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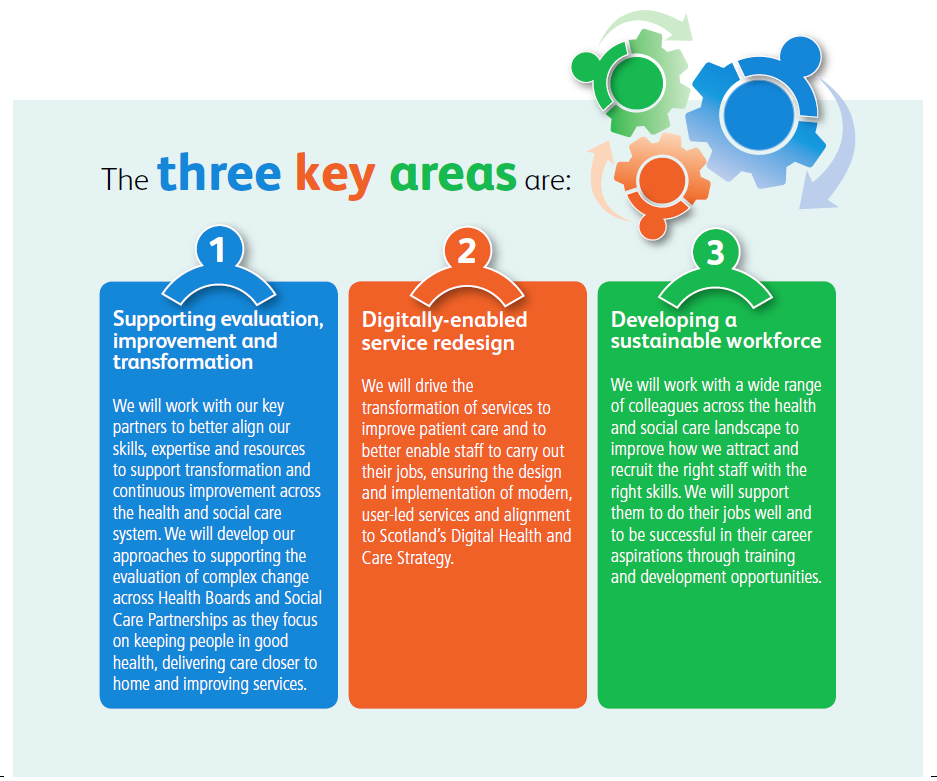
# Annual Operational Plans

# In our first Annual Operational Plan, submitted to the Scottish Government in February 2018, our key strategic priorities were laid out along with our contribution to the emerging Regional and National Boards Delivery Plans (currently Discussion Documents). These were underpinned by finance and workforce planning.

This mid year report provides information on how our key strategic priorities have progressed since the submission of our Annual Operational Plan.

# National Boards Collaborative Discussion Document

# The discussion document continues to focus on the three main themes, underpinned by the internally focussed transformation intentions and a sustainable financial framework:

The National Boards Discussion document has been submitted to Scottish Government and a period of engagement is now about to commence with a wide range of key stakeholders to further contribute to the plans laid within the document.

Following discussion with Regional Directors of Finance, Planning colleagues and Implementation Leads, the Scottish Government has approved a first release of transformation funding which is designed to deliver key collaborative schemes. A number in thefirst group of transformation bids are being delivered by National Boards.

Golden Jubilee continues to contribute to a range of National Boards collaborative programmes such as:

* Digitally enabled service transformation and utilisation of telehealth solutions in elective care patient consultations;
* Further development of the Golden Jubilee Training Academy concept to achieve sustainable workforce planning and contribute to the wider NHS Scotland Leadership Development Programme, Project LIFT
* Leading the national roll-out of the Golden Jubilee model of values based recruitment for Executive and Senior Appointments;
* The Procurement Functions of The Golden Jubilee Foundation and NHS24 merged in February 2018. The new collaborative service is performing well with no major issues being recorded.
* Service Transformation and Demand; and
* NSTEMI national roll out (later phase of transformational funding).

# Our Contribution to the West of Scotland Regional Design & Discussion Document

In 2015, the Scottish Government announced an ambitious plan to meet the future demand in key elective specialties. Due to the success of the elective services delivered at the Golden Jubilee, particularly Orthopaedics and Ophthalmology, the Scottish Government embarked on the national elective centres programme based on the Golden Jubilee Foundation’s proven model of care.

As a national NHS Board, the Golden Jubilee has a responsibility to ensure that our specialist knowledge base and capacity is fully utilised as a national resource. Supporting the Health and Social Care Delivery Plan’s aims of better care, better health, and better value, it is important that where we can support NHS Boards, this is done so on a fair and equal basis across the country.

The Golden Jubilee will continue to support the current numbers of patients that we treat across Scotland, but in addition we are also expanding to treat the projected increase in demand for the West region (NHS Greater Glasgow & Clyde, NHS Ayrshire & Arran, NHS Lanarkshire, NHS Dumfries and Galloway, NHS Forth Valley). This would guarantee parity, efficiency, and best practice across Scotland. Our expansion plans have been supported by the West of Scotland Boards and we look forward to working to benefit patients in the specialties we provide now and in the future.

As a West of Scotland regional planning partner, we firmly believe that working across traditional boundaries will be critical to building a person-centred and sustainable service that is fit for the 21st Century. The Golden Jubilee has always worked closely with other NHS Boards. Our heart and lung centre is a good example of this, which was a joint project involving the Golden Jubilee, NHS Lanarkshire and NHS Greater Glasgow and Clyde. The creation of this Centre has led to better patient outcomes and it is one of the best performing units in the UK. This Centre is also a prime example of the National Clinical Strategy’s view on regional planning of hospital services to improve patient outcomes.

The Golden Jubilee currently works with NHS Boards across Scotland to help ensure their patients meet the Treatment Time Guarantee. We look forward to continuing this support for hip and knee replacements, cataract surgery, scans, heart and lung surgery, endoscopy, and general surgery. We believe it is important that this regional (and national) perspective continues to fully inform the planning of developments across the country, especially the west of Scotland review of cardiac intervention.

The potential for shared recruitment between NHS Boards, making posts more attractive, is an area that is also being actively explored in order to rise to the challenge of the increasing demand in key specialties.

# L1 Strategic and operational delivery development in our Heart and Lung Services

In the 2018/19 Annual Operational Plan, the Board made a commitment to progress the following actions within the heart, lung and national services located at the Golden Jubilee National Hospital (GJNH).

* Continue the ongoing implementation of our Structural Heart Disease programme;
* Introduce Robotic Assisted Thoracic Surgery (RATS);
* Increase the deployment of our Organ Care System (OCS);
* Participate in developments in the National Organ Retrieval Service (NORS) review;
* Continue to offer patients the benefits of our Direct NSTEMI programme; and
* Continue lung transplantation scoping.

## Transcatheter Aortic Valve Implantation (TAVI)

In November 2017, approval was given to establish a second TAVI centre based at the GJNH. This service provides resource to the West of Scotland and complements the country’s existing provision provided by NHS Lothian.

TAVI is a minimally invasive procedure that allows for the replacement of a diseased aortic valve without the need for Surgical Aortic Valve Replacement (SAVR). The minimally invasive technique means that a cohort of patients who previously would not be offered surgical intervention (as the associated risks were too great) now have an alternative to palliative medical therapy. The development of TAVI has been recognised as an effective, evidence based treatment for inoperable patients or those at a high surgical risk.

The first TAVI procedures were carried out at the GJNH on 10 April 2018. As of 30 September 2018, 42 procedures had been performed with excellent clinical outcomes. Activity is progressing to plan with 84 procedures projected for the first year. As the volume of patients with a high operable risk has grown, it is envisaged that annual demand for the TAVI procedure in Scotland could reach 300 procedures per annum within three years.

## Introduce Robotic Assisted Thoracic Surgery

The predominant surgical approach at the GJNH for treating lung cancer is Video Assisted Thoracic Surgery (VATS). The VATS procedure allows for a minimally invasive approach to be taken and as such the patient experiences a quicker recovery time and reduced length of stay.

Robotic Assisted Thoracic Surgery (RATS) is recognised as the next step in the evolution of minimally invasive lung lobectomies.

The investment in a thoracic robot allows surgeons a 360 degree, 3DHD view of the patient’s chest. The robot is equipped with fully articulated instruments which are controlled remotely by the surgeon. Patient’s requiring complex or intricate procedures would previously have required open invasive surgery can now benefit from a minimally invasive procedure. Following approval of the first robot dedicated solely to Thoracic Surgery by the GJF Board in February 2018, the first RATS procedures at the GJNH were successfully performed in May 2018 and by early October, 23 RATS procedures have been carried out.

## Increase the deployment of our Organ Care System (OCS)

The Organ Care System (OCS) is a device designed to keep recently donated hearts warm and beating during transportation. This will increase the length of time which donated organs remain viable, the number of organs available for transplantation as well as the clinical outcomes for recipients.

Historically organs donated after circulatory death (DCD) have raised concerns over poorer myocardial function post-transplant when compared with donations following brain death (DBD). A pilot at Papworth and Harefield Hospitals has demonstrated positive results using OCS to improve clinical outcomes for transplantation of DCD organs.

The GJNH retrieval team went live with OCS during the summer of 2017, with the system having been used on three occasions as of 30 September 2018. On one occasion the organ was not viable and did not lead to transplant. A case has been well received by NHS Blood and Transplant (NHSBT) to begin a heart retrieval programme which will include obtaining organs after circulatory death.

## Participate in developments in the National Organ Retrieval Service (NORS) Review

The National Organ Retrieval Service (NORS) is a vital part of the transplantation pathway ensuring that donated organs are retrieved and available for implantation. The service is increasingly being lead by surgical transplantation fellows with consultants available by telephone or on site as an observer. Retrievals require the attendance of two medics, this continues to be delivered despite challenges to the retrieval and implant rotas due to small teams of staff.

Future developments in the service relevant to the GJNH cardiothoracic team include a national review of the NORs workforce, commissioned by NHSBT. The key area of change relevant to the GJNH will be the likely introduction of a formal Scout rota, and the potential development of Donor Care Practitioners.  This national review of the workforce is strongly supported as the scout function has been shown to increase the number of potential donor organs.  Further workforce redesign will be required as DCD becomes formalised across retrieval centres.

## Continue to offer patients the benefits of our Direct NSTEMI programme

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

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

In order to optimise the benefits of the reduced length of stay as a consequence of direct admission a bid to the Scottish Government transformation fund was submitted to extend direct NSTEMI across Scotland. If successful this work would commence from April 2019.

## Lung transplantation scoping

The Golden Jubilee is the UK’s only heart transplant centre which does not also provide a lung transplantation service. All patients from Scotland who require a lung transplant have to attend the Freeman Hospital in Newcastle. The development of a lung transplantation service is seen as a logical progression to the GJNH’s heart transplant service which was established in 2008.

The Board is continuing its lung transplantation scoping exercise in conjunction with the National Services Division (NSD). These include:

* Visits to provide context on how the current system is viewed and what aspects could be enhanced are being arranged with Scottish NHS Boards that refer patients to the Newcastle Freeman Hospital;
* Further exploration of options to deliver advisory support from a Respiratory Physician to enable service modelling; and
* Work to develop a Stage 2 submission to the National Specialised Services Committee (NSSC), who undertake the commissioning of highly specialised services for patients in Scotland, is being worked on by the Board and NSD.

# L2 Development of the new Elective Care Centres and our commitment as a national resource

**Waiting Times Improvement Plan**

The Waiting Times Improvement Plan was published in October 2018. The plan builds on the work of the Scottish Access Collaborative and outlines the steps and timescales alongside the additional investment required to support the identified deliverables for the next 30 months. An oversight board, to be jointly chaired by Jill Young and Malcolm Wright, will be established to oversee the actions of the plan. The plan contains specific commitments to expand the Golden Jubilee Hospital’s capacity:

* Purchase of an additional CT scanner to provide an additional 10,500 images annually;
* Increase interventional cardiology capacity through the use of an interim mobile Cath Lab to deliver an additional 400 procedures;
* The development of an additional Cath Lab to increase capacity by 800 procedures per annum;
* The number of cataract procedures being performed to be increased by 600 annually by increasing the number of cataracts performed in the mobile theatre;
* Undertake an additional 600 endoscopies between September 2018 and March 2019 and 1,200 endoscopy procedures for 2019/20; and
* To provide additional general surgery activity (from 2019/20, subject to recruitment).

The plan also recognises improvements made by the Golden Jubilee Theatre Improvement Group and their positive impact on reducing orthopaedic and ophthalmology cancellations.

## National Elective Care Centres Programme

The National Elective Care Centres Programme was initiated to ensure that best practice models of care were replicated across the country in orthopaedics, ophthalmology and other strategic specialty areas. This will have the effect of making the patient’s pathway: smoother, more accessible, less complicated and with a reduced chance of delay.

The changing demographics of Scotland’s population are leading to an increasing demand for cataract procedures. The GJNH’s ophthalmology service is predicted to grow by 12.3% in the 2018/19 financial year, with an aim of 7,650 procedures being carried out. Activity is currently slightly behind plan for the year, with 3,021 procedures having been carried out against a target of 3,205, as of 31 August. A recovery plan is in place and it is hoped that the full year target will be delivered. The Board have overcome some initial challenges which include:

* The recruitment of ophthalmology consultants;
* Improvements to the mobile Vanguard unit have meant that, from May 2018, capacity has been increased from six to seven patients during a session. Seven patients per session is now standard practice in the Vanguard unit and the main Ophthalmology theatre;
* A focus on improving cancellation rates has seen a sustained reduction in on the day ophthalmology cancellations. With the cancellation rate reducing from a median of 4.2% in 2017/18 to 1.5% reported in October 2018.
* A system has been introduced whereby if a patient has been cancelled on the day of surgery, our clinics are contacted to see if they have any pre-assessment patients willing to have their surgery completed that day. This ensures theatre slots are utilised and not unused;
* A reduction in the cost per procedure has been achieved within theatre. This has been achieved by working closely with suppliers, procurement and pharmacy; and
* A pilot programme with NHS Fife has successfully proven that patients can receive a consultation at their local eye department with the assistance of either an Optometrist or Specialist Nurse. These professionals can then link with a GJNH consultant via video link. This new style of consultation has worked well and has improved the patient experience whilst reducing their need to travel. A report has been compiled with recommendations following the pilot and this will be circulated to other Health Boards.

Orthopaedic procedures (adjusted for complexity) are ahead of plan for the year as of 31 July with 1742 procedures carried out against the target of 1699. The GJNH orthopaedic service undertakes procedures for every Health Board in Scotland. The national outlook of the service is being supported to help improve the patient experience and reduce unnecessary travel by:

* The use of Video Conferencing (VC);
* GJNH surgeon’s attending outreach clinics in NHS Highland; and
* Anaesthetic clinics in Shetland and Western Isles to reduce avoidable cancellations.

The GJF has invested resources into the development of a small number of ward based Enhanced Monitoring Unit (EMU) beds. By providing safe, high quality enhanced monitoring care to moderate to high risk patients in the ward this has helped to reduce the number of Orthopaedic bed days within the High Dependency Unit (HDU).

## Golden Jubilee Elective Care Hospital Expansion Programme

In December 2016 the publication of the Health and Social Care Delivery Plan saw a commitment to expand the existing services at the GJNH by 2021. The expansion of the GJNH was split into two phases. The first phase will increase capacity within ophthalmology with the second phase increasing orthopaedic surgery and other elective specialties capacity. The progress and achievements of the expansion programme are detailed below.

## Phase 1 - Ophthalmology Expansion

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

## Phase 2 – Orthopaedics and other Surgical Elective Capacity Expansion

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

The GJNH expansion team has had significant engagement with partners. Various programme events have been held in order to reach out to a variety of stakeholders; including:

* Patients
* Staff
* Volunteers
* Third sector representatives

The West Engagement Group continues to meet and engagement is ongoing with the North and East regions. These meetings have proved fruitful when it comes to shared learning and best practice across the various elective centre projects in Scotland.

A Community Benefits Plan is in place and the Board is working closely with West College Scotland to provide additional community benefits and learning opportunities for students.

# L3 Increasing and supporting Innovation and Research

The Golden Jubilee Research Institute (GJRI) continues to exceed its research targets. Key highlights from quarter one of 2018/19 include:

* 10 approved research projects against a target of 8;
* The average length of time it takes to approve a new research project is 3.1 days, this compares favourably against a target of 30 days;
* 100% of studies being fully recruited to against a target of 85%;
* The relationship between the Golden Jubilee and the Royal College of Physicians and Surgeons of Glasgow continues to strengthen. This will provide stability to the College as the Board will continue to host their examinations;
* The Golden Jubilee Motion Analysis Lab (MAL) opened in May 2017 – motion analysis is now an established outcome measure for orthopaedic research projects and
* Finally, the GJRI hosts a number of research projects which are sponsored by a local health tech company. This is maturing into a beneficial relationship with the focus of developing new diagnostic services for cardiovascular conditions.

## Strategic Partnerships

The GJF’s strategic partnerships continue to expand and return excellent benefits to the GJF.

* Intuitive Surgical (DaVinci Robot) are committing to future investment for research and clinical support.
* Our partnership with Stryker has progressed and they are now scoping out the implementation of the OBERD database. This will provide the GJF with access to supported worldwide Orthopaedic evaluation to support future research projects.
* Zimmer Biomet has identified the GJF as a centre for hosting their Alpha Defensin Lab for early detection of bone infection. Negotiations are progressing and if agreed all income generated would be directed into The Innovation Fund for Scotland.
* Cleveland Clinic in Ohio’s Innovation Team are collaborating to grow a ‘Once for Scotland’ innovation alliance.
* Syncrophi’s commercial partnership with the GJF is moving to agreement with all income generated directed towards The Innovation Fund for Scotland.

## Medical Devices Alpha Test (MDαT)

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

## Quality Framework

The Quality Framework Business Plan has been completed with the inclusion of the identification of potential target audiences. The migration of the system’s platform from Micro Strategy to Tableau was completed in August 2018. Once testing has been fully completed in late 2018, the Business Plan will then be implemented. All generated income will be directed toward The Innovation Fund for Scotland.

# L4 Delivery of the Golden Jubilee Conference Hotel Strategy

The Golden Jubilee Conference Hotel (GJCH) continues to be an integral part of the GJF. Having this facility on site ensures that a number of essential hospital services run more smoothly. The GJCH continues to provide patient and family accommodation to ensure that family members are close to their relatives to provide support and care during their procedure at the hospital. The Hotel provided 5592 rooms to patients and patient’s families between April and September 2018. This plays an essential role in supporting the Transplant service and day of surgery admission (DOSA).

In April 2018 the GJCH was named as the Conference Hotel of the Year at the 15th annual Scottish Hotel Awards. This was in addition to receiving the award for Excellence in Hotel Conference Facilities and being named Business Hotel of the Year at the 2017 Small Business awards. At the inaugural Working4Business awards the GJCH won the Success Through Sustainability award. A TripAdvisor Certificate of Excellence has also been received for the last seven years in a row.

## 2020 Strategy

The GJCH 2020 strategy was approved by the Board in 2014. It provided a roadmap to develop the Hotel as an international venue element of a globally renowned innovation campus. As part of the GJCH Strategy 2020, a major bedroom remodelling was undertaken in 2017/18 with 39 bedrooms completed. There has been a positive impact on bedroom sales as a result of a refreshed digital branding and both direct and online sales have improved.

# Performance

## Delivery of Wait Times

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

The Boards performance outlined below relates to the period 1 April 2018 to 31 August 2018:

* More than 97% of patients were treated within the TTG.
* Cardiology: 91.2% of cardiology procedures were performed within TTG. There remains a consistent high demand for Interventional Cardiology. Referrals continue to exceed available capacity. As a consequence of this treatment is being delivered beyond the 12 week TTG. A recovery plan has been developed with the Scottish Government with additional cath lab sessions being delivered where possible and a plan to bring a mobile cath lab onsite from January 2019. Our Electrophysiology (EP) service also faces significant demand with patients exceeding their TTG. This is exacerbated by a number of factors including the ongoing double clinics which are being undertaken at Greater Glasgow and Clyde. Additional EP lists are being run and a review of referral criteria is ongoing. Reducing patient waits remains a priority for the service.
* Cardiac surgery: 93.2% of cardiac procedures were performed within TTG. Urgent and emergency inpatient cardiac referral requests remain high however increased activity has reduced the impact on elective patients and minimised the number of 12 week TTG breaches. Opportunities are being scoped out within the theatre suite to extend the theatre day. This would support increased activity and reduce cancellations which would positively impact the management of patients within their TTG.
* Ophthalmic surgery: All (3,020) patients were treated within the 12 week TTG.
* Orthopaedic surgery: 99.1% (1,952 out of 1,970) patients were treated within the 12 week TTG.

## Cancer Treatment Target (31 days)

As of the end of August 2018 we had treated 100% of cancer patients within 31 days, meeting the waiting times target in every month. The maximum wait for treatment was 31 day with some patients being treated on day one following decision to treat. The monthly median in this period varied from 12 to 17 days.

# Financial Plan

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

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

The year-to-date (YTD) results to 31 August show a total surplus of £673k. This includes both core and non-core expenditure, this is in line with the forecast in the finance plan. This planned surplus is made of the following:

* Income – above target by £984k YTD;
* Core Expenditure – overspend of (£328k) YTD; and
* Non-core Expenditure – underspend of £17k YTD.

At the end of August capital expenditure is £710k; this is line with the plan for the year as the majority of expenditure routinely takes place in the second half of the year.  This is monitored on a regular basis by the capital group.

Total efficiency savings delivered to date were £1.389m against an LDP target of £1.215m, reporting £174k favourable performance against plan at this stage. This is ahead of the planned trajectory due to a phasing surplus and we expect to meet our Board efficiency savings annual target at this stage.

## Additional Capacity to support Territorial Boards

Scottish Government have confirmed support and associated revenue funding (non-recurrently) for proposals to increase overall capacity to assist Territorial Boards from 2018/19 in the following service areas:

* General Surgery capacity request for additional days with additional activity provisions of up to 250 cases on a full year basis with in year 2018/19 numbers to be finalised subject to recruitment
* Ophthalmology capacity request for additional day provision in Ophthalmology Mobile Theatre providing 600 cases on a full year basis with in year 2018/19 numbers to be finalised subject to recruitment
* Endoscopy capacity request for additional 1200 scope procedures in 2018/19 and agreed funding of £771k
* CT scanner revenue costs provision of additional 10,500 cases per annum with in year 2018/19 numbers to be finalised subject to recruitment
* Coronary Intervention and EP activity expansion for up to 734 cases on a full year basis and funding approved of £1.185m

The Board is progressing plans to recruit to staffing associated with the above capacity in addition to implementing additional service provision.

# Everyone Matters: 2020 Workforce Vision

The ‘Everyone Matters: 2020 Workforce Vision’ recognises the key role the workforce plays in responding to the challenges faced by NHSScotland. It asks Boards to embed core values which are shared across NHSScotland to improve patient care and overall performance.

During 2018/19 we have advanced the following actions:

## 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.

* To support staff with mental health issues within the workplace a staff questionnaire will be launched with See Me in November 2018.

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

* Our apprenticeship programme continues. Within the current year no suitable vacancies have arisen which could be offered as an apprenticeship. Our Recruitment Manager continues to explore all opportunities as vacancies arise.
* Our Recruitment Manager continues to attend career events with local schools and support work experience and school placements throughout the year. Recruitment events are planned with City of Glasgow College in October and Caledonian University in December. In October we shall also attend Skills Scotland Glasgow, this supports young people transition into the world of further study, work or training by supporting their ideal career pathway. Further events will be planned during the year.

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

* TURAS Appraisal was launched in April 2018 with eESS launched in May 2018. Classroom training in the new systems was delivered for managers and staff by the Human Resources team. Standard operating procedures are widely available to support users on both systems.
* A workforce plan to support the expansion of the Board by current staff undertaking lead project roles in developing the organisation will be finalised in November 2018.

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

* Collaborative working with West Dunbartonshire Council and Job Centre Plus to reduce inequalities across West Dunbartonshire.
* The Human Resource Shared Services workstream has developed a new target operating model which has been agreed with the National Board Chief Executives.
* In May 2018 a pilot British Sign Language training course was delivered in conjunction with West College. Opportunities to deliver and fund further sessions with West College are being explored.

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

* Work to agree a standard approach to management and development across all National Boards is continuing with a view to linking to Project Lift. Project Lift is a collaboration between the Scottish Government, NHS Education for Scotland, National Services Scotland and the Golden Jubilee National Hospital. It is a single team and digital platform supporting the development of leadership capability and capacity to transform health and care.