018, 96% of feedback received in the NHS Inpatient Experience Survey contained positive responses - this compares favourably against the Scotland wide figure of 86%.

**Providing Safe Care**

The Golden Jubilee National Hospital aims to provide high quality care which is safe, effective and person centred. We recognise the risks that are inherent in the delivery of healthcare and are committed to continually reviewing our systems and processes to prevent or reduce the risk of harm whilst allowing us to improve our services.

**Adverse Events**

We continue to develop our learning system supported by our Adverse Events policy. Our levels of adverse events have remained consistent with expectations and as such have reduced in the 2017/18 period. These results are a positive reflection of the work undertaken with our operational services to raise awareness of the Adverse Events process.

We have revised our policy to take account of the Duty of Candour legislation and delivered various awareness raising sessions across the hospital in the months leading up to our go live date. Our approach has always followed the principles of being open and involving patients and their families in our review process. It has been emphasised to staff that the legislation formalises what already exists in our processes and professional guidance.

In the last year we have refreshed our Clinical Audit policy and are working with the Clinical Governance service to implement the revised process. This will ensure that the GJNH is compliant with all aspects of Safe Information Handling. In addition to this, such consultation will provide certainty that we have robust processes in place. This will help support and drive learning and improvement.

**Scottish Patient Safety Programme (SPSP)**

The Board remains fully committed to the work of the Scottish Patient Safety Programme (SPSP) in improving care for all of our patients. This year celebrates ten years of the SPSP. To mark the occasion we are holding a week of celebration in October to showcase the fantastic achievements to date and to highlight the work that continues in earnest. We currently have 17 patient areas and 13 theatres actively working on SPSP improvements. These operational areas are either testing new ways of reliably completing tasks and procedures or they are monitoring the reliability of existing safety critical processes. Some of the achievements to date are outlined below:

* Currently, the number of days between instances of Ventilator-Associated Pneumonia (VAP) is 338 days (as of August 2018).
* In relation to Central Venous Catheters (CVC) the number of days between infections is sitting at 184 days (as mid August 2018).

Targeting the reduction and prevention of pressure ulcers has been another area of focus. By examining current practice, improving process and updating training, wards have reaped the benefits of reducing traditional pressure ulcers; the results of this are outlined below and overleaf:

* Ward 2East & 2West have gone 526 & 570 days without a patient pressure ulcer.
* Wards 2C and 2D have had no reported pressure ulcers since 2016.

There has been a targeted focus on device associated pressure ulcers within critical care which links to theatres when the piece of equipment is inserted into the patient. This work is still in the testing phase but has shown good results to date with excellent engagement from all staff working within this environment.

**Improving Services through Innovation**

Innovation at the GJNH is also being used to improve our patient’s safety and clinical outcomes. The Scottish Structured Response (SSR) work has linked to the implementation of Syncrophi, our electronic observation system. We have worked with this organisation to embed our SSR trigger into this system. This means that when observations are taken and inserted into the system, it will automatically alert staff when specific criteria are met. The system then prompts them to consider increasing the frequency of observations and to escalate the patient for further review. It should be noted that staff have the ability to manually trigger these alerts if they are concerned about the patient – even if the early warning score is within normal limits.

**Healthcare Associated Infections (HAI)**

Rigorous governance and reporting structures are in place to ensure the effective management of HAI’s. Infection control is a priority for the GJNH and as such this information is both monitored and disseminated to personnel at all levels of the organisation. Electronic ward information boards also inform the public of our infection control achievements. HAI performance is reported to the Board’s Performance and Planning Committee.

**Staphylococcus Aureus Bacteraemia (SAB)**

For the year 2017/18 a total of 11 SABs were reported. This equates to a rate of 0.23 SABs per 1000 occupied bed days and is below the national target of 0.24. GJNH have a clear focus on preventing Healthcare Associated Infections. The Prevention and Control of Infection Team work closely with the clinical teams and educators to understand, limit and reduce the sources of SABs. In order to do this effectively, every instance of a SAB is investigated. Where necessary the recommendations from investigations are then embedded into good practice and feature in organisation wide training. Sharing good practice has contributed positively to an overall hand hygiene compliance rate of 97% - a key element of Standard Infection Control Precautions.

In the initial quarter of 2018/19 there has been one reported instance of SABs. This has resulted in a rate of 0.08 SABs per 1000 occupied bed days - well below the local target and national target rates of 0.12 and 0.24 respectively.

**Clostridium Difficile Infection (CDI)**

From April 17- March 2018 two cases of CDI have been reported, overall this means that the Board had an annual infection rate of 0.04 CDIs per 1000 occupied bed days. This is below our local target of 0.10 and the national target of 0.32 CDIs per 1000 occupied bed days.

In addition to our 2017/18 performance, it should be noted that in the first quarter of 2018/19, there have been no reported cases of CDI.

**Financial Performance**

The Board achieved its three core financial targets in 2017/18. Against its Revenue Resource Limit (RRL), the Board achieved a break-even position for both core and non-core expenditure.

In achieving this result, the Board has delivered efficiency savings of £4.542m against a plan of £4.5m, with an increase of £42k against plan.

The Board continues to acknowledge its national status in supporting Territorial Boards and indeed other National Boards in delivering their efficiency and productivity agenda. In 2017/18, this support included:

* Redesign of our patient pathways for both Orthopaedic and Ophthalmology resulting in a cash releasing benefit of £1.7m per annum for Boards referring patients to the Golden Jubilee in 17/18. We have commenced work on patient level costing to improve quality, planning and remove unnecessary variation and would anticipate further price reduction over the next few years.
* Additional out of hours and weekend activity for Radiology services currently delivered ‘free of charge’ to all Health Boards.
* Additional MRI capacity generated in 2017/18, funded by both the Board and Scottish Government to increase MRI capacity on an annual basis by 5,000 scans per annum, with a total of 2858 scans planned for 2017/18.
* Internal investment in a Radiology and Theatre Academy that delivers in- house training and accreditation for ‘hard to fill’ clinical posts. This model is being tested on a once for Scotland basis and could be rolled out across other Boards and crucially this model avoids the Golden Jubilee recruiting ‘hard to fill’ posts from other NHS Boards.
* The roll out of the efficient model of care for ophthalmology with increased productivity for medical staffing resources. In addition the ongoing redesign of the Orthopaedic pathways with a reduced length of stay.
* The implementation of the NSTEMI project in 2016/17 and further roll-out in 17/18 which saves for the West of Scotland a total of 5,000 bed days creating additional capacity to deal with their increasing emergency admissions.
* Developing a strategy to provide solutions for structural heart disease including the implementation of the Transcatheter Aortic Valve implantation (TAVI) procedures at the Golden Jubilee from April 2018. This will improve the patient pathway for West of Scotland patients and avoid the unnecessary duplication of tests and outpatient appointments currently undertaken in NHS Lothian. This service will also maximise the buying power and gain collaborative procurement opportunities with NHS Lothian and from activity volume.
* Board approval supported the case for procurement of a Robot used in Thoracic Surgery; this will provide significant patient benefits resulting in a shorter length of stay, reduced pain and improved outcomes for patients. The released bed capacity could support the Board’s ability to accommodate other Scottish Health Boards to achieve their Thoracic activity pressures. The Board is in the process of the roll out of an internal document scanning programme to replace paper documents with digital equivalents. This supports referring NHS Board’s e-health strategy and progresses the path towards Electronic patient records and the use of innovative technologies to realize benefits from accessing patient records across Boards. This also provides local quality improvements, productivity and efficiency benefits with planned completion in 2019-20.
* A business case for Board approval to provide additional CT capacity from 2018-19, this would be funded by both the Board and Scottish Government as a result of an increase in CT Wait List Initiative pressures in addition to supporting the current CT as a single point of failure. On the basis of full capacity and associated staffing this will provide additional 7200 scans per year.
* To consider further expansion to increase capacity during 2018-19 to support the territorial Boards to deliver waiting times.

**Capital Planning Process**

The capital spend for 2017/18 was £7.436m against a budget of £7.436m thus demonstrating a breakeven position. This is split between medical equipment replacement, property expenditure and Information Management and Technology (IM&T) equipment. The in year spend included funding for the 4th MRI scanner and the Robot for use in Thoracic Surgery.

We continue with our existing capital planning process and a capital group is established which meets fortnightly to consider the capital requirements to meet the Board’s strategic planning objectives, discuss proposed capital projects and approve and monitor capital expenditure. We have continued to enhance this process with the creation of a dedicated medical equipment group, which is a multidisciplinary group involving clinicians in the prioritisation of equipment purchase and replacement programme. The group links decisions on equipment procurement to clinical priorities and risks.

A Board Property Asset Management Steering Group has been established for some time and the work from this group is used to inform the Board’s Capital plan.

In additional support of the capital planning process a short life working group has been developed to progress a Capital Assets Life Strategy review for consideration and approval by the Board.

**Efficiency Savings Programme**

The Board is currently anticipating an increase in costs over the next three years of approx 4%-6% per annum. The additional pressures are well rehearsed and include increased pay costs, the requirement to invest in new technologies, increased complexities and morbidity of patients, management of risks relating to infection control and non-recurring and transitional costs resulting from the Golden Jubilee expansion.

The Board’s efficiency agenda reflects the very tight financial position in relation to funding uplifts and recurring cost pressures. In addition it is also recognised that all Boards should deliver improvements and increased efficiencies on an annual basis.

The Board financial plan process applies a best, likely and worst position model in relation to our financial planning for the next 3-5 years. The likely position is reflective of the Board’s final financial plan submission.

The Board has in place an efficiency and productivity group including all key Executive Directors and senior managers within the organisation. The committee is chaired by the Director of Finance and reports to the Board’s Performance and Planning Committee. A 3-5 year work plan has been developed with key managers identified in taking schemes forward.

The 2017/18 work plan focused on the following key areas and extends into 2018/19:

* Implementing the benefits of Telehealth.
* A more robust and monitoring process for Job planning including a more efficient use of waiting list initiative payments to cover gaps.
* Income generation opportunities.
* Benefits realisation from eHealth initiatives.
* Radiology and Laboratory services review and implementation of 24/7 working.
* Training academy benefits.
* Innovation initiatives.
* Workforce planning including e-rostering, supplementary staffing review and implementation of waiting list payment policy.
* Capacity Planning and scheduling including a review of work from the patient flow programme.
* Procurement lost opportunities and reducing variation.
* Closer monitoring of quality bid investment and benefits realised.
* Benchmarking and best practice initiatives.

During 2017/18 the group has reviewed the efficiency & productivity score card that is used to measure and quantify some of the benefits from the efficiency agenda. This group Links into the NHS Efficiency and Productivity Framework through the Quality and Efficiency Support Team which is also established, in addition to the work of the Sustainability and Value Programme Board.

The agreed efficiency plans for 2018/19 in the main related to service and quality improvement schemes across inpatient and outpatient services this includes productivity increases, such as the Robotics benefits and the acceleration of the DOSA programme and a more efficient use of the workforce. In addition we continue to achieve significant savings from procurement schemes (with particular focus on reducing variation), eHealth projects through benefits realisation on both document scanning and electronic patient records and energy efficiencies.

**Golden Jubilee Conference Hotel**

The Conference Hotel had a positive performance towards the end of the year 2017/18 and continued to lead in the ever growing market for conference and bedroom business.

As part of the Golden Jubilee Conference Hotel Strategy 2020, a major bedroom remodelling was undertaken in 2017/18 with 39 bedrooms completed. There has been a positive impact on bedroom sales as a result of a refreshed digital branding and both direct and online sales have improved.

A number of major events were held during the year and there has been strong competition particularly for NHS business. As part of the hotel’s focus on cultivating international business development opportunities, they participated in a tourist trade mission organised by Scottish Enterprise and Visit Scotland and as a result, business from China has grown, particularly for the leisure sector with plans to develop conference and meeting opportunities. The venue continues to deliver a ‘conference centre of excellence’ for NHS Boards and other public sector clients.

The Conference Hotel continues to provide patient and family accommodation to ensure that family members are close to their relatives to provide support and care during their procedure at the hospital. A total of 8,067 bedrooms were provided for patients and their families during 2017/18 and a further 3000 patient related rooms were booked directly. The Hotel also plays an essential role in supporting the Transplant service and day of surgery admission (DOSA).

Our Conference Health and Wellbeing package was recently launched at the Eventit exhibition where we also received a lot of recognition for our sponsorship of Event Planner of the Year. It has been an exciting year for the Conference Hotel’s Health Club with innovative developments to improve and expand health and wellbeing services which are accessible to patients, staff and clients.

During the year the Hotel was named as the ‘Conference Hotel of the Year’ at the prestigious Scottish Hotel Awards and continues to be recognised through the achievement of excellent performance results and guest satisfaction statistics.

**Staff Governance 2017/18**

In order to improve patient care and experience, the Board recognises that a valued well treated workforce ensures that standards can be raised and maintained. Embedding the ‘Everyone Matters: 2020 Workforce Vision’ is of prime importance and we have continued to do this during 2017/18*.* Key achievements during this period have included:

* The Board has continued to embed iMatter and has worked with teams to ensure they create an achievable action plans where all staff are involved and consulted during the decision making process.
* New courses have been piloted during the period. This has included Unconscious Bias training.
* The GJNH has continued to develop our Values Based Recruitment and support the roll out of this to Executive Directors across NHS Scotland.
* Fully implemented a new Human Resources system called eESS. This will be used by all staff within the Board.
* We have developed and launched our Allied Health Professional Strategy.
* The Board continues to support the positive wellbeing of our staff through exercise classes, Hotel gym access, counselling sessions and fast track access to our physiotherapy service for musculoskeletal problems.
* We redesigned the ‘Living Our Values’ toolkit and facilitated a workshop for our Board members prior to its formal launch. We continued to work on both the regional and national shared services agenda. As a result we have been working in collaboration with national colleagues to standardise our approaches to coaching and management development as well as the provision of training. The GJNH has also been engaging closely with West of Scotland colleagues on how to support regional working.

**iMatter**

The Foundation had a response rate of 68% in 2017 with an Employee Engagement Index (EEI) of 78%. A total of 62% action plans have been completed. In 2018 the response rate was 63% with an EEI of 78% and action plans are due to be completed by 1 October 2018. The Board recognises that level of employee engagement represented by the response rate is linked to the team action plans. Areas for improvement identified in the Board report are incorporated into the overarching Staff Governance Action Plan. As well as using the iMatter model to work with teams to offer support, we are linking our Human Factors and Quality Improvement training to iMatter and our Board Values.

**Sickness Absence and the Knowledge and Skills Framework (KSF)**

Sickness absence is reported with a Board rate of 5.07%, this figure includes both short and long term absence. Our long term absence rate stands at 3.01%. In comparison, 2.06% of staff absence was short-term in nature (this figure is down from 2.84% in 2016/17). Sickness absence continues to be managed effectively and fairly for all staff.

In total 90% of KSF reviews were completed by 31 January 2018. The use of the KSF system has been suspended since 1 February 2018 to allow for migration to the new TURAS system which will contain Personal Development Review (PDR) information.

**Leadership Development**

The GJNH has a focus and commitment to develop its whole workforce but this is undertaken whilst nurturing and encouraging prospective leaders. During 2017/18, we have facilitated, encouraged and provided opportunities for prospective leaders and their teams to develop their skills. Leadership development activities have included:

* The launch of cohort four of Leadership3. This is our regional programme co-designed and co-facilitated with NHS Ayrshire and Arran and NHS Dumfries and Galloway. A poster showcasing Leadership3 was shortlisted as an example of Value and Sustainability for the annual NHS Scotland Event.
* Five delegates from the GJNH have been enrolled on the Leading for the Future programme. This is an innovative package which combines leadership and management skills development for the successful candidates.
* We launched our i:Supervise programme which was completed by eleven delegates. Positive feedback along with high demands for the training will mean further cohorts are planned.

The organisation recognises that cohesive teams can lead to improved levels of performance. Teams which function well can be more creative when faced with challenges but also involve all participants in the decision making process. We recognise that our workforce wants to be part of a successful team and as such the

GJNH provides opportunities for our staff to develop their skills. Featured below are several examples facilitated team activities:

* We have supported eleven teams with team improvement activities. These were distinct, bespoke courses that were delivered in conjunction with our Leading and Development department. The range of activities that facilitated were designed around: behaviours, communication, self awareness and finally, roles and responsibilities.
* There has been a focus on developing a successful coaching infrastructure within the Board and as such this year ten staff completed an accredited coaching qualification. Increasing the skills of members of staff within the Board has enabled the organisation to successfully support local and regional leadership programmes.