



**Golden Jubilee  
Foundation**

Patients at the heart of progress



# Local Delivery Plan

2017 / 18



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## Chief Executive and Chair Introduction

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

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

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

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

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

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

Our Board Values are:

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

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

- Our Board local priorities to deliver our Board 2020 Strategy;
- Our contribution to actions from the Health and Social Care Delivery Plan;

- Ongoing achievement of the LDP Standards;
- Board Financial Plan (submitted in parallel to the LDP); and
- Delivery of the key national workforce focus areas.

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

- **Local targets and priorities**

- L1 Strategic changes and expansion within our national services
- L2 Heart and Lung service developments
- L3 Development of the new Elective Care Centres and our commitment as a national resource
- L4 Increasing and supporting Innovation
- L5 Research Strategy and the Golden Jubilee Research Institute
- L6 Delivery of the Golden Jubilee Conference Hotel Strategy

- **The Health and Social Care Delivery Plan – our response**

- **LDP Standards**

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

- **Workforce**

- Everyone Matters progress

## **Golden Jubilee Foundation**

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

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

- Home to regional and national heart and lung services, we are the only site in Scotland to undertake heart transplantation;
- Our interventional cardiology service has been recognised as the largest Coronary Intervention service in the UK;
- The largest single-site elective Orthopaedic Centre in Scotland, we perform over 25% of all Scottish hip and knee replacements; and
- Following the most recent expansion in Ophthalmology, we will perform over 15% of all cataracts in Scotland.

## **GJF, LDP Standards and the National Improvement Priorities**

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

## **Our response to the National Health and Social Care Delivery Plan**

The four main programmes of activity described in the plan are:

- health and social care integration;
- the National Clinical Strategy;
- public health improvement; and
- NHS Board reform.

There are a number of key areas of significant relevance to our Board which relate to the requirement to free up capacity in hospitals and acute care, allowing for specialist diagnostic and elective centres to provide better-quality services to people and potentially changes to be made to the location of some services.

In addition, there is a clear commitment to ensure services are organised and delivered at the level where they can provide the best, most effective service for individuals. Regional – and in some case, national – centres of expertise and planning will be developed for some acute services to improve patient care. The governance structures of all NHS Boards will be required to support these changes and maximise 'Once for Scotland' efficiencies for the kind of functions all health services need to deliver through better collaboration and work across boundaries.

Evolving services will be rooted in a widespread culture of improvement and it is recognised that sustainable improvements in care, health and value will only be achieved by a strong and continued focus on innovation, improvement and accountability across the whole health and social care workforce.

We will describe our detailed response to the Health and Social Care Delivery Plan later in this LDP.

## **L1 National Services Developments**

### **Strategic lead: Jill Young, Chief Executive**

During the year 2017/18, the key areas of focus within our national services will be to:

- Continue scoping options for the future delivery of lung transplantation for Scottish patients,
- Development of an Organ Care System service at GJNH;
- Ongoing implementation of the National Organ Retrieval Service Review; and
- Continued delivery of heart transplantation activity targets.

### **Lung Transplantation**

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

The current lung transplant waiting list for Scottish patients has lengthened over the years. These patients are referred to Freeman Hospital in Newcastle which performed 16 lung transplants on Scottish recipients in 2016/17. This is expected to rise to 26 lung transplants per year by 2020. In 2015/16, 18 deceased donors in Scotland between them donated 36 lungs; these lungs are currently sent to other Units elsewhere in the UK. There could also potentially be some benefit of having an extra lung transplant unit in cases where lungs from a Scottish donor may be turned down by a unit because of logistical reasons such as lack of capacity in a unit to accept more donated organs.

Establishment of a lung transplantation service in Scotland would complement the national aim of delivering integrated health care for all NHS Scotland patients by reducing the distance most patients and their families need to travel for surgery. It would also allow for follow up care to be provided by the same team who undertook the surgery, providing a more patient-focused solution; although we recognise that some patients would prefer to use the service at the Freeman hospital.

At the Board's Annual Review in January 2016, Golden Jubilee was tasked by the Scottish Government with the support of NSD, to carry out a scoping exercise to assess the options for delivering Scotland's lung transplantation service. Good progress has been made in the scoping work to date including:

- A productive fact finding visit to Mater Misericordiae Hospital in Dublin, who operate a very successful lung transplantation service established only five years ago. During the visit the GJNH team were able to see a new service in action and build service contacts;
- Sourcing and analysis of data describing the anticipated outpatient and inpatient activity associated with a 'home-grown' Scottish lung transplantation service taking into account the demographic profile of Scottish patients;
- Hosting of a large-scale multidisciplinary workshop with support from two external Consultant Transplant Respiratory Physicians to ascertain what is required for an effective, safe and person-centred lung transplantation service; and
- Development of a draft Business Case describing the options for delivery of lung transplantation for Scotland.

The output of the scoping exercise will be submitted to the relevant national groups which over the designation of national services for Scotland. It is anticipated that the first submission will be made during summer 2017.

## **Organ Care System (OCS)**

### **Background**

Heart transplantation is a well-established treatment option and remains the gold standard therapy for patients suffering from end stage heart failure. Demand for donor hearts, however, outstrips supply. Evidence from the National Institute of Clinical Effectiveness (NICE) suggests a potential demand in patients under 60 years old for transplant in England and Wales of between 10-15 per million of population, far exceeding the supply of donor hearts of two per million of population. The marked disparity between supply and demand means patients suffer an increased length of time waiting for suitable organs and a protracted time receiving expensive heart failure treatment along with an increased risk of dying whilst on the waiting list.

Despite initiatives to increase the donor consent rate the number of heart transplants in the UK has remained under 150 per year. The reasons for this are multi-factorial, but donor demographics are a major contributing factor.

A number of UK heart transplant centres have begun using a new technology, Organ Care Systems (OCS) (also known as 'Heart in a Box') to keep recently donated hearts warm and beating during transportation. The aim is to increase the number of organs available for transplant, the length of time those organs remain viable, and ultimately improve clinical outcomes for their recipients. This technology is likely to be particularly applicable to Scotland because of the longer travel times its geography may impose on donated organs.

Historically and until very recently hearts have only been retrieved from Donation after Brain Death (DBD) donors due to concerns that the period of ischemia after circulatory death affecting the myocardial function may affect the recipient's post-transplant outcome. DBD donors in the UK standard tend to be older, have multiple co-morbidities and in most cases are considered 'marginal'; many of the organs available in the UK are therefore not ideal candidates for heart transplant.

In contrast to heart transplantation, a number of other solid organ programmes are able to carry out higher numbers of transplants due to the use of organs from Donation after Circulatory Death (DCD) donors. Restoring the function of the DCD heart is challenging as on average a DCD heart suffers after a minimum of 15 to 20 minutes of warm ischemia (when blood flow is reduced or has stopped) after circulatory death. To help restore the heart's function, reduce tissue damage, and increase the chances of it being viable, the organ needs a continuous flow of warm blood.

In addition to using OCS to support post-DBD heart transplantation, NHS Blood and Transplant (NHSBT) supported Papworth Hospital, Cambridge and Harefield Hospital, London to use the new OCS technology as a pilot in support of post-DCD heart transplantation. The pilot is now complete, with excellent results, and a business case to develop the service was viewed positively by the four UK Health Departments during 2016. A decision on the final outcome is awaited. Meanwhile NHSBT continue to support Papworth, Harefield and now Manchester (Wythenshaw) to continue with OCS for DCD donation.

## **GJNH OCS plans**

To ensure that Scottish heart and lung patient are able to benefit from the increased number and quality of organs offered by OCS, in summer 2016 a business case asking for support to commence training in the Organ Care System was presented to and approved by the GJNH Senior Management Team and Clinical Governance Risk Management Groups. Initially the use of OCS will support the existing post-DBD heart transplant programme but in time, depending on UK developments, its use could be expanded to encompass post-DCD transplant.

In terms of implementing the service, a workshop took place in November 2016 with a presentation from Papworth Hospital to provide more information on the OCS team, individual roles and implementation. Further preparations are well underway with the Clinical Team scheduled to attend training in Boston during March 2017 following introduction of the OCS to GJNH for DBD donors in the first instance from early 2017/18.

The Management Team are working closely with NHSBT to keep them informed on progress, and there is ongoing engagement with the centres already using the OCS so we can learn from their practice.

## **National Organ Retrieval Service Review (NORS)**

The National Organ Retrieval Systems Review (NORS) undertaken in 2014/2015 and implemented during 2016 under the supervision of the UK Retrieval Service commissioners, NHSBT, sought to realign organ retrieval capacity across the UK and future-proof the service to ensure greater equity, and the ability to support activity predictions to 2020.

The service changes required by the outcome of the NORS required a substantial change to retrieval working practices within GJNH. Our team now undertake significantly more retrieval, covering a 1:2 rota opposite the Newcastle centre, across a larger geographical area. The scope of practice undertaken by GJNH has also changed. Under previous arrangements all Donation after Circulatory Death (DCD) retrieval was done by the Newcastle team; following a period of shadowing the GJNH team became proficient in this type of retrieval from July 16. The introduction of the OCS at this site will further support this development. In addition, under the old service the theatre 'scrub team' was provided by the Edinburgh team; upskilling of the GJNH theatre team and redesign of their roles has enabled the Jubilee to take on this additional task.

The new rota was fully implemented in July 2016 following which retrieval has been successfully delivered by GJNH using a consultant-led model. The Retrieval Team continues to meet fortnightly with monthly input from Clinical Governance to discuss each retrieval, identify any issues and agree improvement actions. In addition to this the Senior Team continue to support national work to review the NHSBT work processes, coordination of the retrievals and flight arrangements, and the single scrub nurse model.

## **Scottish National Advanced Heart Failure Service (SNAHFS)**

The Scottish National Advanced Heart Failure Service (SNAHFS) were pleased to report that following a challenging year in 2015/16 where they failed to achieve the target number of transplants due to a combination of factors including a short waiting list and low donations, they have exceeded their full year target for heart transplantation as of mid-March 2017 having successfully undertaken 14 transplants with excellent outcomes.



With a view to maintaining this good performance, the SNAHFS priorities for 2017/18 will focus on strengthening relationships with centres out with the West of Scotland. Through sharing clinical outcomes and promoting education and awareness of the service the Team hope to facilitate an increase in appropriate referrals to the National Services.

### **Scottish Pulmonary Vascular Unit (SPVU)**

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

During their Annual Performance Review meeting in October 2014 with NSD, SPVU described their current capacity challenges. In response to this, confirmation was received in 2016/17 that funding to sustain the medical workforce had been approved. The SPVU team are now working with NSD and NHS Greater Glasgow and Clyde on a 'stock take' of the current service to determine the detail of a sustainable service model for SPVU, and how working practices including prescribing may be improved and streamlined in line with best practice.

### **Scottish Adult Congenital Cardiac Service (SACCS)**

The National Scottish Adult Congenital Cardiac Service (SACCS) had a positive year in 2016/17, delivering their fifth Scottish Adult Congenital Cardiac Conference and appointing two new Consultants to the service. The new appointments are a welcome addition to the SACCS team and will be instrumental in delivering both the service capacity and specialist clinical expertise required to serve this complex patient group.

Implementation of a shared-care model between the West of Scotland Regional Health Boards and SACCS for the ongoing management of adult patients with congenital heart disease continued through 2016/17 with an increasing amount of patient care delivered locally within patients' home Boards. This model mirrors the partnership between local boards and the National service in the rest of Scotland. Further progress on the realignment will be made in 2017/18 with GJNH working supportively with the two remaining Boards to help them develop the skills and infrastructure necessary to deliver local care to this patient group.

While there are established clinical standards for the management of adult congenital heart disease patients in England, there are no such guidelines in Scotland. The SACCS team are therefore pleased to be working in collaboration with a team led by NSD to draft a set of clinical standards for Scotland, a development which will drive improvements in the management of adult congenital heart disease patients through describing in detail standard service expectations and providing opportunities for benchmarking.

## **L2 Heart and Lung Developments**

**Strategic lead: June Rogers, Director of Operations**

The priority areas for development identified in 2017/18 have been outlined as follows:

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

### **Direct NSTEMI Referrals**

In August 2016, the Interventional Cardiology team at GJNH implemented a new service for direct admission of patients presenting with non -ST segment elevation myocardial infarction (NSTEMI) who are at highest risk, aiming to treat these patients within 24 hours of presentation.

Acute Coronary Syndromes (ACS) (NSTEMI and STEMI) account for 65% of all percutaneous coronary intervention (PCI) undertaken in the UK. GJNH receives in excess of 2400 referrals for in-patient angiography in patients with NSTEMI per year. The European Society of Cardiology Guidelines describe the management of high risk NSTEMI patients should be based upon early angiography and revascularisation within 24 hours of presentation, with those considered to be at intermediate risk to be treated within 72 hours of admission.

This change in pathway, aimed at rapid recognition, transfer and treatment (and importantly a reduction in the instance of subsequent heart attacks), complies with recent European Society of Cardiology Guidelines. Additional benefits of this service for both patients and base Health Boards is the elimination of the waiting time (often 72 hours or longer) for the highest risk group of patients by being admitted directly to GJNH, rather than admission to local hospital coronary care unit (CCU) with subsequent transfer.

This new development has resulted in the identification of high risk NSTEMI patients early in their pathway and for GJNH to admit them directly for urgent angiography and revascularisation, thus maximising the available clinical benefits. Those patients presenting with NSTEMI at intermediate risk will continue to be admitted to their base hospitals, referred and transferred for treatment at GJNH within 72 hours of their admission.

### **Pilot and Next Stage**

The initial data around the first cohort of patients has been very positive and shown that high risk patients are being referred and accepted. These patients are then receiving their angiography within the agreed 24 hours and are benefitting from a high rate of revascularisation.

The initial findings of the practice have recently been shared with the National Cardiac Benchmarking Collaborative (NCBC) to allow a wider audience to be sighted on these positive outcomes.

The service was initially to be rolled out in three phases. Phase one has now been fully implemented and the first part of phase two, extending the service to Dumfries and Galloway is anticipated to be in place by spring 2017.

The three phases are as follows;

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

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

### **Structural Heart Disease Programme**

Work is underway to build on the existing Structural Heart Programme at Golden Jubilee and to determine a three-five year future strategy which will meet the needs of patients from the West of Scotland and will support delivery of the national clinical strategy. The key elements from the programme are detailed in the sections below.

### **Transcatheter Aortic Valve Replacement (TAVI)**

Following the introduction of a single site TAVI service for NHS Scotland in NHS Lothian, numbers of patients treated continue to grow. The clinical evidence for TAVI has increased and as such there are increasing numbers of patients eligible for the service leading to an increased demand for TAVI to become a regional service and be aligned with the rest of the UK.

In order to deliver excellent access to the service across Scotland, the original plan envisaged a roll out to one or more additional centres as experience built and the numbers of patients being treated increased. We are continuing to refine and update our patient pathways for the TAVI service to optimise access and patient experience for West of Scotland patients. We remain ready to institute an additional TAVI service at the GJNH as the need arises, and in response to review of the national situation.

In particular, our clinicians are working closely with Edinburgh and other centres to maintain their clinical skills. Any expansion of the TAVI service to this or other Scottish sites would be carefully coordinated with the Edinburgh team so as not to destabilise the existing service.

### **Mitraclip**

Percutaneous trans-catheter mitral valve repair using the Mitraclip device is an alternative to open surgical repair for a small number of patients with severe degenerative and/or functional mitral regurgitation. It is generally reserved for patients at high or prohibitive surgical risk.

The Mitraclip device can be deployed in patients who have been deemed unsuitable for a surgical mitral valve repair, and for whom the only alternative is continuing medical therapy. These percutaneous interventions contribute to improvements in mitral valve symptoms and a reduction in hospital admission for heart failure.

A small number of Scottish patients have previously been referred to English centres to receive this treatment. Following discussion through our Clinical Governance Framework, The Board approved the development of a mitral clip service at the Golden Jubilee Hospital in summer 2016. Subsequent to the approval, we have now carried out four procedures. Following discussion with the regional boards, guidance for referral to the Golden Jubilee MDT for consideration of this therapy has been circulated. Provision of this treatment is currently subject to the process for authorising individual treatment requests in the referring Board.

### **Left Atrial Appendage Closure**

Stroke is the second largest cause of death worldwide, the largest cause of long-term neurological disability, and the single most costly condition for the NHS and UK social services. Atrial Fibrillation (AF) is an important risk factor for stroke and contributes to about 15% of all strokes. The prognosis of patients who suffer a stroke as a result of AF is particularly poor, with only one third surviving one year. It is estimated that optimal treatment of AF in the population would reduce overall stroke risk by 10%. Anti-coagulation is effective in reducing stroke risk in AF patients by approximately 70%. However 30-40% of the population are not suitable for anticoagulation therapy due to contraindications.

Percutaneous Transcatheter Left Atrial Appendage Closure is a new treatment option to prevent stroke in patients for a limited proportion of patients with atrial fibrillation who are unable to tolerate oral anticoagulant therapy.

The opportunity to offer this service as part of the Structural Heart Disease Programme to patients who present with an absolute contraindication to warfarin may be an advantage both to the patient and to the local healthcare economy. A business case is currently being finalised to explore the benefits, risks and costs associated with the introduction of the procedure. This will be taken forward in close consultation with the West of Scotland cardiology regional planning group.

### **Other Structural Heart Strategic Developments**

In addition to work being carried out individually with regard to TAVI, Mitraclip, and Left Atrial Appendage Closure we are also progressing the development of a new unified service offering seamless integration of alternative therapeutic options across a range of percutaneous cardiology techniques and minimally invasive cardiac surgery. This structural heart service will be directly designed to support shared decision-making in the spirit of realistic medicine for patients with a variety of conditions affecting the valves and muscular chambers of the heart. Potential future developments may include percutaneous ventricular remodelling, trans-catheter mitral valve replacement and miniaturised fully implantable circulatory assist devices. This programme will support and be supported by significant new opportunities for research and innovation, which will increase patient access to new treatments whilst building links with the biotechnology industry to the wider benefit of the Scottish economy. Our inclusion in a key multinational trial of Mitraclip therapy in heart failure is a recent good example.

### **Minimally Invasive Surgery and Enhanced Recovery**

Minimally invasive cardiac surgery techniques are increasingly gaining consensus in the clinical field enabling less traumatic surgical approaches and faster postoperative recovery. Considering the general increase in life expectancy and the number of co-morbidities nowadays affecting patient candidates to cardiac surgery, minimally invasive approaches are even more desirable and hold a promise for the future surgical

management of a wide range of patients. The evolution toward a hybrid practice combined with percutaneous approaches will carry additional benefit for the patients in terms of reduced surgical trauma, quicker return to normal activities and improved quality of life.

Continuing our growth in minimally invasive surgery provision, we have increased the numbers of patients undergoing minimally invasive aortic valve replacement, along with exciting new techniques for coronary artery grafting through total arterial revascularisation which have shown promising outcomes for patients. Our thoracic surgeons have led the way in minimally invasive lung surgery with an average of 66% of patients having major lung surgery at GJNH via minimally invasive surgical techniques. This makes us one of the largest centres in the UK providing minimally invasive lung surgery.

Building on our hugely successful thoracic enhanced recovery programme we have explored ways to optimise patients before surgery. Recently we have begun a pilot study which aims to explore whether self-directed exercise and respiratory muscle training programmes can improve patients' fitness before surgery and therefore improve their recovery after surgery.

This is mirrored in our cardiac enhanced recovery programme which has grown from the early pilot stage of including only patients undergoing coronary artery bypass grafting and aortic valve replacement, to now benefiting all of our cardiac surgery patients. As in thoracic surgery, optimising cardiac patients before surgery is also a growing area. Recognising we have an increasingly elderly population with greater health challenges, we are focussed on improving the service provision before surgery through the exercise pilot study, greater anaesthetic input and care of the elderly provision.

Through these initiatives we have seen sustained improvement in patient outcomes and as a result shorter lengths of hospital stay, allowing patients to continue their recovery in the comfort of their own homes.

### **L3 Elective Care Centres development and our commitment as a national resource**

#### **Delivering as a National Resource – activity plans for 2017/18**

Our activity plan for 2017/18 includes capacity for orthopaedic joints, foot and ankle surgery, orthopaedic ‘other’ (intermediate and minor procedures), general surgery, plastic surgery, ophthalmology, endoscopy and diagnostic imaging. In line with the recently issued LDP guidance on scheduled care access, Golden Jubilee will continue to offer all available capacity to NHS Scotland to assist Boards with scheduled care challenges and our future expansion plans are designed to meet future demand from the West region.

The funding model initially agreed in 2013/14 which ensures a commitment to sending patients to GJNH for treatment, continues to be a successful business model for all concerned. While we recognise the requirement to provide an element of flexibility for referring Boards, the following general principles of the model remain valid:

- 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 NHS Scotland; and
- Supporting the ongoing development of services.

#### **Orthopaedic Surgery**

Despite continuous expansions over the years, demand for Orthopaedic Surgery continues to exceed our capacity. Orthopaedic operating has extended to Saturday working on a permanent basis, however, physical capacity in all of our five laminar flow theatres is now fully utilised. We now deliver orthopaedic activity on behalf of every Board in Scotland, the majority of which is now delivered on a ‘see and treat basis’ which is considered the best service delivery model for most patients. However, we adopt a flexible approach between the ‘see and treat’ model and the ‘treat only’ model to address individual Board pressures and to support referring Boards in the delivery of NHS Waiting Time Guarantees.

Over recent years we have experienced an increasing demand for revision arthroplasty surgery. The orthopaedic team at GJNH has significant experience in revision surgery and the treatment of infected joints. The expectation is that we will carry out approximately 190 revision procedures in 2016/17. As the largest elective orthopaedic centre in Scotland, we would aspire to developing this service further and to building on our current level of expertise while continuing to shape a service that is efficient, effective and productive. An outline of our plans to develop a revision strategy for orthopaedics is described later in this section.

#### **Orthopaedic Outreach Clinics**

During 2016/17, GJNH consultants continued to provide outreach clinics for NHS Highland and NHS Shetland. The agreement with these Boards is that patients, who are seen locally and require surgery, would have their surgery carried out at GJNH. We have also successfully introduced follow up managed via a telehealth link.

Throughout 2016/17, the GJNH consultants also successfully tested the concept of initial consultation via a telehealth link for most foot and ankle patients and some arthroplasty patients. This is a practice that now continues as a matter of routine and has been considered a success by both patients and medical staff. This model of care will continue to be delivered to patients in NHS Highland and NHS Shetland during the period 2017/18.

### **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. This service continues to be provided by visiting consultants and is consequently a very challenging service to deliver. Continuity, efficiency and productivity tend to be compromised as a result of this service model. However, this challenge would be alleviated if the GJNH could attract an appropriate surgical programme which required the presence of general surgeons on site in a substantive capacity. This would allow us to provide support to boards on a routine basis, potentially for a wider range of procedures, provide the opportunity to focus on efficient service delivery and would also improve support to the cardiothoracic programme.

### **Ophthalmology**

GJNH employs one full time and three part time Ophthalmic Surgeons. Further recruitment has recently taken place and we have successfully appointed two further part time Ophthalmic Surgeons. In addition, we have a number of Optometrists who work in parallel with Consultant Ophthalmic Surgeons in clinic and ensure the surgeons' time is optimised either in theatre or with patients who are ready for surgery.

There is still an increasing demand for access to the GJNH cataract service; however, our two ophthalmology theatres are now at full capacity, delivering 6,000 procedures per year. In order to meet demand, we have recently commissioned a mobile ophthalmology theatre which is expected to arrive on site mid April 2017. The expectation is that in the first instance, this unit will operate three days per week and will deliver an additional 2,000 cataract procedures for NHS Scotland.

All patients referred to our ophthalmology service are seen on a 'see and treat' basis. It is our assumption, therefore, that a total of approximately 8,000 cataract procedures and approximately 10,000 new outpatients will be seen in the ophthalmology service in the forthcoming financial year. The ophthalmology service has undergone significant out patient and theatre redesign to enable them to meet this increased level of activity.

In addition to the cataract activity currently being carried out in GJNH, one of the GJNH consultants continues to provide an outreach service to NHS Orkney four times per year. During these visits, our consultant remains on the island for several days, during which time he sees a combination of new and return patients and also operates on the island. Our expectation is that this service will continue in 2017/18.

### **Plastic Surgery**

We have theatre and ward capacity to deliver 960 local plastic surgery procedures which tend to be a combination of hand surgery and minor plastic procedures. Additionally, we have capacity to treat 300 general anaesthetic cases per year. We have recruited a part time hand surgeon which has enabled the service to exceed our activity targets for hand surgery. However the remainder of this service is delivered entirely by visiting

consultants and surgeon availability throughout 2017/18 has continued to present significant challenges. We are in discussion with the Board who refers patients for plastic surgery to us in an attempt to find a sustainable solution to the delivery of this service.

### **Endoscopy**

The Endoscopy service has delivered activity in line with expectations during 2016/17. The service is delivered by visiting consultants and, as is the case for general surgery, it would be advantageous to have a more predictable and long term patient flow. This would enable us to develop a service that makes more efficient and effective use of the GJNH capacity and would subsequently demonstrate more benefits to referring Boards.

### **Diagnostic Imaging**

We have retained the mobile magnetic resonance imaging (MRI) scanner on the GJNH site which enabling us to continue to provide additional MRI capacity to NHS Scotland. This activity continues to be provided through a staffed unit; however the reading of scans and service administration is carried out by GJNH.

We have recently gained Board approval for a business case to purchase a third static MRI scanner. The expectation is that this scanner will be operational by November 2017 and will deliver approximately 1700 additional MRI scans between November and March 2018 and around 5,000 additional scans in a full year. The business case for MRI 4 is in preparation and will be presented to the Board in early 17/18 with the scanner being installed by Quarter 4 of 17/18 through which we will repatriate the work currently carried out in the mobile unit, offering increased flexibility in case mix and thus increased efficiency.

In addition we have also received approval for a business case to purchase a third ultrasound machine with the associated workforce, which will provide approximately 4,000 additional examinations per year.

### **Future capacity at the GJNH**

#### **Orthopaedic Revision Strategy**

Scottish Government have undertaken significant work to model the future demand for primary joint arthroplasty, it is predicted that demand for primary arthroplasty will increase from a total of 15,708 primary arthroplasties in 2015 to 20,457 by 2025 ( 4,749 additional procedures by 2035).

The GJNH Orthopaedic service has grown enormously in the last 12 years, and the increasing number of primary procedures undertaken will mean there is an increase in demand for revision surgery. We are not aware of any national work looking at the potential increase in revision arthroplasty, given the age of the GJF orthopaedic service and its rapid expansion in primary arthroplasty volumes the orthopaedic team have modelled the predicted GJF revision activity between now and 2025.

The numbers of revision arthroplasties undertaken at GJNH have increased significantly since 2006. In 2015/16, 163 revision arthroplasties were undertaken at the GJNH. During the financial year 2016/17- to date we have undertaken over 130 revisions. If this trend continues, the revision arthroplasty numbers will increase further in 2016/17 to



approx 196 cases; this represents a 59% increase in revision arthroplasty activity in the three years since 2014/15.

In light of this significant increasing demand, work has commenced to take stock and review the current revision patient pathway at Golden Jubilee, and identify improvements that can be implemented in the short term ahead of any service expansion. It is anticipated our Revision Strategy will be finalised in 2017/18 and it will describe the clinical vision to expand the revision service at Golden Jubilee and create a centre of excellence for revision arthroplasty in Scotland.

### **Golden Jubilee Elective Care Hospital Expansion Programme**

Work is now progressing to plan and deliver the Golden Jubilee Elective Care Centre Programme. The overarching programme strategy is to continue to deliver a quality (person centred, safe & effective) elective healthcare service for Scotland.

In order to achieve this, GJNH needs to respond to current and projected pressures on the service from a growing elderly population, a rising demand for interventions, a commitment to treat people within a reasonable timescale, competing pressures from unscheduled care, and limitations on available resources.

The programme intent is therefore to increase service capacity within GJNH in order to deliver sustainable waiting times for patients, improve service effectiveness and the patient journey, and to deliver high volume elective procedures while maintaining a safe service provision.

Working within a national programme structure, Golden Jubilee Foundation (GJF) is leading the West of Scotland elective expansion team, supported by the new regional planning and delivery structures.

The GJF is responsible for planning the additional elective care requirements of the West Region population between now and 2035. As a National Board currently supporting all Scotland's Health Boards, GJF will also engage with the North and East Regions to ensure continued and appropriate support to each Health Board and to ensure there is robust capacity planning for additional elective care requirements to meet the predicted need for NHS Scotland by 2035. It is important to note that it has already been established that a large part of the elective care expansions will need to include significant additional ophthalmology and orthopaedic capacity to meet the predicted demand for cataract surgery, primary arthroplasty and revision arthroplasty.

The key objectives for the elective care centre are as follows:

- To create sufficient elective care capacity for the West of Scotland region to meet the predicted need for elective care by 2035;
- To provide innovative patient centred models of care that are both efficient and sustainable;
- Reduce or eliminate routine use of the private sector;
- Reduce the chances of cancellation of elective surgery;
- Enable delivery of current and future Government guarantees on inpatient / day case waiting times on a sustainable basis; and
- To deliver increased efficiency and productivity, adopting the principles of Better Care, Better Health and Better Value as set out in the Scottish Government "Health and Social Care Delivery Plan" published in December 2016.

The programme will be structured in two phases as follows:

- Phase One – delivery of additional ophthalmology elective care capacity
- Phase Two – delivery of additional orthopaedic and other surgical elective care capacity

For each phase a Strategic Assessment (SA), Initial Agreement (IA), Outline Business Case (OBC) and Full Business Case (FBC) will be developed. To date, the SA for both Phases has been developed and work is ongoing to deliver the Strategic Cases for both phases and the IA for Phase 1. Recruitment is well underway to establish the Programme Team and the Project Team has already been established.

Timescales for delivery of both Phases of the expansion are challenging, however the following indicative milestones have been set. These may be subject to change following the appointment of the Principle Supply Chain Partner and Client Side Advisers:

<b>Key Milestones Phase 1 Development Ophthalmology :</b>	<b>Indicative Completion dates</b>
Approval of Revised Strategic Assessment documents– GJF Board	February 2017
Appointment of Principle Supply Chain Partner (PSCP)	May 2017
Appointment of Client Side Advisors	May 2017
Completion and GJF Board Approval of Initial Agreement for Phase 1	May 2017
Capital Investment Group Meeting – Initial Agreement for Phase 1 Approval	June 2017
Design Development, Outline business case and Full Business Case Development and approvals processes	June 2017 to end 2018
Phase 1 construction period – integrated ophthalmology unit	Likely 12 months
Ophthalmology Unit open to patients	By end of 2019

<b>Key Milestones Phase 2 Development - Orthopaedics and Other Surgical Specialties:</b>	<b>Indicative Completion dates</b>
GJF Board Approve Strategic Assessment	February 2017
Completion Board & CIG Approval of Initial Agreement	2nd Quarter 2017
Completion Board & CIG Approval of Outline Business Case	3 <sup>rd</sup> Quarter 2017
FBC Development and Approvals Process	No later than 2nd Quarter 2018
Construction Period	Maximum Construction period 2.5 years
Fit out, Commissioning & Assessment of Service Readiness	Dependent on construction period – but no later than last quarter 2021

## **L4 Increasing and Supporting Innovation**

**Strategic lead: Jill Young, Chief Executive**

### **Innovation at the Golden Jubilee Foundation**

The Golden Jubilee Foundation (GJF) is an organisation with an innovative culture and proven history of thinking strategically and using innovation as a catalyst for change. Consequently, GJF is best placed to facilitate innovation across NHSScotland to ensure a national coordinated approach, avoiding duplication and sharing best practice. In 2016 GJF demonstrated its commitment to both enhancing their innovation culture via an 'Open Innovation' process thus encouraging external strategic partnerships by way of two redesigned executive appointments – Director of Quality, Innovation & People and the Director of Global Development and Strategic Partnerships.

### **Supporting Open Innovation through the Innovation Fund**

GJF is also home to the Innovation Fund for NHSS, overseeing a national philanthropic programme to fund and drive forward new innovation.

In collaboration with Innovate UK and Scottish Enterprise, we have used the Innovation Fund to host a series of Open Innovation challenges i.e. seeking innovative healthcare solutions to support the strategic direction of the National Clinical Strategy for Scotland. The first competition linked to GJF is in dermatology and his programme is well underway.

The new appointments will both strength strategic growth and create exciting opportunities for strategic partnerships and philanthropic giving to the Innovation Fund. There will be a particular focus on establishing, building and developing a strong but respectful cultivation process to underpin ongoing partnership commitment throughout the Open Innovation challenge.

### **Innovation Fund and Campaign Planning**

Whilst there are high expectations of improvement delivery from those projects supported by the Innovation Fund, sustaining and developing the fund requires ambitious fundraising initiatives. These must create strong, compelling cases for support to reflect a clear vision for the charity's vision and goals identified by the GJNH and NHS Scotland. Solid foundations are currently being laid in order to drive and steer both philanthropic giving plus national and international strategic partnerships - all leading towards donor retention and key to all of our Campaign Planning.

### **Enterprise Risk Management Approach**

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

## **Enterprise Risk Management Priorities for 2017/18**

Golden Jubilee has recently established a Strategic Risk Committee which will institute a system that delivers:

- Risk management foundations that deliver processes to identify and record risks within our agreed tolerances. This framework is broadly about known historic risks;
- An increasing focus on emerging risks with horizon scanning processes in place to react quickly to alerts and ensure short term decisions are made within the most effective risk environment;
- A model that delivers added value for the whole organisation optimising efficiency and effectiveness and allows decision making on the basis of strategy across the Board; and
- A resilient model which delivers greater confidence in decision making at Board level.

The Enterprise Risk Framework will be further refined during 2017/18 through a focus on:

- Ensuring that there are fit for purpose risk reporting structures including Key Performance Indicators to:
  - assess performance of risk management within Divisions and,
  - link to 'operational triggers' to apply a proactive response to rising areas of risk
- Review aggregation of risk across clinical divisions, corporate functions, research, the hotel and the Innovation programme to determine the most appropriate response on behalf of the whole organisation and identify any trends/themes that require an organisational response. Consideration will also be given to how the charity strategic risks feed into this group;
- To develop a model of horizon scanning that supports identification, evaluation and management of changes in the risk environment preferably before they manifest; and
- Review and update the Board risk appetite statement and review the risk tolerances set by the Board.

## **Quality Framework Developments**

The Golden Jubilee Quality Framework provides assurance that safe, effective and person centred care is being delivered at all times. The Framework provides metrics on quality, safety, performance and patient experience from a range of perspectives from individual wards to the hospital as a whole.

During 2016 Golden Jubilee shared the Framework with a number of NHS Boards with the aim of improving standardisation and spreading best practice across Scotland. The potential gains from commercialisation of the Framework are being explored by the Director of Global Development and Strategic Partnerships who is developing a commercialisation plan to generate income for reinvestment in NHSScotland via global sales. Interest has already been established from a major healthcare provider in the United States, another UK based independent Island Government, plus one other major global corporate organisation.

Golden Jubilee is currently working to expand the number of indicators feeding into the Framework. This will consolidate the representation of quality, safety and patient experience provided; and increases the power of the Framework to provide bespoke “triangulations” of data at ward or unit level giving a consolidated view of cause, effect and performance.

The business case for Phase two and the business plan for commercialisation of the Framework are in draft with an expected completion by spring 2017, and work with other NHS Scotland partners to roll out the quality indicators programme will be progressed thereafter. This will deliver a system produced by either single or multiple digital applications that have potential to be aggregated and viewed at Scottish Government level.

## **L5: Research Strategy and the Golden Jubilee Research Institute**

**Strategic lead: Mike Higgins, Medical Director**

The priority areas for development identified in 2017/18 have been outlined as follows:

- Redevelopment of infrastructure to accommodate significant increase in research staff.
- Submit a Bio-repository business case
- Submit Medical Device Alpha Test business case

### **Implementation of the Golden Jubilee Research Strategy**

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

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

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

### **Academic Structure and Capacity**

In 2016 we named specialty research clinical leads for each research group who report to the Research & Development Director. This has allowed for better interaction between the senior research management team and the research active clinical community.

To allow for our research portfolio to substantially grow, the amount of time available for consultants and other research active health care professionals to dedicate to research has to increase. In spring 2016 calls for applications for extra programmed activities (EPA) sessions were made. We will look to begin funding these in April 2017.

Additionally we continue to support individuals to apply directly for NHS Research Scotland (NRS) and Chief Scientist Office (CSO) funded career-support fellowships which provide partial funding for NHS clinical researchers for three years during which time they are expected to develop a research portfolio and establish alternate support. We have had a successful candidate interviewed for an NRS fellowship who will begin these additional sessions in April 2017.

Research grants from UK and EU funding streams are a key priority. In 2016, the Wellcome Trust funded an Intermediate Clinical Fellowship that enabled a new Senior Lecturer/Honorary Consultant Cardiologist appointment in collaboration with the University of Glasgow. Further, an NRS Research Fellowship in Peri-operative Medicine and Anaesthesia was secured in during the first quarter of 2017. This Fellowship will run for three years from October 2017. We will build on these successes through existing partnerships with the Universities of Glasgow and Strathclyde, although third party funders such as the research charities (or exceptionally, individual donors e.g. through the Innovation Fund) will also be explored. A recent application for a British Heart Foundation (BHF) funded Chair in Cardiology received favourable feedback and the next stage with this application involves a BHF Programme Grant application in partnership with the University of Glasgow. The outcome of this application will be known in 2018. In addition to these fellowships, our clinicians are committed to securing new grants for research projects and infrastructure.

## **Governance**

GJNH has focussed on developing strong and effective research governance processes, which include monitoring and auditing of ongoing studies. The Golden Jubilee Research Quality Framework is now in the final stages of the sign off process. A number of policies in relation to Research Quality have been drafted and reviewed and approved by the Research & Development Steering Group. It is anticipated that the few remaining documents will be finalised by spring 2017. These documents collectively make up the Golden Jubilee Research Quality Framework.

## **The Five Year Vision**

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

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



## Golden Jubilee Research Institute

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

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

## Research Governance

This is a system of checks and controls which result in every research project being scientifically sound, guided by ethical principles and of high quality at all points in the life of the project – start up, recruitment, follow-up and completion. The Golden Jubilee has had systems in place for a number of years which are currently being updated and upon completion a summary page will be added which along with the suite of documents will be known as the Research Quality Framework. This is expected to be finalised by spring 2017.

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

## Clinical Research Facility

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

## **Golden Jubilee Bio-repository**

A bio-repository within Golden Jubilee would provide an appropriately governed system for the use of residual tissue, which is tissue which has been taken from patients for care and/or diagnostic purposes with no further requirement for that purpose, in medical research. The Research Manager and colleagues are developing a business case which will explore the options for developing this facility within the Golden Jubilee.

## **Medical Device Alpha Test (MDaT<sup>®</sup> events)**

The MDaT<sup>®</sup> process was conceived and developed by Golden Jubilee Research Institute staff. The terminology was registered as a trademark in 2015; with a total of eleven events during the pilot phase have taken place. A number of the innovations which have been examined through MDaT<sup>®</sup> are progressing well:

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

The GJRI staff are now in the process of drafting a business case for the Medical Device Alpha Test process. The business case will summarise the pilot phase of the process and will provide details on the future plans.

## **Development and Management of the Golden Jubilee Gait Analysis lab**

The Research Institute has been tasked with overseeing the installation of the lab and putting systems in place to manage the facility – in line with systems used to manage the Clinical Skills Centre and the Clinical Research Facility. The Motion Analysis Lab has been installed and a Motion Analysis Coordinator has just been appointed with a start date by March 2017.



## **L6: Delivery of the Golden Jubilee Conference Hotel Strategy**

**Strategic lead: Jill Young, Chief Executive**

### **Strategic Developments**

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

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

Work to create the infrastructure to deliver the strategy continued during 2016/17. The Conference Hotel opened the 'Inspiration Space' in autumn 2016, a versatile and flexible meeting space designed to encourage innovation, collaboration and creativity. As well as being an excellent addition to the Conference Hotel's suite of high quality conference rooms, it will also facilitate their growth as a Venue of Excellence as they receive an ever increasing number of delegates from around the UK and beyond. A business case has recently been approved to deliver the second phase of Bedroom 2020 programme. Building on the completion of twelve 'prototype bedrooms' in spring 2016, the latest three year project will transform a further sixty bedrooms into rooms tailored to the needs of the 2020 conference delegate and guest. Work is also underway to review our food service as part of the Dining 2020 workstream, with improvements planned across a range of strategic pillars including use of space, structures and menus.

Following approval on the Health Club Strategic direction a new workstream is being established to realise the Centre of Health and Wellbeing. The transition with a transformational roadmap to 2021 seeks to encourage health and wellbeing across the Foundation, particularly amongst staff, supports and aligns with the core themes of the Health Promoting Health Service.

Marketing activity during 2016/17 has focussed on increasing profile, generating enquiries and building strategic partnerships. The Conference Hotel has secured a partner position with the Association of British Professional Conference Organisers (APBCO), opening up a significant number of opportunities to develop relationships with the professional conference organiser network across the UK. To provide additional competitive edge and increase their in-house knowledge and expertise, the Conference Hotel is also going through the extensive training process to become a 'Compliant Venue' for the Healthcare Sector. The cumulative effect of these developments has been a consolidation of the Conference Hotel's position as one of the UK's leading conference venues, a fact recognised by their role as the only Scottish Member of Venues of Excellence and IACC, the International Association of Conference Centres

As well as consistently delivering excellent Guest satisfaction scores, the Conference Hotel has been recognised through the achievement of a number of awards over the course of the year:

- Best UK Conference Hotel in the Small Business Awards 2016;
- Gold Accreditation from VenueVerdict for 2016.

- Regional winner of Best Events Hotel, Scottish Hotel Awards 2017.
- Shortlisted for the 'Sustainable Development Award' and 'Green Champion' at the Glasgow Business Awards 2016;
- Shortlisted for 'Hotel Restaurant of the Year' at the Food Awards Scotland 2016; and
- Awarded TripAdvisor Certificate of Excellence for sixth consecutive year.

## **Performance**

Following exceptional performance in 2015/16, the Conference Hotel has sustained and consolidated growth as they have moved into 2016/17. Bedroom occupancy continued to increase and income yield will be maximised during 2017/18. The Hotel aims to maintain a growth rate of 3% year on year whilst generating sufficient profit to invest in the strategic infrastructure and contribute to Board efficiency. Progress towards these aims will be monitored and reported at an operational level within the Hotel and overseen by the Performance and Planning Committee, Senior Management Team and the Board.

## **Our response to the Health and Social Care Delivery Plan**

The Golden Jubilee Foundation (GJF) as a national resource for NHS Scotland is already engaged in the delivery of the following objectives in the delivery plan:

### **1. Health and Social Care Integration actions**

We will continue to assist the Health and Social Care Partnerships to deliver their acute care services through use of the elective capacity at Golden Jubilee National Hospital (GJNH) and relieve pressure on some hospital services to enable the required shift in the focus of care across health and social care.

Our Board has well-developed discharge planning arrangements and works closely with patients and referring Boards to ensure that appropriate discharge planning takes place and addresses any challenges to effective capacity planning with local authority and social services colleagues. Despite our increasingly complex patient casemix, we have had no delayed discharges in recent years and it is our intention to maintain this good performance.

Although most of our bed-days are as a result of elective rather than unscheduled admissions, we will continue our work to reduce any long stays in hospital. Through our work to embed Enhanced Recovery after Surgery (ERAS) principles across all of our surgical specialities we have realised the following benefits:

- In Orthopedics, we have achieved a median length of stay of three and four days respectively after total hip replacement and total knee replacement, finishing in the upper quartile in Scottish peer reviews;
- Rolling out ERAS to all Thoracic lung resection patients, increasing the use of minimally invasive techniques and saving 325 day days between April-December 2016;
- Continuing to embed ERAS in Cardiac Surgery which has already resulted in a median length of stay reduction of two days for coronary bypass patients and a total number of 221 bed days saved; and
- The introduction of the direct referral NSTEMI service has reduced bed days through the West of Scotland territorial boards.

In terms of palliative care action areas within the plan, as GJNH is a treatment rather than long-term care centre we have fewer palliative patients and the number of deaths is proportionally lower than that seen in many other hospitals. At present patients who require palliative care have their needs met on an individual basis and our end of life care is research based. Palliative care is an integral part of the optimal approach for the later stages of Chronic Heart failure; as the National Centre we are commencing working with the “Caring Together Project” that delivers a National approach to palliative care for cardiac patients. The introduction of this aspect of cardiac care will be designed to suit the specific needs of the GJNH and will optimise the links with other health Boards.

We have also been involved in the initial scoping work to inform the final document on education (commitment 3) for the Strategic Framework for Action on Palliative and End of Life Care. The continued partnership between Golden Jubilee and St Margaret’s Hospice will ensure that their expertise in palliative care will be available to enable the delivery of this element of the strategy.

## **2 Secondary and Acute Care**

In line with the National Clinical Strategy and the drive to ensure that complex operations are carried out by specialist teams, GJNH is home to three national services: Scottish Advanced Heart Failure Service (including the Scottish Heart Transplant Service), the Scottish Adult Congenital Cardiac Service and the Scottish Pulmonary Vascular Unit. We are currently also carrying out a scoping exercise to explore the opportunities to develop a lung transplantation service for Scotland based at GJNH.

As a Board involved in the delivery of national services and also the regional provider of heart and lung services for the West Region, we are engaged with the working groups charged with putting arrangements in place for the regional planning of service delivery.

The Golden Jubilee joined the Patient Flow Programme as part of the Wave 2 Boards and during the early part of 2018 will continue to focus on the theatre improvement project using data and patient experiences to help us understand the true demand on our theatre capacity to help us meet the needs of both our elective and non-elective patients. As a data driven project it is particularly useful in helping us fully understand our system and where opportunities exist for improvement. During the second part of 2018 our aim is to extend the scope of the work to include our surgical in-patient flow.

Building on the investment in improvement skills and expertise within the organisation all changes will be planned, tested and measured to maximise opportunities for delivering safe and sustainable care. The work of the Patient Flow Programme is overseen by senior groups within the Board to ensure accountability, delivery of organisational change and realisation of identified benefits.

### **Improving Outpatients**

Through our use of telehealth, GJNH is working to reduce the need for remote and rural patients to travel for follow up appointments and on behalf of the West Region is leading on the implementation of patient portal supporting patient’s access to health information and allowing patients to access relevant clinical information, where appropriate to co-create the electronic health record. It is expected that this will enable a more holistic approach to care and may prevent unnecessary hospital clinic attendances. We currently have a number of redesign projects underway focusing on improving our multidisciplinary team (MDT) processes to improve and streamline our clinical decision making.

## **Realistic Medicine**

Our current and future strategic clinical developments will be underpinned by a realistic medicine approach and will focus on reducing unnecessary variation in clinical practice. We will seek to embed the results of the national review of consent processes due for implementation from 2018 onwards.

### **3 Public Health Improvement**

As a facility providing surgical care, patients are frequently referred to us already some way into their patient pathway having been through other Health Boards throughout Scotland. The maximum impact of the health promotion message may therefore not be best served at the final stages of a pathway but we strive to ensure patients are informed at pre-operative assessment and, following brief interventions, sign posted on discharge. We are continuing to embed this approach with further plans to raise awareness with key clinical staff.

Earlier this month, the Board launched its Centre for Health and Wellbeing based at the Golden Jubilee Conference Hotel. Over the next four years, the Centre will build on the existing success of the health club facility, offering more access to health improvement services for members, delegates, the local community and staff, in line with the Scottish Government's ambition to create a healthier and more active Scotland.

A Staff Wellbeing Group has been established and its purpose is to encourage employees to participate in physical activity. A range of very popular classes and events have been organised over the last two years and are ongoing. The Board is also part of the cycle to work scheme as part of our Active Travel Policy which has proven to be very popular with staff.

### **4 NHS Board Reform**

As a national resource for NHS Scotland, our aim is to support the "Once for Scotland" approach to deliver high quality person-centred care and services through our vision of leading quality, research and innovation.

Specials/National Health Boards have been tasked to work together to identify ways to collectively standardise and share services with a target to reduce the operating costs of Special Boards by £15m in 2017/18 so that this can be reinvested in frontline NHS Scotland priorities. Since this was first identified in December 2016 the Board Chief Executives and Directors of Finance have been working closely with a focus to identify and agree the planning and delivery of this target across the Boards. This has developed into four key workstreams:

1. Focus on transformation to deliver quality improvements and efficiencies across NHS Scotland to support the Health and Social Care Delivery Plan;
2. From an internal perspective focus on the delivery of reduced operating costs through a critical review of support services within the National/Special Boards to deliver sustainable savings;
3. From an external perspective focus on the delivery of efficiency and productivity opportunities for the public sector across Scotland; and
4. Management of non- recurring spend and collaborative opportunities through for example, management of vacancies, joint posts and collaborative procurement.

The Boards have all agreed that there is an absolute commitment to deliver the target on a sustainable basis and there is further scope to develop the 'once for Scotland' approach.

Further detail of this work will be described within the National Board delivery plan submission in September 2017.

We are fully engaged with the emerging national leadership and talent management programme and are leading on work to roll out a values-based approach to healthcare leadership.

## **NHS LDP Standards**

While the national review of health and social care targets is progressing, we continue to monitor performance against the existing LDP standards. We have not identified any significant risks to the ongoing delivery of LDP standards.

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

Recognising that early treatment improves outcomes the Board continues to work with territorial Boards to provide surgical treatment for lung cancer patients and support delivery of both the 31-day and 62-day cancer LDP standard. In this role GJF has consistently delivered target compliance for the 31-day pathway for which it is responsible with 100% performance reported for 2016/17 as of the end of January.

### **12 weeks Treatment Time Guarantee (TTG 100%)**

### **18 weeks Referral to Treatment (RTT 90%)**

### **12 weeks for first outpatient appointment (95% with stretch 100%)**

Adherence with waiting time targets remains a core objective of the GJF, a focus reflected by GJNH's delivery of all three LDP Standard waiting times targets as of the end of quarter three of 2016/17. As a National Resource supporting delivery of Scotland's waiting times, and as a regional and national centre for specialist heart and lung services, ongoing collaboration with our NHS Scotland Board colleagues ensures that all patients referred to us are treated in line with the relevant LDP standard and with a person-centred approach.

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

### **Clostridium difficile infections per 1000 occupied bed days (0.32)**

### **SAB infections per 1000 acute occupied bed days (0.24)**

We continue to see low levels of Clostridium Difficile Infections (CDI) with no cases reported since April 2014 as of the end of January 2017. Alert organism surveillance continues.

The specialist nature of surgical care at GJNH combined with the use of invasive devices means that this site is at higher risk of bacteraemia than Boards providing a mixture of acute and long-term care. Despite these conditions incidence of Staphylococcus aureus Bacteraemia (SAB) has tended to be low at GJNH. Indeed as of

the end of quarter three of 2016/17 the incidence of SABs at GJNH was 0.11 cases per 1,000 acute occupied bed days, well below the national target of 0.24 cases.

Performance relating to healthcare associated infections (HAI) is given priority at all levels within the Board. Progress against the LDP standards is monitored through the Corporate Balanced Scorecard with a monthly HAI performance report reviewed by the Senior Management Team. These reports are also submitted to the Board.

### **Sickness absence (4%)**

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

Throughout 2016, the trend for sickness absence was steady and indicated that absence was decreasing over the 12 month period. The Human Resources team continues to work closely and proactively with managers to monitor and manage episodes of sickness absence and ensure that staff are supported and managed in line with organisational policies.

During 2016/17 work has continued to be done to improve staff access to both physiotherapy and a variety of psychological support mechanisms including, where appropriate, cognitive behavioural therapy (CBT) via referral from our Occupational Health team. During this period we have also started discussions with "See Me", a Scottish programme which is managed by Scottish Association for Mental Health (SAMH) and the Mental Health Foundation. "See Me" will work with the Board to tackle mental health stigma and discrimination by ensuring that we have processes available to improve the working lives of employees with mental health problems and ensure that those returning to work following ill-health are fully supported back into the workplace.

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

### **Operate within agreed revenue resource limit; capital resource limit; and meet cash requirement**

We recognise achievement of financial targets as a key part of effective service delivery and close monitoring and scrutiny of financial performance is emphasised throughout the Board. Progress in this area is reported at all levels with updates given to the Performance and Planning Committee, Senior Management Team and the Board.

## Workforce

**Lead: Safia Qureshi, Director of Quality, Innovation and People**

### **Everyone Matters: 2020 Workforce Vision**

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

#### **Our priorities for action:**

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

What we have achieved:

- Continued to embed iMatter within the organisation. As the first board to complete full implementation of iMatter it is vital that we continue to improve staff experience linked to an improved patient experience in conjunction with this;
- Surveyed all of our staff to examine if they feel we are living our values. 69% of our staff completed the survey and 84% answered that we are living each of our values which was very positive. Our Values Pulse Survey was developed in conjunction with Strathclyde University and is available for any Board in NHS Scotland to use through the Webprol system;
- Delivered equalities sessions throughout the year using internal and external speakers and experts. A Trans awareness session has been delivered with a Dementia in the workplace and mental health sessions in planning stages;
- Reviewed and developed Board policies and procedures in line with legislation and ensure equity of access and consistency of approach Board. All policies continue to be under review and are currently up to date along with staff manager guides to support. Training is provided to managers on our Board policies; and
- Commencement of the Board's roll out of Human Factors training across the organisation for every employee is well underway. Human factors training looks to improve the safety of clinical care through an understanding of teamwork, tasks, equipment, workspace, culture and organisation on human behaviour and abilities.

Our 2017/18 plans

- Complete the roll out of level one Human Factors training to all Board staff members;
- The Board is also looking to deliver its level one Quality Improvement module to every employee by 2019;
- Offer the newly developed Values Toolkit to every team in the Board; and
- Ensure Quality, Innovation and People function is established and vision developed for next five years.

## **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:

- Appointed a Medical & Workforce Information Advisor;
- Implemented Personal Development Review Guidance for managers. Manager Toolkit and Personal Development Review surgeries for managers and staff have also been offered throughout the year;
- Appointed an Advanced Practice Lead for the Board in line with the national strategy to develop Advanced Practice;
- All staff who successfully completed our Theatre Academy have secured substantive nursing positions within the Board; and
- Through the Radiology Academy we have developed and sustained a highly skilled Radiographer workforce in 'hard to recruit' areas e.g. MRI and CT.

Our 2017/18 plans:

- Develop a new Board workforce plan to ensure delivery of all existing services and delivers against expansion plans;
- Identify roles that are suitable to develop training academies for the recruitment and training;
- Become accredited as an Investor in Young People;
- Further develop our apprenticeship programme;
- Participate in the Transformation of Advanced Roles Project. The Board will identify and develop opportunities associated with Advanced Practice in association with clinical developments.
- Succession Planning and Talent management strategy developed and approved by the Board; and
- Continue to explore joint working and shared service arrangements to support NHS Scotland.

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

What we have achieved:

- Reviewed all Band 1 roles within the organisation with all staff transferred onto Band 2 in October 2016 in line with the national living wage; and
- Full redesign of Staffnet to meet the changing needs of the organisation and support our corporate image and brand. The site is now more interactive in nature and will be continue to be built upon over time.

Our 2017/18 plans:

- Development and implementation of Allied Health Professions (AHP) strategy;
- Development and implementation of our Board Leadership Framework for all staff;
- Ensure all staff meet their mandatory and role specific training requirements and report this on a monthly basis;
- Ensure action plans for improvement are in place from iMatter for every team so that each staff member feels their voice has been listened and acted upon; and
- Reduce agency and bank spend and ensure investment in a substantive workforce.



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

What we have achieved:

- Collaborative working with local education providers to develop training for in demand job roles;
- Explored Modern Apprenticeship opportunities within the Foundation in collaboration with West College. Six apprenticeships are planned to commence by summer 2017; and
- Developed closer working arrangements with schools and local authorities to support employment opportunities for our local communities.

Our 2017/18 plans:

- Continue to work with West Dunbartonshire Council to explore joint opportunities;
- To work with regional partners to deliver national services for Scotland; and
- Continue to work with Citizens Advice by offering a space for a drop in Hub within the Hospital.

#### **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 cohort three of regional Leadership 3 programme, in partnership with other NHS Organisation; and
- Piloted delivery of Institute of Leadership and Management (ILM) coaching level 3 course. This supports the improvement in the quality of Personal Development Plan & Review conversations through the use of coaching.

Our 2017/18 plans:

- Implement our Leadership Framework for Quality and Innovation that enables managers and staff to deliver the Board's 2020 Vision of Leading Quality, Research and Innovation. The first stage of the implementation will involve delivering level one to every employee over a two year period. Level two and Level three will be developed over the next six – nine months;
- Deliver a fourth cohort of regional Leadership programme and offer up opportunities to other special Boards to examine if the model can be scaled across NHS Scotland;
- Further explore coaching opportunities for managers in the Board; and
- Develop a staff governance dashboard for every team in the Board and ensure all managers evidence performance against this at their PDP or appraisal.