National Waiting Times Centre

NHS National Waiting Times Centre Board

Annual Review Self Assessment

Agenda item 1 – Progress on our Annual Review action points from the 2012 review will be addressed in our slides at the beginning of the meeting.

Agenda Item 2 – Improving access and enabling people to live longer, healthier lives

Wait List Management and Delivery of Wait Times

The waiting list position for Interventional Cardiology, Cardiac and Thoracic surgery continues to be formally monitored on a monthly basis through our Performance and Planning Committee. This is in addition to continuous monitoring through the Clinical Divisions. Reports are submitted and scrutinised at every NWTC Board meeting with extracts reported to the national data warehouse at the Information Statistics Division (ISD).

During 2012-13 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 and in just five years, the service has increased resection rates for lung cancer from 10% to 15%, improving survival rates for a large number of patients. We have consistently achieved the 31 day cancer HEAT standard and continue to work with referring Boards to meet the 62 day standard.

In 2012-13 we received a total of 357 referrals with all patients treated within the 31 day target with a median wait of 13 days. The maximum wait time from date of 'decision to treat' was 30 days.

We continue to promote the use of the thoracic electronic referral with referring Boards. We have robust reporting systems to ensure the communication of accurate data to host boards to ensure effective tracking of the patient through their care journey.

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. Actions taken include:

- Approving our Local Access Policy;
- Updating operational guidance and standard operating procedures for staff;
- The development and delivery of a board wide training plan;
- Enhancing our Patient Administration System (PAS), including a review of patient letters;
- Further development of waiting list reports and infrastructure;

- Providing other NHS Boards with access to our electronic waiting list reports to support real time tracking of National Waiting times patients; and
- The roll out of electronic referrals to boards using national waiting times capacity.

We received a positive response as a result of the formal audit of Waiting Times carried out by Price Waterhouse Cooper in 2012-13. All action points outlined in both our local report and the national report have been acted upon.

Delivering activity for NHSScotland
2012-13 progress

In 2012-13 we were set a target of carrying out a total of 22,581 inpatient, day case and diagnostic examinations. The range of services includes: orthopaedic, general, ophthalmic and plastic surgery, endoscopy, bariatric surgery 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 2012-13 both in terms of case mix and volume. However, despite these challenges, the actual number of inpatients, day cases and diagnostic examinations carried out in 2012/13 exceeded the projected activity by 6% for inpatients for diagnostic imaging. By the end of March 2013, we carried out 23,939 inpatient and day case procedures and diagnostic examinations.

Activity target for 2013/14

Excluding cardiothoracic surgery and cardiology activity, to date the total activity requested for in patients, day case patients and diagnostic examinations to be carried out in 2013-14 is 23,582. 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.

Orthopaedic programme

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 2012-13 we increased our orthopaedic capacity by 300 procedures. Already the largest elective arthroplasty centre in Scotland, in 2013 we enhanced the orthopaedic service by adding an additional orthopaedic surgeon to the team who has a special interest in foot and ankle surgery. This has enabled us to increase the range of procedures that we can offer to referring Boards. Our orthopaedic programme now has the capacity to deliver approximately 3,800 orthopaedic procedures for NHSScotland and we are treating an increased number of complex patients, year-on-year.

In response to anticipated winter pressures, we are preparing to increase our orthopaedic activity further by initiating a programme of weekend working. It is our expectation that we will continue to recruit to the orthopaedic service to allow us to maintain the higher level of activity we expect to achieve over the winter period.

Ophthalmology

The demand for ophthalmology significantly exceeded our capacity as we progressed through 2012-13. However by supplementing our service with visiting consultants and implementing some weekend working, we delivered 11% more cataract procedures than originally planned. In addition to this, we continued to maintain the ophthalmology outreach service we provide to Orkney.

In 2013-14 the demand for ophthalmology exceeded our capacity by approximately 2,200 procedures. As a result we have recruited two additional part time ophthalmic surgeons and increased our bank of visiting consultants in an attempt to meet this demand. Our expectation is that we will be in a position to offer capacity for approximately an additional 1,100 see and treat patients resulting in 900 surgical procedures in the second half of this year. Due to demand across the country, we will be doubling our ophthalmology capacity, the total of which will represent approximately 10% of all cataract operations undertaken in NHSScotland.

Diagnostic Imaging

Diagnostic imaging activity exceeded our plan by 9% in 2012-13 across all modalities. However, year on year requests for access to Magnetic Resonance Imaging (MRI) significantly exceed our capacity. In 2013-14, requests for access to MRI exceeded our capacity by approximately 1700 examinations. Additionally, the continual growth of the orthopaedic programme and the success of the see and treat programme has an impact on our MRI capacity. It is therefore our intention to initiate a programme of seven day working to meet some of this demand as required.

Bariatric surgery

During 2012-13 we continued to provide a limited bariatric surgical service for NHS Highland (Argyll & Bute Community Health Partnership) and NHS Dumfries & Galloway.

The future provision of bariatric surgery in Scotland continues to be discussed on a national and regional level. We continue to declare that we have a keen interest in developing this service at GJNH on behalf of the West of Scotland. However, the decision on the future of this service remains uncertain.

Spinal surgery

We commenced our spinal surgery service in January 2011; and this arrangement was intended as an interim measure until the West of Scotland Regional Planning Group scoped out a long-term solution for the provision of Spinal Surgery services. The GJNH interim service could not be considered a sustainable option in the long-term and it was brought to a planned end in April 2012. We are represented at the West of Scotland Spinal Services Implementation Group, which is tasked with agreeing a viable and sustainable surgical service model for the West of Scotland. As we have theatre capacity, ward capacity, equipment and some clinical expertise, we have therefore declared our interest in accommodating the proportion of this service associated with routine lumbar spine surgery. We would therefore be keen to explore a range of delivery options including the possibility of joint consultant appointments. NHS Greater Glasgow and Clyde are currently unable to accommodate this service due to infrastructure and resource limitations. However, this option is currently being evaluated by the Regional Planning Group and a decision is expected imminently.

Ongoing Challenges

Despite increasing orthopaedic services year on year, requests for activity continue to exceed our capacity. This also applies to requests for ophthalmic surgery and MRI. Boards have now agreed to a three year sustainable model for activity to be provided at the Golden Jubilee, which has already proven to be effective. The activity requested to date suggests that requirements will continue to exceed our capacity in each of these areas.

Agenda Item 3 – Healthcare is safe for every person, every time

Clinical Governance and Managing Risk

During 2012-13 a review of Executive responsibility for Clinical Governance has resulted in the Medical Director taking the lead for clinical risk and safety including Morbidity and Mortality and the Nurse Director is responsible for clinical governance strategy (structure and process), Patient Focus and Public Involvement (PFPI) as well as Business Continuity Planning.

The progress of the Divisional Clinical Governance Groups (DCGG) in embedding good governance across their respective divisions is encouraging and this will be extended in 2013-14 by the development of a risk and governance group to support the recognition of the contribution of corporate functions.

Scottish Patient Safety Programme (SPSP)

The Board's SPSP programme is well embedded across clinical areas and a review meeting held in March 2013 with the SPSP faculty team outlined the progress that has been made.
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. An improved SPSP walk round process has also been implemented. These changes will be monitored through the Board's Clinical Governance Committee (CGC).

Programme highlights during 2012-13 are noted as:

- Within Intensive Care there is a notable increase in enthusiasm from junior staff with regards to improvement work, with staff 'championing' projects for example the use of paediatric toothbrushes in ventilated patients;
- Using the SPSP model, a monthly Quality and Safety Forum has commenced;
- Safety briefings have been fully implemented across ward areas with reliability of process established; and
- Following work with the clinical educators, compliance with peripheral venous catheter bundles has seen significant improvement.

For 2013-14, we are re-prioritising our SPSP workstreams in line with the patient safety essentials and safety priorities laid out in CEL 19 (2013).

Critical Incident Management processes

During this year the Board underwent a review by Healthcare Improvement Scotland of its adverse incident reporting structures processes and outcomes.

The Board's arrangements were noted to be robust and demonstrated effective governance with good engagement with families and patients. However it was recognised that further improvements were required to the management of documentation and it was agreed that more effective use of the datix system could be made. A detailed work plan has been developed and is currently being implemented. It is intended to fully implement National Patient Safety Agency advice on being open with families.

Risk Registers

During 2012-13 a more proactive process has been introduced to the management of the Corporate Risk Register (CCR). Further improvements are planned for 2013 -14 including a review of escalation arrangements to ensure a dynamic flow of risk throughout all areas of the Board.

Business Continuity Planning (BCP)

We remain prepared for any major business continuity incident such as public sector disruption or seasonal illness epidemics and during 2013, our Major Incident Protocol was effectively utilised following a fire in the Beardmore Hotel. This was managed quickly and effectively with particular praise noted for Hotel staff whose prompt and effective action prevented a much more serious situation developing. We have also been working on early preparations for the Commonwealth Games to ensure a programme of training and awareness is in-place in the run up to the games in 2014.

Management of Mortality and Morbidity (M&M)

During this year we have continued to implement initiatives that have reduced our mortality rate and improved outcomes for patients:

- A high level M&M strategic group led by the Medical and Nurse Directors has been convened to oversee implementation of an M&M improvement plan;
- A workshop has been held for clinical staff to review and suggest improvements to current M&M arrangements across all specialties;
- Reviewing areas of good practice in M&M meetings and rolling these out across all areas; and
- In-depth scrutiny of data, looking at both mortality & morbidity triggers, challenges and overall trends.

Clinical effectiveness, quality and improvement activity

Clinical dashboards

During this year the Board's internal auditors conducted a review of clinical dashboards, which are in place across the Board. The feedback was generally positive and work for the year ahead will focus on embedding scrutiny and formal reporting arrangements as recommended.

Audit activity

In 2012 -13, Divisions were supported to develop formal divisional audit and improvement plans which were approved by the Clinical Governance Committee. These are being implemented and progress is reported bi-annually to the CGC.

Quality and Innovation Group

During this year the Chief Executive has established a Quality and Innovation group to further embed the culture of quality and improvement across the organisation. This work is being led by a multi professional team from across clinical and corporate functions and has been working on developing an overarching Board quality dashboard and improving the quality improvement infrastructure within the Board.

Healthcare Associated Infection (HAI)

Our clinical dashboards 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 we have adopted to maintain our low levels of HAI.

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.
During 2012-13 NHSS Boards were expected to achieve the same or maintain local reductions lower than the national target.

Staphylococcus aureus bacteraemia (SAB)

Set against a target of 0.26 cases per 1000 acute occupied bed days (aobd) we achieved a rate of 0.10 cases per 1000 aobd (five 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 in this challenging target with 0.12 cases per 1000 aobd (six cases in total) against the target of 0.39 cases per aobd.

Hand hygiene

Good hand hygiene by staff, patients and visitors is a key way to prevent the spread of infections. Compliance with hand hygiene opportunities and technique continues to be a high priority. The National bi-monthly audit in March 2013 showed a combined score of 99% for both opportunity and technique. The Scottish Government have expressed interest in our reporting system as an example of how national audit information could be reported.

Delayed Discharge

We have had no delayed discharges (over six weeks) and continue to develop relationships with our NHS and local authority partners to ensure that discharge processes do not result in delays for patients waiting to be discharged to another care setting.

Agenda Item 4 – Everyone has a positive experience of healthcare

Person Centred

We have made significant progress across our established involving people agenda which can be summarised:

a. Involving People Strategy

Through engagement with patients, staff, volunteers and members of the public we have refreshed our Involving People Strategy, reduced the amount of jargon and highlighted the key areas of the strategy to make it more user-friendly and engaging. The aim for 2013-14 is to effectively implement the strategy across both corporate and clinical functions.

This work is overseen by the Person Centred Committee which oversees all activity relating to the Involving People Strategy and Staff Governance.

b. Participation Standard

In 2012 -13 the Board was required to complete a self assessment relating to standard three (governance) of the participation standard. The Board was assessed in three areas.

Assessment is based on the Health Improvement Scotland scale of 1 – 4 where one indicates a development stage and four shows review and improvements have taken place.

In 2011/12 Participation Standard, we achieved the highest level (four 'Improvement – the NHS Board is reviewing and continuously improving its arrangements') in the following:

- The NHS Board is assured that systems and processes are in place to enable it to meet its statutory requirements in relation to the participation agenda
- The public feed into governance and decision-making arrangements

In the section' The NHS Board is assured that a culture is encouraged throughout the organisation where participation forms part of the day-today planning and delivery of services' we achieved a level three (second highest-evaluation which means that we are evaluating our arrangements).

This is an improvement in all levels required and overall, the Board demonstrated significant progress in the way it engages and supports people to become involved in activities across the Board.

Some examples of good practice include:

- **Quality Patient Public meetings -** The Board has established a group that would be capable of providing advice and 'lay' perspective to the Board across all domains of quality, and to provide a hub for all service users and volunteers across the Board to ensure their views are heard and acted upon where appropriate.
- **Scottish Adult Congenital Heart Service Patient Forum -** The Board is the national centre for treatment of adults with congenital cardiac anomalies, with patients spread across Scotland. The overarching aim was to establish a forum to ensure patients and the public had an opportunity to voice their opinions and to influence the ongoing development of the service. The key objectives were to; identify the patient population; invite all patients and carers to an open session to discuss their views on establishing a forum; and establish a self sustaining forum which helps deliver the overarching aim.

c. National Patient and Person Centred Health Programme

In November 2012 the National Patient and Person Centred Health Programme was launched. The programme looks to ensure all NHS Boards and their partners place people at the centre of their care by 2015. Focus was placed across patient experience, staff experience, leadership and collaboration.

As a strong person centred ethos already exists within the Board the focus has been building on this. The focus for 2013 – 14 will be on:

- Developing the role of the Quality Patient Public Group (QPPG) so that it continues to be a key voice for patients and services users. This innovative approach will be achieved through partnership work with the third sector and patients and service users.

- Developing a patient experience index tool using improvement methodology and introducing new measurement approaches for volunteer walk rounds.

d. Volunteers

In 2012 -13 there was significant progress with the delivery of our volunteer agenda and the Board was re-accredited with its Investor in Volunteer status. This re affirms the Board's commitment to ensuring that volunteers are well supported and engaged and their contribution is valued. We currently have over 70 volunteers working in advisory or patient support roles.

We held our first annual volunteer gathering to celebrate volunteering across the Board. This event was attended by the Health Minister and was a great success. We have developed new partnerships with community organisations and are introducing new volunteer roles in health promotion and for collecting patient feedback.

During 2013 -14 we plan to enhance our recruitment processes and induction arrangements for volunteers and will review the remit of the QPPG and reposition this more along the lines of a citizen advocacy model.

(e) Advocacy

In 2012 -13 the Board advocacy plan was progressed and we continue with 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.

(f) Equalities

The Board continued to progress its equalities agenda. In 2012 – 13 we;

- Completed consultation on and published our equality objectives. The objectives outline a balanced and inclusive approach to meeting the general and specific duties over the next three years.
- Published our first mainstreaming report showing how equality work is being mainstreamed into practice.
- We were the first NHS Board in the UK to achieve level two in Investors in Diversity. This work compliments equality activity generally and highlighted the progress made with embedding equality activity across the Board. In 2013-14 our intention is to move towards level three, leaders in diversity, with a greater focus on delivering positive outcomes.

- In 2012-13 we trained our first cohort of diversity champions. Initial feedback has been very positive and we are currently reviewing outcomes of the programme with a view to extending the programme with a focus on recruiting more clinically based staff as diversity champions.
- Continued to make progress across strands, for example we:
    - were the top-performing NHS Scotland Board for the third consecutive year in the Stonewall Workplace Equality Index;
    - continued our work with the Glasgow Centre for Inclusive Living promoting greater engagement with disabled people in the work place;
    - increased the size of our interpretation and translation bank improving our already high quality to patients whose first language is not English; and
    - developed specialist volunteer roles to support patients with early stage dementia and hearing loss.

(g) Complaints and claims management

Overview

The number of complaints to the National Waiting Times Centre has fallen for the third consecutive year; 27 complaints were received during 2012-13 compared with 38 complaints during 2011-12. This represents a 29% decrease.

Our approach is underpinned by a commitment to improve our complaints and feedback processes in a continuous and sustainable way within the context of our Boards vision and values. Central to this is empowering and encouraging staff to engage with patients and their families quickly to fully understand their concerns and ensure these are appropriately managed and resolved.

As well as the effective management of complaints we continue to monitor the key themes to ensure we learn from them and make improvements as required. Some key learning is provided below:

- A number of complaints indicated incidents where poor communication was a key factor. Consequently a number of senior staff attended enhanced communication skills in healthcare workshop and will support the roll out of this programme across the Board.

- A complaint raised by a Doctor highlighted the importance of ensuring that discharge information is clear and concise. Several other complaints highlighted the importance of ensuring high standards of record keeping are maintained at all times and subsequently our Local Clinical Forum (LCF) has led improvement work for clinical record keeping.

Agenda Item 5 – Staff feel supported and engaged

Progress in 2012-13

In the past year, the Board has continued to invest in the workforce acknowledging they are crucial to the delivery of our services. In 2013, the Beardmore was once again accredited with the Investors in People award. The current expansions within Orthopaedics and Ophthalmology will allow for an increase in staff across nursing, medical, Allied Health Profession and Healthcare science roles. We continue to create an environment where staff can be moved flexibly across the organisation within the bounds of professional codes of practice, to ensure we deliver our clinical and other strategies.

The Scottish Government has set out to develop a 2020 Workforce Vision to support the delivery of the 2020 Vision for Healthcare in Scotland and the Quality Ambitions. We will continue to work with the Scottish Government and our partners to deliver on this 2020 workforce vision and will develop our own Board Workforce Strategy in line with the key aims of the national strategy. This strategy will build on the work we have undertaken so far with our values programme and employee engagement. It will also enable us to deliver our new NWTC Board Vision which is 'leading quality, research and innovation.

Our values

We continue to embed our five organisational values across the organisation through incorporating the values into performance management processes, shaping how Human Resource and Learning and Development policies are applied in the organisation and redesign of the staff induction pathway. Our five organisational values are:

- Valuing Dignity and Respect;
- Demonstrating a 'can do' attitude;
- Leading commitment to quality;
- Understanding our responsibilities; and
- Effectively working together.

Work on a Values Dashboard for the organisation was substantially progressed in this year, including the development of a values survey for staff which has since been validated by Strathclyde University Business School.

Staff experience

As a result of our work on organisational values, in 2012 the Board was invited to participate as a pilot Board in the NHS Scotland Staff Experience Project. The philosophy and practices of this national Project were fully aligned with our Board's values work and our participation in this Project has both served to fully engage those staff involved and create greater awareness and importance of our organisation's shared Values. A total of 270 staff in the Board participated in this national Project, equating to 18 teams in total.

One of the Board's Values is to "work effectively with others in teams" and during 2012-13 this team development focussed around the NHS Scotland Staff Experience Project and team discussions around the Board's values and what behaviours the teams wished to encourage at a service level.

The focus on teams has also enabled the Board to take a fresh approach to Dignity at Work issues. The Board was successful in securing Dignity at Work funding from the Scottish Government Workforce Division, enabling our Board to invest in Organisational Development (OD) expertise 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 and effectiveness issues.

Leadership development

A new approach to management development called 'Driving Performance' has been launched recently, resulting in the design and delivery of a new three day programme focussed on developing excellence in people management practices, supported by the Board's values and our responsibilities around NHS Staff Governance and Equality and Diversity. Three cohorts completed this new programme in Autumn 2013 and early evaluation indicates the programme has been very successful. Further evaluation is now taking place before decisions are made around the future of this programme.

We initiated a successful partnership with NHS Ayrshire & Arran and NHS Dumfries & Galloway to deliver the first cohort of a regional leadership development programme called Leadership 3 – Leadership in a Clinical Setting in March 2012. The independent evaluation of the Programme, funded by NHS Education National Leadership Unit, has just been completed and based on the positive results all three Boards have agreed in principle to commit to a second cohort of the seven day programme from 2014.

The Board also continues to support senior managers and leaders to actively participate in national leadership development programmes and access local/ cross Board opportunities for coaching and mentoring. Staff can also access professional specific development around management and leadership.

Future plans

We continue to invest and develop our staffing to meet the increasing demands and expansion of services. This investment in 2013 will see an additional five Consultants appointed to the Board on top of existing staffing numbers. We will continue to improve the job planning process for Consultant and non Consultant Grade Medical staff to ensure that clinical time is prioritised where and when it is most needed.

In late 2013, we are scheduled to implement the National workforce system, eESS. This will include the i-recruitment module which will move the Board away from paper applications and ensure the recruitment process is fully online. This system will empower staff and managers with access to information that they have previously not had.

We will 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% standard. Although challenging, by working with our staff, empowering local managers and investing in new stress management techniques we aim to continue to deliver a sickness percentage below 4% by the 31st March 2014.

Active support is in place for staff and managers to achieve the KSF personal development review standard of 80% by 31st March 2014. Additional human resources assistance will be provided to areas that require it prior to this date.

The National Staff Survey was rolled out across NHS Scotland in May 2013 and we await the outputs from the survey to examine if our staff feel supported and engaged and we will produce an action plan to deliver any support that is required.

Agenda Item 6 – Best use is made of available resources

Financial Performance

The National Waiting Times Centre Board achieved its three financial targets in 2012-13. The Board spent £123.776m against its income of £124.532, resulting in a surplus against its Revenue Resource Limit (RRL) of £756k. The financial performance included delivery of efficiency savings of £2.598m, £293,000 above planned (including non-recurring) savings.

In addition, the Board has recognised its national status in supporting Territorial Boards in delivering their efficiency agenda. In particular this is demonstrated through:

- A £1m reduction in the Heart and Lung gap, to the benefit of the West of Scotland Health Boards
- A 5% reduction in orthopaedic prices, implemented from 2013 onwards

The Board has also embarked upon a very rigorous efficiency saving programme over the last few years which has successfully delivered in excess of our targets. This has allowed us funds for investment in quality initiatives to continue to improve the quality provided to patients. A total sum of £750k was identified and a total of nine initiatives were approved which will make an impact on the management of care for weekend working, implemented innovation schemes to significantly improve orthopaedic and cardiac surgery patients, provide additional MRI capacity and provide a more improved transfer of critically ill patients between hospitals.

Efficiency Savings 2012-13

The Board was required to save £2.3m in year. The savings achieved were £2.598m. These savings have been delivered through a range of projects.

Our progress is monitored through the Board reporting and the Efficiency and Productivity (E&P) group. In addition the E&P are currently working on a number of agreed workstreams that will aim to support the delivery of the efficiency plans in the next few years. These workstreams are:

- The roll-out and development of Clinical Portal
- Telehealth
- Job Planning
- Prescribing
- Radiology review and redesign

- Income generation initiatives
- Workforce planning/rostering
- Review of capacity

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 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.

Capital Planning Process

The total capital spend for 2012-13 was £3.080m. 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, approve and monitor capital expenditure.

The State of the NHSScotland Estate 2011 provided a detailed status for the Board. The infrastructure is within the 10-29 years old category and is in good physical condition. The backlog maintenance risk profile is low-moderate. The estate has functionally good accommodation. The Property and Asset Management Strategy for the Board has been completed and was presented to the Board in September 2012.

2013-14 Plans

For the financial year 2013-14, 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 4-5% per annum. The additional pressures in this period relate to rising energy and waste costs, 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 very challenging. This very tight financial environment requires stricter control on expenditure and more emphasis on redesign 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.

Financial Framework

As referenced earlier, the Health Directorate in Scottish Government and the Board have been asked to consider a review of the current funding model for the monies received from Health Boards

Following discussion at the Annual Review last year, the Board proposed that Scottish Government Health Directorates (SGHD) consider a review of the current funding model for the monies received from Health Boards directly for the marginal costs of the waiting times work. This is currently approximately £12m per year. During 2012-13 the Board completed an option appraisal describing how this could be improved to maximise the most cost effective and efficient use of capacity at the hospital and to maximise sustainable activity flows. The preferred option was for the Golden Jubilee to receive funding at the start of the financial year based on capacity use. This has been agreed on a three year rolling average. This was agreed by the Scottish Government and commenced from 2013-14 and to date this is working well.

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.

We continue to undertake a range of improvement measures to support achievement of these energy efficiency targets including focussed efforts by the Board's Energy Steering Group to identify opportunities for raising staff awareness and undertaking efficiency initiatives.

Our performance in 2012-13, the third year of the current target, shows that we increased our energy usage against the baseline year of 2009-10 by 0.61% and reduced our carbon emissions by 0.48% over the same period. This is against a backdrop of sustained development of the site and clinical services.

An application for grant funding for the decentralisation of the boiler plant has been approved by the Scottish Government and this is being progressed through Framework Scotland. It is expected that this project would assist us to achieve a significant reduction in our energy consumption and the resultant impact on C02 emissions.

Service Improvement

The Board's Strategic Projects Group continues to commission projects with the aim of improving patient pathways and eliminating waste with a focus on quality and efficiency projects. Two projects to highlight are:

Orthopaedic Improvement Group

The purpose of this improvement work is to ensure the continued provision of a quality orthopaedic service by reviewing current processes and following the patient pathway from referral to patient follow-up.

This work included reviewing the outpatient processes supporting the pre-operative element of the patient journey. This resulted in clinically-led changes to the outpatient clinic template allowing increased numbers of patients to be pre-assessed. Additionally there is ongoing work to improve the Orthopaedic Day of Surgery Admission (DoSA) rates and reduce patient length of stay.

These changes have allowed the Board to undertake further expansion to meet the increasing demand from referring Boards for orthopaedic surgery.

Improving Thoracic Day of Surgery Admission rates

During 2012-13 there has been a focus on increasing the Thoracic Day of Surgery Admission rates (DoSA) and this has involved reviewing the pre-operative assessment processes. A key element has been utilising the Surgical Care Practitioners in the outpatient setting to support clinical assessment of patients.

Agenda Item 7 – Delivering quality as a national resource

Board Strategy

The main focus for the 2012-13 has been the development of our emerging Board 2020 strategy and the continued delivery of a number of clinical strategy programmes. These clinical programme developments have included:

Scottish National Advanced Heart Failure Service (SNAHFS)

The Scottish National Advanced Heart Failure Service (SNAHFS) Strategy was agreed with the Scottish Government Health Directorate (SGHD) and approved by the Cabinet Secretary for Health and Wellbeing in December 2010. This Strategy describes an integrated approach which will ensure that patients with heart failure throughout Scotland have equal access to a high quality service that provides a full range of appropriate therapeutic options, including heart transplantation, and both long and short term Ventricular Assist Devices (VADs) as a bridge to transplant.

We have also developed the capacity to support extracorporeal membrane oxygenation (ECMO) including training for intensive care nurses and physicians. ECMO is one of a selection of interventions such in the management of advanced circulatory failure. Peripheral ECMO has the capacity to support patients in cardiogenic shock prior to and during transfer to the GJNH for definitive treatment.

We continue to deliver an increase in the number of heart transplants carried out at the Golden Jubilee National Hospital and are actively involved in the implementation of actions as part of the UK Transplant Review.

Scottish Adult Congenital Cardiac Service (SACCS) Strategy

The Scottish Adult Congenital Cardiac Service based at the Golden Jubilee is a nationally commissioned service. During 2012-13 the service has considered its way forward in the future delivery of this critical national resource. The service model was described in a strategy review document and centres on providing a clinical network that builds on the expertise from the national centre and provides support to the existing regional services.

Under the revised national guidance those patients assessed as having simple and moderately complex congenital cardiac conditions will no longer be cared for solely by the national service. Simple cases will be referred back to local NHS Boards and managed appropriately via local shared care arrangements (i.e. local cardiologist/primary care) or be discharged from the service. Moderate complex cases will be managed through shared care arrangements between a local/regional services with the national service.

Severely complex cases will continue to be managed predominantly by SACCS.

The West of Scotland Regional Planning Group has supported a proposal from the Cardiac Regional Planning Group to establish a resourced regional service co-located beside the National Service at the Golden Jubilee National Hospital. While it is recognised that establishing a regional service remote from large acute sites could lead to de-skilling of accident and emergency and obstetric staff, it is supported as an interim solution, which will be re-assessed. It is planned that this service delivery model will enable appropriate management of patients from the West of Scotland and ensure better equity of access to the National Service for appropriate patients from the North, South and East of Scotland.

Scottish Pulmonary Vascular Unit (SPVU)

This unit was founded for the investigation, management and treatment of all patients with severe pulmonary hypertension in Scotland. The aim is to provide first class investigation and appropriate treatment for patients who have this life-threatening illness.

We have gained a world-wide reputation which in part is attributable to the high levels of clinical care as well as our research profile.

We have taken on the role of organising education and discussion on the function of the Right Ventricle and in October 2012 organised an international conference on right ventricular function at the Royal College of Physicians.

We continue to develop the patient pathway. The changes that we have introduced have reduced time between referral and diagnosis/treatment and reduced demand on clinic space.

The Aberdeen outreach clinic is popular with patients in the north east of Scotland, preventing around 80 trips to Glasgow per year. In 2012-13 National Services Division (NSD) agreed to review the need for further outreach and scoping work for this will commence in 2013-14.

Board 2020 Strategy

Our National Board is a unique asset and provides a contribution to NHS Scotland which is not available elsewhere. Our strategic vision is absolutely focused to the delivery of NHS Scotland's 2020 Strategy for Health and Social Care.

We have a vital core of professional experts, dedicated modern assets, valuable unique skills that cannot be replicated elsewhere, and importantly a culture and ambition to deliver NHSS priorities through quality driven healthcare which is second to none.

We believe we can expand our current role and increase our contribution towards Scotland's triple aims, the Integration of Health and Social Care, further improvement of waiting times and increased quality of services for patients. By leading more clinical innovation, research and service improvements, we would maximise NHSS efficiency, support delivery of Scotland's health priorities and free up staff in territorial boards to concentrate on other important objectives.

The Golden Jubilee is the largest specialist Orthopaedic provider of hip and knee replacements in Scotland, one of the largest Cardio-thoracic centres in the UK, and home to Heart Transplantation services, adult Congenital Cardiac services and the Scottish Pulmonary Vascular Unit. We are also the only NHS Board to have a 4* Hotel, Conference Centre and Clinical skills centre on site for use by the public sector, as well as patients, their carers and staff.

With a proven track record of providing high quality, effective and sustainable services, we believe we can continue to make a real difference, on the ground direct to patients, on a local, regional and national basis through a single model approach to innovation.

Sharing our resources, developing innovations, integration and working across Board boundaries are central to our thoughts for the way forward. But we can do much more – innovations that clearly lend themselves to support the health and social integration agenda across Scotland, either directly or by assisting our NHS colleagues across the regions.

This will ensure best value, equity of access, free up resources within territorial boards and avoid delays and duplication of effort. Clear measurable evidence of the triple aim objective– 'efficient, sustainable, high quality services for the whole population'.

Through detailed decision support analysis, the Board has assessed the relative opportunity of a range of service developments and considered the prioritisation and phasing of the strategy delivery.

We have outlined the synergies with our existing services and described their integration with the delivery of the quality ambitions for each of our strategic development opportunities.

These opportunities include:

- Expanding our National Resource in Orthopaedics, Ophthalmic, Plastic, General and Bariatric Surgery;
- Exceeding UK Transplant Review recommendations and developing our interventional cardiology programme and existing national services;
- Expansion of our campus to deliver new National and regional services, support Health and Social Care Integration and expand our Beardmore Centres; and

- Working with local authority partners to support Health and Social Care Integration

These Board Strategy developments have been outlined as a set of options, which will be further discussed with stakeholders and developed alongside existing relevant local and national strategies.

Beardmore Hotel and Conference Centre

The Beardmore continues to play a vital and supportive role as part of NHS Scotland. During the last eleven years more than 65,000 patient related bedroom nights have been provided by The Beardmore and 44,000 sleep room nights for on call medical staff from the Golden Jubilee National Hospital.

Additionally the NHS, public and third sector now provide more than 50% or Beardmore business annually and almost 300,000 delegates have attended conferences and events in the Hotel and Conference Centre.

An interim updated Beardmore strategy was approved by the Board in March 2013. Next year (2014), the Beardmore 2020 Strategy will seek to consolidate the Beardmore's position as a conference centre of excellence and to increase its role within the NHS National Waiting Times Centre.

Performance and financial challenges

Despite the continuing challenges of the economic climate, the Beardmore exceeded its income target for 2012-13. The NHS, public sector and third sector accounted for 54% of our business and the commercial Healthcare sector increased to almost 8%. Key performance indicators were achieved and the Beardmore continues to grow income and occupancy year on year.

Bedroom occupancy has also continued to increase and rose by 4% on the previous year and 19% since the original Beardmore Strategy was developed in 2006. This has been attributed to smarter working particularly using online intermediaries and an increase across most sectors. Increased bedroom usage has a positive impact on associated spend in restaurants and other leisure activities and this has been important in meeting the financial target. Although there has not been much movement in conference room occupancy, the number of delegates attending events at The Beardmore was 8% higher than planned and reflects a more efficient use of conference space by Event Planners in the public sector.

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

Service redesign and enhancement

The existing reception area was remodelled and redesigned to create the dynamic new Central Plaza enabling an effective event networking and catering area for conferences and meetings, whilst relocating the reception team to more ergonomic workspace and reception area for guests, patients and delegates.
The lift modernisation programme was initiated and completed and is now fully operational and providing an enhanced and reliable service to all users.

The Beardmore Redesign Group continued to work to redesign the Front Office Team which will be completed and implemented in late 2013. Further redesign focussed on the senior team and introduced a new role of Hotel Manager to focus on the day to day operational management of the Beardmore and ensuring service excellence.

Work to redesign and enhance services will continue to form a large part of the Beardmore 2020 Strategy, which will be finalised in early 2014.

Beardmore Centre for Health Science

The Beardmore Centre for Health Science (BCHS) opened in September 2011 offering state of the art facilities that enables clinical research and provides the latest technology for the training of all health professionals and is accessible by staff from within NHS Scotland and anyone else who wishes to use the Clinical Skills Centre for clinical training purposes.

A range of key performance indicators relating to centre utilisation and income have been developed and are actively monitored through the Board's Performance and Planning Committee.

Clinical Skills Centre

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

In 2012-13, the Centre has hosted number of key events:

- An Interventional Cardiology training meeting took place in December 2013. The meeting was attended by a group of 20 invited physicians from Europe and South Africa. A series of lectures were delivered by Golden Jubilee cardiologists, interspersed with live cases from the Cardiac Cath labs including a primary Percutaneous Coronary Intervention (PCI) on a patient with an acute heart attack.
- Scotland's first ever training course for doctors on single lung ventilation using a patient simulator. The training course for new and existing Anaesthetists gives clinicians the ability to assess and

recommend treatments for optimisation of a patient undergoing thoracic (lung) surgery.
- Two Diploma Courses in Computer Assisted Orthopaedic Surgery (CAOS).
- In 2012 the Centre and the Beardmore Hotel hosted the Inaugural General Practice Nursing Programme, a one year programme for nurses newly employed in practices across Scotland. Due to the success of this event we are now hosting the second programme in 2013-14.
- The Inaugural GJNH Research Day was held on the 28 September 2012 in the Beardmore Hotel and BCHS. Chaired by Professor Keith Oldroyd, the day included plenary sessions showcasing research within Cardiology, Cardiothoracic Surgery, Anaesthesia, Orthopaedic Surgery and National Heart and Lung Services.

The Centre continues to host a number of wet lab surgical training sessions and the Royal College of Physicians and Surgeons of Glasgow continue to use the Centre for a number of exams.

Clinical Research Facility

The Clinical Research Facility (CRF) has been receiving patients since 2011. It is the base for research projects and has become heavily used in the period since opening. One of the four consulting rooms is used exclusively by one of our research sponsor companies leading to income generated through a monthly charge and a significant increase in income generated through the research project which is sponsored by the company.

The Board supports an increasing number of clinical trials with a commercial research contract value of over one million pounds. In both April 2012 and 2013, the GJNH received core research funding from the Chief Scientist Office in Scotland. This funding reflects research activity done in collaboration with the academic research sector.

The GJNH now hosts research projects that fall into the Advanced Medical Therapy category. GJNH is part of the UK's first clinical trial of gene therapy for heart failure. The CUPID2 study, which is led by cardiologists and scientists at the Royal Brompton Hospital and Imperial College London, has begun treating a group of patients to assess the gene therapy after laboratory studies found it can be used to effectively restore function to the failing heart. GJNH is also one of the specialist heart centres involved in the recently published 'PRAMI' study, which involved placing stents into patients other narrowed arteries, at the same time as the one that triggered the heart attack. The research found that patients were 64 per cent less likely to die, suffer another serious heart attack or have severe angina over the subsequent two years.

We have demonstrated good performance in time taken to approve new research projects, with some of the shortest approval times in NHS Scotland for both commercial and non-commercial projects. As at September 2013, the

GJNH is hosting 71 research projects in total. Almost half represent collaborations with industry (pharmacological and device companies). For 18 of the 71 projects, the test intervention is a medical device. In 14 of the 71 projects, the test intervention is a drug.