

# **National Waiting Times Centre Board (NWTCB) Annual Review 29 October 2014**

## **Agenda Item 1 – Progress against the 2013 Annual Review action points**

### **Activity in 2013-14 for NHS Scotland;**

**The Golden Jubilee Hospital has agreed with NHS Boards to undertake 23,528 procedures in 2013/14.**

In 2013/14 we were set a target of carrying out a total of 23,528 inpatient, day case and diagnostic examinations. The range of services includes: orthopaedic, general, ophthalmic and plastic surgery, endoscopy and diagnostic imaging. This number excludes the activity associated with our heart and lung programme, which is measured through our wait time performance reports.

Requests from Boards fluctuated during 2013/14 both in terms of case mix and volume. However, despite these challenges, by the end of March 2014 we carried out a total of 26,975 inpatient and day case procedures and diagnostic examinations exceeding the projected activity by 14.7%.

Year on year, requests for access to Magnetic Resonance Imaging (MRI) have significantly exceeded our capacity. In order to meet some of this demand and to address the winter pressures being experienced by Boards, the Imaging Department extended the working day for MRI on a permanent basis and supplemented this activity by using a mobile unit over the winter months. The mobile unit accounted for delivering approximately 1,200 MRIs between October 2013 and March 2014.

### **Board 2020 Strategy**

**The Board will continue to refresh its 2020 Strategy during 2013/14 to explore opportunities for:**

- the provision of additional services to support NHS Scotland in delivering its priorities.**
- what services could be provided for the local population and accommodated on the unused Jubilee site.**

### **Orthopaedic Expansion**

Year-on-year demand for Orthopaedic surgery has exceeded our available capacity. In response to this demand we have continued to develop our service and in 2013/14, for the third consecutive year, we increased our orthopaedic capacity by a further 300 procedures. Already the largest elective arthroplasty centre in Scotland, in 2014 we enhanced the orthopaedic service by adding an additional orthopaedic surgeon to the team who has a special interest in lower limb arthroplasty. Our orthopaedic programme now has the capacity to deliver approximately 4,000 orthopaedic procedures for NHSScotland and year on year we are treating an increased number of complex patients.

Considerable service redesign has taken place throughout the year to accommodate the continued expansion of this service including:

- the implementation of a foot and ankle surgery service;
- the development of a surgical day unit to accommodate day of surgery admissions and day cases;

## **National Waiting Times Centre Board (NWTCB) Annual Review 29 October 2014**

- redesigned out patient clinics enabling consultants to see significantly more patients in their clinic than was previously possible;
- enhancing weekend physiotherapy and occupational therapy service with a focus on increasing weekend discharges; and
- expansion of telehealth follow up for patients from Island Boards.

In response to anticipated winter pressures, we are preparing to increase our orthopaedic activity further by embarking on a fourth expansion which is planned to commence in November.

### **Ophthalmology Expansion**

The demand for ophthalmology has also significantly exceeded our capacity as we progressed through 2013/14. An expansion plan, together with weekend working came into effect in November 2013. This allowed us to treat an additional 1,100 patients which was 80% more than our original plan for the full year. To meet this expansion, two part time consultants were recruited and the team was supplemented by a number of visiting consultants. In addition to this significant over-performance, we continued to maintain the ophthalmology outreach service we have provided to NHS Orkney over the past three years.

Despite our expansion of 1200 surgical procedures during 2013/14, the demand for ophthalmology in 2014/15 continued to exceed available capacity. As a result we have embarked on a further expansion of this service and this additional capacity will become available in October 2014. Given the shortage of ophthalmic surgeons throughout the country, the ophthalmic service has undergone significant redesign in order to meet the increasing activity:

Considerable service redesign has taken place throughout the year to accommodate the continued expansion of this service including:

- redesigned out patient clinics which allows consultants to see significantly more patients in their clinic than was previously possible;
- establishment of an Optometry service to carry out post operative follow up. This alleviates the need for consultant surgeons to see patients post-operatively and allows them to see additional new patients; and
- increased theatre productivity.

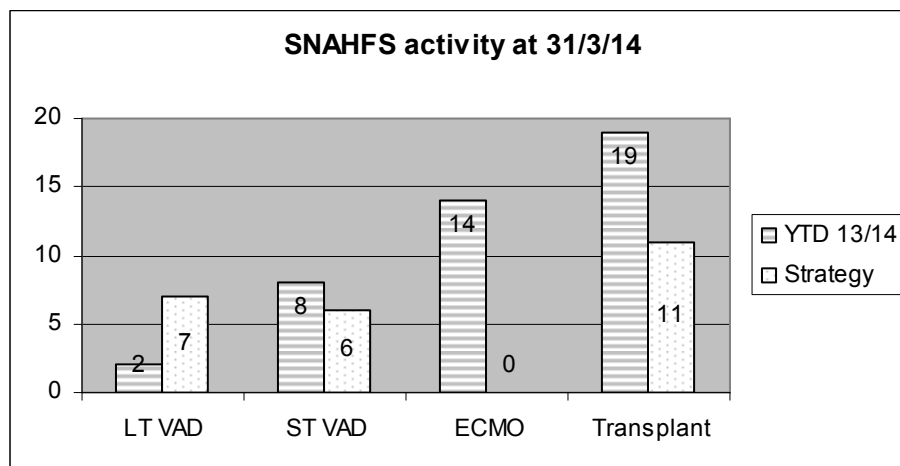
The ophthalmology service has grown from delivering 951 surgical procedures in 2011/12 to 4,200 procedures in 2014. This represents a 441% increase in new out patient attendances and a 342% increase in surgical activity over a four year period. During this time there has remained a constant focus on quality outcomes for patients.

# National Waiting Times Centre Board (NWTCB) Annual Review 29 October 2014

## Expansion in our National Services

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

The graph below provides an overview of the Ventricular Assist Device (VAD) and Transplant activity undertaken during 2013/14 against the agreed activity within the SNAHFS strategy. We have continued to achieve good outcomes within this highly complex group of patients.



### Organ Retrieval Service

We have appointed a further clinical fellow to support the Scout/retrieval service and have commenced work to describe the optimal delivery of scout and retrieval in the future. This work will review the models from other centres, specifically innovative roles for non-medical staff.

We continue to participate in the NHS Blood and Transplant review of retrieval models which will compare the clinical and funding models in place across the United Kingdom. This review is due to report in March 2015.

### Scottish Adult Congenital Cardiac Service (SACCS)

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

Significant progress was made during 2013/14 to establish a resourced regional ACHD service co-located with the National Service at GJNH to enable appropriate management of patients from the West of Scotland and ensure equity of access to the national service for appropriate patients from the North, South and East of Scotland. The next stage will be to transfer the Glasgow regional ACHD patients to a clinic within NHS Greater Glasgow and Clyde with a target completion date of November 2014.

## **National Waiting Times Centre Board (NWTCB) Annual Review 29 October 2014**

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

The Scottish Pulmonary Vascular Unit has seen an increase in the number of patients referred for review with a proposed diagnosis of pulmonary hypertension. Outpatient activity at both GJNH and at the satellite Aberdeen clinic reflects this increase in both referrals and ongoing treatment with activity associated with this service estimated to be over 200 patients in 2013/14; an increase from around 140 in 2008/09. Work is ongoing to develop the future Clinical Strategy for this service.

### **Exploring the opportunity to provide services for our local population**

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

Our campus offers significant opportunities to improve healthcare services by further utilising our capacity and expertise. Expanding the current range of services could be achieved through minimum disruption to existing services while maintaining the delivery of consistent high quality of care. We are continuing discussion of our feasibility analysis with the Scottish Government.

### **Beardmore Centre for Health Science:**

#### **Continuing to develop the Beardmore Centre for Health Science as a national leader in clinical skills and research**

The Beardmore Centre for Health Science (BCHS) is a unique facility within NHS Scotland combining a purpose-built Clinical Skills Centre and Clinical Research Facility promoting excellence in health, research and learning. The Centre is equipped with the latest technology for the clinical training of all health professionals both internal and external to NHS Scotland.

#### **Clinical Skills Centre**

The Clinical Skills Centre is open to staff across NHS Scotland and to other organisations that require a high quality clinical training environment offering a range of clinical style training rooms.

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

## **National Waiting Times Centre Board (NWTCB) Annual Review 29 October 2014**

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

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

A further development is the introduction of Medical Device Alpha Test events which are unique to our Board. It is intended to optimise these events with the intention of running six sessions in year.

### **Clinical Research Facility**

Building on the success of the Clinical Research Facility (CRF), a 'Research Hub' has been created in the Beardmore Centre for Health Science. The hub is populated by research nurses and a research physiologist and is co-located with the Research & Development (R&D) department. In addition, the peer support provided by this co-location is important to the continued growth of the R&D function. The number of clinical trials underway has increased year on year and we have continued to exceed the targets for time taken to approve new research projects.

### **Beardmore Hotel and Conference Centre:**

#### **Continue to develop the Beardmore Hotel and Conference Centre Strategy to consolidate its position as a conference centre of excellence.**

The Beardmore enjoyed further success during 2013/14 achieving all key financial and performance indicators finishing the year ahead of budget and achieving its efficiency target. It continues to be an integral part of NHS Scotland with 52.3% of business during 2013/14 derived from the NHS and public sector and providing more than 8000 patient related bedrooms per year.

From the early part of 2014 there has been a marked increase in the number of enquiries for conferences and meetings suggesting that the events sector is re-gaining confidence after a number of years of low growth. The Beardmore has also experienced a substantial and sustained increase in bedroom occupancy and the hotel had a major role in providing bedroom capacity and hospitality during the 2014 Commonwealth Games.

During 2013/14, the Beardmore 2020 Strategy was developed after extensive internal and external engagement. The aim of the Strategy is to harness the Beardmore's strengths and opportunities allowing it to fulfil its role as an integral part of the campus concept and as a national resource for NHSScotland. The Strategy was approved in May 2014 and aligns with the overall Board 2020 Strategy to create a centre of excellence for medical innovation and research.

## **National Waiting Times Centre Board (NWTCB) Annual Review 29 October 2014**

Initial plans are being developed to support the early implementation of the 2020 Beardmore strategy with groups already established to look at 'Business Development 2020', 'Sleep Experience 2020', 'Conference 2020' and 'Hotel Services 2020'. There are plans to establish further groups focussing on 'Technology 2020' and 'Dining 2020'.

The Beardmore has established itself as the leading conference centre of excellence in Scotland and is able to host a wide range of residential and non-residential events. It has attracted a number of notable industry awards over the last year and of particular note has recently been accepted into the world renowned International Association of Conference Centres (IACC). IACC is an internationally recognised symbol of quality and excellence in the conferencing industry. This is a significant achievement for the Beardmore and will support the implementation of the Beardmore strategy aiming to attract more international conferences to the venue.

The Beardmore has also achieved the following awards during 2013/14:  
Investors in People Gold Accreditation  
VenueVerdict Gold Accreditation  
TripAdvisor Certificate of Excellence  
Top Eco Hotel in Scotland at the prestigious AA Hospitality Awards

### **Innovation Model:**

**Develop a new Innovation Model for investment in line with our vision of "Leading Quality, Research and Innovation" and work with the Scottish Government to initiate a national funding model for innovation.**

In June 2014, the Cabinet Secretary for Health and Wellbeing announced that GJNH would host a new national health and social care innovation fund, which aims to raise money, to develop original and pioneering treatments for Scotland's patients. GJNH will work on behalf of the whole NHS in Scotland to raise funds from a variety of sources, including donations and European grants. The fund will support initiatives that create and turn excellent ideas into services for patients. This will mean that the people of Scotland will get better and quicker access to world-leading care as the fund makes the early roll-out of proposals possible. The Innovation Funding Model will be expanded and grown incrementally from an initial focus on key innovation priorities within the Golden Jubilee.

# **National Waiting Times Centre Board (NWTCB) Annual Review 29 October 2014**

## **Agenda Item 2 – Person-centred progress**

**Quality Outcome: People are able to live well at home or in the community**

### **Delivery of Wait Times**

The waiting list position for Interventional Cardiology, Cardiac and Thoracic surgery continues to be formally monitored on a regular basis through our Performance and Planning Committee and the NWTC Board.

We have experienced a sustained increase in the volume of cardiology referrals since October 2013 putting significant pressure on the management of waiting lists. The increase in cardiology patients has impacted the numbers of patients, particularly urgent and emergency, being referred for cardiac surgery. The Board has put in place measures to support this demand and help meet waiting time guarantees. During 2013/14 all patients were treated within the national performance targets for waiting times.

### **Cancer Treatment Target (31 days)**

Our thoracic surgery unit is the busiest in the United Kingdom. We have consistently achieved the 31 day cancer HEAT standard and continue to work with referring Boards to meet the 62 day standard. In 2013/14, the median wait for cancer treatment was 13 days and the maximum wait time from date of 'decision to treat' was 30 days.

### **Implementation of the Treatment Time Guarantee (TTG)**

We have put measures in place to ensure compliance with the Patient Rights (Scotland) Act (CEL33) to ensure that we deliver day case or in-patient treatment within 12 weeks of the patient agreeing to treatment. The Board's Audit and Risk Committee has commissioned our internal auditors to audit our management of Waiting Times on an annual basis.

### **Activity target for 2014/15**

Excluding cardiothoracic surgery and cardiology activity, the total activity requested for in patients, day case patients and diagnostic examinations to be carried out in 2014/15 is 27,110. However, as a result of increased demand throughout the year from NHS Scotland Boards, we consistently exceed our planned activity while treating an increasing number of complex patients. Cardiac and thoracic surgery and cardiology activity will continue to be managed in accordance with waiting time guarantees.

In 2014/15 the use of an extended working day in MRI will continue and the service will again use a mobile unit over the winter period to support NHS Boards to meet their waiting time guarantees. Scans taken in the mobile unit continue to be reported by GJNH consultants to ensure the quality and consistency of scan reading and reporting.

## **National Waiting Times Centre Board (NWTCB) Annual Review 29 October 2014**

### **Outreach Services**

We have committed to delivering four orthopaedic outreach clinics before the end of 2014. This will consist of three clinics in NHS Highland and one in NHS Shetland. These clinics will involve a team of three orthopaedic surgeons travelling to the aforementioned areas to see approximately 100 new outpatients on each occasion. Patients requiring surgery will have their procedure carried out at GJNH. Given the distance patients will need to travel to have their surgery carried out, it has been agreed that follow up clinics will be carried out via a telehealth link. Patients are fully informed of how their care will be managed in advance of attending the outreach clinics and, to date, patient feedback has been very positive.

### **Bariatric Surgery**

During 2013/14 we continued to provide a limited bariatric surgical service for NHS Highland (Argyll & Bute Community Health Partnership) and NHS Dumfries & Galloway. However, the provision of this service was discontinued as a consequence of the Regional Planning Group's decision that a regional solution was not required for the provision of this service.

### **Quality Outcome: Everyone has a positive experience of healthcare;**

#### **Involving People**

Following the refresh of our Involving People Strategy, the aim for 2013/14 was to effectively implement the strategy across both corporate and clinical functions. This work is overseen by the Person Centred Committee which monitors all activity relating to the Involving People Strategy and Staff Governance.

#### **Volunteers**

The Board has a sizable team of volunteers (almost 100 by end of March 2014) working in both advisory and patient support roles. We have appointed a Spiritual Care & Diversity Lead to co-ordinate and support our growing number of volunteers.

Our successful annual volunteer gathering was attended by our Chair and Chief Executive to celebrate volunteering across the Board. We are also building upon the partnerships with community organisations and introducing new volunteer roles to establish a Young Person's Group and befrienders for patients with dementia.

We have a trained group of volunteers who visit the wards and departments to discuss the quality of care from both a patient and staff perspective. This reduces formality and allows staff and patients to speak more freely. During 2013/14, 30 ward visits took place and this information is used to track the impact of improvement initiatives and complements our Caring Behaviours Advisory System (CBAS) work.

The Board piloted the new Volunteer Information System (VIS) which is a database developed by the National NHS Volunteering programme co-



## **National Waiting Times Centre Board (NWTCB) Annual Review 29 October 2014**

ordinated by Healthcare Improvement Scotland. This database will enable greater co-ordination (and co-operation) across departments during the recruitment process, and will also provide a standard approach across NHS Boards in Scotland on full roll-out.

### **Advocacy**

The Board refreshed publicity materials communicating our arrangement with Lomond and Argyll Advocacy Service (LAAS) who provide specialist training for frontline volunteers to direct patients to further advice and support where advocacy might be required. We continue to use our emotional touch points process to offer advocacy, gather formal feedback and look to identify areas for improvement. This process has the added benefit of giving patients a safe space in which to discuss challenging emotions related to their care.

### **Equalities**

Our Board introduced the diversity champion role in 2012. Following a survey of the original cohort of champions and their line managers at the end of 2013, which provided significant evidence of the positive impact of the diversity champions, it was agreed by the Board to recruit and train a second cohort of diversity champions with a view to establishing greater representation across divisions and pay bands.

We held our third Equalities Festival in October 2013 which celebrated all of the initiatives and ways in which we embody our Board values and we continue to make progress across the four equality outcomes.

Key achievements include:

- NWTCB was the top-performing NHS Scotland Board for the fourth consecutive year in the Stonewall Workplace Equality Index;
- We continued our work with the Glasgow Centre for Inclusive Living (GCIL) promoting greater engagement with disabled people in the work place;
- increased our capacity and access to specialist support by linking with the new GCIL Equality Academy setup in the East End of Glasgow
- increased the size of our interpretation and translation bank improving our high quality service to patients whose first language is not English; and
- developed specialist volunteer roles to support patients with early stage dementia and sensory impairment.

### **National Person Centred Health and Care Programme.**

A strong person centred ethos already exists within the Board and the focus of our work in this regard has been upon the following areas:

- A full review of the role and impact of the Quality Patient Public Group (QPPG) to ensure it continues to be a key voice for patients and services users. We have involved third sector partners, patients and service users, and representatives from other NHS Boards;
- Working in partnership with Alzheimer's Scotland we have created Dementia 'friendly' rooms (equipped with appropriate signage and additional support aids); and

## **National Waiting Times Centre Board (NWTCB) Annual Review 29 October 2014**

- An upgrade of facilities and access to the Spiritual Care Centre has encouraged increased usage of the centre.

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

- Launch of a Bereavement Care Service in March 2014. This new service will allow bereaved relatives the opportunity to arrange support and follow up advice using a telephone or email service;
- Dedicated advice line for Cardiology patients if they have any questions or concerns following their procedure;
- Specialist pain team support provided for Electrophysiology patients; and
- Provided 24 hour telephone support for discharged orthopaedic patients.

### **Care of Older People**

The Board was inspected in January 2014 as part of the “Care for older people in acute hospitals” and it was noted that this is progressing well within the Board. Some areas of improvement were identified and these have now been achieved and implemented. The main areas identified for improvement included the use of the MUST tool (nutritional screening tool), nursing engagement with mealtimes, protected mealtimes and individualised care planning.

To support elements of this work Mealtime Monitors are allocated at the start of each shift on the ward and this person is responsible for preparing patients for meals, providing the opportunity to cleanse hands, ensuring correct positioning of patients and ensuring that dentures are in placed if required.

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

### **Care for Multiple and Chronic Illnesses**

Our three national services are responsible for treating patients often experiencing multiple and chronic illnesses with the aim of ensuring that they are given the highest quality care and supported in the most effective way for their particular needs. We provide a range of support options to deliver this care including a helpline run by specialist nurses to respond to patient/carers enquires.

We have also established outreach services across Scotland supported by specialists from GJNH working with local clinicians, with the aim of providing equity of access to highly specialist advice, review and detailed assessment

## **National Waiting Times Centre Board (NWTCB) Annual Review 29 October 2014**

when it is needed and in a location most appropriate to the clinical needs of the patient.

### **Learning Disabilities**

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

We have a well-known cohort of LD patients within our SACCS service, and recognise that patients with special needs also have treatment through our other services. We have introduced a number of changes to support their needs including reviewing of our LD resource pack in clinical areas and increased education sessions in the workplace to raise awareness of the needs of LD patients.

We are also developing an action plan to help reduce inequalities and improve health including improved data capture and reviewing the processes around recording LD information on the hospital information systems to ensure this is available prior to the patient visit. Our SACCS service also maintains links with the LD Health Inequalities Network to provide greater access to support and information at a national level.

### **Mental Health and Wellbeing - patients**

As the home of the Scottish National Advanced Heart Failure Services (SNAHFS) we have in place a Clinical Psychologist who provides support to patients within this group. They also extend direct clinical input to patients in other areas and in particular based on the prevalence of psychological distress and behavioural disturbance in congenital cardiac conditions, they often deal with referrals from the Scottish Adult Congenital Cardiac Services (SACCS).

We are currently recruiting for Clinical Psychologists with the aim that these posts develop psychocardiology services for heart failure patients across Scotland. There is recognition of the need to improve access to psychological care for the SACCS population and we intend to explore how this might be provided during 2014/15.

### **Mental Health and Wellbeing – staff**

Staff members continue to be able to access face to face cognitive behavioural therapy (CBT) and are also offered on-line and telephone CBT (through living life) as a temporary measure until a face to face appointment is available. We are also able to offer information on a range of other appropriate support services to staff experiencing mental health issues.

We are working to ensure that the Healthy Working Lives (HWL) Gold Award work is kept up to date and valid. The mental health and well being commendation award has now been incorporated into the Gold Award.

## **National Waiting Times Centre Board (NWTCB) Annual Review 29 October 2014**

Our Occupational Health team offer and deliver the Mentally Healthy Workplaces training for managers and staff who have a responsibility in managing and supporting staff who have mental health issues. In addition we have significantly invested in the use of the Heartmath® programme, 'Revitalising Self Care'. This technique can help employees manage their day to day stressors more effectively; resulting in a beneficial effect on both themselves and those they care for. Our use of Schwartz Care rounds also allows staff from all professions to meet and discuss their feelings related to aspects of care for patients.

# **National Waiting Times Centre Board (NWTCB)**

## **Annual Review 29 October 2014**

### **Agenda Item 3 – Safe progress**

**Quality Outcome: Healthcare is safe for every person, every time**

#### **Delivering the Board Vision**

##### **Quality**

We have developed a unique Quality Framework to give assurance at all levels that safe, effective, person centred care is a top priority and delivered at all times. The Quality Framework was developed through the following interdependent and equally important workstreams; some examples of developments are given in each:

- **Board Governance**

Our governance structures were reviewed and new quality responsibilities assigned to our Board Committees. All aspects of our Board Performance mechanisms have also been aligned to this framework including our Local Delivery Plan, Corporate Balanced Scorecard, Corporate and personal objectives. Audit of the Board 2020 vision and values has also been undertaken.

- **Quality Indicators**

We reviewed all of our performance indicators and targets and identified a set of key indicators to ensure triangulation of patient experience, staff governance and performance targets. We developed visual and interactive dashboards to display all aspects of quality and performance. Our dashboards are on display in all patient areas and our public dashboards have been designed to enable patients and visitors to understand our quality progress at a glance. The dashboards enable analysis of the quality of care across all levels of the Board in as near real time as possible and provide early warning of actual or potential declining standards of care.

- **Values based Workforce**

We invested considerable effort to develop our Board Quality and Values based recruitment process and have expanded our leadership framework to include human factors and quality and innovation training. Our values measurement instrument has also been validated by academics from Strathclyde University.

##### **Research**

The Board supports an increasing number of clinical trials enabling patients to access state of the art research developments. The portfolio of trials includes drugs and device trials to studies examining different treatment options and projects that use tissue and/or data. All projects are peer reviewed and have NHS Research Ethics Committee approval. Income is generated from commercial studies and the Chief Scientist Office provides core research funding based on the growing grant funded research portfolio.

## **National Waiting Times Centre Board (NWTCB) Annual Review 29 October 2014**

We deliver leading edge research ensuring it is taken from 'bench to bedside' to the benefit of patients. We currently host a wide range of research projects relating to our clinical specialties including:

Cupid 2 gene therapy – We began our participation in the UK's first gene therapy trial for advanced heart failure in 2012. As one of only two UK centres to be running the CUPID 2 trial, we aim to help establish the effectiveness of the MYDICAR treatment, a genetically targeted enzyme replacement therapy which aims to improve many of the symptoms associated with heart failure and therefore reducing hospitalisations.

Ideal LM – The Golden Jubilee is leading an international study into an innovative new heart treatment. Working alongside Venn Life Sciences the study aims to determine whether the use of Percutaneous Coronary Intervention (PCI) with a new stent with a bio-absorbable coating could be used as an effective method for treating patients with disease in the left-main coronary artery in their heart.

STEMI – We have carried out a delayed stenting trial with the University of Glasgow which suggested that waiting for a period of time before putting in a stent may improve clinical outcomes for patients experiencing a STEMI heart attack.

FAMOUS NSTEMI trial – Researchers from the Golden Jubilee National Hospital and the University of Glasgow have reported a study that shows one in ten patients may not need cardiac intervention following a heart attack and in those that do need stents, the procedure can be targeted more effectively.

Our performance against our key research metrics includes:

- 25% increase in the number of commercial projects hosted by the Board between 2012/13 and 2013/14
- 93% of non-commercial studies are given research and development permission within 30 days (target 70%)
- 87% of commercial studies are given research and development permission within 30 days (target 80%).

### **Innovation**

The work by GJNH to progress the Innovation fund and its role as the Innovation Centre for Scotland has included a number of strands. The key achievements in the development of the Innovation model are:

- Establishment of the Golden Jubilee Innovation Centre to provide the foundations for progression of the innovation work. This centre opened in July 2014 and its state of the art facilities will connect all elements of the innovation campus at GJNH and provide a new environment that will promote innovation; and

## **National Waiting Times Centre Board (NWTCB) Annual Review 29 October 2014**

- Legal and governance arrangements have been set up to protect and develop the innovations.

We are continuing to progress a number of innovation priorities during 2014/15 such as:

- Engagement with specialist fundraising advisory contacts to develop a formal fundraising portfolio document;
- Final development of the medical device test process and validation of this highly innovative approach; and
- Work to develop key fundraising partnerships from across a variety of sectors and international locations

### **Clinical Governance**

We aim to provide high quality care that is safe, effective and person centred. However, adverse events can occur that do, or could have, a major effect on the people involved. We regard each of these events as an opportunity to learn and improve in order to increase the safety and quality of the services we deliver.

A national approach to learning from adverse events has been produced by Healthcare Improvement Scotland following consultation and engagement with NHS Boards, clinicians, patients and a number of national groups. This new approach is not intended to prescribe a management system but rather a framework to support to support the standardisation of the process across Boards. The Clinical Governance Team continues to support the implementation of the national approach and work towards sharing and learning from adverse events from within our own Board and from across NHS Scotland.

### **Managing Risk**

The identification and management of risk is central to the delivery of the Board's corporate objectives. During 2013/14, our Board undertook a full review of our Board risk register and developed improvements to the risk management process which were approved by our Audit and Risk Committee.

Our programme of work for 2014/15 includes a review of the risk registers for each division, which commenced in June 2014. The Clinical Governance Team is supporting the divisions to identify their top risks for further discussion and scrutiny at quarterly Senior Management Team meetings.

In addition the Board has begun development of an enterprise risk management framework. This is a fairly new concept which has never been used in the NHS to date. This concept allows the Board to develop a system to manage risk within its defined risk appetite and provide assurance on the delivery of the Board vision of leading quality, research and innovation. It puts in place enhanced triggers and alerts to enable more effective risk management. The model, once developed, will enhance the existing strong risk management arrangements within the Board.

## **National Waiting Times Centre Board (NWTCB) Annual Review 29 October 2014**

### **Adverse event incident management**

The aims of the new national approach is ensure a consistent and co-ordinated approach to the identification, reporting and review of adverse events which supports quality improvement and learning. Datix is our current incident reporting and risk management system. The Clinical Governance Team is currently reviewing our use of the Datix modules and recommending improvements to further strengthen our arrangements for recording and reporting adverse events.

### **Audit activity**

Clinical audit and survey projects are a crucial part of the Board's clinical governance programme. During 2013/14 the number of projects registered was 51, an increase from previous years, which highlights a growing awareness of the audit process, as well as our staff commitment to improving patient care and services.

Following on from previous review of our audit registration process and the implementation of an audit data protection checklist, GJNH has in place a much more robust monitoring and reporting structure on project activity within the hospital.

Our next step is to ensure that as part of our formal audit and quality improvement programmes we capture the work we have to do against national standards and provide support to our teams to achieve the best possible outcome. For example, we are currently working on local audits in preparation for a number of national standards such as Food, Fluid and Nutrition.

### **Complaints and claims management**

The Scottish Public Services Ombudsman report 2013/14 reported an increase in complaint numbers in most areas of the public sector. It has been described that this increase "most likely relates to greater public awareness of complaints (and hopefully of the benefits of complaining) resulting from media coverage of problems, particularly in the NHS in the wake of the Francis Inquiry".

The Board received 40 formal complaints between April 2013 and March 2014 representing an increase of ten complaints from the previous year and which is proportional to the increased volume of activity delivered. The three main complaint categories are clinical treatment, communication and waiting times. During 2013/14 departmental managers carried out a review of their complaints for the past year and reflected on the learning and changes to practice resulting from these complaints. Some of the key learning points were:

- Patients now leave clinics/theatres with a post-operative follow-up date and time;
- Revised guidelines are in place to support nursing staff with hotel room access for patients/carers;



## **National Waiting Times Centre Board (NWTCB) Annual Review 29 October 2014**

- Information in relation to Treatment Time Guarantee is reinforced during outpatient appointments;
- Transport policy was revisited and redesigned;
- Introduction of an electronic GP referral letter;
- Additional seating purchased for endoscopy waiting area; and
- Review of pericardial drain insertion protocol.

A new Complaints Learning Log will be introduced to capture key learning and monitor progress; this will be added to the Divisional Clinical Governance Groups as a standing agenda item. The Clinical Governance Team is working on the migration of complaints and claims onto Datix to improve the service they deliver providing members of staff with real time access to information.

The Board's Person Centred Committee oversees the work to ensure appropriate complaints and claims management remains a key focus of the Board.

### **Scottish Patient Safety Programme (SPSP)**

In 2013, a number of changes were introduced to the evolving strategy and approach of the Scottish Patient Safety Programme. The key messages were the introduction of new 'Point of Care Priorities' and '10 Patient Safety Essentials'. Work is under way with testing and measuring of the new 'Point of Care Priorities'.

A summary of our progress is highlighted below:

- Catheter associated urinary tract infections (CAUTI) – The pilot site for this is our intensive care unit and this work is being led by one of our improvement advisors;
- The heart failure bundle has been implemented within the National Services Unit;
- Deteriorating patient – a new modified early warning system (MEWS) chart has been implemented and supportive training via an online teaching module has been completed by 100% of staff within the pilot ward;
- Ventilatory associated Pnuemonia rates (VAP) have shown sustained improvement since November 2013 following a consolidated period of staff education and focus on improvement methodology and scrutiny; and
- Venous thromboembolism (VTE) - following sustained compliance in the pilot area this work has spread to a number of clinical specialties.

A number of changes have been initiated in the leadership and management of the Board's SPSP programme to ensure that there is more focus on the indicators requiring improvement through more regular contact between senior managers and team leads. A SPSP Leadership group has been established which meets every six weeks to review progress of Points of Care Priorities and the 10 Patient Safety Essentials.

## **National Waiting Times Centre Board (NWTCB) Annual Review 29 October 2014**

Our planned improvements for 2014/15 are:

- Aligning clinical managers to lead workstreams in order to shift from testing and spread towards sustainable implementation and scrutiny;
- Upgrade of our SPSP reporting system (LanQuip) to facilitate more robust reporting functionality and drive improvement from data analysis;
- Quality improvement workshops in conjunction with NHS Education Scotland will be delivered to senior nursing staff to build on current foundations of knowledge around improvement methodology; and
- VTE improvement work spread into orthopaedic department.

### **Healthcare Associated Infection (HAI)**

Monthly HAI reports are presented to the Board utilising the national reporting template (HAIRT). Prevention and Control of Infection data are used at ward level and include clinical indicators related to infection control providing early warning of actual or potential declining standards of care. This is just one of the many initiatives being driven via the Prevention and Control of Infection Committee and the annual work programme aligned to the national HAI taskforce delivery plan.

### **National HEAT Targets**

The HEAT targets to reduce HAI in hospitals and other settings are important in ensuring safe and effective care and systems as well as maximising healthcare outcomes for patients.

NHS Boards were expected to achieve the same or maintain local reductions lower than the national target during 2013/14.

### ***Staphylococcus aureus* bacteraemia (SAB)**

Set against a national target of 0.24 cases per 1000 acute occupied bed days (aobd) we achieved a rate of 0.17 cases per 1000 aobd (eight cases in total).

This is an extremely challenging target with the risk of acquiring infection within the cardiac and thoracic speciality areas increased as a result of the complex procedures undertaken and the underlying medical condition of the patients receiving care. Achievement of this target is supported by a range of infection prevention and control interventions including our Scottish Patient Safety Programme activities.

### ***Clostridium difficile* associated Infection (CDI)**

We maintained our performance against this national target noting locally 0.06 cases per 1000 aobd (three cases in total) against the national target of 0.32 cases per aobd.

### **Hand hygiene**

Good compliance with hand hygiene opportunity and technique by staff, patients and visitors is a key way to prevent the spread of infection and continues to be a high priority. Since March 2013 the Board has

## **National Waiting Times Centre Board (NWTCB) Annual Review 29 October 2014**

demonstrated sustained compliance above 95% with the combined score of both opportunity and technique.

### **Healthcare Environment Inspection (HEI)**

Although the Board has not been subject to a recent HEI Inspection we continue to collect and submit self assessment data bi annually. We look forward to the opportunity of working with our colleagues in HEI and are currently involved in discussion with them to facilitate training for the inspectors in the use of the newly developed theatre inspection audit tool. The consultation process of the new draft Standards for HAI which will form the basis of further inspections is currently underway.

# **National Waiting Times Centre Board (NWTCB) Annual Review 29 October 2014**

## **Agenda Item 4 – Effective progress**

**Quality outcome: Best use is made of available resources;**

### **Financial Performance**

The National Waiting Times Centre Board achieved its three financial targets in 2013/14. The Board spent £117,122k against its income of £117,822k, resulting in a surplus against its Revenue Resource Limit (RRL) of £500k. In achieving this result, the Board has delivered efficiency savings of £3.650m which are £1,007m above the target set. The Board has invested its full £3.050m capital resource allocation.

In addition the Board continues to recognise its national status in supporting Territorial Boards and indeed other Special Boards in delivering their efficiency agenda. In particular this is demonstrated through:

- continued investment in quality initiatives that will demonstrate an improvement in patient quality and additional capacity initiatives that will maximise the use of the Golden Jubilee facility; and
- an ongoing review of marginal costs recognising the Boards successful procurement initiatives. This has resulted in a 5% reduction in orthopaedic prices. Reductions in cost for endoscopy, Ophthalmology and General Surgery are planned for 2015.

The Board has embarked on a very rigorous efficiency saving programme which has successfully delivered in excess of our targets for the last few years. This is also supported by improved cost control through all levels of costs including staffing levels and procurement. This has allowed a release of funds for investment in 2013/14 and further investment in 2014/15, with the aim to focus this investment on quality initiatives to continue to improve the quality to patients. The total investment over the last two years in relation to quality bids has been in excess of £2m. This has seen quality improvements in rehabilitation services for Orthopaedic patients, increased medical input for patients in intensive care, establishing a training academy for radiographers and improved discharge arrangements for all patients.

### **Efficiency Savings 2013/14**

The Board was required to save £2.643m in year. The savings achieved were £3.650m. These savings have been delivered through a range of projects including service improvements across inpatient and outpatient services, savings from procurement schemes and more efficient working as a result of ehealth initiatives.

An Efficiency and Productivity group has been established to monitor progress and support future initiatives. A number of workstreams have been established such as:

- The roll-out and development of Clinical Portal including the patient portal;

## **National Waiting Times Centre Board (NWTCB) Annual Review 29 October 2014**

- Telehealth – both internal and external;
- Job Planning;
- Prescribing;
- Service redesign initiatives including Radiology and Ophthalmology;
- Income generation initiatives maximising our resources within the Beardmore Centre for Health Sciences and our Innovation Centre;
- Workforce planning and rostering; and
- Ongoing review of capacity including maximising out of hours and seven day working

In addition to the above, the Board is committed to undertaking benchmarking and redesign to ensure efficiencies are being progressed at all levels. A strategic projects group has been set up and chaired by the Director of Finance, that has the remit to ensure redesign and efficiency projects are progressed throughout the organisation. It is anticipated a number of future efficiency schemes will emerge from this process. The Board has put in place the CHKS Insight system with a plan to roll this out across the site during 2014/15.

The Board continues to run Management and Partnership Forum workshops which are used to keep Partnership Forum up to date with the current efficiency schemes progress and more importantly any future schemes being considered. Our Partnership Forum is supportive of the approach taken to date.

The Board is also working closely with West of Scotland Boards and Special Health Boards to review areas of shared services and joint efficiency schemes.

### **Capital Planning Process**

The total capital spend for 2013/14 was £3.050m. This is split between medical equipment replacement, property expenditure and Information Management and Technology (IM&T) equipment.

A capital planning process for the formula allocation is established with a capital group meeting fortnightly to consider the capital requirements in relation to the Board's strategic planning objectives, discuss proposed capital projects and approve and monitor capital expenditure.

The Property and Asset Management Strategy was approved by the Board in March 2014. The key messages from the strategy confirmed:

- All asset groups are in good functional condition; and
- The Board assets play a key role in supporting the NHS Scotland 2020 vision.

In relation to our Estates Strategy the focus to date has been to successfully implement the following:

## **National Waiting Times Centre Board (NWTCB) Annual Review 29 October 2014**

- deliver the increased requirements from the referring Health Boards recognised in the recent expansions of clinical services;
- develop the Board's infrastructure for Research and Development;
- develop the Board infrastructure for Innovation;
- put in place an eHealth platform to deliver state of the art technical solutions;
- provide a medical equipment solution that delivers the highest quality of medical care to patients; and
- establish the Beardmore as the Hotel and Conference Centre for public services.

The Strategy also recognised there is further potential for future expansion of clinical services on the Board campus.

### **2014/15 Plans**

For the financial year 2014/15, Special Health Boards received an uplift of 1% primarily to support costs arising from pay and supplies inflation.

The Board is currently anticipating an increase in costs over the next three years of approx 3-4% per annum. The additional pressures in this period relate to rising energy and waste costs, the cost of inflation, impact of pensions auto-enrolment, incremental drift/banding reviews and pharmacy costs.

In developing the Board's financial plan and recognising the very tight financial position in relation to funding uplifts and ongoing cost pressures, the Board has forecast the predicted level of efficiency savings in total it is required to deliver over the next three years.

The Board's three year financial plan demonstrates the planned achievement of all three financial targets. Given the current economic climate this still remains challenging. The tight financial environment requires strict control on expenditure and more emphasis on redesign and quality improvements and delivery of efficiencies for internal investment. The Board has put appropriate mechanisms in place to ensure this will be delivered whilst continuing to deliver high quality patient care.

### **eHealth Progress and Developments**

Our main areas of progress have focussed on providing other NHS Boards with access to our electronic waiting list reports to support real time tracking of patients. We have now rolled out electronic referrals for 99% of patients referred to us by other NHS Boards as part of national waiting times activity. Additionally, discharge information for the majority of our patients is communicated electronically to referring NHS Boards with further expansion planned.

For 2014/15, our main priorities will be:

- Replacement of our Patient Administration System which will support expansion in access to our services;

## **National Waiting Times Centre Board (NWTCB) Annual Review 29 October 2014**

- Continuing development of and increasing access to our clinical portal, supporting the Board's transition to an electronic patient record;
- Expansion in the use of mobile devices to support data recording and access to information at the point of care; and
- Further development of dashboards and analytical tools to support evidenced based decision making.

### **Reducing energy consumption**

This HEAT target commits NHS Scotland Board to reduce energy-based carbon emissions and to continue to reduce energy consumption. This target is designed to support the targets set in the Climate Change (Scotland) Act 2009.

Our performance in 2013/14, the third year of the current target, shows that we increased our energy usage against the baseline year of 2009/10 by 6.32% and our carbon emissions by 7.83% over the same period meaning that we have exceeded the HEAT targets by 10.26% and 19.3% respectively.

There is recognition that our site is not a standard NHS build and we have reported that we have continued to expand in the course of the last year with sustained increased clinical activity and enhanced use of the estate.

An application for grant funding for the decentralisation of the boiler plant has been approved by the Scottish Government and work is underway to replace our existing steam raising plant and replace with medium temperature hot water boilers. It is expected that this project would assist us to achieve a significant reduction in our energy consumption and the resultant impact on carbon dioxide emissions.

We also continue to consider further innovative ways of reducing our carbon emissions and are in discussion regarding the possibility of a process that maximises our proximity to the River Clyde and uses water currents. This is in the early stages of feasibility.

### **Quality outcome: Staff feel supported and engaged**

#### **Investment in our workforce**

In the past year, the Board has continued to invest in the workforce and successfully delivered expansions within our Orthopaedics and Ophthalmology departments to support the delivery of wait times for patients within NHS Scotland. We continue to create an infrastructure and culture where staff can move flexibly across the organisation within the bounds of professional codes of practice.

Our Board Workforce Plan was approved in March 2014 and building on our use of national workforce planning tools, we developed a workforce modelling tool for both clinical and non-clinical teams enabling managers to formulate meaningful workforce plans according to their activities and, where appropriate, link this to patient activity.

## **National Waiting Times Centre Board (NWTCB) Annual Review 29 October 2014**

### **Values Culture Programme**

Our values work was recognised as best practice by colleagues in the Scottish Government Workforce Division and was show-cased in a short, filmed case-study for the NHS Event in June 2014. A key innovation has been the Board's work in measuring values and the development of our Values Dashboard, linked to our Board's Quality Dashboard. The integration of values into our recruitment processes and our performance management processes has also been a key achievement in 2013/14.

### **Staff experience/ Matters**

As one of the pilot Boards in the National Staff Experience Programme, a total of 270 staff participated in this Staff Experience Pilot Project, equating to 18 teams in total. The Board was successful in securing Dignity at Work funding from the Scottish Government Workforce Division in August 2013, enabling our Board to intensively work with teams on key Dignity at Work themes including the effect of management style on team morale, staff feeling involved in decision making and team communication issues. This pilot initiative has enabled our Board to work on team effectiveness in a systemic way, embedding our value around "working effectively in teams", and gain key insights into the levels of team support required to support the positive introduction of the iMatters survey and continuous improvement process for all our teams.

The launch of the iMatters programme will commence in November 2014 to be rolled out throughout the Board over the next 14 months. We have established the infrastructure to ensure successful implementation including training internal facilitators to support team interventions.

### **Staff Governance**

The Board has been working with the partnership forum over the past year to examine how we can deliver Dignity at Work for all. The Board refreshed its Dignity at Work policy in August 2014 and training on the policy will be rolled out to all managers during 2014/15. Working with staff side colleagues, the Board has also adopted the Counter Fraud Services Peace Model for undertaking investigations, which is accepted as best practice within NHS Scotland. Mediation training has also been undertaken within the Board to provide an expert resource to support any teams or individuals facing dignity at work issues.

The Board delivered against all of its actions within the 2013/14 Staff Governance Action Plan and has made excellent progress against the 2014/15 actions. Over the next 12 months we will embed the staff governance monitoring tool to ensure the 2015/16 action plan is reflective of every division's staff governance needs and is owned locally.

All policies within the Board have been reviewed and are in line with the Partnership Information Network (PIN) standard. We are examining where we can further improve upon these policies to ensure we remain an exemplar innovative employer.



## **National Waiting Times Centre Board (NWTCB) Annual Review 29 October 2014**

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

We continue to manage sickness absence effectively and fairly for all staff in a supportive manner. This approach has consistently, year on year, delivered a sickness percentage below the 4% HEAT standard. At 31 March 2014, our Board sickness absence figure was 3.4%.

The Board fell short of meeting the KSF PDR target at the 31<sup>st</sup> March 2014 but with further focused leadership a new action plan has been agreed and Divisions are now on target to deliver. Regular scrutiny of KSF activity takes place at our monthly Performance and Planning Committee.

### **Leadership and Management Development**

We have undertaken a detailed review of our current Leadership and Management Development Framework and are working with Senior Management to develop a fresh approach to Leadership and Management Development to deliver our Board Vision of Leading Quality, Research and Innovation. A revised Coaching Strategy for our Board has been agreed and is being implemented.

At a senior level, a number of Executive Directors have undertaken Leadership 360's and we are in the process of supporting senior management team development through targeted work with divisional leadership teams.

We have continued our successful partnership with NHS Ayrshire & Arran and NHS Dumfries & Galloway and we are collaboratively delivering a second cohort of our Regional leadership development programme "Leadership 3 – Leadership in a Clinical Setting".

Following evaluation of a piloted Management Development Programme 'Driving Performance', we have redesigned our programme into a four-day programme now entitled "People Management – Getting it Right". The focus continues to be on developing excellence in people management practices but the revised programme has greater emphasis on the Board's Vision and Values, including a focus on innovation.

### **Priorities for 2014/15**

#### **2020 Workforce Strategy**

We will complete our strategy and be working to deliver our year one implementation plans. These actions include the following:

#### **Leadership Framework**

We are revising our Leadership Framework in order to be able to support delivery of our Board's 2020 Vision of Leading Quality, Research and Innovation.

#### **Team Effectiveness**

## **National Waiting Times Centre Board (NWTCB) Annual Review 29 October 2014**

We will continue to invest in supporting individuals and teams to enhance team working and team effectiveness through a range of interventions.

### **EESS**

From the 1<sup>st</sup> April 2015, we will implement the National workforce system, eESS. This will include an i-recruitment module which will ensure the recruitment process is fully integrated and online. This system will also deliver greater access to information for staff and managers.

### **KSF**

We will continue to support Managers and staff to have up to date and relevant PDRs. We will be undertaking a quality audit of KSF during this timeframe to share best practise.

### **Values Culture Programme (including Values Dashboard)**

The focus of the Board's Values Culture Programme will be on continuing to embed our Values as "the way we do things round here". Priority areas will be the focus on team effectiveness, recognising that the iMatters roll-out will bring energy to this agenda. We will embed values-based working within our strategic agendas of patient safety, medical education, nursing education, person centred and human factors.

Finally we will continue our innovative work to invest in the development and utilisation of our Values Dashboard as a key part of our Quality framework.