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##### Chief Executive and Chair Introduction

##### Our Board ambition of “*putting people first to achieve and sustain excellence - in care, performance, quality, innovation and values*” continues to shape our future strategy and our plans to support NHS Scotland. However we have an added focus on ‘Delivering Care through Collaboration’ as our future strategic intent as we develop plans in relation to the new Elective Centres, the NHS Scotland Academy provision and Innovation to deliver, support and enhance access and resilience in NHS Scotland.

Golden Jubilee Foundation has always aimed to ensure that we support the delivery of NHS Scotland’s national health priorities. Our focus since our establishment has been to meet NHS Board demands and deliver equity of access to high quality healthcare for as many patients as possible so that they benefit from our clinical expertise and excellent facilities.

The Golden Jubilee Foundation incorporates the Golden Jubilee National Hospital, Research Institute, Conference Hotel and Innovation Centre. As Scotland’s flagship health facility, the Golden Jubilee National Hospital (GJNH) specialises in cardiothoracic, orthopaedic and ophthalmic surgery as well as interventional and diagnostic cardiology. It is also the Scottish centre for heart transplantation and for patients with congenital cardiac and pulmonary vascular issues. A major diagnostic imaging centre, the hospital also has one of the largest concentrations of intensive care beds in the UK. The Golden Jubilee Foundation (GJF) also includes a four star residential training and conference venue – the Golden Jubilee Conference Hotel (GJCH) with audio visual links to the operating theatres, cardiac catheterisation laboratories and diagnostic imaging suites at the adjoining Golden Jubilee National Hospital (GJNH), the facility is perfect for medical and clinical conferences, showcasing new devices, techniques and IT technology.

Our Golden Jubilee Research Institute (GJRI) is currently undertaking ground-breaking research across all of our specialties and hosts a significant number of commercial and non-commercial research trials and studies. Some of the most ground breaking ideas are born out of issues encountered in day-to-day work and it is essential that staff are provided with the space, technology and support to undertake exciting new projects which lead to direct improvements for patients and service users. For this reason, we have created the fourth element of our campus – the Innovation Centre (GJIC) – as a location equipped with high specification technology to support our lead role for Innovation in NHS Scotland.

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

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

As a national resource, our primary focus is to deliver the best quality healthcare to the people of Scotland – care that is person centred, safe and effective. These continue to be our key drivers for our Annual Operational Plan priorities.

**Susan Douglas-Scott, CBE Jann Gardner**

**Chair Chief Executive**

**Annual Operational Plans**

The Annual Operational Plan (AOP), introduced last year, supports NHS Boards and their partners to deliver safe and accessible treatment and care. As the main delivery agreement between NHS Boards and Scottish Government, it sets out how Boards will provide the foundations for delivering the Cabinet Secretary’s priorities relevant to the GJF, namely waiting times improvement; and plans to meet the standards for Healthcare Associated Infection (HAI).

The AOPs should be seen and developed in the context of the transformational and strategic integration authority commissioning plans, regional planning, workforce planning and financial planning. The wide range of quality improvement and collaborative work that is underway in Scotland including the Scottish Patient Safety Programme; Mental Health Access Improvement Support Programme; Unscheduled Care Collaborative; Scottish Access Collaborative and Access Quality Improvement, also constitutes a key part of the context for the development of the AOP.

Against a backdrop of significant change to the Health and Social Care planning environment at local, regional and national level, and with the introduction of Integration Authority commissioning plans, the Scottish Government has recognised the need for significant developments in workforce planning, financial planning and regional planning for transformational change.

The GJF Annual Operational Plan 2019-20 lays out our key strategic priorities and our contribution to the Territorial, Regional and National Boards Delivery Plans. This plan is underpinned by robust finance and workforce planning.

**Regional and National Planning & National Boards Collaboration**

As a West of Scotland regional planning partner and as a National Service Provider and a partner with the territorial Boards, we firmly believe that working more collaboratively will be critical to building a person-centred and sustainable service that is fit for the 21st Century and this approach will be embedded within this AOP to ensure that services are sustainable, safe and meet the needs of the Scottish people.

Our focus in 2019/20 is to continue to provide excellent care and evolve delivery of care through collaboration and working more closely to develop Elective Care as a provider and potentially as a commissioner , through a new scaled Academy provision and by driving and accelerating innovation through our culture and our partnerships within the NHS, with academia and industry.

GJF is one of eight national boards working collaboratively to identify and optimise opportunities for synergistic partnerships where improved quality, value and efficiency is best achieved through a national approach.

The Golden Jubilee Foundation has a unique position as a hospital, provider and potential commissioner to support the work of both National and Territorial Boards. Our strategic and financial strategies therefore reference the opportunities of aligning with both.

**Golden Jubilee Foundation Strategy 2019-22** and beyond

We have worked closely with our Board to develop a refreshed strategy for the next three years and beyond. We have **seven priority workstreams** which are shown in our **GJF Strategy Map** and which are described in more depth below:

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| **Strategic Priority 1** | **Development of Hospital Services** |
| **Strategic Lead** | **Director of Operations** |

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| Our hospital services are diverse and the strategic plans for each will be driven by their key priorities which can be grouped into four distinct themes:   * Service growth * Investment * Developing models of care * Sustainability   **Service Growth**  The key services whose strategic plans are mainly categorised by growth are our elective specialities:   * Orthopaedics * Ophthalmology * General Surgery * Endoscopy * Diagnostic Imaging   In addition to service growth in primary arthroplasty and minor/intermediate surgery within orthopaedics the GJNH will further develop its model of care in the sub-specialties of foot and ankle surgery and revision arthroplasty.  To facilitate our expansion in general surgery and endoscopy activity to support West of Scotland demand, we will explore joint appointments to achieve a sustainable workforce. We will also explore extended roles such as Nurse Endoscopists, which will be supported by our NHS Training Academy.   1. **Investment**   As one of the highest volume coronary intervention centres in the UK, the GJNH currently delivers a high quality cardiology service and our percutaneous primary coronary intervention (PCI) rates have increased in number and complexity.  In delivering our future strategy for interventional cardiology we will plan and deliver additional capacity to meet predicted demand and improve access to timely treatment and early intervention.  We will build on our investment in Robot Assisted Surgery in thoracic surgery by extending its use into orthopaedics, with a primary focus on robot assisted total and uni-compartmental knee replacement surgery.   1. **Developing Models of Care**   Recognising the changes in patient urgency and acuity, we are developing a cardiac strategy to inform our future care models for Regional Cardiac services. This will also influence our plans for developments in anaesthetics and critical care, recognising that there are also key dependencies on anaesthetics from our elective specialties.  In addition to addressing the changing service demands, the Cardiac Surgical Strategy will describe the aim to move towards a ‘Minimally Invasive First’ strategy for isolated aortic valve disease and isolated mitral valve disease in need of intervention. Minimally invasive surgery, in general, will be a key growth area for the department.  For multiple or complex procedures such as aortic, mitral and tricuspid valve surgery with coronary artery bypass grafting, the focus will be on continuous achievement of improved surgical outcomes. A range of other specialist developments ranging from suture-less valves and increasing the numbers of bypass surgery procedures carried out without the use of heart/lung machines will be explored. Subject to National Planning decisions, we will also plan to develop our Surgical Aortic Valve Implantation programme.  As our thoracic surgery service expands its minimally invasive care programme through robot assisted surgery, we will continue to develop as a UK leader in this field. We are already delivering increased numbers of endobronchial valve procedures to reduce lung volume in patients with emphysema and it is our goal to further develop this service for patients in the West of Scotland.  We will further increase the scope of our Enhanced Recovery programme in orthopaedics, cardiac and thoracic surgery, aiming to achieve effective optimisation of patients before surgery and safely reduce post operative length of stay.   1. **Maintaining Sustainability**   The GJNH is home to three National Services delivered on behalf of NHS Scotland. In addition to the opportunity to introduce new developments in our Scottish Pulmonary Vascular Unit (SPVU), a key focus will be the implementation of the standards for specialist adult congenital heart disease (ACHD) care in NHS Scotland.  Our key priorities for our Scottish Adult Congenital Cardiac Service (SACCS) will be:   * Recruitment and retention of our specialist workforce to extend and improve service provision; * Reviews of our surgical and interventional care pathways to meet population demand and sustainable care; * Undertake and respond to analysis of diagnostic provision and outreach requirement to ensure that the shared care model meets future requirements.   Within the Scottish Advanced Heart Failure Service (SNAHFS), our main focus will be:   * Continuing to deliver the SNAHFS Strategy and planned heart transplant activity; and * Expand the use of the Organ Care System to deliver improved transplantation rates for donation after circulatory death.   **Delivery Plan for 2019-20**  Our key strategic plans for the year 2019-20:  .   |  |  | | --- | --- | | Target Date | Milestone | | May 2019 | Cardiac Services Strategy approved by the GJF Board | | May 2019 | Approval of Cath Lab 5 business case by GJF Board to ensure capacity to deliver Cardiology Strategy | | May 2019 | Board approval of the Alpha Defensin Laboratory business case | | Autumn 2019 | Commencement of orthopaedic robotics programme | | Late 2019 | NSTEMI roll out commences through transformation funding | |
| |  |  | | --- | --- | | **Strategic Priority 2** | **Golden Jubilee Expansion and New Developments** | | **Strategic Lead** | **Director of Operations** |   As part of the Scottish Government’s investment of £200 million to meet demand for elective procedures over the next 10 years, the GJF is focusing on creating an expansion programme to treat more patients than ever before. Our hospital expansion will be delivered in a planned phased approach subject to necessary Scottish Government approval:   * Phase 1 of our expansion will deliver a new integrated eye unit opening in July 2020. This will support delivery of 10500 cataract procedures per annum and 12915 outpatient appointments. By April 2021 this capacity will have increased to 11000 cataract procedures and 13530 outpatient appointments. * Phase 2 will deliver new surgical capacity across orthopaedics and general surgery and increased capacity for endoscopy procedures. This will open in 2023 significantly increasing elective care capacity for NHS Scotland   The key objectives for our expansion are to:   * create sufficient additional elective care capacity for the West of Scotland region to meet the predicted need for elective care by 2035; * provide innovative patient centred models of care that are both efficient and sustainable; * provide sustainable workforce models that ensure the GJF remains an exemplar employer and an attractive place for staff to work; * reduce or eliminate routine use of the private sector; * reduce elective cancellation surgical rates; * enable delivery of current and future Government guarantees on inpatient/day case waiting times on a sustainable basis; and * deliver increased efficiency and productivity, adopting the principles of Better Care, Better Health and Better Value as set out in the Scottish Government “Health and Social Care Delivery Plan” published in December 2016.   **Phase 1 Expansion**  Construction has already begun on Phase 1 of the elective centre expansion which will be completed by June 2020 and will be opened on a phased basis currently planned as follows:  4 Theatres commissioned by 2020/21  5 Theatres commissioned by 2024/25  6 Theatres commissioned by 2030/31  The project remains on programme to complete on the planned completion date and before the contractual completion date of 15 June 2020.  **Phase 2 Expansion**  Expansion plans for phase 2 are now under development to provide additional capacity for orthopaedics, general surgery, endoscopy and other surgical specialities.  Plans for Phase 2 have been developed to accommodate rising demand projected to 2035 outlined below.  It is planned that enabling works for Phase 2 will commence during November 2019 for a period of six months with the expectation that construction will be completed by end 2021.  Technical and Operational commissioning of the new building will then begin in early 2022.  Future GJF demand modelling (up to 2035) has defined the need for a Phase 2 to provide a further 1796 total knee replacement and 1171 primary hip replacement procedures by 2035. Orthopaedic revision surgery requirements for the future will also require additional capacity and taking into account the total demand for other orthopaedic procedures such as foot and ankle and hand and wrist surgery, the GJF orthopaedic expansion will require a total of six additional theatres.  The demand for diagnostic endoscopy will require the Phase 2 expansion to deliver up to three additional procedure rooms and the current Initial Agreement modelling predicts the requirement for two additional in-patient/day case general surgery theatres.  Work is continuing on finalising the clinical brief and schedule of accommodation to support design development.  **New Clinical Treatments and services**  The GJF has always been at the forefront of exploring new opportunities for clinical treatments and expanding the range of services we provide. In addition to the service changes outlined for our hospital services, we will be exploring the following areas and where viable developing services to deliver new treatments:   * **Lung Transplantation**   Our aspiration is to deliver a lung transplantation service that will complement our heart transplantation programme. NHS National Services Division (NSD) is currently supporting an options appraisal exercise led by GJNH to consider the options for delivering lung transplantation services for Scotland. Comparing the rate of lung transplantation for Scottish patients to those in the rest of Europe, far fewer Scottish patients receive lung transplants than those elsewhere suggesting a significant unmet need. Scoping work has progressed through a range of visits and workshops sessions to explore service planning and demand. The GJNH team are currently planning visits to Scottish NHS Boards to hear about their experience of the current service to inform a potential future service delivered from the GJNH and are preparing documentation to be submitted via the National Specialist Services Committee (NSSC) and associated national approval routes.   * **Single Site Scottish Pulmonary Vascular Unit (SPVU)**   We will consider the opportunity of the development of a single site SPVU service, co-located with our other National Services. This will include the potential to expand SPVU service provision to the delivery of a Balloon Pulmonary Angioplasty Service for Scotland and a Radiofrequency Ablation (RFA) service for primary or secondary lung cancers, which would enable Scottish patients to be treated closer to home.   * **Organ Care System** **(OCS)**   Use of the OCS went live at the GJNH during the summer of 2017. OCS is designed to keep recently donated hearts warm and beating during transportation, with the aim to increase the number of donor hearts available for transplant by increasing the length of time the donor heart remains viable. Following a number of successful retrievals with donation after brain death (DBD), the GJNH team will expand its use in donations after circulatory death (DCD).  The use of OCS will increase the numbers of available hearts for transplantation for Scottish patients, improve clinical outcomes by maintaining the donor heart in a warm, perfused state during transit and reduce numbers of patients requiring expensive heart failure management treatments.  As the use of OCS is not funded by NHS Blood and Transplant, its use is normally supported through hospital charities. In order to maintain a viable and sustainable OCS service, the GJF will launch a campaign for Scotland-wide Heart Transplantation with a specific appeal for our Organ Care System.   * **Regional Cardiac Imaging**   The GJNH currently provides a modern, efficient and multi-disciplinary/modality cardiology imaging service. Based on analysis of current activity in radiology and cardiology a sustained increase in referrals is anticipated. This is driven by factors such as increased complexity of referrals, advanced imaging to support structural heart interventions including TAVI and interventional cardiology. This is closely aligned with emerging evidence to support multi-disciplinary and multi-modality imaging and the emergence of novel technology, especially non-invasive assessment of coronary anatomy (CTCA and CTCA-FFR); the demand for which is expected to rise further with emerging evidence and clinical practice guidelines. Working with the West of Scotland region we will review the future demand and develop a sustainable regional cardiac imaging service.  **Delivery Plan for 2019-20**  Our key strategic plans for the year 2019-20:   |  |  | | --- | --- | | Target Date | Milestone | | June 2019 | Approval of the Central Sterilising and Processing Department business case by GJF Board | | Mid 2019 | Approval of Phase 2 Expansion Outline Business Case | | October 2019 | Commencement of recruitment for Phase 1 expansion | | Autumn 2019 | Launch of OCS and heart transplantation campaign | | Spring 2020 | Presentation of Lung Transplantation Stage 2 submission to NSSC | |

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| |  |  | | --- | --- | | **Strategic Priority 3** | **Supporting Scottish Elective Treatment Centres & Units**   * **GJF/Upper Quartile Model** * **Commissioning or Direct Management** * **Standardised Performance Monitoring** * **Centralised Private Sector Management & Monitoring** * **The NHS Scotland Academy** | | **Strategic Lead** | **Chief Executive** |   Scottish Government formally asked the GJF to define the value added contribution that could be made in terms of leadership, target operating models and monitoring to the Scottish Elective Treatment Centres to optimise their efficiency and indeed the return on investment. In response, we have undertaken work to scope and define the following:  **GJF/Upper Quartile Model**  Work is underway to develop a clear commissioning style outline of the efficient upper quartile GJF operating model. This includes workforce, pathways, flow, training, culture, performance monitoring and management. The purpose of this is to develop a transferable infrastructure which has in-built learning from the GJF, as the National Waiting Times Centre, to accelerate the performance of the new Elective Units. The operating models for each delivery arrangement would all comprise the following key elements:   * Demand Management / Centralised GJF Patient Booking * Delivery of standardised upper quartile models of care * Standardised governance , quality and performance management framework * Performance Monitoring, Management & Support * Staff Competencies and Training * Staff Governance, Workforce Planning, Recruitment & Human Resources * Financial Flows and Governance * Clinical Governance & Risk Management   **Commissioning or Direct Management**  We have undertaken an options appraisal for either direct management of the Elective Centres by the GJF or a Commissioning model with the GJF acting as’ the commissioner’ on behalf of Scottish Government and the location board acting as ‘the provider’. Both approaches share similar features in terms of core GJF management, use of the GJF Patient Administration System (PAS) and Performance Dashboards, implementation of the GJF Upper Quartile Model of Care, and financials flowing via the GJF in two divisions of fixed costs and performance related cost per case.  The critical differences between the models are the division of provider/commissioner governance in the commissioning model and the employer status although both approaches are likely to require considerable collaboration with service level agreements (SLAs) for flexible staffing models. To test the best approach, ahead of the elective centres opening, it has been agreed that we will test using the Scottish Elective Unit at NHS Forth Valley with the commissioning model and the Scottish Elective Unit at Stracathro with the direct management approach and assess the best way forward.  **Standardised Performance Monitoring**  In each model outlined above, the Scottish Elective Unit will be separated from the base boards other work and patient data will be processed via the GJF PAS system. This approach will allow immediate, comparable performance reporting to be established with pre-set performance triggers for escalation. It is anticipated these interventions would have quality improvement, tailored support and management interventions dependant on the challenges faced.  **Centralised Private Sector Management & Monitoring**  In order to fully optimise the capacity and demand alignment, as part of this overall model, GJF will take the lead role for managing and monitoring all private resource and will also allocate and directly co-ordinate as part of the overall resource, the outsourced resource.  **The NHS Scotland Academy**  It is recognised that one of the most significant challenges for NHS Scotland, and the new elective centres within that, is the ability to sustain workforce skills at the rate required. The GJF has partnered with NES and the Scottish Access Collaborative to scope capacity and demand, design education programmes which can be run at pace and scale and implement The NHS Scotland Academy based at the GJF but as a hub and spoke approach to match the need. Financial flows are proposed to follow a similar approach to elective care at the GJF with allocation being defined by SG on the basis of performance need. In addition, there is a plan to scope the potential for industry partnerships to establish scholarships to support enhanced development through accelerated training posts..  **Delivery Plan for 2019-20**  Our key strategic plans for the year 2019-20:.   |  |  | | --- | --- | | Target Date | Milestone | | March 2019 | Discussion with Scottish Government and initial discussions with the Elective Treatment Centres Board and Forth Valley, Grampian, Tayside and Highland. | | April 2019 | Wider engagement with Scottish Government, the Operational Program Board, Board Chief Executives and Directors of Finance | | April-May | Full implementation plans developed and initiated for testing at Forth Valley and Stracathro with associated framework. | | May onwards | Develop the approach for the NHS Highland ETC | | May onwards | Manage, monitor and allocate the outsourced private resource and performance manage all in sourced resource. |  |  |  | | --- | --- | | **Strategic Priority 4** | **Gaining Teaching Hospital Status &**  **Academic Centre of Excellence** | | **Strategic Leads** | **Medical Director & Director of Nursing** |   A number of strategic objectives have been established under this workstream which can be grouped into the following themes:   * Development of the NHS Training Academy * Medical teaching and education and clinical skills * Academic partnerships * Transforming roles and sustainable staffing * Medical contracts and effective job planning   **NHS Training Academy**  The strategic context for workforce planning in NHS Scotland is shaped by the increasing demand for health and social care services, as we live longer lives, often with more complex and intensive needs. One of the key drivers for change to our traditional approach to workforce planning, training and development is the launch of the National Elective Centre Programme. This ambitious programme aims to introduce capacity to increase the number of procedures in areas of high demand and will help to meet the needs of an elderly population estimated to be 25%-30% higher in 2035 than at present. Treatment offered in these centres across Scotland will focus on a range of high demand surgical specialities.    The scope of the NHS Training Academy development will be shaped and defined by the needs within NHS Scotland. It is assumed that a fully developed NHS Training Academy would be capable of significantly contributing to the delivery of:   * the current workforce gaps across Scotland * the projected workforce needs of the Elective Treatment * the projected workforce needs of the Major Trauma Centres * the future workforce requirements to support the wider needs within NHS Scotland * the skills and capacity to address specific key pressure areas or scarce roles, such as Advanced Practice.   It is recognised that across Scotland there are a range of workforce availability challenges within health and social care. This proposed model could be delivered at scale to address the widest possible range of medical, clinical and non-clinical roles however this proposal will focus on the opportunities to expand workforce availability and capacity on a phased and incremental growth basis.  The model will prioritise clinical workforce training for Nursing, Allied Health Professions, Healthcare Scientists and Pharmacists in the first instance. Later phase development will involve administrative and support services training pathways.  The NHS Training Academy will deliver a sustainable workforce in line with the programme delivery for all of ETCs, including the GJF expansion and the first ETC at NHS Forth Valley. Complementing the vision to deliver an effective Commissioning Model, the Academy approach will be predicated on the GJNH model of care, with a workforce model aligned to delivering the capacity and quality planned for the GJF expansion. Workforce modelling will also be based on the training needs analysis for each ETC and will encompass the lead times for incremental increases in recruitment and training numbers as well as the provision of the clinical education resource to deliver the Academy approach.  The Academy models of training will facilitate and prioritise accelerated learning pathways through a dynamic and cutting edge mix of classroom, blended learning, self-directed study on intensive residential courses and direct clinical experience. The Academies will prepare staff to be e-literate and at ease with a range of digital and eHealth developments.  The Training Academy will utilise the wide range of facilities already in place at the GJF to accelerate learning and provide cutting edge skills acquisition such as:   * Access to the clinical skills facility within the GJRI, adjacent to GJCH * Wide range of flexible training and conference facilities, for residential and non-residential training events * Live-link facilities from the GJCH to the GJNH theatre suite and cardiac cath labs to enable learning and observation at scale and interact with clinical teams in a real-time environment; * Clinical simulation facilities; and * Strong and well established approach to clinical education, senior clinical mentoring and training.   In addition, the Academy could be established to concentrate learning on an intensive residential basis at weekend and summer schools providing **‘Accelerator’** courses and posts. This would enable a risk-sharing approach to be adopted where clinician and educator resource could be released for short periods from other NHS Boards to provide maximum mutual benefit.  The NHS Training Academy would offer excellent opportunities to not only attract, but further strengthen existing commercial strategic partnerships within NHS Scotland. Careful analysis of the potential for sponsorship investment will be carried out to ensure that funding streams are sustainable and sufficiently flexible to enable the dynamic development of the Training Academies at scale.  Other funding streams to be considered could include:   * Training Allocations from NHS Boards * Central Transformational Funding * Self Funding Options   This is a highly ambitious opportunity to match workforce with demand and provide optimal return on investment in ETCs, which will only be viable if delivered at scale. The logistics of delivery at the required scale are currently being explored and will be fully articulated as a priority in year one of the Board Strategy.  **Medical Teaching, Education and Clinical skills**  Building on existing medical postgraduate teaching arrangements, we will work to ensure that GJF is fully integrated within national training programmes to ensure that our capacity to support postgraduate medical teaching and education is effectively utilised. We currently offer undergraduate teaching and education through the cardiology element of the neurology placement and will look to further expand our involvement with undergraduate medical education, ensuring that it continues to be coordinated and delivered to a high standard.  **Academic Partnerships**  In addition to the academic partnerships that will be developed as part of the NHS Training Academy described above, GJF will progress the work with the University of Glasgow to be recognised as a University Hospital. This will support our plans to develop further strategic partnerships and will support our vision of leading on research and innovation. Through designation and accreditation, we will also be well-placed to attract sponsorship and investment to our Training Academies and clinical education programmes.  **Transforming roles and sustainable staffing**  In looking to embed sustainable staffing models, we will continue to explore opportunities to extend the use of Advanced Practice roles across the GJNH clinical specialties. This will be carefully planned to ensure a safe and appropriate balance of doctors, advanced and extended scope practitioners, seeking to make full use of the skill set of each clinician.  Our delivery approach will continue to be aligned to our Advanced Practice strategy, with its four key pillars of:   * Clinical practice * Leadership * Facilitation of learning * Evidence, research and development   Our clinical workforce will continue to be planned and delivered using best practice workforce planning and will support the requirements of safe and sustainable staffing and excellence in care practices.  **Delivery Plan for 2019-20**  Our key strategic plans for the year 2019-20:   |  |  | | --- | --- | | Target Date | Milestone | | March-April 2019 | Discussion with Scottish Government and key partners to finalise the NHS Training Academy proposal | | April 2019 | Development of first phase of implementation programme for GJF expansion | | June 2019 | Commencement of planning for wider ETC workforce | | October 2019 | Completion of clinical skills centre development plan | | Winter 2019 | Achieve University Hospital designation |  |  |  | | --- | --- | | **Strategic Priority 5** | **Developing and Driving Innovation and Enabling Investment** | | **Strategic Lead** | **Director of Global Development & Strategic Partnerships** |   The GJF has already made significant progress in establishing the organisation to act as an agent of NHS Scotland to create the conditions for developing and driving innovation and harmonising investment.  **Strategic Partnerships**  We will continue to secure and further expand our range and depth of strategic partnerships with the NHS, industry, academia, innovation vehicles and investors to help drive, at pace, NHSS’ innovations which can either be shared, or used to generate income and investment nationally and internationally.  **NHS Scotland Accelerator Unit for Open Innovation**  In order to support our strategic aims to support open innovation and partnerships with industry and academia, we will look to engage a range of leading university partners in joint innovation activity, underpinned by both a memoranda of understanding and/or a Strategic Partnership. We will specifically focus our innovation efforts on expanding approaches to robotics in healthcare and commercial partnership opportunities. This also encompasses the current partnership with Scottish Enterprise to drive a feasibility study on establishing the Golden Jubilee Foundation as **‘NHS Scotland’ Accelerator Unit for Innovation**’. This would potentially see shared investment to establish a Unit on the GJF site to increase the pace and scale of inward investment and associated economic growth for Scotland in the healthcare and bio-tech arena. As such GJF would act on behalf of SG and NHS Scotland as the gateway and broker for mutually beneficial partnerships with industry and academia where there was access to data, expertise or patients with capability to establish effective governance and income generation infrastructure in a timely and robust manner.  **Global Development**  The GJF has been asked by the Chief Medical Officer to explore an option to provide medical training associated with the Jordanian Military Medical Service. The aim would be to provide specialist medical education to post-graduate level doctors. This requires further exploration but has synergies with the Golden Jubilee Academy approach.  **Managing Innovation**  Building on the success of our existing Medical Devices Alpha Test (MDαT), we will promote its approach to a Scotland-wide audience extending our MDαT® programme with a focus on later development devices and enhance the process by providing/offering an additional route to market and investment advice.  **Delivery Plan for 2019-20**  Our key strategic plans for the year 2019-20 are as follows.   |  |  | | --- | --- | | Target Date | Milestone | | Summer 2019 | Development and approval of the GJF Innovation Strategy | | Autumn 2019 | Completion of scoping and proposal for Innovation Accelerator Unit |  |  |  | | --- | --- | | **Strategic Priority 6** | **R&D Strategic Development** | | **Strategic Lead** | **Medical Director** |   The strategic intent for the GJF Research Institute is clearly articulated as part of the Board vision and explicitly places the performance and promotion of research as a primary purpose of the organisation. Our aim is to develop our research capability in a complementary manner to the existing NHS Research Scotland infrastructure, seeking to add value in our focus areas. We will continue the expansion of our capacity and capability to lead and support research through:   * **Academic Staff Development –** in order to grow our research substantially we will increase our academic staff time either through the creation of new posts or funding research sessions for existing staff. We will also continue to develop our links with academic partners, explore joint lectureships and develop a critical mass of research focused staff in key specialties. * **Research and Clinical Staff –** We will increase research skills and engagement in research across all staff groups to promote a research culture across the organisation. We will also increase our research support team to facilitate the growth of the research portfolio. * **Expansion of Golden Jubilee Research Institute** – We will develop a business case with a range of partners including commercial, academic and public sector bodies to attract and secure funding to expand: * the physical infrastructure of the Research Institute, including the clinical skills centre * the staff available to support research and innovation * the portfolio of commercial, non-commercial and academic research and innovation activity * Optimise the synergy with the proposed Innovation Accelerator Unit outlined above   **Programme expansion and new developments:**   * **Biologic Capability Expansion**   Biologics is a term generally used to include techniques such as gene therapy and stem cell therapy which represent important future therapies. Compared with trials of non-biological drugs, these trials introduce an additional level of complexity, including technique-specific regulatory and infrastructure requirements. With established successful stem cell and gene therapy trials our aim is to further develop this activity.   * **Medical Device Developments**   Building on our experience with the development of our MDαT, we will carry out a scoping exercise to explore the feasibility of sponsoring trials of non CE marked medical devices. This will be positioned alongside our plans to develop our work to facilitate translational research and early intervention testing.  **Delivery Plan for 2019-20**  Our key strategic plans for the year 2019-20:   |  |  | | --- | --- | | Target Date | Milestone | | Summer 2019 | Completion of academic staff development plan | | Autumn 2019 | Development of artificial intelligence and machine learning plan | | October 2019 | Complete proposal to expand biologic capability | | March 2020 | Extend commercial research portfolio |  |  |  | | --- | --- | | **Strategic Priority 7** | **Hotel and Conference Centre Development** | | **Strategic Lead** | **Director of Finance** |   The Golden Jubilee Conference Hotel is a unique hotel and conference centre for NHS Scotland patients, staff and partners. Its strategy aims to deliver a pivotal meeting and hospitality element of the GJF, an internationally renowned Healthcare campus, and a global centre of education, innovation and collaboration in health, hospitality and learning.  The key priorities for the GJCH are:   * **Driving Business Development** – this will focus on the consolidation and growth in NHS and public sector markets, international medical and healthcare markets with a GFJ wide business development plan. * **Supporting the Development of The NHS Scotland Academy** - develop the residential and logistics aspect of The NHS Scotland Training Academy * **Asset Management and Development** - will build on recent strategic infrastructure including bedroom upgrades and our aspiration to increase conference and dining capacity. * **Sustainable Investment Strategy** **Development** - this will recognise and seek to overcome challenges associated with the unique operating environment of the hotel as part of the GJF family. * **Patient Services** – playing a key role in the GJNH model of care and contributing positively to the patient pathway and experience detailed planning of future patient/relative room capacity will be carried out to ensure hospital expansion and regional priorities can be accommodated. * **NHS Conference Services** - As the recognised NHS and public sector conference venue we will reinforce and confirm the approach to the implementation of the national events strategy to enable the hotel to provide maximum value to NHS Scotland. * **Centre for Health and Wellbeing** - building on the transformation of the GJCH Health Club, the Centre will develop a revised strategy for Health and Wellbeing.   **Delivery Plan for 2019-20**  Our key strategic plans for the year 2019-20:     |  |  | | --- | --- | | Target Date | Milestone | | Summer 2019 | Agree revised patient services costing model | | Autumn 2019 | Completion of hotel and conference centre business development strategy | | October 2019 | Implementation of sustainable investment strategy | | March 2020 | Approve revised strategy for Centre for Health and Wellbeing | |
| **Annual Operational Plan (AOP) Standards** |

1. **31 days from decision to treat – lung cancer**

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| --- | --- | --- |
| **Measure** | **95% of cancer patients will be treated within 31 days from decision to treat** |  |
| **Current Performance** | 100% of patients met the 31 day standard, for 12 months to end of March 2019 | |
| **Scotland Performance** | 97.8% of patients met the 31 day standard, for Quarter 4 2019. | |

1. **12 Weeks Treatment Time Guarantee (12 weeks TTG)**

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| --- | --- | --- |
| **Measure** | **100% of patients will be treated within their 12 week Treatment Time Guarantee** |  |
| **Current Performance** | 92.7% of patients received their treatment within 12 weeks, for 11 months to end of February 2019 | |
| **Scotland Performance** | 72.4% of patients received their treatment within 12 weeks, for 11 months to end of February 2019 | |

1. **18 weeks Referral to Treatment (RTT)**

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| --- | --- | --- |
| **Measure** | **18 weeks Referral to Treatment (RTT 90%). Heart and Lung only** |  |
| **Current Performance** | 87.9% of patients on an 18 week RTT pathway were treated within 18 weeks, for 3 months to end of December 2018. | |
| **Scotland Performance** | 78.9% of patients on an 18 week RTT pathway were treated within 18 weeks, for 3 months to the end of December 2018. | |

Key actions to improve performance against the waiting time targets:

* Request to Scottish Government to continue to provide a mobile electrophysiology (EP)/cath lab
* Development of a business case and funding request for the development of a fifth cath lab to support increased coronary and EP activity
* Funding request to Scottish Government for increased operating days within Theatres to deliver increased cardiac surgery activity.

Full details of the funding requests can be found within the GJF Financial Plan 2019-20.

1. **First outpatient appointment - maximum 12 weeks wait**

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| --- | --- | --- |
| **Measure** | **95% of patients will receive a first outpatient appointment within 12 weeks (with stretch target of 100%)** |  |
| **Current Performance** | 100% of heart and lung patients received new outpatient appointments within 12 weeks, for 10 months to end of January 2019 | |
| **Scotland Performance** | 77.5% of patients received new outpatient appointments within 12 weeks, for 10 months to end of January 2019 | |

1. **Clostridium Difficile Infections (CDI)**

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| **Measure** | **We will achieve a maximum rate of 0.32 Clostridium Difficile infections (CDI) per 1000 acute occupied bed days (aobd)** |  |
| **Current Performance** | 0.02 cases per 1,000 acute occupied bed days, for 9 months to December 2018 | |
| **Scotland Performance** | 0.15 cases per 1,000 acute occupied bed days, for 6 months to September 2018 (National Health Protection Scotland’s (HPS) data not available for 2018/19 Quarter 3 at time of submission). | |

In the reporting period to December 2018 there had been one reported instance of a CDI during 2018/19.

We have a low incidence of Clostridium Difficile infections (CDI) and Staphylococcus Aureus Bacteraemia (SAB) and therefore sustaining this performance is challenging. The Board has adopted clear actions to achieve this and there is rigorous governance processes in place to support delivery of these AOP standards.

1. **Staphylococcus Aureus Bacterium (SAB)**

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| **Measure** | **We will achieve a maximum rate of 0.24 SAB infections per 1000 acute occupied bed days. Local target for GJF is to maintain a rate of 0.12 SAB infections per 1000 acute occupied bed days.** |  |
| **Current Performance** | 0.11 cases per 1,000 acute occupied bed days, for 9 months to December 2018 | |
| **Scotland Performance** | 0.17 cases per 1,000 acute occupied bed days, for 6 months to end of September (National HPS data not available for 2018/19 Quarter 3 at time of submission). | |

During the period April to December 2018 there were four reported instances of SAB infections. The type of specialist surgical care delivered at the GJNH, including the use of invasive devices, means there is a higher risk of bacteraemia than would be found in Boards providing a mixture of acute and long-term care. The Board has adopted clear actions to maintain the low instances of SAB infections with rigorous governance processes in place to support delivery of these Standards.

1. **Sickness Absence**

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| **Measure** | **We will achieve a Sickness Absence rate of 4%** |  |
| **Current Performance** | 5.23% for 12 months to end of December 2019 | |
| **Scotland Performance** | 5.43% for 12 months to end of December 2019 | |

Key actions to improve performance:

* Support staff to improve their physical health, including access to health and wellbeing services through their workplace. Work closely with “See Me” to improve the working lives of staff with mental health problems and ensure that those returning to work following ill-health are fully supported back into the workplace.
* Ensure staff are supported in work and able to adapt to changes in their health and wellbeing and remain in the workforce for as long as they wish.
* Implementation of One for Scotland Attendance Management policy and guidance to encourage and support staff to maximise their attendance and provide a framework to supportively manage staff where ill-health impacts their ability to attend work.

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| **Underpinning**  **Strategic Priority** | **Workforce Resilience** |
| **Strategic Lead** | **Director of Quality, Innovation and People** |

**Everyone Matters: 2020 Workforce Vision**

**Our 2019/20 priorities for action:**

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

* Launch the GJF People Strategy to build, sustain and develop our workforce now and for the future
* Equalities Mainstreaming report – publish our 2019-21 report highlighting our achievements
* ‘See Me’ Scotland’s programme to tackle mental health stigma and discrimination – continue to embed and realise the benefits of this programme.

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

* Refresh our approach to workforce planning to support the expansion of our services and changing service delivery.
* Joint Appointments - Work with other NHS Scotland Boards to explore opportunities for hard to recruit roles

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

* Implement the new recruitment system Job Train and pilot the new Once for Scotland way of working for the West Region for the recruitment of our staff
* Corporate Induction – implement our revised approach to induction for all new staff
* Embed TURAS Learn for all staff to ensure a consistent approach to learning and development

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

* Continue to work with West Dunbartonshire Council
* Support the Prince’s Trust to explore opportunities for young people
* Further explore apprenticeship opportunities with local providers, including graduate apprentices
* Deliver national Board integrated solutions across HR, Finance, Estates and Procurement

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

* Ensure leadership and development courses are reflecting developments at a regional and national level and refresh available opportunities
* Ensure coaching development from foundation level through to advanced roles with responsibility for supervising and developing other’s coaching practice.