

**Annual Operational Plan**

**2018-19**

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##### Chief Executive and Chair Introduction

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

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

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

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

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

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

Our Board Values are:

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

**Annual Operational Plans**

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.

##### They have reflected this period of change in a request to Boards to submit an Annual Operational Plan for 2018-19 as a replacement to the Local Delivery Plan, shared and aligned with the strategic plans of the relevant partners. This plan is to be focussed primarily on performance, finance and workforce, concentrating on the key standards that are most important to patients. This is designed to enable a greater understanding of local planning and its alignment with Regional and National Planning processes.

In this first Annual Operational Plan we lay out our key strategic priorities and our contribution to the emerging Regional and National Boards Delivery Plans. This plan is underpinned by finance and workforce planning.

**National Boards Collaborative Plan**

Golden Jubilee Foundation is an active member of a number of workstream groups set up by the National Boards to increase levels of collaboration to meet key delivery priorities as outlined in the Health and Social Care Delivery Plan.

The National Board Plan 2018-23 will be submitted to Scottish Government at the end of March 2018. This paper provides a summary of the emerging plan for Board meetings prior to the submission deadline and is to endorse the general principles and direction of travel. Further engagement with Scottish Government, regions, territorial boards and social care partners will be required before the plan is finalised and workstreams which will involve Boards collaborating to deliver the plan will require further discussion and sign-off at future Board meetings to ensure the appropriate governance of investment and resource decisions.

As national boards we will support the *Health and Social Care Delivery Plan,* providing services that meet changing national, regional and local needs. Our plan will be closely aligned with regional plans and will support Scottish Government policy including the *National Clinical Strategy, Realistic Medicine* and the *Everyone Matters: 2020 Workforce Vision.* The plan will bring together collaborative teams to meet the challenges described in the regional plans and from our own analysis, helping to tackle the challenges of health inequalities, an ageing population and restricted budgets. The plan will involve developing new areas of collaborative work, distinct from ‘core business’ and underpinned by national evaluation, improvement and transformation services.

National Board Plan

Underpinning this plan are the following principles; we will

* use existing capacity and capability wherever possible
* focus on potential impact and added value
* focus on priorities where we can achieve most by working together
* not limit our level of ambition
* work in partnership across health and social care

1. **Evaluation, Improvement and Transformation**

The national boards have a wealth of resources which can be better linked and made available to support transformational change. The plan will aim to develop national evaluation, improvement and transformation services to support all aspects of the *Health and Social Care Delivery Plan.* These services will help develop more integrated partnership approaches to service delivery and will strengthen support for transformational change through a collaborative operating model supported by data and analytics and evaluation expertise.

This will involve developing national evaluation, improvement and transformation services which:

* bring together expertise and capacity to support transformational change alongside the development of a culture of continuous improvement;
* provide self-service data and modelling tools for planning, improvement and change and a ‘virtual laboratory’ for scenario testing;
* bring together research and evaluation expertise to support system wide improvement and transformation which also spreads learning; and
* maintain a strong focus on public health and supports the transition to a new public health landscape underpinned by population health intelligence and data and modelling tools.

Some of the benefits that are expected to accrue from this approach are:

* accelerating the shift in the balance of care and reduced pressure on services;
* higher quality care at less cost;
* an integrated and accessible national framework for change;
* better sharing of good practice and effective models of change;
* better alignment of workforce, service and financial plans;
* better service planning supported by data over a longer timescale;
* a better understanding of the evidence base for effective change;
* a joined-up approach to public health at a national and local level; and
* improved access intelligence and data and modelling tools.

1. **Digitally Enabled Service Transformation**

Digital innovation is a key enabler of service transformation and will be a constant theme across the plan to support the *Digital Health and Care Strategy*. Digitally enabled services will help people manage their own health and ensure staff have the skills to deliver digital solutions and use data to improve standards, freeing up clinical time to focus on complex cases and cases where direct clinical input is required.

This will involve helping to drive service redesign in conjunction with users at national, regional or local levels (supported by national evaluation, improvement and transformation services) which:

* improve elective and outpatient care to ensure people are directed into the most appropriate care pathway;
* provide triage and specialist paramedic practice support which relieves the pressure on primary and unscheduled care;
* provide digitally enabled unscheduled mental health services which complement local services and improves access to professionals;
* provide alternative care pathways for older people into community services;
* help to deliver the *Digital Health and Care Strategy,* providing consistent digital architecture and a national approach to information governance;
* provide national cloud-based business systems which enable more effective; shared services models, reduce cost and improve analytics; and
* develop a workforce confident with providing digitally enabled services.

Some of the benefits that are expected to accrue from this approach are:

* care pathways that better meet people’s needs and free up resources;
* services that are easier for people to use and don’t waste time and money;
* reduced acute out-patient demand though less face to face consultation;
* reduced demand on primary and unscheduled care and less acute referrals;
* public engagement that creates ownership of digital and its benefits;
* common technologies that can be built and procured once;
* people more able take control of their own health and wellbeing;
* the ability to more easily scale up proven digital innovations; and
* a more digitally ready workforce around the clock easily accessible services.

1. **A Sustainable Workforce**

Redesigned services will require a reshaped workforce supported by data that enables workforce planners to model demand and projected supply. The plan will have a strong workforce element to help improve workforce planning, recruitment and retention, attraction and education and training.

This will involve helping to develop national workforce initiatives, (supported by national evaluation, improvement and transformation services), which

* improve workforce planning with a better match between supply and demand along with new guidance, a data platform and training;
* provide *eRostering* to improve staff deployment and help employees to better manage their working lives;
* develop recruitment, attraction and employee engagement through a *Digital Portal* and enhanced employer brand;
* put in place a new national approach to youth employment;
* establish national education and training commissioning along with guiding principles for *Recognition of Prior Learning* (RPL);
* roll out a national cloud-based learning management system;
* strengthen leadership, talent management and performance appraisal and develops national support to work with local systems; and
* deliver national models of employment and employment policies.

Some of the benefits that are expected to accrue from this approach are:

* better workforce planning over a longer timescale and upskilled planners;
* better alignment of workforce, service and financial plans;
* employees better able to manage their own working lives;
* improved recruitment, retention, talent management and staff engagement;
* better awareness and opportunities for young people;
* better recognition, transferability and access in relation to learning;
* an enhanced talent pool and improved succession planning;
* increased leadership capacity and capability for transforming services; and
* improved employment transferability to support national and regional models.

1. **Financial Framework and Investment Case**

We recognise the continuing financial challenge for the whole system and the importance of a robust financial framework to support the plan. The financial framework will outline the consolidated financial position of the national boards over the next five yearsand the economic impact of delivering the work in the plan.

The financial framework will be based on developing a culture of sharing risk and cost underpinned by a commitment to value for money (return on investment) in the delivery of core individual operations and collaborative work. The overarching aim is to create capacity and capability to support the health and social care system and manage the ever-increasing demands for services and the associated workforce challenges. The investment case to support the plan will be based on the principle that we will utilise existing national infrastructure to reduce the pressures on individual organisations and achieve economies of scale.

The key delivery priorities for Golden Jubilee which link to the National Board Collaborative Workstreams are:

* Digitally enabled service transformation and utilisation of telehealth solutions in elective care patient consultations;
* Contribution of local quality improvement expertise to the wider national development of an Improvement and Transformation Service;
* Further development of the Golden Jubilee Training Academy concept to achieve sustainable workforce planning and contribute to the wider NHS Scotland Leadership Development Programme;
* National roll-out of the Golden Jubilee model of values based recruitment and taking a lead role in HR shared services work;
* Delivering as a pilot site for the new Executive Digital Appraisal system;
* GJF are leading on a project to introduce tighter controls on hospitality and events management across the National Boards. This includes maximising use of NHS specialist conferencing facilities which have been developed to support NHS Scotland;
* Continue to support and to implement national approaches delivered on a regional basis in areas such as Procurement, Estates and Facilities, Planning; and
* Participate fully in shared support services arrangement, including taking over the delivery of Procurement Services for NHS24 from January 2018.

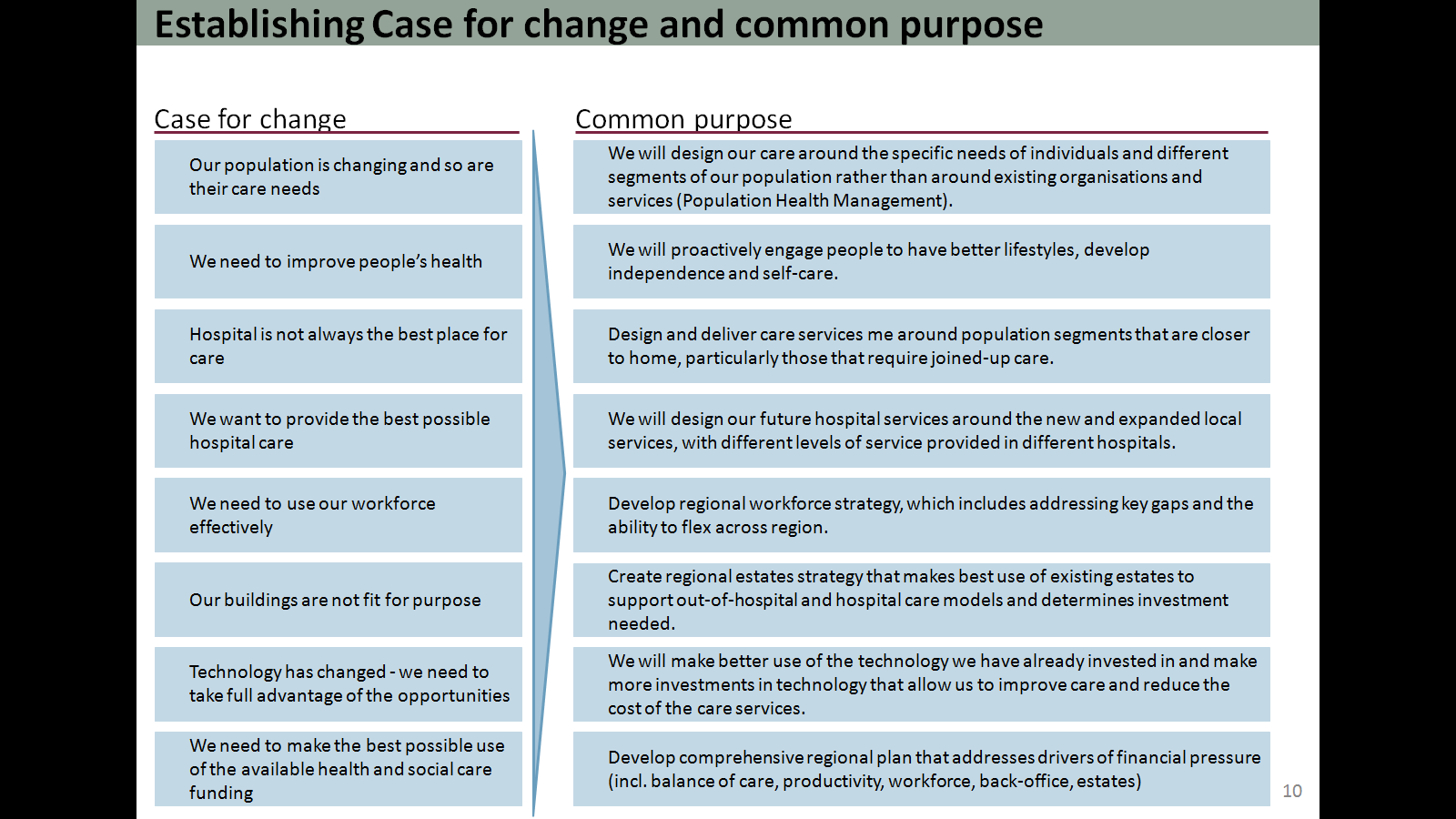
**Our contribution to the West of Scotland Regional Delivery Plan**

The Health and Social Care (H&SC) Delivery Plan described a commitment to put in place new arrangements for regional planning of services on a population basis, and to plan and deliver services that were sustainable, evidence based and outcomes focussed.

To achieve these aims the Scottish Government has commissioned Regional Delivery Plans for each of the three regions (North, East and West). The Plans will set out how the health and social care systems in each region should be designed to help people live longer, healthier lives at home or in a homely setting with access care that is integrated, high quality and puts them at the centre of all decisions, and helps them get back into their home or community environment as soon as appropriate.

For the West of Scotland, this involves joint working across five territorial NHS Boards, 15 Health and Social Care Partnerships, 16 Local Authorities, a number of Third Sector organisations and five National Boards including the Golden Jubilee Foundation. In working together the aim is to develop a plan which will improve health and wellbeing, improve workplaces and deliver best value for the region’s population of 2.7 million people.

The plan will recognise the following case for change and articulate the common purpose:

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The West Regional Delivery Plan will comprise the following components:

1. Financial Plan
   * Articulating investment plans and core components driving change in the next five years, setting out what and how will they impact on expenditure forecasts
   * Set out the profile for both investment and efficiencies
   * Create an environment for sustainability
   * Set out level of investment in infrastructure and digital.
2. Workforce Plan

* Set out the challenges and opportunities within the workforce, identifying regional approaches to recruitment and development of skills and roles across the health and social care workforce where appropriate

1. Communications and Engagement Strategy

* Developing a communication and engagement strategy; working with Scottish Health Council Support.

Collaboration and participation will be key in the development and delivery of the West of Scotland Regional Plan. Throughout the process there will be meaningful involvement of patients, carers and local communities by each Board. Our staff also have a vital role to play; through an inclusive approach and early engagement our staff will learn first hand about the Regional Delivery Plan as it affects them, and be involved in planning the Board’s response as we move forward.

The Golden Jubilee is an active participant in this planning work. Our Executive and Clinical Teams are represented across the oversight and workstream groups associated with the Regional Planning agenda. We are also unique as the only national Board which is a full member of the West Regional Delivery Group as a provider of regional heart and lung services.

The first draft of the West Regional Delivery Plan which will outline the future plan and a roadmap to delivery is under development and is scheduled for signed off by the Region and associated Boards by the end of March 2018. Following this the Golden Jubilee is ready to develop internal arrangements and plans to support delivery of the Plan while working proactively with our NHS Scotland colleagues and wider contacts to ensure its success.

# **L1 Strategic and operational delivery developments in our Heart and Lung Services**

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

During the year 2018/2019, within our heart, lung and national services we will:

* Continue with the ongoing implementation of our Structural Heart Disease Programme
* Introduce Robot Assisted Thoracic Surgery
* Increase the deployment of our Organ Care System (OCS)
* Participate in developments in the National Organ Retrieval Service Review (NORS)
* Continue to offer patients the benefits of our Direct NSTEMI programme
* Lung transplantation scoping
  1. **Structural Heart Disease Programme**

During the Board Annual Review in 2017, the Cabinet Secretary was updated on our progress and plans to formalise our future Structural Heart Strategy extending over the next 5-10 years. The future strategy for the Structural Heart Disease (SHD) programme will be presented as a discrete chapter within the forthcoming Cardiology Strategy.

The SHD Strategy will reflect work underway to establish a West of Scotland Transcatheter Aortic Valve Implantation (TAVI) service at Golden Jubilee now that the Scottish Government has approved the extension of the TAVI service to a two centre model.

It will also specifically describe our strategic vision for ongoing developments within the following procedures:

* Left Atrial Appendage Occlusion (LAAO);
* Mitraclip;
* Patent foramen ovale closure (PFO); and
* Minimally invasive surgery.

It will also address the specific opportunity to extend access to Pulmonary Artery Balloon Angioplasty for SPVU patients and possibly to a wider population to assist with existing capacity challenges in the UK.

* 1. **Robot Assisted Thoracic Surgery**

The Board has been tasked with leading on the innovation agenda for Scotland and, as such, has recently supported a case to introduce robotics in surgery to improve our patients’ safety and clinical outcomes. Robot-assisted thoracic surgery (RATS) is recognised as the next step in developing minimally invasive lung lobectomy.

The predominant surgical approach used at GJNH in treating lung cancer is minimally invasive Video Assisted Thoracic Surgery (VATS). Since its establishment in 2013, the VATS service has gone from strength to strength; and GJNH is now a UK leader for VATS lobectomy.

While VATS continues to deliver patient benefits with regards quicker recovery and reduced length of stay versus open thoracotomy, new techniques with the potential to further improve clinical outcomes and drive efficiency have been developed.

The scale of the GJNH Thoracic Service combined with the expertise in clinical research found within the Consultant body and the co-location with the Golden Jubilee Research Institute (GJRI), mean that GJNH would be ideally placed to lead a Level 1 trial investigating the efficacy of RATS as opposed to other techniques.

The Board will now implement a robot assisted surgery programme for Thoracic Surgery during 2018/19. This development will improve access to minimally invasive surgery for our patients, and provide opportunities for research which will progress surgical practice.

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

Following training of the Golden Jubilee National Hospital (GJNH) retrieval team, on the Organ Care System (OCS), 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.

Historically concerns have existed about heart function post-transplant for donations after circulatory death (DCD), with donation after brain death (DBD) being preferential. A pilot at Papworth and Harefield Hospitals has had positive results using OCS to improve outcomes for transplantation post DCD.

As of February 2018 the GJNH retrieval team have used OCS on two occasions. During its first use the lack of suitability of the organ did not result in a transplant. The second OCS retrieval was more successful and did result in transplantation. During 2018/19 it is expected that OCS will be used to assist in the successful retrieval of at least three DBD hearts at which point approval will be sought from NHS Blood and Transplant (NHSBT) to begin a DCD heart retrieval programme.

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

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 the development of a joint scrub nurse role and a funded scout service. The scout rota will require the development of Donor Care Practitioners and as DCD becomes formalised across retrieval centres, further workforce redesign will be required. NHSBT are actively engaged with reviewing the national workforce impact of the NORS service, with an implementation date set at April 2019.

## **Direct NSTEMI (Non-ST-Elevation Myocardial Infarction) programme**

The direct NSTEMI programme has now been fully embedded and is operating successfully. Patients from NHS Greater Glasgow and Clyde, Dumfries and Galloway, and Ayrshire and Arran who have suffered an NSTEMI heart attack and who have the highest risk scores are now admitted directly to GJNH rather than their local hospital, giving them quicker access to specialist treatment. Prior to the introduction of the direct NSTEMI service, these patients were waiting an average of 116 hours in their local hospital prior to transfer. Direct admission for these patients has resulted in an average reduction in the inpatient stay prior to procedure of 92 hours per patient.

As well as supporting better patient outcomes there are clear economic benefits to the region. The median stay for an interhospital 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. Based on a figure of £600 per bed day (in coronary care), it is estimated that the financial saving to the region during the first 14 months of the programme was £760K.

The results of the NSTEMI programme have been shared nationally with units in England in the process of replicating the GJNH practice. The Regional and National Medicine Management Team are working to demonstrate the potential of rolling this GJNH initiative out across Scotland and other UK centres.

## **Lung Transplantation**

Following actions outlined within our Board Local Delivery Plan and agreed with Scottish Government at the Board Annual Review in January 2016, and as noted in the minute of Annual Service Review, NHS National Services Division (NSD) are 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. Indeed comparing the transplant rate in the UK alone, while the overall rate of lung transplant for British patients was 2.4 transplants per million population in 2014 (approximately), for Scottish patients it was only 1.5 per million population suggesting a significant unmet need.

The scoping exercise began in 2016 with a visit to Mater Misericordiae Hospital in Dublin to view their lung transplantation service. Data describing the anticipated outpatient and inpatient activity associated with a repatriated Scottish lung transplant service was sourced and analysed. In September 2017 a team from GJ and NSD met a multi disciplinary group from the Freeman Hospital in Newcastle and were provided with further information regarding the delivery of the service to Scottish patients.

The GJ 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 Golden Jubilee and are preparing documentation to be submitted via the National Specialist Services Committee and associated national approval routes.

**1.7 Scottish National Advanced Heart Failure Service (SNAFHS)**

Transplant activity continues to perform well with ten transplants having taken place during 2017/18 as at 16 February 2018. A new consultant has been welcomed to the team, who will support strengthening relationships with centres out with the West of Scotland and aims to increase the rate of appropriate referrals to the National Service.

The new super urgent organ allocation system became operational during 2017. A review is planned for 2018/19 to assess how changes to the allocation system have impacted the Scottish Transplantation Service.

Through funding redesign an additional Transplant Coordinator / Specialist Nurse was appointed in 2017/18, reducing the out of hours commitment to the existing team and providing a more robust specialist nurse support service to these complex, long term patients

A business case was approved by National Specialist Services Committee to support an increase in the medical team from April 2018, initially on a non recurring basis. This will ensure appropriate governance around reporting cardiac imaging and MDT attendance.

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

It is planned for 2018/19 to extend the SPVU outreach clinics with the existing Aberdeen clinics expanding from four to six per year and through ongoing discussion with NHS Lothian, to initiate an East of Scotland outreach clinic.

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

The Scottish Adult Congenital Cardiac Service (SACCS) monitors and reviews its cohort of patients on a regular basis; the number of patients within the national service brings challenges for ensuring that all are reviewed appropriately. The service is currently progressing several actions to increase capacity, including additional weekend clinics, increased nurse led clinics, larger existing clinics with additional input from the Senior Registrar and reviewing of consultant job plans to increase clinic capacity.

A programme to support the establishment of regional Adult Congenital Health Disease (ACHD) clinics has been completed which has seen the repatriation of West of Scotland patients to their territorial boards, with the final ACHD clinic held at GJNH on 8January 2018.

With the establishment of regional ACHD clinics the SACCS team is keen to increase their outreach presence in the West of Scotland. This will help to support patients being managed locally and identify patients who would benefit from referral to the national service for infrequent but regular specialist investigation or review.

The development of national standards for congenital heart disease is ongoing and is being led by NSD. These standards are eagerly anticipated by the clinical teams and the patient support groups. If accepted there will be some fairly significant gaps in the service at a national and local level. A high level gap analysis has been submitted to NSD with work ongoing to agree timescales to implement the standards.

**L2 Development of the new Elective Care Centres and our commitment as a**

**national resource**

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

**Membership of the Scottish Access Collaborative Programme**

The Scottish Access Collaborative (the Collaborative) was created in October 2017 to sustainably improve waiting times for patients waiting for non-emergency procedures. GJF has representation on the Collaborative through our Chief Executive.

The Scottish Government is committed to transforming the way elective care in Scotland is delivered, in a co-produced way, to ensure it is fit for the changing needs of a 21st century Scotland.

The Collaborative, which is made up of a range of professional bodies including the Scottish Academy of Medical Royal Colleges, patient representatives and service leaders, developed a number of fundamental principles that will shape and prioritise the way services are provided in the future.

It will build on and incorporate existing national strategies, for example, the modern outpatient programme, flow programmes and access support, with the aim of working with and influencing both the clinical and public culture and attitudes to achieve more effective and faster service change and appropriate demand management – realistic medicine**.**

The six key principles that will form the basis for redesigned services and target resources to deliver the required and sustainable transformation of elective services in the future are:

1. Patients should not be asked to travel unless there is a clear clinical benefit, and that any changes should not increase the workload for primary, secondary or social care
2. All referrals should either be vetted by a consultant/senior decision maker or processed via a system wide agreed pathway - value vetting.
3. Referral pathways (including self-management) should be clear and published for all to see
4. Each hospital and referral system should have a joint and clear understanding of demand and capacity
5. Each local system should have a clear understanding of access to diagnostics as part of pathway management
6. Improved and published metrics including how we record and measure virtual/ tele-health / tech-enabled care

**National Elective Care Centres Programme**

The National Elective Care Centres Programme Board is chaired by the GJF Chief Executive. The purpose of the programme is to respond to current and projected pressures on elective care services across NHS Scotland from a growing elderly population, a rising demand for interventions, a commitment to treat people within a reasonable timescale, competing pressures from unscheduled care, and limitations on available resources.

The programme intent is therefore to increase service capacity in order to deliver sustainable waiting times for patients, improve service effectiveness and the patient journey, and to deliver high volume elective procedures while maintaining a safe service provision. The Programme Board is also ultimately responsible for overseeing the elective care expansion at Golden Jubilee which is described in the section below.

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

**Golden Jubilee Elective Care Hospital Expansion Programme**

**Phase 1 - Ophthalmology Expansion**

The developed design for the new elective ophthalmology unit has been created and work to define the very detailed design of the new centre is underway with clinical and project teams. In addition, the second stage of the Achieving Excellence in Design Evaluation Toolkit (AEDET) process took place in December 2017 and involved patients, staff and the wider GJF team.

The Ophthalmology Workstream Group is finalising the workforce requirements to support the model of care; the plan will include recruitment and training requirements. A sophisticated workforce planning template has been developed which will be used to identify the workforce requirements - phased by financial year.

Benefits and risk appraisal sessions have been held with a wider range of stakeholders to inform the work for the Outline Business Case (OBC) .The fully developed OBC is due for completion by end March to enable further engagement with the Stakeholder group and the West Region during April 2018. The OBC is due for Programme Board approval in May 2018.

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

Demand modelling work has been undertaken to understand the wider elective pressures within general surgery, urology and endoscopy within the West region. At the November National Elective Centres Programme Board meeting, Information Services Division (ISD) shared their demand modelling work for Scotland and the three regions.

The WoS Engagement Group recently approved the orthopaedic demand modelling outputs for the West region. The Principal Supply Chain Partner (PSCP) and November meetings focussed on other forecast elective pressures within the region – namely general surgery, urology and endoscopy. The WoS group have confirmed they support the Phase 2 expansion providing flexible space for additional diagnostic endoscopy and day case general surgery capacity. Significant regional work has already been undertaken to describe the move towards a regionalised urology service, therefore there is no requirement for urology services within the elective expansion.

The strategic case section of the Initial Agreement is now being written up and shared with the WoS Engagement Group and a further meeting will be organised once the Initial Agreement is in final draft to seek their formal support. It is anticipated that this will be achieved by May 2018 to enable submission of the Initial Agreement to the Capital Investment Group in May/June 2018.

The demand modelling for Orthopaedics, General Surgery and Endoscopy is now being considered within workstream groups to define capacity requirements and explore the patient pathways.

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

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

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

* Maximising the use of capacity throughout the year;
* Delivering greater efficiency in use of resources and public funding;
* Planning and retention of the GJNH workforce in a more productive and efficient way to meet the needs of NHS Boards;
* Improving forward planning to address the long term demands of NHSScotland; and
* Supporting the ongoing development of services.

**Orthopaedic Surgery**

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

Over recent years we have experienced an increasing demand for revision arthroplasty surgery. The orthopaedic team at GJNH has significant experience in revision surgery and the treatment of infected joints. The expectation is that we will carry out approximately 200 revision procedures in 2017/18. As the largest elective orthopaedic centre in Scotland, we would aspire to developing this service further and to building on our current level of expertise while continuing to shape a service that is efficient, effective and productive. An outline of our plans to develop a revision strategy for orthopaedics is described later in this section.

Additionally, over the past couple of years, there has been an increasing demand for foot and ankle surgery. However, our ability to respond to this demand is constrained by our orthopaedic theatre capacity.

**Orthopaedic Outreach Clinics**

During 2017/18 GJNH have consultants continued to provide outreach clinics for NHS Highland and NHS Shetland. The agreement with these Boards is that patients, who are seen locally and require surgery, would have their surgery carried out at GJNH. We have also successfully introduced follow up managed via a telehealth link. GJNH consultants also successfully tested the concept of initial consultation via a telehealth link for foot and ankle and arthroplasty patients. This is now a practice that continues as a matter of routine and has been considered a success by both patients and medical staff. This model of care will be rolled out to other Boards in the forthcoming year.

**General Surgery**

The availability of a general surgeon 24 hours a day, seven days a week, is a prerequisite to support the cardiothoracic programme. It is important, therefore, that general surgery continues to be part of the plan for the GJNH. This service continues to be provided by visiting consultants and is consequently a very challenging service to deliver. Continuity, efficiency and productivity tend to be compromised as a result of this service model. However, this challenge would be alleviated if the GJNH could attract a more sustainable flow of general surgery patients which would required the presence of general surgeons on site in a substantive capacity.

**Ophthalmology**

GJNH employs one full time and four part time Ophthalmic Surgeons. Additionally, we currently have one joint appointment with NHS Forth Valley with a second joint appointment planned for 2018. This team is supplemented by a number of visiting consultants from Boards across the West. We also have a number of Optometrists who work in parallel with Consultant Ophthalmic Surgeons in clinic and ensure the surgeons’ time is optimised either in theatre or with patients who are ready for surgery.

Every year we experience an increasing demand for cataract surgery. We reached maximum capacity in our ophthalmology theatres last year. We therefore commissioned a mobile ophthalmology theatre which arrived on site in May 2017. This increased the capacity we could offer Boards by an additional 2,000 cataract procedures per year.

**Plastic Surgery**

We have theatre and ward capacity to deliver 960 local plastic surgery procedures which tend to be a combination of hand surgery and minor plastic procedures. Additionally, we have capacity to treat 300 general anaesthetic cases per annum. We have recruited a part time hand surgeon which has enabled the service to meet our activity targets for hand surgery. However the remainder of this service is delivered entirely by visiting consultants and surgeon availability has continued to present significant challenges. Only one Board refers patients for plastic surgery, we are in discussion with this Board to agree a sustainable solution to the delivery of this service.

**Endoscopy**

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

**Diagnostic Imaging**

During the past year we replaced the mobile magnetic resonance imaging (MRI) scanner, which had been on the GJNH site for approximately two years, with two new MRI scanners. The first of these scanners will accommodate the repatriated work from the mobile unit and will provide increased flexibility in case mix we are able to offer. The second MRI will provide an additional 5,000 scans for NHS Scotland. Both of these scanners were commissioned in accordance with plan in December 2017.

In addition, in mid 2017 we commissioned a third ultrasound machine which will provide approximately 4,000 additional examinations in a full year.

**Potential for Additional Capacity at GJNH**

GJNH has been asked to consider any potential opportunities that may exist to increase capacity to support Boards to deliver waiting times. While the theatre suite is fully allocated, with some capital investment in equipment and additional staffing, we have identified opportunities where theatres could be used more flexibly.

We have proposed the following:

Theatre

Endoscopy 1200 additional procedures

Ophthalmology 600 additional cataracts

General surgery 250 additional procedures

Foot and Ankle Surgery 100 additional procedures

Diagnostic Imaging

A business case is currently being prepared for an additional CT scanner. Subject to approval, an additional scanner if staffed and used at full capacity could provide an additional 7,200 scans.

Cardiology

We have experienced a sustained increase in referrals for interventional cardiology and cardiology devices (EP). The majority of the interventional cardiology increase comes from two Boards and is currently being managed by staffing additional unfunded sessions. In order to continue to deliver this service in a cost effective, sustainable way, there is a requirement to add additional cath lab sessions to meet demand for both cardiology and EP procedures. The additional capacity in terms of procedures is described in Annex 1.

**L3 Increasing and supporting Innovation and Research**

**Strategic Leads: Angela Harkness, Director of Global Development & Strategic Partnerships and Hany Eteiba, Interim Medical Director**

**Leading on Innovation**

# National Innovation Fund

The National Innovation Fund hosted by Golden Jubilee continues to supports projects with a high expectation of improvement delivery. In collaboration with Innovate UK and Small Business Research Initiative (SBRI), the Innovation Fund is being used to host a series of Open Innovation challenges i.e. seeking innovative healthcare solutions to support the strategic direction of the National Clinical Strategy for Scotland.

2 Strategic Partnerships

Excellent progress has been made in establishing, building and further enhancing new and existing Strategic Partnerships. Some examples of this progress include work with: Stryker, Zimmer Biomet, Johnson & Johnson, VST Enterprises, retailTrust, Synchrophi, Brightwake and McClure Solicitors.

Building our strategic partnership with Stryker will offer GJF access to an international Quality Clinical Data Registry; sharing ‘strictly anonymised’ orthopaedic data across seven of the world’s leading healthcare organisations. This will further improve the international research reputation of Golden Jubilee as a Centre of Excellence for orthopaedic surgery. Stryker have also approved funding to support a data research analyst and when necessary, the engagement of a scientific writer to assist with the delivery of high-end medical journal articles.

Other partnerships continue to provide GJF with innovative approaches to the delivery of 21st Century healthcare. GJNH is currently operating as a test site with Orion Health for the development of a Patient Portal, an online tool to help patients manage their own health. Patient portal is currently in ‘trial stage’ in supporting a distinct patient group with long term conditions; in 2018/19 it is anticipated the scope of patient user groups will be extended; thus allowing more patients to benefit from this exciting new and innovative approach.

Work between GJF and Zimmer Biomet is progressing delivery of an innovative and bespoke GJNH Patient Journey App; providing patients with dynamic and interactive timelines that address the various steps on their treatment pathway.

It is expected that 2018/19 will see the development of a formal research partnership between the GJF and Johnson & Johnson. The GJF has also established a partnership with retailTrust, the UK’s leading trade charity for the retail industry. This partnership will commence with the Golden Jubilee Conference Hotel hosting the trust’s first National Health and Wellbeing Conference in November 2018.

Over many months, GJF has been building a Strategic Partnership with VST Enterprises, creators of the versatile VCode® technology which allows end-to-end supply chain management of innovative fundraising techniques. As a direct result of this continuous dialogue, GJF has supported the development of VDonate; a safe and secure mechanism for generating online donations etc. This exciting new innovation has the potential to be a ‘Once for Scotland’ initiative.

GJF is providing its workforce with ‘in-house’ clinics via McClure Solicitors on advice/writing of Wills. The Golden Jubilee Foundation, the charity, can receive voluntary donations for the provision of this service. This initiative will be extended throughout the Golden Jubilee Foundation in May and could be extended on a ‘Once for Scotland’ basis.

Golden Jubilee Innovation Campaign

The GJF Innovation campaign is driven by an ambitious income generation programme to include: public events, team fundraising, philanthropic giving, trusts and foundations together with, sponsorship and investment opportunities through Strategic Partnerships.

The charity’s vision and goals are clearly identified by GJF and NHS Scotland and they weave together and underpin all income generating initiatives.

One particular initiative driving income directly to the Innovation Fund is the hospital’s coffee shop. Re-launched as Café Latte in August 2017, the GJF’s ‘not for profit’ coffee shop promotes via its strapline...“*all profits are poured back into the Golden Jubilee Foundation”.* Café Latte also provides a central communication nucleus from which to inform and promote to our patients, families and friends of income generating initiatives being delivered to support our innovation at the Golden Jubilee Foundation.

To celebrate both the 70th Anniversary of the NHS and the 10th Anniversary of creation of the Heart and Lung Service at GJF, we are delighted that Baroness Helena Kennedy, Q.C. will deliver our biennial lecture on Human Rights and Healthcare. The Lecture will be followed by a fundraising dinner in the Golden Jubilee Conference Hotel.

## 3 Medical Devices Alpha Test (MDαT)

The Golden Jubilee Foundation’s Medical Devices Alpha Test (MDαT) allows individuals and organisations to submit innovative ideas or inventions for review by clinical experts. The process connects inventors, funders, corporates and clinicians enabling them to work together to create innovative medical devices.

The MDαT process has helped to deliver KEWS300 developed by Syncrophi. KEWS300 is a software product which is deployed in hospital settings at point-of-care. It allows the caregiver to complete patient observations digitally through the use of a tablet touch screen which is wirelessly linked to the central ward station. It ensures patient’s observations inform accurate, responsive clinical care to support better outcomes. Syncrophi’s KEWS300 additionally supports NHS Scotland’s strategy for digital heath records. KEWS300 has been deployed in one ward at GJNH with plans to extend its use in 2018/19. Following this successful trial Syncrophi, an Irish SME, are considering opening a Scottish office; thus supporting economic investment to Scotland. We anticipate this commercial strategic partnership to be finalised over the next six months. and potentially it could be delivered as a ‘Once for Scotland’ initiative during 2019.

Scottish Life Sciences Alliance introduced GJF to Braidlock, who presented their device for attaching lines, drains and catheters to a patient at an MDαT event. The Golden Jubilee’s clinical evaluation of this device is now finalised and outcomes transferred back to the Chief Scientists Office to agree the next steps.

A total of five MDαT® sessions were held in 2017/18, an increase of 150% on the previous year. Progress to encourage NHS Boards from around Scotland to access MDαT® is now underway. This includes building a closer working relationship with Scottish Health Innovations Ltd (SHIL) and the potential of modelling an Innovation Manager, tasked with supporting the growth of MDαT® both at the Golden Jubilee Foundation and beyond. The overall aim is to increase our MDαT programme in 2018/19 by a further 150% and add additional route to market analysis and advice based on commercial experience.

## Quality Framework

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

With an aim of improving standardisation and spreading best practice across Scotland the Golden Jubilee has been sharing the Framework with a number of NHS Boards since 2016.

A commercialisation plan has been developed for the generation of income for reinvestment in NHS Scotland with interest in the Quality Framework being expressed from major healthcare providers nationally and internationally.

**Increasing and Supporting Research**

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

The Golden Jubilee Research & Development Department has been operational for just over 10 years. At the last count (February 2018) there were 108 projects that were either actively recruiting or in follow-up. Although it is difficult to compare research in a National Board with the Territorial Boards, comparison can be made in relation to number of staff employed by each Board – a relatively stable figure.

|  |  |  |  |
| --- | --- | --- | --- |
| **Board** | **Number Eligible/ adopted** | **Number commercial** | **Estimated staff headcount** |
| NWTCB | 42 | 34 | 1,900 |
| Ratio (projects: staff) | 1:45 | 1:56 |  |
| NHS GG&C | 616 | 246 | 38,000 |
| Ratio (projects: staff) | 1:61 | 1:154 |  |
| NHS Lothian | 513 | 138 | 29,000 |
| Ratio (projects: staff) | 1:56 | 1:283 |  |

The table above indicates that the Golden Jubilee is ‘punching above its weight’ with respect to both eligible/adopted studies and commercially sponsored projects with one project per 45 members of staff in the former category and one project for every 56 members of staff in the latter.

Unlike NHS Greater Glasgow &Clyde (NHSGG&C) and NHS Lothian, the Golden Jubilee is not formally considered a University Teaching Hospital; despite its close links with the Universities of Glasgow and Strathclyde; making the metric above more impressive. It should also be noted that projects hosted by the Jubilee are mainly in the more complex categories with 67 of the 108 active projects in the clinical trial of device, drug or intervention categories.

Underpinning this activity is the Golden Jubilee Research Governance Framework that provides context for research policy and procedure documents.

This activity, and the activity in preceding years, has resulted in a steady income of approximately £2 million each year. This has been reinvested in research infrastructure and staff which has enabled the steady increase in activity.

The above developments are in line with the Board’s Research Strategy with significant increases in eligibly funded research and research led by nurses and other allied professions over the years.

**Continued development of research**

The Golden Jubilee is committed to overseeing the continued development of research as described earlier. In addition, we anticipate a significant increase in orthopaedic research resulting from the installation of a Motion Analysis Lab, which is a good example of reinvestment of research income.

The investment in research governance has enabled the Golden Jubilee to lead on pivotal research projects such as the RHYTHM-HF study. This project is a collaboration between industry (device supply), charity (British Heart Foundation funding) and the NHS (the Golden Jubilee is the sponsor of the project). There are two NHS sites involved in this complex project which has presented interesting research governance issues that R&D Department staff have overcome.

The Golden Jubilee is in an excellent position to continue to grow its research portfolio. In line with the Board’s Research Strategy, links with Universities will be consolidated into more formal partnerships with the ambition of continuing the upward trajectory of eligible research projects. Fast review and approval times and careful performance management of recruitment has resulted in continued and repeated business with commercial partners and we anticipate that this will continue. Finally, the Jubilee will continue its commitment to ‘home grown’ research projects, using the now well established research governance system to provide assurance to all sites involved that such projects are appropriately governed.

**L4 Delivery of the Golden Jubilee Conference Hotel Strategy**

**Strategic lead: Julie Carter, Director of Finance**

**Strategic Developments**

The Hotel 2020 Strategy approved by the Board in 2014 created a roadmap to 2020 by which time the Hotel would be a pivotal meeting and hospitality element of an internationally renowned innovation campus – a global centre of excellence in quality, innovation and collaboration in health, hospitality and learning. Creating an environment providing seamless conference, meeting space, access to research and expertise through the Golden Jubilee National Hospital combined with comfortable, appropriate, high quality and ambient Hotel and leisure facilities will be a key element of the campus of excellence.

The Conference Hotel has reached the mid point in delivering this strategy and to date has achieved the following:

* Refurbishment of approximately 30% of the bedroom stock to ensure the Conference Hotel is able to meet and exceed Guest expectations, and compete effectively across market groups;
* A rebrand to the Golden Jubilee Conference Hotel to strengthen the overall Golden Jubilee Foundation brand, help leverage business from Healthcare markets and create synergy from all four elements of the Board;
* Development of the conference facilities with the opening of the cutting edge Innovation Centre in 2014, followed in 2016 by the Inspiration Space;
* Improvement of ‘Central Plaza’ to support networking, mingling, dining and exhibitions;
* Initiating the transformation of the Conference Hotel’s Health Club to the ‘Centre for Health and Wellbeing’ in line with the Board’s commitment to the national Triple Aim and its role as a health promoting health services (HPHS);
* Improvement of transport infrastructure with a new vehicle and a regular shuttle service to the airport; and
* Technology infrastructure continues to be upgraded including more powerful WI-FI, broadband, and enhanced audio-visual capability.

With most of the major infrastructure developments completed or planned, Phase 2 will focus on consolidating business aspirations to ensure the Conference Hotel is an optimal position to fulfil the 2020 vision. This will include:

* Progressing a Board wide business development and marketing plan via embedding and extending the ‘Ambassador Programme’ which offers encouragement and support to Clinicians to host events in the Golden Jubilee. There will also be a focus on developing national and international healthcare related conference opportunities through research, consultative selling and strategic partnerships;
* Improving the performance of our website and online channels to increase bedroom sales, and attract international conference and association business;
* Restructuring the Kitchen team, redesigning menus and enhancing menu engineering as well as a review of the dining and bar space itself;
* Ensuring the conference spaces which have not as yet been refurbished are upgraded or refocused;
* Development of business case(s) which will explore options for redesigning the remainder of the bedroom stock while taking account of Hospital demand and Hospital expansion requirements; and
* Maintaining a focus on staff development via increased and continued use of the Venues of Excellence and International Association of Conference Centres (IACC) staff development opportunities. Options for working across the site to harness opportunities through modern apprenticeships and West College will also be explored.

**Performance Challenges**

The Hotel aims to maintain a growth rate of 3% year on year whilst generating sufficient profit to invest in the strategic infrastructure and contribute to Board efficiency. Performance in 2017/18 has been lower than anticipated due to increasing competition in bedroom and conference markets, limited growth and a change in procurement arrangements within NHS national boards.

Whilst conference business in the final quarter of the year is strong, and will achieve budget, all income generating teams are focussed on maximising all opportunities and revenue streams. The ‘Once for Scotland’ workstream recommendations, when implemented, should reverse this position but in the meantime we are disadvantaged in the current venue procurement process.

**Performance**

In line with the guidance, we have completed the required template setting out our planned performance at March 2019, identifying where non-recurring investment is required to improve performance.

At Golden Jubilee we have robust structures and systems in place to manage performance, from daily monitoring at operational level, through weekly management meetings within Divisional Teams to our Performance and Planning Committee and Board. We are also actively involved in national improvement programmes including Modernising Outpatients and the Scottish Patient Flow Programme in order to deliver improvements that will contribute to improved management of capacity and demand.

Our projected Access performance for the two speciality areas currently experiencing challenges in delivering the Treatment Time Guarantee is laid out in Annex 1.

Through our Strategic Projects Group, we will place a priority on applying improvement support to the following operational areas which contribute to wider organisational access performance:

* Radiology Service Review;
* CSPD (Central Sterilising and Processing Department) Capacity;
* Day Surgery; and
* Bed management and discharge planning.

We are also undertaking focussed improvement work to manage capacity and demand pressures in our critical care units.

**LDP Standards**

Although we are not required to report progress on the full range of Local Delivery Plan Standards, we are continuing to work deliver planned performance for the following LDP standards:

* 31 days from decision to treat – lung cancer (95%)
* 12 weeks Treatment Time Guarantee (TTG 100%)
* 18 weeks Referral to Treatment (RTT 90%)
* 12 weeks for first outpatient appointment (95% with stretch target of 100%)
* Clostridium difficile infections per 1000 occupied bed days (0.32)
* SAB infections per 1000 acute occupied bed days (0.24)
* Sickness absence (4%)
* Operate within agreed revenue resource limit; capital resource limit; and meet cash requirement

**Financial Plan**

Financial Planning is an integral part of the Annual Operational Plan (previously the Local Delivery Plan - LDP) process. As part of this process each Board is required to submit an Operational Plan to Scottish Government by 28 February 2018.

To support this, a high level financial appendix as described in this paper has to be submitted with the operational plan. In addition the Board is required to submit a detailed financial plan by the 9th March. This will provide more detail on the funding assumptions, detail of efficiency schemes and the associated risks.

The National Waiting Times Centre NHS Board is forecast to meet their statutory financial targets as set out for March 2018 financial year end with no significant risks highlighted. These include the following limits which must not be exceeded:

1. Revenue Resource Limit – resource funding for net revenue expenditure allocated by the Scottish Government for ongoing operations
2. Capital Resource Limit - resource funding for net capital expenditure allocated by the Scottish Government for investment in fixed assets
3. Cash Requirement – cash required to fund the net payments for all ongoing operations and capital investment

In addition to this there is a requirement to generate efficiency savings year on year both in terms of cash releasing savings to match the increased costs and productivity savings to deliver against the increased demands of patient care including complexity, activity increases and the requirement to continually invest in technology and quality improvements.

Year on year the Board has successfully achieved or delivered in excess on its challenging efficiency targets. 2017/18 Efficiency savings delivered as at December 2017 were £3.48m against an LDP target of £3.38m and with our forecast delivering savings of £4.5m.

#### 2018/19 Scottish Government Budget

The financial plan incorporates the Scottish Government Pay Policy which recommends a 3% pay increase for public sector workers earning £30,000 or less and a cap of 2% on the increase pay bill for staff earning more than £30,000. There will be a cap on pay applied for highest paid, with a maximum cash increase of £1,600 for those earning above £80,000. The final pay settlement for NHS staff will of course be subject to the NHS pay reviews process as in previous years.

The Scottish Budget announced in December reflects the commitment that

more than half of frontline spending will be in community health services by the end of this parliament. The 2018-19 funding is designed to support a further shift in the share of the frontline NHS budget dedicated to mental health and to primary, community and social care. It is expected that NHS Boards and Integration Authorities contribute to this Programme for Government commitment and it will be essential that this is clearly evidenced as part of plans for 2018-19. Whilst this is not directly relevant to this Board all opportunities to support this will be included within the Board financial and local delivery plans.

The key points from the Scottish budget announced that are reflected within the Board financial plans for 2018/19 are:

* The Golden Jubilee will receive an uplift of 1% (£551k) similar to the other national ‘patient facing’ Boards
* The National Board savings requirement of £15 million in 2017-18 will be made recurring in 2018-19; the allocation of this will be agreed in advance of the new financial year.
* A total of £303m has been identified for reform, this is an increase of £175m on last year and includes a transformational change fund of £126 million to support the regional delivery plans for implementation of new service delivery models, improved elective performance and investment in our digital capability. This is an increase of £101m in this financial year. The balance of the increase of £74m is planned to support investment in mental health, trauma networks, primary care and cancer. The Board is working with the Scottish Government principally through accessing elective expansion investment and investment to support the National Board Delivery Plan. The table below summarises this total investment for NHS Scotland:

|  |  |  |  |
| --- | --- | --- | --- |
|  | 2017/2018 | 2018/2019 | Increase for 2018/2019 |
| Transformational Change Fund | £25m | £126m | £101m |
| Primary Care Fund | £60m | £110m | £50m |
| Mental Health Fund | £30m | £47m | £17m |
| Trauma Networks | £5m | £10m | £5m |
| Cancer Fund | £8m | £10m | £2m |
| Total Investment in reform | £128m | £303m | £175m |

In conjunction with the 2018-19 budget setting a top-down exercise is also undertaken which will form part of the Boards financial plan.

#### Financial Planning 2018/19

**3.1 Funding & Income Plans**

The financial plan funding and income planning assumptions are as follows;

* Scottish Government RRL baseline budget as described within RRL allocation letter and 2018-19 Scottish Budget
* Scottish Government RRL budget includes the confirmed baseline funding uplift of 1% which equates to £551k
* 2017-18 Scottish Government RRL funding for both Ultrasound, MRI 3 expansion and Ophthalmology mobile unit will align to recurrent baseline funding
* The budget reflects the proposed change to Scottish Government Outcomes Framework funding with the removal of the e-health associated element towards a revised funding model with separate in-year allocation and a 5% reduction for the Once for Scotland Agenda
* Planning assumption that central funding support will be provided above the first 1% of pay award for Agenda for Change grades
* 2017-18 Orthopaedic Phase 5 Expansion staffing funding will convert to recurrent funding
* Recurrent balance due for Ophthalmology Phase 4 staffing
* The National Waiting Times Centre (NWTC) Boards savings contribution towards £15m continuing recurrently as at 2017-18 value
* NWTC Service Level Agreement top slice funding in line with 2017-18 value
* SLA income will follow the 3 year financial and activity commitment with inflation based on prior year of 0.4% subject to agreement through Corporate Finance Network
* National Procurement National Distribution Centre (NDC) model top slice funding continuing at 2017-18 level
* Patient Flow Programme funding contribution for 2018-19 only
* Chief Scientists Office Research infrastructure funding in line with 2017-18 allocation
* Continued support towards e-Health leads
* Consultant Distinction award funding reflecting submission to the Scottish Advisory Committee on Distinction Awards (SACDA)
* Funding to support Implementation of Excellence in care and Disabled Graduate scheme

Reflecting the planning assumptions outlined above, the planning framework for 2018/2019 is set out as:

|  |  |
| --- | --- |
| **Income Stream** | **£’m** |
| Baseline SG RRL | 53.433 |
| RRL prior year Recurring Adjustments | 1.650 |
| Uplift of 1% to above baseline figures | 0.550 |
| Outcomes Framework - HAI | 0.070 |
|  |  |
| Further Funding Support for AFC Pay policy | 0.909 |
| Orthopaedic Phase 5 expansion Staffing | 1.024 |
| National Boards contribution to £15m | -1.600 |
| Boards 2018-19 SLA Top slice | 18.199 |
| National Procurement NDC Top slice | -0.451 |
| Outcomes Framework - e-Health | 0.448 |
| Patient Flow Programme | 0.100 |
| Core CSO Research Allocation | 0.370 |
| e-Health Leads | 0.065 |
| Distinction Awards | 0.144 |
| Excellence in Care/Disabled Graduate | 0.023 |
| impairment adj. | 0.491 |
| **Total Funding** | **75.422** |
|  |  |

In addition to the above funding and in response to a request from Scottish Government the financial plan includes the following modelled proposals to increase overall capacity to support Territorial Boards throughout 2018/19. This funding bid is near completion and due to be submitted to the Scottish Government week commencing the 26th February. This will be described further in the detailed Board financial plan.

|  |  |  |  |
| --- | --- | --- | --- |
| **Specialty** | **Staff/Supplies** | **Activity** | **Cost £’m** |
| Endoscopy | Staff | 1200 | 0.340 |
| Endoscopy | Supplies |  | 0.427 |
| General Surgery | Staff | 250 | 0.315 |
| General Surgery | Supplies |  | 0.208 |
| Foot and Ankle | Staff | 100 | 0.037 |
| Foot and Ankle | Supplies |  | 0.087 |
| Ophthalmology | Staff | 600 | 0.143 |
| Ophthalmology | Supplies |  | 0.447 |
| Cardiology Capacity pressures | Staff/Supplies |  | 1.186 |
| CT Additional Capacity | Staff/Supplies |  | 0.483 |
| **Total** |  |  | **3.673** |

On top of Scottish Government funding the financial plan reflects recurring Service Level agreement Income (SLA), waiting times work for other Health Boards. This reflects the 3 year financial and activity commitment for the 2016-2019 three year contract process and has worked well within the Board.

Also included within this section of the financial plan is funding and income associated with the Golden Jubilee Conference hotel, Research activities and other income streams.

This is described in further detail within the table below:

|  |  |
| --- | --- |
| **Income Stream** | **£’m** |
| Cardiac, Thoracic & Cardiology West of Scotland, H&L model | 43.10 |
| NHS Education for Scotland (NES) Junior Doctor training | 0.52 |
| NHS Education for Scotland (NES) Additional cost of Teaching (ACT) | 0.43 |
| National Services Division, SNAHF, SACC’s & SPVU funding | 7.26 |
| NHS Blood & Transfusion NORS funding | 0.65 |
| Golden Jubilee Conference Hotel | 5.00 |
| West of Scotland Trans Aortic Valve replacement | 2.24 |
| Research activity and other income | 2.00 |
| Non- West of Scotland Cardiac, Thoracic & Cardiology | 0.78 |
| **Total Income** | **61.98** |

#### Efficiency Savings

Ongoing financial review identified continuing financial pay pressures specifically within both Medical and Nursing and this combined with non-pay pressures within Surgical Supplies and Pharmacy require additional recurring efficiency savings to achieve a balanced financial budget.

At this stage the financial plan assumes a 3.15% efficiency saving target equivalent to £4.2m to achieve financial breakeven for 2018-19.

There is further work required to change the focus from an element of non recurring and productivity based savings to real cash releasing savings and a more sustainable recurring position with work continuing to focus on demonstrating quality improvements, redesign and productivity benefits.

Divisions have been allocated, as a planning assumption a 4% target and meetings with the Director of Finance have been scheduled to review these schemes. A further update will be provided in the financial plan submission for 9 March.

#### Capital Update

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

In addition the work included in the property and asset management strategy is used to inform the capital plan. We have a PAMS Steering group that considers all strategic property and asset issues.

It was identified that over the life of the plan there was significant pressure on capital funding therefore takes account of prior year discussions with SGHSCD regarding capital funding.

This work identified that there are key points over the next 5 years where the likely expenditure could be significant. The outcome from this work will be included in the finance plan which will be included in the final plan.

The **Formula Capital**

Following detailed discussions with SGSCHD the base formula allocation for 2018/19 will be £2.691m. The detail of what will be included in the plan for next year will be agreed for inclusion in the final plan.

The **Capital Stimulus**

Residual balance of the capital stimulus money (originally £5m) which includes an underspend in the current year of circa £2m with this likely to fund the second CT scanner with any remaining balance going to the funding of the phase one expansion.

The **Elective Centre**

The likely spend for the phase one development in 2018/19 will be circa £1.5m the detail of this will be included in the final template.

The cost of the phase two development is being worked on in detail and the likely spend in the next financial year will be included in the final template.

**Workforce**

**Strategic Lead: David Miller, Associate Director of HR**

**Everyone Matters: 2020 Workforce Vision**

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

**Our priorities for action:**

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

What we have achieved:

* Continued to embed iMatter within the organisation. 68% of our staff completed the questionnaire in 2017 and 70% of the teams produced an action plan within the required timescale. Continue to promote positive outcomes through team storyboards;
* Delivered equalities sessions throughout the year using internal and external speakers and experts. Dementia in the Workplace, Unconscious Bias, Trans awareness and Religion and Belief sessions were delivered during 2017/18.
* 35% of staff within the Board completed the national Dignity at Work survey in November 2017 with the results expected in February 2018.
* Reviewed and developed Board policies and procedures in line with legislation and ensure equity of access and consistency of approach Board. All policies continue to be under review and are currently up to date along with staff and manager guides to support. Continued commitment to provide training to managers on our Board policies; and
* Rolled out Human Factors training to 65% of Board staff.

Our 2018/19 plans:

* Implement the Values Toolkit throughout the Board and offer this to every team in the Board;
* Work with and support teams who did not produce an iMatter action plan to encourage improvement within the teams;
* Roll out Level One Quality Improvement module to the wider staff group;
* Work with See Me to launch a staff questionnaire in order to support staff with mental health issues within the workplace; and
* Ensure Quality, Innovation and People function is established and its vision developed for next five years.

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

What we have achieved:

* Gained accreditation as an Investor in Young People;
* Retained Investors in Volunteers accreditation;
* Staff who have successfully completed our Theatre Academy have continued to secure substantive nursing positions within the Board;
* The Golden Jubilee has received the Employer Recognition Scheme (ERS) Gold Award - the Ministry of Defence’s highest badge of honour - for organisations that support the Armed Forces. The prestigious Gold Award is only presented to organisations which have signed the Armed Forces Covenant and demonstrated outstanding support for those who serve and have served;
* Continued to work as a Disability Confident Employer and achieved the Disability Confident Leader accreditation; and
* Agreed and implemented with the National Boards a collaborative process for vacancy management for non-clinical posts.

Our 2018/19 plans:

* Develop a new 2030 Workforce Strategy;
* Continue to develop our apprenticeship programme;
* Ongoing participation in the transformation of Advanced Roles Project. The Board will identify and develop opportunities associated with Advanced Practice and continues to lead on a range of clinical developments with other National Board partners;
* Maintain our commitment to the Armed Forces by way of retaining our Gold Award;
* Continued commitment to work closely with National Boards to ensure the creation of the right skill mix, capacity, flexibility and support to the services as well as encourage career progression and opportunities for staff;
* Continue to explore joint working and shared service arrangements to support NHS Scotland; and
* Continue to develop our work with schools, colleges and universities.

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

What we have achieved:

* Developed and implemented our Allied Health Professions (AHP) strategy;
* Developed and implemented Board Leadership Framework for all staff ;
* Continued to enhance our values based recruitment process for the Board – introducing variations to support posts at all levels, incorporating practical assessments and team measurement tools;
* Have developed a values based recruitment process for Executive Teams and Chairs which will be rolled out to all senior posts across NHS Scotland from 2018;
* GJF is now a Scottish Vocational Qualifications (SVQ) Approved Centre, specialising in training for Healthcare Support Workers (HCSW). This means that the Golden Jubilee can undertake all training for SVQ in Clinical Healthcare Support at levels two and three and this can now also be verified on site and externally by SQA annually, meaning staff will receive a nationally recognised qualification on completion of the course;
* Our Learning and Organisational Development team continue to deliver training and development opportunities for all staff. New management development programmes are now available for staff at all grades; and
* Consistently delivered monthly compliance above 80% for each mandatory training module. By the end of March 2018 this figure will be above 90%.

Our 2018/19 plans:

* Continue to implement the AHP Strategy and ensure it aligns with the key aims of the Active Independent Living Programme (AILIP) to focus on prevention, enablement, early intervention and rehabilitation;
* Ensure all staff meet their mandatory and role specific training requirements and report this on a monthly basis;
* Implement two new HR systems across the Organisation – eESS and TURAS Appraisal - to manage and record all workforce related information and also record personal development and planning review outcomes; and
* Support the expansion of the Board by current staff undertaking lead project roles in developing the organisation in expansion and growth.

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

What we have achieved:

* Collaborative working with local education providers to develop training for in demand job roles;
* Collaborative working with West College for nine staff within administration roles to undertake SVQs in business administration;
* Continued to develop and facilitate Modern Apprenticeship opportunities within the Foundation in collaboration with a third party provider. Three Modern Apprenticeships commenced in 2017 and two so far in 2018
* Developed closer working arrangements with schools and local authorities to support employment opportunities for our local communities.

Our 2018/19 plans:

* Continue to work with West Dunbartonshire Council and Job Centre Plus to explore joint opportunities;
* To work with colleagues in other Regional, Territorial and National Boards to promote opportunities for Shared Services joint working across to maximise the effective use of resources; and
* Deliver British Sign Language training to staff in conjunction with West College.

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

What we have achieved:

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

Our 2018/19 plans:

* Deliver a fourth cohort of regional Leadership programme and offer up opportunities to other special Boards to examine if the model can be scaled across NHS Scotland;
* Agree a standard approach to management and development across all National Boards in 2018; and
* Enable wider access of coaching conversations to all of our staff through the Scottish Leadership Collaborative from April 2018.

**Annex 1 Performance Plan**

**Measure: 12 Weeks TTG**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Speciality** | **March 2017 baseline (breaches)** | **Projected March 2018 position** | **Q1 2018/19** | **Q2**  **2018/19** | **Q3**  **2018/19** | **Q4**  **2018/19** | **Planned Performance**  **March 2019** |
| Cardiac Surgery | 0 | 13 | 5 | 0 | 0 | 0 | 0 |

**Reasons for performance challenges since March 2017**

* Increase in clinical urgency of the patient group which has placed pressure on the routine elective patients.
* Impact of the high level of cancellations due to unwell patients unable to be moved from critical care.
* Reduction in the consultant establishment in the early part of the year due to retirement, sickness and challenges in recruitment.
* Strain on service to fully utilise theatre capacity.
* Low staffing level in ICU due to high level of maternity leave and sickness absence.

**Plans to reduce current levels of TTG breaches**

* Approval from Government for funding to facilitate additional lists.
* Ensure whenever possible all last minute cancellations are replaced.
* Consultant cover for all vacant theatre slots.
* Explore possibility of extended operating days.

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Speciality** | **March 2017**  **baseline performance**  **(breaches)** | **Projected**  **performance**  **as at 31.3.18** | **Q1 2018/19** | **Q2**  **2018/19** | **Q3**  **2018/19** | **Q4**  **2018/19** | **Planned Performance**  **March 2019** |
| 1.Cardiology (with additional funded capacity) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 2.Cardiology (with no additional funded capacity) | 0 | 0 | 312 | 312 | 312 | 312 | 312 |
| 3.Electrophysiology (with additional funded capacity) | 29 | 33 | 29 | 30 | 30 | 30 | 30 |
| 4.Electrophysiology (with no additional funded capacity) | 29 | 33 | 60 | 60 | 60 | 60 | 60 |

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Cardiology Notes** |  |  |  |  |  |  |  |  |  |  |  |
| 1. Describes scenario with additional funding to accommodate the current referral pattern. | | |  |  |  |  |  |  |  |  |  |
| 2. Describes the breach position without any additional funded capacity | | |  |  |  |  |  |  |  |  |  |
| Mitigation : Plan to meet with WoS Health Boards to negotiate additional funding to match increases in demand trend - unlikely to result in funding before April 2018 | | | | | | | |  |  |  |  |
| **EP Notes** |  |  |  |  |  |  |  |  |  |  |  |
| The EP projections are difficult to predict as although activity remains constant, the number of breaches is dependent on the number of referrals to the service which has been variable and is based outpatient activity in referring Health Boards. | | | | | | | | | | | |
| 3. Assumes additional funded capacity and no increase in referral pattern - but a remaining inability to reduce backlog | | | | |  |  |  |  |  |  |  |
| 4. Assumes no additional funded capacity | |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |
| Funding has been secured to deliver additional activity through to end March 2018. | | | |  |  |  |  |  |  |  |  |
| If referring boards continue WLI clinics, the numbers reflected above will increase | | |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |

**Reasons for performance challenges in EP since March 2017**

* The number of referrals to the service peaked in November with 85 new referrals to the service. This is against a capacity of 40 procedures per month which resulted in an immediate increase in the waiting time of 4 weeks.
* There are currently more available patients on the waiting list than can be accommodated within the 12 week guarantee time. One consultant is currently on maternity leave, with another having sustained unaviodable long term sickness. It is therefore challenging to cover these sessions with remaining core staff, who have cross Health Board fixed commitments.
* The increase in referrals in November was a result of NHS Greater Glasgow and Clyde running additional Arrhythmia clinics to manage their outpatient demand to the service. However, due to the small numbers of cases which are carried out in a full list, and the challenges in increasing capacity through additional sessions, the impact of a sharp increase in demand is challenging to manage and is always likely to result in an increase in TTG breaches.

**Plans to reduce current levels of TTG breaches**

* Use of additional activity dependant on non recurrent funding
* Plan to meet with WoS Health Boards to negotiate funding increases to match the current demand trend
* Review referral criteria for referrals into the Arrhythmia clinic
* Ongoing discussion with NSD to agree the pathway and funding for congenital EP patients