Healthcare Improvement Scotland | Inspections and reviews
To drive improvement

Quality of Care Test Organisational Review

Golden Jubilee National Hospital, Clydebank

8 October 2019

This report is embargoed until 10.00am on Tuesday 8 October 2019

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About the quality of care approach

1. Healthcare Improvement Scotland's Quality Assurance Directorate supports healthcare providers to improve the quality of care they deliver through promoting self-evaluation for improvement and delivering external quality assurance. All of our work fits within an overall quality management approach and complements the work of other parts of the organisation. Crucially, it forms part of a cycle of improvement, helping providers to understand their own strengths and challenges and to plan for improvement. Other parts of Healthcare Improvement Scotland, such as the ihub[1] and the Evidence Directorate[2], can support providers to deliver those improvements through either direct input or through the provision of support materials and guidelines.

2. Our quality of care approach is how we design our inspection and review methodologies and tools, and provide external assurance of the quality of healthcare provided in Scotland. There are three components:

   - the approach itself – the methodology and the principles that underpin it that we use for all of our quality assurance work
   - the Quality Framework – this outlines the quality domains and indicators used for self-evaluation and external quality assurance, and
   - our programmes of work – the inspections and reviews that we carry out to deliver our strategic objectives.

3. One programme of work where we use the approach and framework is quality of care organisational reviews of NHS boards. Healthcare Improvement Scotland worked with a range of stakeholders to develop a methodology for our organisational reviews (see Appendix 1 for the key stages). In September 2018, we published a first edition Quality Framework, self-evaluation tool and supporting guidance.

4. More information about the Quality Framework and quality of care approach can be found on our website.

[1] The ihub (Improvement Hub) works with health and social care providers to design and deliver better services for people in Scotland.
[2] The Evidence Directorate develops and disseminates evidence-based advice for NHSScotland such as clinical guidelines, health technology assessments and clinical standards.

Our methodology

5. In order to develop our methodology for carrying out organisational reviews, we previously tested this approach with two NHS boards. We will use the learning from all test reviews to inform the future development of this programme of work.

6. Specifically, the organisational review of Golden Jubilee National Hospital (GJNH), Clydebank, has enabled us to test our methodology for organisational reviews in a special[3] NHS board.

7. During these organisational reviews we explore:

- what key outcomes the NHS board has achieved
- how well service users' (patients, carer's and families) needs are met
- how well staff needs are met
- the engagement of the NHS board with its wider community, and
- how the leadership of the organisation contributes to ongoing improvement.

8. The reviews aim to identify areas of good and innovative practice, and whether there are any barriers to making further improvements.

9. The starting point for an organisational review is the work of the Sharing Intelligence for Health and Care Group[4]. The purpose of this group is to support improvement in the quality of care provided for the people of Scotland. This is done by making good use of existing data, knowledge and intelligence on each NHS board in Scotland. Membership of this group contains seven organisations who each have a national remit. Examples of intelligence shared at this group includes findings from inspections and other reviews of care provider organisations, quantitative analyses from Scotland-wide care datasets (such as information on service delivery, complaints and workforce survey results of trainee doctors), and information about financial and resource management. More information about the work of this group is available here.

[3] NHSScotland consists of 14 regional NHS boards which are responsible for the protection and the improvement of their population's health and for the delivery of frontline healthcare services, and seven special NHS boards and one public health body who support the regional NHS boards by providing a range of important specialist and national services.

[4] The SIHCG includes representation from Audit Scotland, Care Inspectorate, Healthcare Improvement Scotland, Mental Welfare Commission for Scotland, NHS Education for Scotland, Public Health & Intelligence (part of NHS National Services Scotland) and Scottish Public Services Ombudsman.

About this organisational review test exercise

10. GJNH provided us with a self-evaluation and supporting evidence against all of the Quality Framework domains.

11. The review team also considered a range of publicly available information including:

- a range of data sources including NHS National Services Scotland publications and reporting platforms, Scottish Arthroplasty Project, National Adult Cardiac Surgery Audit and National Inpatient Experience Survey
- Sharing intelligence feedback letter from the Sharing Intelligence for Health and Care Group to the NHS board, 8 October 2018
- GJNH website
- social media platforms
- most recent published inspection and review reports
- NHS board level papers, minutes, actions plans, performance and feedback reports
- NHS board strategies, workplans, training plans, staff surveys and policies
- patient information documents and visitor charters
- e-bulletins and specific project updates, and
- Investing in Volunteers website.

12. We carried out preliminary analysis of all of this material to identify specific key lines of enquiry that the review team wished to examine further. This then formed the basis of our review activities when we visited the NHS board. The key lines of enquiry are referenced in each section of this report.

13. The review team was made up of staff from Healthcare Improvement Scotland and colleagues currently working in other NHS boards from a wide range of backgrounds, professions and experience. A list of review team members is included at Appendix 3.

14. The review team then carried out a site visit to GJNH from 16–17 April 2019. This involved:

- scheduled individual and focus group discussions with a range of staff including the leadership team
- visits to clinical and related areas of the GJNH to observe practice
- observation of governance and operational meetings, and

- conversations with people who were receiving inpatient care at the time of the review, their families and carers.

15. During the visit, the review team spoke with over 80 members of staff from a wide range of clinical and professional groups, and across a range of levels of responsibility. The Scottish Health Council also conducted a public engagement exercise using a pre-visit online questionnaire (50 responses) and hospital front door surveys (43 responses). We would like to thank the Scottish Health Council's local office for engaging with members of the public as part of the review.

16. We are also grateful for the time and effort of everyone who spoke with us or shared their views in other ways, and for the openness and enthusiasm afforded to us by everyone who participated in the review.

Golden Jubilee National Hospital context

17. A national resource for Scotland, the GJNH is part of the Golden Jubilee Foundation Family. This also includes the Golden Jubilee Innovation Centre, Golden Jubilee Conference Hotel and the Golden Jubilee Research Institute. The focus of this organisational review was the GJNH. We did not review the other parts of the foundation.

18. The GJNH is a major centre for regional and national heart and lung services, orthopaedics and other key specialities and services. It is the flagship hospital for reducing waiting times in key elective[5] specialties. It carries out a range of planned procedures to assist other NHS boards across Scotland reduce patient waiting times. It is the only hospital to carry out heart transplants in Scotland. The GJNH undertakes mainly elective activity but is the West of Scotland Regional Heart and Lung Centre receiving emergency admissions via Scottish Ambulance Service to the cardiac catheterisation laboratory and also to the national services that are based on site. Given the nature of its services, many patients are discharged back to regional NHS boards or GPs for ongoing care. Consequently, directly comparing performance data from the GJNH to other NHS boards who deliver a wider range of healthcare is not always appropriate.

19. The Scottish Government is investing £200 million over the next 10 years to meet demand for elective procedures. In excess of £91million of this investment over the next 5 years will fund part of a major expansion of the NHS board's services. During 2017–2018, the Scottish Government Capital Investment Group approved phase one of the expansion programme (delivering increased ophthalmology elective care capacity). This allows plans for the creation of a purpose-built integrated ophthalmology unit to proceed. The wider expansion plan includes meeting demand for elective procedures such as cataract surgery, and hip and knee replacement. The NHS board will create additional elective capacity through further expansion of the hospital. This will take place in two phases and be operational from 2021.

20. More information about the GJNH, and the services it provides, can be found here.

[5] An operation or treatment which is planned.

Summary of key findings

Key strengths

21. The review team identified a number of key strengths for the GJNH.

22. There are many examples of **innovative improvements to patient care (paragraphs 62 -68)**. For example, the pathway enabling direct access for patients with a specific type of heart attack (non-ST elevation myocardial infarction(Non-Stemi) who are admitted directly to the hospital. This was achieved by redesigning the pathways and resources available. These changes have resulted in a significant reduction in delays to definitive treatment with consequent clinical benefits and reduced length of stay.

23. As the GJNH treats patients from all over Scotland, it has a number of different ways of **seeking feedback from patients and carers/families** following treatment. This includes:

- feedback forms
- e-bulletins and specific project updates issued every 3 months
- quality walkrounds carried out by volunteers, senior staff and non-executive directors
- using generic email boxes through its website
- social media channels, and
- the Care Opinion website[6].

24. **Positive feedback** was consistently received from patients, carers and their families. This included on social media channels where there were many positive comments. In almost all cases, people are very happy with the quality of care provided by the GJNH. Patients and families are engaged in the improvement and redesign of services, including the new expansion programme.

25. **Investment in spiritual care and volunteer services** offers an effective range of resources for staff, patients and carers. These are well-received and support positive health and wellbeing. Volunteers make a significant contribution to the work of the GJNH, particularly with patient feedback. Volunteers are well supported through a comprehensive volunteer strategy, and appropriate and systematic training and development opportunities.

[6] An independent online website where people are able to share their experiences of health and care in ways which are safe, simple, and lead to learning and change.

26. At the time of the visit, staff we spoke with gave **positive feedback about the leadership of the GJNH**. The new chief executive was described by staff the team met as very visible and had 'get to know your chief executive' walkrounds to meet staff. Posters displayed around the hospital introduced the chief executive to staff and patients. Staff in focus groups were positive about the senior team and felt they were approachable. They felt listened to and described being able to share their concerns or issues. The allied health professional's staff focus group told us that management worked closely with clinical staff delivering the service and were supportive of them making improvements.

27. In addition to the chief executive other members of the leadership team had recently changed, including the board chair or chairperson and some of the non-executives. This refreshed team was to be commended for already taking forward several initiatives to increase the profile of quality improvement and clinical governance. They intend to further **develop quality improvement culture** and increase the capacity for quality improvement. This ambition was already being developed and commented on positively by staff.

28. We found **good examples of quality improvement and a learning culture**. This included executive walkrounds, the enhanced monitoring unit for patients with complex needs, and learning from other countries to develop new ways to improve the quality and efficiency of the treatment provided to patients with cataracts. As treatments change and develop over time, or in response to new evidence, GJNH have recognised that staff competency is a risk. In response to this, GJNH aims to ensure that staff are developed to be able to practice at a competency level appropriate for the stage of the patient journey in which they work. This may also involve upskilling staff as roles and treatments develop and change.

Recommendations for improvement

29. The GJNH should consider the following recommendations.

30. There is a broad range of performance data used by groups and committees which inform the clinical governance committee and the leadership team, this could be consolidated to become more focussed. The timescale over which trends are reported would benefit from being longer as this would give more accurate trend information. Consideration should be given to the information available and how it can be used to improve and enhance decision making. GJNH should continue their work to develop more systematic use of the range of data available and identification of which data is best to use for performance and planning and which is needed for quality improvement. Work is needed to improve staff awareness of the data strategy and understanding of the use of data to inform quality improvement locally and at strategic level.

31. GJNH has monitored and identified that some waiting times require improving and has added them to the risk register. It should continue monitoring the reasons for this, and its work on the cardiology recovery plan, to bring waiting times back to within the 12-week waiting time to treatment requirement.

32. Improve support and co-ordination of the wide range of improvement activities being carried out in the hospital to better link improvement with monitoring performance. The intended quality improvement strategy will be an important milestone in achieving this, and should be progressed as a matter of urgency.

33. As planned, move forward with its intention to bring the governance strategy and arrangements in line with the Scottish Government's blue print for good governance. The development of a clinical outcomes framework should be completed. This will link performance data to experience and quality standards to better support continuous improvement. This outcome focus will add balance to the access and activity emphasis of the corporate balanced scorecard by including outcomes against quality standards.

Capacity for improvement

34. The GJNH has recently appointed a new chief executive, and membership of the executive (and non-executive) team has changed in recent months. This new leadership team will rightly take time to assess the situation, develop their vision, direction and function as a cohesive team. There are positive signs that the increased attention to quality improvement and a clinical outcomes framework will increase emphasis on outcomes focussed care. Performance against relevant national indicators is strong. Patients, carers and families are positive about the standard of care they receive. Staff are also generally positive about their work and aspects of how this is managed.

35. The expansion programme, alongside a new strategy for the NHS board through to 2024, will bring significant leadership challenges. The review team believe that GJNH has effective foundations upon which to build, and the capacity to further improve the effectiveness and efficiency of the services it provides.

Detailed findings from the review

Outcomes and impact

36. This section is where we report on what key outcomes the NHS board has achieved and how well it meets the needs of people.

Domain 1 – Key organisational outcomes

High performing healthcare organisations identify and monitor key indicators that help determine the quality of service delivery and the impact on those who use the service or work with the service.

What we were looking for

37. Following analysis of the GJNH self-evaluation and publicly available data, the review team wanted additional evidence and assurance about the following areas:

- What data and monitoring arrangements were in place to effectively measure the quality of the care delivered
- How the NHS board and staff understood and used key data sets to help continuously improve the quality and delivery of the services provided.

What we found

38. The review team considered available data and intelligence from Healthcare Improvement Scotland's set of national indicators, the national inpatient experience survey, data from national audits and publications to benchmark the services (where available and appropriate) provided by the GJNH. Key points from the Sharing Intelligence for Health and Care Group, and observations about the NHS board's own use of data, were also considered. Overall, while recognising the uniqueness of the GJNH, it performs at least in line with, and often better, than the Scotland average across almost all measures. The GJNH gathers and considers a wide range of data to inform its work. However, the range of performance data used by the governance committee and leadership would benefit from being consolidated to become more focussed. Reviewing the timescale over which trend data is reported would assist understanding of the significance of changes and give more accurate trend information. It would be useful for the GJNH to differentiate between the data it needs for performance and planning, and the data it can use for quality improvement. Staff would benefit from more awareness of the data strategy and increased understanding of the use of local data to inform quality improvement.

Performance data

39. The unique status of the GJNH makes direct comparison of some data with other NHS boards challenging. The GJNH links to national networks to support benchmarking of services with comparable centres such as the National Cardiac Benchmarking Collaborative

40. The Hospital Standardised Mortality Ratio (HSMR)[7] for the GJNH between January–December 2018 was in line with the Scottish ratio for this period. The in-hospital survival rate following cardiac surgery has been similar to the average for 42 centres across the UK over the 3 year period for which data has been published (April 2014–March 2017).

41. The NHS board had 815 acute clinical adverse events between October 2017 and October 2018. Of these, between 0–5 were classified as category 1 clinical adverse events. There is a clear policy for reporting and investigation of adverse events. Significant adverse events and complaints are on the corporate dashboard reviewed at board meetings and they develop an annual learning summary. An adverse events baseline summary has been submitted to Healthcare Improvement Scotland adverse events team.

42. The rate of all falls for acute occupied bed days between January–December 2018 for the GJNH was two per 1,000. This rate is lower than the Scottish rate of seven falls per 1,000 acute occupied bed days. For that period, the GJNH had the lowest rate of all NHS boards. Falls with harm data for 2017–2018 were 8% (n=11) with a rate of 'falls with harm' against 1000 occupied bed days of 0.24 per thousand.

43. The standardised percentage of emergency re-admissions within seven days for 2018–2019 was 3% compared to the Scottish percentage of 5%. The standardised percentage of emergency re-admissions within 28 days for 2018–2019 was 7% compared to the Scottish percentage of 10%. Complication rates after hip and knee replacement in 2017 were not significantly different to the Scottish average. In most cases, these were below the Scottish average. Revision rates (surgery that replaces or compensates the original surgery, for example the hip or knee implant, or to address undesirable consequences such as scar tissue of previous surgery) for

[7] The HSMR is a measurement tool where mortality data are adjusted to take account of some of the factors known to affect the underlying risk of death. The HSMR is calculated as the ratio of the actual number of deaths within 30 days of admission to hospital (irrespective of place of death) to the expected number of deaths. (The probabilities of death used in the calculation are based upon national data using the updated base period January 2011 to December 2013).

hip and knee replacements up to 2016 were not significantly different to the Scottish average for 1-, 3- and 5-year follow up. In all cases, these were below the Scottish average.

44. Infections such as *Clostridium difficile* infection (C *diff* infection) and *Staphylococcus aureus* bacteria (SAB), including meticillin resistant *Staphylococcus aureus* (MRSA), rates are reported against national targets. For 2018, the GJNH rate of C *diff* infection in patients aged 15 and over was four cases per 100,000 acute occupied bed days, and its rate of SAB was 21 cases per 100,000 acute occupied bed days. Both of these rates were below the Scottish Government's local delivery plan standards of 33 for C *diff* infection and 24 for SAB. There have been no cases of C *diff* infection between April 2018 and March 2019. SAB rates have been higher in GJNH than the Scottish average between October 2018 and March 2019, although the rate is falling again.

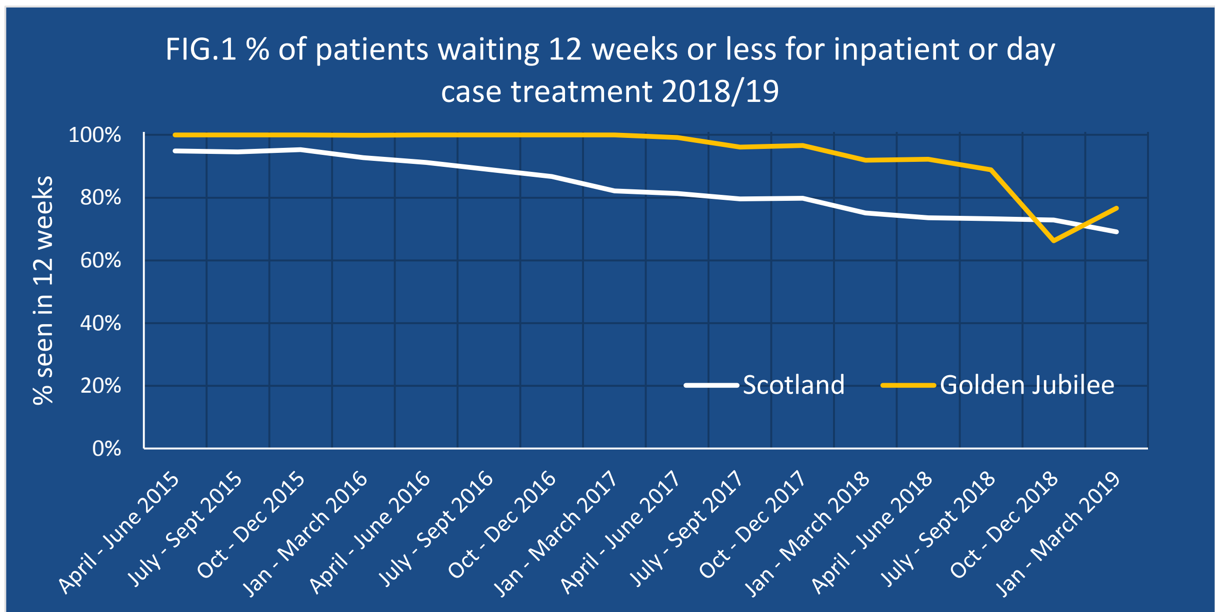
45. GJNH is reported to be performing very favourably when compared to other NHS boards (NSS Discovery[8] overview indicators service delivery report, 2018). This performance continued in the 2019 data available at the time of the review. The only exception reported for the GJNH had the longest average length of pre-operative stay of all NHS boards during 2018. This is likely due to the complex nature of some patient conditions and potentially the travel requirements of patients resulting in overnight stays before and after treatment. The complex nature of some patients and the potential need for transfer back to the parent hospital could also cause delays and result in a longer length of stay.

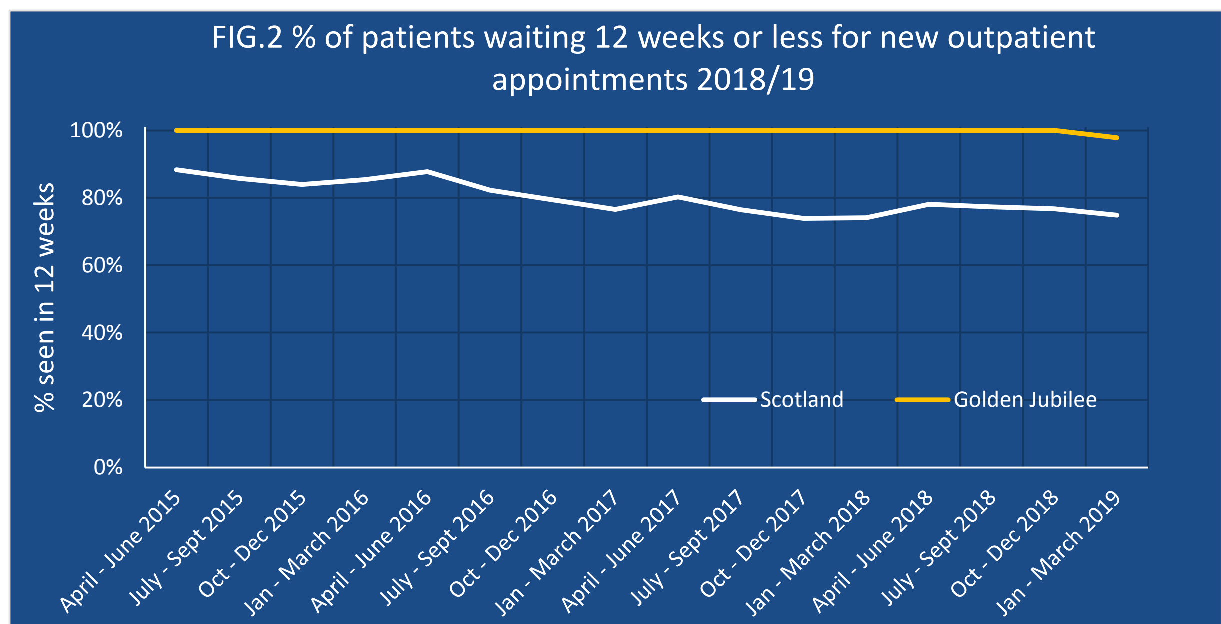
46. Like Scotland overall, GJNH has had a significant reduction in the percentage of patients waiting 12 weeks or less for inpatient or day case treatment over the last two years. For 2018–2019 the percentage for GJNH was 81% compared to 73% for Scotland (see Fig.1).

47. The percentage of patients waiting 12 weeks or less for new outpatient appointments for 2018–2019 was 99% compared to 77% for Scotland (see Fig.2). Nationally, there has been a significant reduction over the last few years in the percentage of patients waiting 12 weeks or less for new outpatient appointments. The GJNH had consistently achieved 100% for this. However, since February 2019, this performance has not been maintained. A small number of

[8] NSS Discovery is an information system that provides approved users with access to a range of comparative healthcare information to support performance and quality improvement in NHS boards across Scotland. It is an ongoing collaboration between NHS boards, the Scottish Government and NHS National Services Scotland.

patients have waited more than 12 weeks each month. Progress against surgical targets was reported in the February 2019 Board minutes as being ahead of projected targets in some areas. However, it was reported that the service had not met the 12-week treatment time guarantee in November 2018 for cardiac surgery. Six patients in November 2018 and five in December 2018 were treated over the treatment time guarantee. (The cardiac surgery service is a West of Scotland regional service and so subject to regional challenges of increasing referrals). The minutes detail the reasons for this and note that a recovery plan is in place to deal with cardiology breaches. This included using the mobile cardiac catheterisation laboratory. This demonstrates that GJNH are using some data for learning, however, this is a concern given that GJNH has a key role in reducing waiting lists nationally.





Use of data to make improvements

48. Clinical areas collect and report data on a regular basis as part of the Scottish Patient Safety Programme (SPSP)[9]. This information is used locally to inform quality improvement activities. This data is also reported through the Quality Framework and Excellence in Care Dashboard. **Excellence in Care** aims to deliver: a nationally agreed (small) set of clearly defined key measures/indicators of high-quality nursing and midwifery. A design of local and national infrastructure, including an agreed national framework and "dashboard". The data can be reviewed and triangulated against other national data. Performance is monitored and reviewed by the service's performance and planning committee and the Board every 6 weeks.

49. The GJNH performance report presents information on a number of key performance indicators detailed in the GJNH's 'corporate balanced scorecard'[10]. This includes capturing information across clinical, staff, operational and financial governance domains. A named person is responsible for reporting on and updating each indicator. For example, monitoring complaints and compliance with the standards (e.g. 20 day response rate). The 19 key performance indicators are set against local targets covering safe, effective and person-centred care. The indicators include:

    - bed occupancy
    - cancellations
    - waiting times
    - same day surgery
    - complaints
    - sickness absence, and
    - job planning.

50. Each indicator is aligned to the organisation's 'quality ambitions'. The current format of the report compares the latest month's data with the previous month's data. However, this could be misinterpreted as it may only highlight a random variation. The presentation of data in the report could be improved to make it more meaningful by highlighting changes in data over an extended period of time. This is an area which the GJNH has recognised and is under review.

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[9] The Scottish Patient Safety Programme (SPSP) is a unique national initiative that aims to improve the safety and reliability of health and social care and reduce harm, whenever care is delivered. As part of Healthcare Improvement Scotland's ihub, SPSP is a coordinated campaign of activity to increase awareness of, and support the provision of, safe, high quality care, whatever the setting.

[10] The balanced scorecard is a strategy performance management tool – a semi-standard structured report, that can be used by managers to keep track of the execution of activities by staff to monitor the outcomes arising from these actions

51. The GJNH is currently developing a clinical outcomes framework linking performance data to experience and quality standards. This will better support continuous improvement. This outcome focus will add balance to the access and activity focus of the corporate balanced scorecard by including outcomes against quality standards.

52. The corporate balanced scorecard collates a large volume of data which is presented at Board meetings. Any results and remedial actions planned outside of the expected range are reviewed. Key aims and targets, alongside data gathered over time, supports ongoing analysis of improvement. This ongoing analysis could be further improved to better identify areas for performance improvement to meet targets and those which provide information which can be used as markers to identify where there has been improvement.

53. At the time of the review, most data reported in the corporate balanced scorecard were positive. However, some indicators had not met targets and were highlighted for additional scrutiny and improvement action. The treatment time guarantee had also been added to the NHS board's risk register. Indicators highlighted included:

- sickness absence
- number of patients who have breached treatment time guarantee of no longer than 12 weeks to first appointment
- treatment time guarantee percentage of patients admitted as inpatient or day case within 12 weeks, and
- stage of treatment guarantee for heart and lung inpatients and day cases.

54. GJNH has also developed an efficiency and productivity balanced scorecard containing a range of effectiveness and quality indicators alongside the corporate balanced scorecard. These are aligned to the key specialties and show progress against local and national standards. For example, theatre utilisation, cancellation, and Did Not Attend (DNA) rates against all specialities are recorded with brief explanations on the efficiency and productivity balanced scorecard. This is reviewed by the NHS board's efficiency and productivity group at least every 6 months and corrective actions taken as required. At the time of the review, GJNH was looking at how performance and quality improvement data is represented in charts, to ensure that the way information is shown enable exception reporting and highlight scrutiny of priority issues. As part of this work, the NHS board is developing an integrated performance report containing a range of

performance and quality improvement measures which will be made available to all governance committees. This has the potential to help address information overload and to focus staff and governance committees on the most important issues arising from performance and quality data.

55. The NHS board makes some use of process control charts [11]for surgical site infections. Changes in these data is reported in the Healthcare Associated Infection Reporting Template (HAIRT) report. This is reported to GJNH's Board every month and is monitored and reported by Health Protection Scotland nationally.

56. GJNH prepares weekly charts reporting waiting list size over the previous 26 weeks. This helps to understand changes over time. GJNH should consider ways to highlight significant data changes as opposed to random variations. GJNH could make data more meaningful and accessible by using run charts or similar to present the data and should consider this when developing an integrated performance report.

57. GJNH has introduced an electronic system to support the recording of vital signs observations using the National Early Warning System (NEWS). This has been a key part of the ePR programme and has supported work to improve the management of the deteriorating patient. A single screen at the central ward station allows staff to view all patients' vital signs observations, time to next observation (or overdue), staff assignments and early-warning scores. Parameters can be set depending on the patient or the speciality. Action stickers provide prompts for nursing staff when the parameters are breached, for example for a deteriorating patient. Any patient's observation chart can be called up on screen at any time. The system allows frequent checks of each nurse's patient activity workload, enables instant answers to off-ward queries and alerts the senior charge nurse to important changes in a patient's condition. This includes a specific sepsis trigger for early identification of a deteriorating patient. Staff regarded this system, which interfaces with different clinical discharge systems, as beneficial to the ward, staff and patients. At the time of the review the team were not able to see an evaluation of the benefit to patient outcomes. Version 2 of the system was planned for roll out in May 2019 in line with the NHS board's strategic plan. The system forms part of the electronic patient record strategy. However, the system used in the high

[11] The control chart is a graph used to study how a process changes over time. Data are plotted in time order. A control chart always has a central line for the average, an upper line for the upper control limit, and a lower line for the lower control limit. These lines are determined from historical data.

dependency unit is not compatible with the ward system. A paper copy of transfer or discharge information needs to be printed when patients transfer. This is also the case for patients transferring to other hospitals.

58. The availability of data at ward or department level, supported by the NHS board's investment in technology to assist staff to access this data, provides a strong foundation for future quality improvement activity. A 'root cause analysis' approach, through what the NHS board describes as a 'deep dive', identifies specific topics and data for further analysis. For example, the clinical governance group identified where benchmarking had shown surgical site infection rates higher than comparable units in England. Local trend data identified the need for further work in the management of surgical site infections. Patients are now provided with an information leaflet on discharge showing a photograph of infected wounds. This should help them to identify early signs of infection and note if there is improvement or deterioration to the wound over time. Supported by a web-based video-conferencing facility, some patients can be provided with advice and care in their own home.

59. GJNH has various mechanisms to support the sharing of learning across the organisation for adverse events. Adverse events are now reported and managed through DatixWeb. This allows managers easy access and ownership of their events. All learning from feedback and adverse events is included in reports to the division clinical governance groups. Published copies of all Level 1 root cause analysis reports are available on an intranet page for all staff to access. Adverse events and significant adverse reviews are discussed at senior charge nurse meetings and information is fed back to staff in the wards and departments. This makes sure they are aware of any issues raised and any learning identified. Senior staff were positive about the move to using DatixWeb for reporting adverse events.

60. GJNH participates in reviews of adverse events relating to the retrieval and transplant process for the NHS Blood and Transplant[12] and National Organ Retrieval Services[13]. The cardiothoracic services

[12] NHS Blood and Transplant provides a blood and transplantation service to the NHS, looking after blood donation services in England and transplant services across the UK. This includes managing the donation, storage and transplantation of blood, organs, tissues, bone marrow and stem cells, and researching new treatments and processes.
[13] The National Organ Retrieval Service is a vital part of the transplantation pathway, which makes organ transplantation a realistic option for people on the transplant waiting list.

participates in the National Cardiac Benchmarking Collaborative[14] . Processes supporting learning from adverse events and feedback also includes review of specific categories. For example, the falls minimisation group meets on alternate months. This multidisciplinary group has input from the clinical effectiveness team, nursing staff, allied health professionals and the manual handling service lead. Best practice for falls reduction and review of outcome data from DatixWeb is scrutinised for improvement opportunities and to provide assurance.

61. There have been no notifiable accidental or unintended exposures to ionising radiation incidents under the Ionising Radiation (Medical Exposure) Regulations 2017. (NB - Since 1 January 2019, Healthcare Improvement Scotland receives notifications on this from NHS boards).

Improvement in outcomes

62. GJNH has a track record of high quality innovation that supports ongoing improvement in the quality of care. It pioneered the orthopaedic enhanced recovery service[15], and the acute pain service which is consultant led with specialist nurses and is the focal point for managing different kinds of local anaesthetic infusions. It provides consulting services for the management of any complex pain problems across the hospital. The acute pain service is continuously involved in audit and research and maintain a comprehensive database, this is regularly reviewed and can direct innovation and change.

63. GJNH has a range of staff with expertise in quality improvement, and is now seeking to strengthen the alignment of its quality improvement resources and priorities. This includes ensuring that staff with quality improvement expertise have opportunities to consistently use these skills to support improvement. Staff told us there should be a stronger connection between the NHS board's quality improvement strategy and the available data and intelligence. The leadership team is currently developing its quality improvement strategy and approach to ensure alignment and balance between

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[14] The National Cardiac Benchmarking Collaborative is a UK-wide collaborative of NHS specialist cardiac centres. Formed in 2006, the aim of the collaborative is to improve the quality, efficiency and effectiveness of cardiac services.

[15] (a multi-disciplinary standardised programme of pre and post-operative care designed to include the patient from early in the pre-operative process, and which reduces post-operative recovery time so that the patient can go home sooner after surgery.

organisation-wide programmes and local quality improvement work. This requires further quality planning work and working with different management levels of the organisation to help them explain to teams and departments whether and how they can contribute to an organisational priority. The NHS board's intention is to engage with teams at all levels of the organisation to contribute to setting organisational priorities and empower them to take forward local improvements that are important to them. It will be important for GJNH to monitor the impact of this intention, and the overall approach.

64. GJNH has a wide range of quality improvement work being carried out across the organisation. This ranges from individual or team-based improvement projects, relevant only to that area, through to organisation-wide improvement programmes such as the orthopaedic enhanced recovery service. For example, the GJNH has reduced delays to treatment for Non-ST elevation myocardial infarction (heart attack), and length of stay. This was achieved by redesigning chest pain pathways for referring hospitals and empowering paramedic staff to make direct referrals. These changes have resulted in a significant reduction in delays to definitive treatment with resulting clinical benefits for the patient and reduced length of hospital stay. This work was shared at the National Cardiac Benchmarking Event and was awarded the National Cardiac Benchmarking Collaborative Innovation and Service Improvement Award in 2019.

65. The SPSP Leadership Group supports an NHS board-wide focus on clinical improvement activity. The group oversees SPSP work and wider clinical improvement activities. SPSP reports show progress over time in key workstream areas and include both process and outcome measures. For example, SPSP's acute adult programme supports NHS boards to work on reducing harm from deterioration in patients which may arise from sepsis, acute kidney injury, falls, pressure ulcers and catheter associated urinary tract infection (CAUTI). Supporting data highlighted that GJNH recent improvement work has resulted in a reduction in pressure ulcers and falls. The SPSP leadership group noted that some pressure ulcers were caused by invasive devices (e.g. intravenous drip or breathing tubes). Consequently, there continues to be an appropriate focus on reducing invasive device-related ulcers in the critical care areas.

66. The Golden Jubilee E-Health Strategy includes plans to further develop its electronic patient record by implementing electronic care pathways. This is being developed and implemented in a phased approach through each department in GJNH. The electronic patient

record will provide a systemised electronic collection of patient health information which can be shared across different healthcare settings. Implementation of the electronic patient record will help to support clinical care pathway re-design and service transformation.

67. GJNH has developed innovative approaches to filling last minute ophthalmology theatre cancellations from outpatient clinics. The team used set criteria to identify suitable patients to fill any last minute availability. Patients were advised in advance that this might happen. This has improved efficiency and reduced waiting times. Knee and hip replacement patients spend less time as inpatients following the outcome of a pilot study, carried out in November 2018. The study found that the introduction of occupational therapy on the day of surgery resulted in three-quarters of patients being discharged from the service earlier. GJNH is now rolling out this service as part of routine post-operative care for joint replacement patients.

68. GJNH also looks beyond Scotland for best practice. Staff travelled to India to learn about improving the quality and efficiency of the treatment provided to patients with cataracts. As a result, expansion plans now include twin theatres with shared scrub areas. Three optometrists initially review patients which frees up surgeon time to carry out more procedures. Nursing staff have also been unskilled to take on more duties in the theatre.

Fulfilment of statutory duties and adherence to national guidelines

69. Audit Scotland confirmed that the GJNH has adequate and effective processes for managing its financial position and use of resources. The NHS board met all key financial targets for 2017–2018. All financial transactions are carried out in line with the relevant accounting standards, the Financial Reporting Manual and the Scottish Public Finance Manual. All relevant procurement regulations and guidance are followed and this is audited by NSS national procurement.

70. Staff have been identifying areas where efficiencies can be made, and are also supported to access where additional funding can be identified for new initiatives. For example, the thoracic team implemented changes that improved care and achieved cost savings. They were then able to invest those savings in a robot which assists in robotic thoracic surgery. Evaluation of the effectiveness of this is still in the early stages.

71. The audit and risk committee takes a comprehensive approach to looking at the contributing factors which influence recognised risks,

and identifying potential gaps. This results in a more meaningful reporting outcome. At the time of the review, the top three risks were identified as implementation of the electronic patient record, the expansion programme and governance around waiting times. Audit Scotland regularly attends these meetings and the audit and risk committee encourages GJNH clinical teams to also attend. This helps enhance communication and relationships between the NHS board and its staff and review compliance with statutory duties. There was recognition that while governance arrangements are currently adequate, there is a need to develop and improve. The NHS board's ambition is to be better than adequate. The chief executive was undertaking a review of the governance arrangements in place to ensure that it aligns to the good governance blueprint.

72. Specialist subgroups and committees of the clinical governance risk management group are in place to support the board to meet legislative and best practice standards. All the groups provide annual reports to the board on progress within the last year and their work plans for the coming year. An annual presentation is arranged by the clinical governance committee which all board members are invited to attend. Each subgroup or committee chair presents their annual report. A clinical information flowchart supports the review and approval process of new and revised guidelines and policies, this ensures that they meet national guidelines and is compiled by the clinical governance department.

73. GJNH's adverse events management policy meets the requirements of Healthcare Improvement Scotland's National Framework and Duty of Candour legislation. Significant work was carried out in 2017 to refresh the approach to adverse events. This included an upgrade to the DatixWeb system and developing an adverse events 'toolkit' to provide additional guidance and support to managers and staff. This work was supported with input from service and clinical leads and supports the process of learning from adverse events. An educational programme supported the launch of both of these initiatives. The clinical governance department's safe team continues to support staff in implementing this approach with regular review of all reported adverse events. This ensures they are being correctly managed and ad hoc training can be provided as required. All adverse events are reported on DatixWeb and supported by clinical governance. Any significant adverse event is reviewed at the divisional management meeting and fed back to the divisional management team. All Level 1 root cause analysis reports are presented to the clinical governance risk management group. Recommendations are agreed and improvement action plans are

developed and monitored at divisional level. Cross-divisional forums support discussion on those events that apply hospital-wide. Morbidity and mortality reviews take place across the specialties with good links between them and the significant adverse event process.

74. The prevention and control of infection committee is a key group in supporting and monitoring compliance with the appropriate infection control and environmental standards, and standard infection control precautions. The GJNH also participates in the peer review national enhanced SAB surveillance group. Infection control is a fixed agenda item for the clinical governance committee, where the committee reports and discusses hospital acquired infection (HAI) rates. An HAI group shares reports and publishes them on the shared learning space for ward staff to consider.

75. The GJNH takes part in the National Adult Cardiac Surgery Audit, and is part of the Scottish Arthroplasty Project and the International Society of Arthroplasty Registries. This ensures that it is measuring its performance against other areas in the speciality and sharing expertise and supports clinical governance.

Domain 2 – Impact on people experiencing care, carers and families

High performing healthcare organisations deliver services that meet the needs and expectations of the people who use them.

What we were looking for

76. Following analysis of the GJNH self-evaluation and publicly available data, the review team wanted additional evidence and assurance about the following areas:

- Is there systematic and rigorous use of feedback from patients, carers and their families in improving the service including learning from complaints?
- How well are service users engaged in the re-design and changes to services?
- How effectively are improvements made as a result of feedback communicated?

What we found

77. The GJNH receives positive feedback from almost all patients, carers and families that use its services. Where patient feedback is less positive, this intelligence is used to understand the issues raised and improve the quality of its services. However, feedback to patients, carers and families about resulting improvements made could be improved. GJNH provides very good support for carers and families, but recognises that health promotion and inequalities are more challenging due to the transient nature of their patients. Patients may be transferred back to their referring hospital or home, this could make management of follow up or changes to behaviour difficult to support by GJNH. GJNH could consider assessing health promotion and inequalities as part of care pathways which could be shared with the referring board.

Feedback from people experiencing care, families and carers

78. GJNH takes a different approach to gathering feedback compared to other NHS boards due to its unique role in engaging and treating patients from all over Scotland. Methods used by the GJNH to engage with patients include:

- feedback forms
- e-bulletins and specific project updates issued every 3 months
- quality walkrounds carried out by volunteers, senior staff and non-executive directors
- using generic email boxes through its website
- social media channels, and
- the Care Opinion website.

79. All responses in the 2018 National Inpatient Experience Survey about the GJNH were significantly more positive than the Scotland responses overall. It showed 96% of inpatients had a positive overall experience. The GJNH response rate is 71%, the highest of all NHS boards and higher than the overall Scotland rate at 40%. The GJNH's social media page offers the opportunity to review the quality of the service. The overall rating has been 4.8 out of 5 for the past 5 years, with over 600 reviews left. Almost all describe high quality care, appreciation of the staff and responsiveness to complaints or issues.

80. The NHS board recognises Care Opinion as a valuable source of patient feedback. The feedback and liaison co-ordinator manages patient feedback reported using this method and shares all stories with frontline staff to support them to respond. In the 2017-2018 GJNH analysis of the report, no trends were identified in the negative comments. Of the 33 opinions received in 2017-2018, 26 were recorded as positive and seven were negative.

81. In 2018–2019, there were 36 stories posted about GJNH, of which 42% had some criticality, compared to 38% of all stories for Scotland. A variety of complaints were made about communication, waiting times, support and compassion. However, staff, doctors, food, efficiency and environment were all rated as good.

82. At the time of the review, all of the last 100 Care Opinion stories had been responded to by the GJNH with 184 stories told overall. While this is positive in terms of responding, most responses were asking the person to call or email for further interaction. Only three changes have been recorded on Care Opinion as a result of feedback received in 7 years. However, the hospital scores well over a range of subjects from parking to environment and cleanliness to respect, scoring 4.5–

5 out of 5 on all subjects. Response rates vary from 9–68 individuals and so they cannot always be regarded as representative.

83. To complement the publicly available data on patient experience, the Scottish Health Council carried out public engagement activities to gather feedback about GJNH from members of the public for this review. This was done using a pre-visit online questionnaire and hospital front door surveys. There were 50 completed questionnaire returns and a further 32 partially completed. Most responses were received from patients, with fewer responses from family members or carers. A further 43 people took part in a front door survey located at inpatient and visitor areas in the hospital. It should be noted that it is not possible to benchmark this data with other NHS boards.

84. Although response rates were small, mainly positive feedback was received. Over 90% agreed or strongly agreed that the standard of cleanliness across the GJNH was good. Overall, they felt that good information is offered in many different languages and is provided in a suitable format appropriate to the individual's personal needs. Over 70% of respondents agreed or strongly agreed there is an effective co-ordinated follow-up service for patients at discharge. However, over 19% (see Fig .3) of respondents disagreed or strongly disagreed with this statement. Over 13% (see Fig.4) of responses disagreed or strongly disagreed that waiting time from point of referral to hospital appointment is satisfactory. GJNH should consider these areas for further improvement.

85. Those responding were very positive about the availability and accessibility of information about how to provide feedback or to make a complaint. Some patients were aware of improvements that had taken place as a result of their own, or other people's feedback, but a significant number did not know. GJNH should consider improving methods of demonstrating where improvements and changes have been made in response to patient feedback or complaints.

86. Some examples of more detailed comments provided are highlighted below (Fig 5).

Public engagement activity

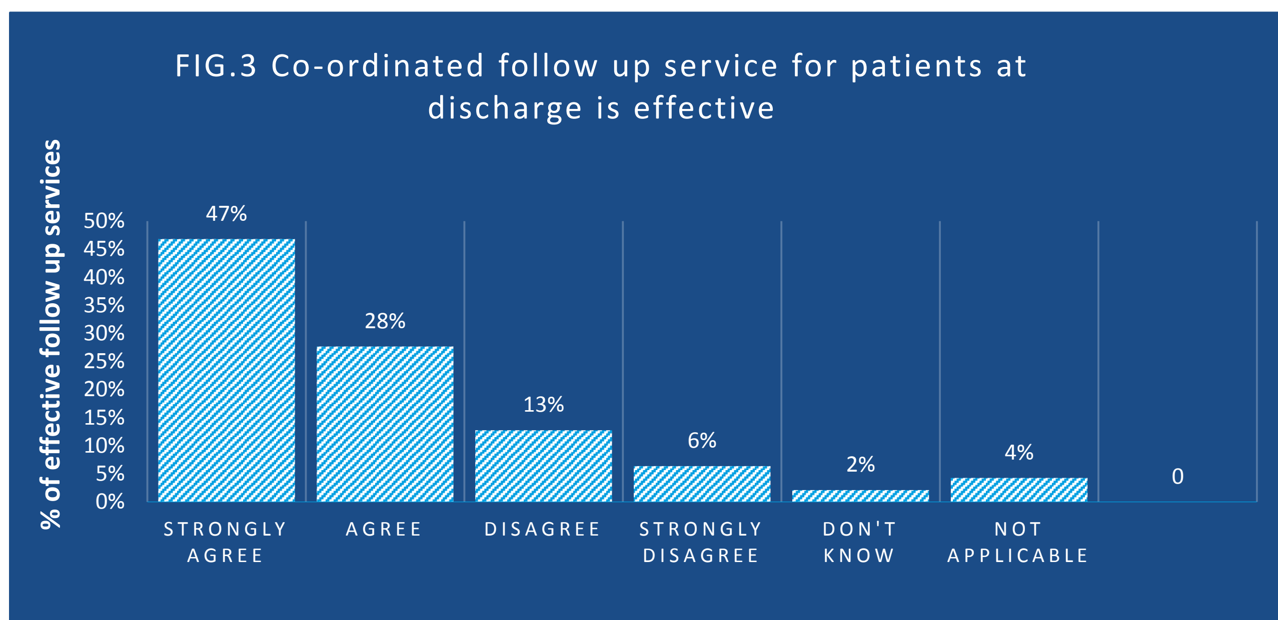


FIG.5

Waiting times	Co-ordination of follow-up services
• *'Three months for heart disease can be too long.'* • *'Waited 2 years and more between ARI [Aberdeen Royal Infirmary] and jubilee to finally arrange my son's surgery''*	• *'Left to arrange follow [up] appointment with GP for appropriate physiotherapy and orthotics.'* • *'I haven't been seen locally by my doctor since my bypass.'*

87. Overall, patients felt staff in the GJNH were compassionate and respectful with excellent comments received. Around 98% agreed that if an error occurs, staff are open and honest about it. Over 85% of respondents received a high standard of communication from staff. GJNH should consider further improvements to ensure all patients receive the same standard of communication, knowledge and information throughout the service. Over 90% of respondents agreed that staff respected their individual needs and preferences. 77% believed that the quality of care provided did not vary or discriminate because of age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex, sexual orientation, socio-economic status or any other. This is an area which the organisation may want to explore further.

88. Over 97% stated that a good standard of care is delivered throughout the GJNH. However, the GJNH should ensure that it responds to small areas of negative experiences and that negative feedback is systematically used as a learning tool to improve services.

89. Staff from the Scottish Health Council also approached people at inpatient and visitor areas. They asked two key questions:

- What do you think is done really well by the GJNH?, and
- What aspects of care could be improved and why?

90. Feedback received from people was positive over a wide range of topics. This indicates that the GJNH is doing many things well including friendly, caring and professional staff, care and treatment received, and cleanliness of the hospital. Areas suggested for improvement were most consistently concerning communication, travelling and transport, and developing further the use of new technologies to avoid unnecessary travel.

Patient experience

91. This generally positive feedback through all the different methods of survey data we gathered was supported by the people experiencing care and their families and carers that we spoke with directly during the review (49 people). All were complimentary about the GJNH and its staff. They told us they felt safe and the care provided was excellent. Patients found the information leaflets available across the specialities to support patients at the different stages of their care to be informative and easy to understand.

92. The GJNH strives to welcome all visitors and acknowledges the valuable contribution they can make to patients' care and recovery. To support this, the GJNH has developed a visitor's charter explaining the commitment, values and behaviours expected from staff and visitors alike to ensure the safe delivery of care. The review team saw this charter clearly displayed in all patient areas and those we spoke with were aware of it.

93. The NHS board has introduced an initiative called the five 'must do's' based on the 'must do with me' principles . This involves patients using whiteboards in their rooms to highlight their own care need priorities. This makes them visible for staff, so that they can be acted upon if possible. However, the review team did not see consistent use of this approach during the visit. The review team heard from both patients and staff that 'What matters to me' was used in the wards and that patients are encouraged to keep their information updated. The NHS board intends to review this approach as part of the Excellence in Care programme, and plan for any improvements required. The organisation needs to ensure that staff are clear about which of these methods are being used and where, this should be part of their review process.

94. Integrated care pathways are used effectively to assess all patients. These care pathways include assessment of chronic illness, co-morbidities, cognitive function and medicines reconciliation. Specific risk assessments include falls, nutrition and any factors relating to infection prevention and control. Some actions to minimise assessed risks that can be taken as a result of these assessments include using 'Room Mate' which gives a description of where things are in a room if needed for the partially sighted, including highlighting any obstacles. If a person with a confirmed diagnosis of dementia attends an outpatients pre-assessment clinic, a 'Getting to Know Me' document is given to them and/or their carers/family to complete. Ward and discharge teams are also notified of any additional support that might be required to overcome barriers to discharge. Electronic

medicines management is also in the process of being rolled out across the hospital to improve patient safety and prevent medication errors. The NHS board has implemented intentional care rounds (a structured process where nurses carry out regular checks – usually hourly – to check on patient comfort and position, pain, care needs or for example drinks or help to the toilet and to ensure that things the patient needs access to are easily reached) and documentation which includes prompts for staff discussion with relatives. Staff actively approach the patient's family member to discuss progress with their treatment or recovery.

95. Two volunteers have been trained to check hearing aids as part of a hearing sensory service. Action on Hearing Loss works with the volunteers to provide specialist support.

Complaints

96. Formal complaints management is considered at both the clinical governance and person-centred (staff governance) committees which meet every 3 months. The clinical governance committee considers themes from complaints and any trends emerging linked to the safe agenda. The person-centred (staff governance) committee scrutinises how complaints are handled as they go through the complaints management process. In addition to the report every 3 months, every second meeting, the person-centred (staff governance) committee selects an individual complaint to carry out a detailed review of how that particular complaint was managed. Complaints are logged on DatixWeb and notifications of actions are fed back to complainants. Only a small number of complaints have been received, although the review team saw evidence of a robust review process carried out, supported by the adverse event management policy. The clinical governance committee monitor themes from adverse events and complaints, it recommends areas for learning, and they started to produce an annual learning summary in 2016-2017.

97. The number of hospital and community health services complaints in GJNH has decreased in the last 3 years. The GJNH complaints policy states that their aim is to acknowledge all complaints within 5 working days (stage 1) and 3 days in writing (stage 2) , and 20 working days (including the 3 days) to investigate (stage 2). The average response time was reported as 4.4 days for stage 1 and 22.6 days for stage 2. 90.9% of complaints were acknowledged within 3 working days during the 3 year period. Only 52.3% of complaints were dealt with by the 20 working days standard, although this related to a small number of total complaints. 18.2% of complaints were upheld and

38.6% were not upheld. Reasons for delays in responding to complaints are recorded on the corporate balanced scorecard and discussed at Board meetings. For example, the feedback report against complaints (2017-2018 during October-December 2017) to the clinical governance risk management group detailed the following reasons for delays.

Two stage 1 complaints were granted an extension, in agreement with the complainant. Three stage 2 complaints breached the 20 day timeline for response:

- one was due to staff relevant to the investigation on annual leave,
- one was due to late investigation findings from the service, and
- one was due to the shared NHS board's late response.

98. The Scottish Public Services Ombudsman (SPSO) considered six complaints about GJNH in 2017-2018. No complaint management handling issues were identified by SPSO. In 2018-2019, SPSO investigated two complaints about GJNH, which were not upheld. GJNH accounted for less than 1% of all complaints considered and investigated by SPSO in 2017-2018.

Use of feedback in improving the service including learning from complaints.

99. GJNH uses the Caring Behaviours Assurance System (CBAS) to gather information on inpatient and outpatient experiences. 293 members of staff have attended CBAS training over the last 5 years with 97% of these being nursing staff. Other members of staff have included allied health professionals, medical staff and volunteers. Each ward conducts a review twice a year to evidence that care is being in line with the Person Centered Quality Indicator (PCQI). A report is then generated and shared with staff. Individual ward reports go to the senior charge nurse and nurse manager for consideration. They are then responsible for developing an improvement action plan. Where significant issues are found, this is escalated to the nurse director. Staff and volunteers receive feedback on what actions need to be carried out or have taken place as a result of the findings. Staff in the high dependency unit told us they were using CBAS, and observations of care, to assure the quality of care delivered. Using feedback from patients and families, and observations of care twice a week, has empowered them to make improvements. One simple improvement which has benefited patients, has been to shut down the tube system for sending specimens to the labs for a period overnight in the HDU, as the noise was reported by patients as keeping them awake.

100. Volunteers regularly visit patients in wards and departments to gather feedback on their care experience using the CBAS method. Staff share this feedback at daily meetings, reviewing what has gone well and discussing any concerns and actions needed. Currently, over 70 volunteers work in the GJNH, 35 of whom work in the hospital every week. In 2018, GJNH developed a 5-year volunteer services strategic plan to further develop the volunteer service.

101. The GJNH is using patient feedback to inform its expansion programme. Ahead of the planned expansion of the orthopaedic service (Phase 2 of the expansion programme), a patient questionnaire was developed to seek feedback on the current service and identify areas for improvement. This was sent to a random selection of 800 orthopaedic patients during a 10-month period. This resulted in a 66% response rate, which related to approximately 10% of the total number of patients treated during this period. Feedback was very positive with 96% agreeing or strongly agreeing they would recommend the service to friends and relatives. Responses came from all 14 NHS board areas where a service from GJNH has been provided, this gave good geographical coverage. An improvement action plan was then developed and, at the time of our visit, the majority of these actions had been completed. The remainder are being implemented by the surgical divisional management team within clearly defined timescales.

102. Ahead of the planned expansion of the ophthalmology (phase 1 of the expansion programme) service, a similar approach was used. Questionnaires were issued to 900 ophthalmology patients, with a 75% response rate. This related to approximately 9% of the total number of patients treated during the period. Responses were received from all six NHS boards served. Overall, the responses received from both patients and the NHS boards were very positive. Staff developed an improvement action plan which was well advanced in completion of the actions, at the time of our visit.

Domain 3 – Impact on staff

High performing healthcare organisations value their people and create a culture and an environment that supports them to deliver high quality care.

What we were looking for

103. Following analysis of the GJNH self-evaluation and publicly available data, the review team wanted additional evidence and assurance about the following areas:

- Implementation of the workforce plan including staff recruitment and retention.
- Overall staff morale and sense of wellbeing.
- Staff experience and development of skills to support ongoing improvement.
- Staff engagement and involvement in improving the organisation.

What we found

The organisation was in the early stages of engagement to develop their new Strategy starting with the executive team and Senior Clinical leaders they stated clearly that reaching all staff to involve them in developing the strategy was the ambition and plan. The staff who the review team met in the GJNH were passionate about their work, engaged, most felt supported and proud of the work they do.

Workforce data

104. The rate of consultant vacancies per 100,000 establishment has been mostly lower than the Scotland rate during 2018-2019. However, nationally, there has been a significant increase in this rate for both the GJNH and Scotland as a whole since June 2016. The rate of nursing and midwifery vacancies per 100,000 for the GJNH was not significantly different to the Scotland average during 2018-2019. This rate also has increased for both the GJNH and Scotland from September 2016.

105. The hours worked by bank and agency nursing and midwifery staff as a percentage of total hours worked was the lowest in Scotland in 2018-2019. Agency nurses are sometimes used (in critical care and theatres) to enhance the service. Escalation processes are in place to support this.

106. Staff turnover has remained static over the last 3 years, whereas in Scotland as a whole it has increased.

107. There are some pressures with the medical workforce for specific specialties. The NHS board had experienced difficulty in recruiting consultant ophthalmologists and explored alternative options in advance of the expansion. Through discussion with other NHS boards, it successfully made two joint appointments between GJNH and NHS Forth Valley.

108. The sickness absence rate for staff varied month on month between 4.7% and 5.5% during 2018. This is comparable with the Scotland rate of 5.3% during 2018.

109. GJNH examines its workforce data by highlighting trends over time and making comparisons with national figures and targets. It uses the national safe staffing tools, and submits data as required to NSS/ISD[16]. It systematically benchmarks against other NHS boards' data. However, GJNH did not evidence analysis of the detail in this data at ward and directorate level. This would give them better understanding of the significance of changes or differences and aid their response to local changes and effective decision making.

110. GJNH has identified sustainability of its workforce as a key risk, especially with the increased workforce requirements resulting from the expansion of services. As well as its Board workforce plan, it has developed a more detailed and specific workforce plan to support the new integrated ophthalmology unit. This additional workforce plan details the increased need in staffing across all staff groups up to 2035. The nursing workforce and workload planning is underpinned by national validated workforce planning tools and local planning tools. The NHS board's training academy which has been in place since 2015 has provided development and support for ophthalmology and orthopaedics, this approach will introduce a more accelerated training programme within ophthalmology services. This will help to further develop roles within theatre and outpatients to enable staff to rotate across and support both clinic and theatre models.

111. The GJNH has developed a draft people strategy which sets out how it will attract, develop and retain the right number of people with the right skills and values to deliver high quality healthcare. This strategy aims to ensure that GJNH has a sustainable, healthy and productive workforce with the capacity and capability to meet the current and future demands for its services. It will be important for GJNH to

[16] The Information Services Division (ISD) is a division of National Services Scotland, part of NHSScotland. ISD provides health information, health intelligence, statistical services and advice that supports the NHS in progressing quality improvement in health and care and facilitates robust planning and decision making.

carefully monitor the resulting impact following implementation of this strategy.

Staff morale and sense of wellbeing

112. The review team found staff in the GJNH were passionate, engaged, felt supported and had a sense of pride in the NHS board in their interactions with them. Staff felt recognised by managers and leaders as key to the ongoing success of GJNH. They told us that when issues arose they were quickly resolved and, overall, felt GJNH was a really good place to work. Although some staff were unsure, most staff felt engaged and motivated by senior management and were aware of who the NHS board's non-executive directors were.

113. Results from the July 2018 iMatter questionnaire were good with 63% of staff completing the survey. The employee engagement index score for the GJNH iMatter survey was 78%, compared with 75% for Scotland as a whole. 83% of staff continued to feel valued as an individual and 83% were satisfied in their job. However, some results also indicated areas for improvement including visibility of senior managers responsible for the wider organisation (65%), and staff feeling involved in decisions relating to the organisation (60%). These areas are similar to that reported in previous years and are also similar to Scotland as a whole. In 2018, 70% of teams received an iMatter report collating the findings for their team, with 71% of teams creating an improvement action plan within the required 12-week period. This was an improvement on the number of teams who produced improvement actions plans in the previous year.

114. In 2017, all NHSScotland staff were invited to participate in a National Dignity at Work survey. The GJNH achieved a 35% response rate. The overall Scottish response rate was 36%. Two-thirds of respondents to this survey felt it was safe to speak up and challenge the way things are done, with half feeling that they can meet all the conflicting demands on their time at work. GJNH created an improvement action plan, monitored through the staff governance subgroup and Partnership Forum. Actions completed included refreshing the GJF Zero Tolerance statement related to the dignity at work survey, reviewing and updating its whistleblowing policy and staff guides. It also included promoting and communicating the confidential contact and diversity champion roles (these are specially trained staff members who are available as support for staff raising an issue of bullying, harassment or related to dignity at work) through the staff e-bulletin, and raising awareness of support available to staff who may have concerns about dignity at work. GJNH also continues to

deliver human factor training to all staff (the World Health Organization defines, human factors as those which "refer to environmental, organisational and job factors, and human and individual characteristics which influence behaviour at work in a way which can affect health and safety"). Given the size of the NHS board and staff numbers, it could be expected that it would be able to increase staff participation in both iMatter and Dignity at Work surveys.

115. GJNH has also responded by using an approach from the Point of Care Foundation that supports staff to talk about the emotional aspects of their jobs. It is also using the Aston/Affina team journey as a resource to help develop and maintain effective team working. This programme and an eLearning resource has been made available across all directorates to:

- support managers to encourage staff engagement,
- gauge the impact this engagement can have on staff,
- gauge impact on patient experience and outcomes, and
- promote completion of improvement action plan following iMatter surveys.

This will also highlight any team issues and support teams with bespoke team development activities and coaching. As the impact of this work will take some time to be evaluated, the review team was unable to verify its effectiveness.

116. Staff have access to useful material for improving their health and wellbeing, particularly resources for promoting good mental health, such as improving self-esteem and dealing with stress. This material was prominently displayed in the main hospital corridor and was easily accessible for staff. The hospital chaplain runs well received coaching conversations. Staff are encouraged to reflect 'how do they feel about the job they are doing', and consider personal and team actions to improve their wellbeing. The Spiritual Care department introduced official debriefs for staff after difficult or traumatic events. Staff told us that initiatives such as these contribute towards their strong feelings of satisfaction about working in the GJNH.

117. GJNH has been named as one of the top 100 employers in the UK in the Stonewall Workplace Equality Index for supporting lesbian, gay, bisexual and transgender members of staff. The NHS board has also been named one of the top health and care sector employer in the UK and one of the top 100 organisations for LGBT staff by Stonewall. Communication with staff is extensive, and there is a large amount of

information to access and process. The GJNH achieved the Healthy Working Lives Gold Award (The Healthy Working Lives award programme supports organisations to identify issues and improve health, safety and wellbeing in their organisation in a structured and productive way) in 2010 and have since been reaccredited every year. The last annual self-assessment and achievement of the Gold Award was in November 2018. The GJNH has successfully been awarded Investors in Young People Gold Standard and are currently working to ensure that it retains this.

118. Volunteers make a significant contribution to the GJNH. A part-time volunteer service manager started in January 2015. The review team noted that their hours increased in January 2019. They are responsible for developing volunteering within GJN, and, at the time of our visit, 72 volunteers were working in the hospital. Volunteers sit on eight governance committees. The NHS board is about to publish a new 5 year volunteer services strategic plan. A volunteer forum group meets every 3 months to discuss their experiences and provide an update report to the Board. The Board has achieved Investing in Volunteers accreditation. This is a UK standard for organisations where volunteers are nvolved in their work. This is due for renewal in 2020.

Staff experience and development of skills to support ongoing improvement

119. The review team heard that some staff felt that there was not enough engagement with them although there were many ways that communication was distributed, GJNH would benefit from mapping out all the formal and informal mechanisms used to communicate with staff. This should then be shared and reviewed with staff including frequency of communication, purpose, targeting, impact and any duplication.

120. Staff feel they have access to a good range of relevant training and development opportunities and the organisation is undertaking a learning needs analysis. Training budgets are reviewed mid-year to allow additional development requirements to be funded and data on training needs and training completed is gathered from line managers and teams as part of that process. There is a clinical education team for nursing staff with clinical educators linked to all wards and specialties and staff feel this is a valuable addition to their training and development. Each clinical area carries out a CBAS review every 6 months, as well as receiving regular (every month) CBAS reports from the volunteers. This cycle includes all staff in each

clinical area revising their patient care quality indicators (PCQI), and then collecting a variety of data and information to show that care is being delivered in line with their PCQI. Once the evidence is collated, findings are discussed with the wider team. Good practice is celebrated and improvement action plans are produced to help with areas that require improvement. The 2017/18 report on CBAS provides an update on training carried out and includes some feedback comments from patients. The report did not contain audit data to map the efficiency of the process in all clinical areas or to enable themes to be noted. It would be beneficial for regular audits of CBAS process, usefulness of results and improvements made, to be carried out, and for the NHS board to review the results. This will help to identify themes across the organisation and support improvement planning.

121. Staff have access to a number of innovative and valued development opportunities. For example, staff in the high dependency unit are proud of acquiring additional clinical skills. Staff rotate through the unit and wards to gain skills, and feel they have the autonomy and ability to change small things to improve care. Working as a team, they have developed tools, forums and other initiatives to improve their work and outcomes for patients. However, staff we spoke with told us finding time for this can be challenging.

Staff engagement and involvement in improving the organisation

122. Staff in the outpatients department are involved in focus groups for staff and families about the planned expansion. There is considerable communication with staff, with the ophthalmology service updating their staff every 2 months. A staff nurse has been seconded to support the expansion project and there are regular staff bulletins about the expansion project. However, all staff have been kept informed with the process, and all clinical staff groups have been involved in decision making.

123. Staff have also been involved in taking forward smaller scale improvement projects which though small scale, improve patient outcomes. For example, significant improvement has been made to patient flow. This was shared and monitored through the clinical governance group. GJNH were first to develop a system of safe mobilisation for patients with a femoral intra-aortic balloon pump (IABP) in the UK who previously had to remain on bed rest sometimes for long periods of time. Patients on bed rest are more at risk of acquiring an infection in hospital, or developing muscle weakness and other complications such as pressure ulcers. This new practice allows

patients with this device to get out of bed in a safe way guided by physiotherapy and nursing staff. The potential benefits from this are improved:

- muscle strength,
- blood flow,
- mental wellbeing, and
- lung expansion.

As well as potentially improved function of other organs such as the digestive system and kidneys, reduced risk of hospital infections and pressure ulcers.

124. Radiology services has used data from performance and planning to identify the need to increase the number of patients they see every day. It looked at the times of day when activity was lower, and now double book some slots. It also reviewed the time patients spent in the scanner. Staff produced a report on this work in January 2019 and developed an improvement action plan to implement their recommendations. The critical care team is testing the role of a quality improvement nurse lead, supported by the spiritual care team and clinical governance, to help them make improvements.

125. Staff are encouraged to develop a learning culture. Schwartz rounds are appreciated by staff and are a group reflective practice forum. They provide an opportunity for any staff from any discipline to share stories and reflect on the emotional aspects of their work. Staff feel more supported in their jobs, allowing them the time and space to reflect on experience in a supportive environment. Following a Schwartz round, a supported learning session is delivered by the learning and development department. Staff who attend Schwartz rounds reported feeling less stressed and isolated, with increased insight and appreciation for each other's roles. For example, the Schwartz round initiative was used as a focus to bring laboratory and nursing staff together. This resulted in a better understanding of each other's roles and improved collaborative working. The GJNH should evaluate the outcomes for patients and staff which result from this initiative.

Domain 4 – Impact on the community

High performing healthcare organisations have a proactive approach to engaging and working with the local community that inspires public confidence.

What we were looking for

126. Following analysis of the GJNH self-evaluation and publicly available data, the review team wanted to seek additional evidence and assurance about the following areas:

- How feedback from the community and members of the public to support continuous improvement.
- What proactive approaches were taken to engage the community in public health and planning services.

What we found

Engaging with the local community

127. GJNH has a local community (the area in which it is located) and a community of users nationally, it engages directly with the public through methods such as its website, social media (including videos), newspapers, information leaflets, a regular e-bulletin, and specific specialty or project updates and newsletters. Use of the NHS board's social media pages has been increasing significantly year on year. GJNH reached 2.5 million followers by end 2018. Through its website, use of the generic mailbox used by the public and patients has increased significantly in recent years. It increased by 443% in 2017/18 over the previous year. Of these contacts, 2,813 were positive or neutral (99.12%) and 25 were negative (0.88%).

128. The GJNH uses a positive engagement score which creates a single reputation score by collating all interactions, reviews and feedback from social media and Care Opinion along with emails and media coverage. At the time of the review, GJNH's score was 99.37%. The NHS board monitors the score as part of its balanced scorecard

129. The chief executive recognises the impact the Golden Jubilee Foundation can have on its local community and wants this to form part of the strategy development and consultation on the expansion programme. The community benefit project plan aims to make a positive social and economic impact, particularly in the West Dunbartonshire area. It aims to do this by maximising employment, training and business opportunities and supporting educational activities throughout the development of the expansion project. The expansion project has been a good example of local community

engagement work. Benefits to the community include creating apprenticeships and work placements, as well as educational and volunteering opportunities. Senior representatives from West Dunbartonshire Council and West College Scotland are members of the GJNH expansion Programme Board. The local community, patients, third sector, staff and other key stakeholders have been involved in workshops from the beginning of the expansion project, shaping everything from building design to patient experience and pathways. GJNH has liaised directly with local community councils, and attended their meetings to explain the expansion programme. It has communicated with local residents on an ongoing basis to ensure that it continues to be a good neighbour from planning the expansion, through to building work and the additional services being delivered. There has been positive feedback from the local community about job opportunities, local recruitment, and work being done with job centres, housing associations and key worker housing.

130. To date, the expansion programme has received only positive feedback from the local community. However, the phase 2 design work will need to engage extensively with them as the project is much larger in scale. GJNH has met with local businesses, and has been discussing the potential impact on local residents due to the volume of site traffic for the next phase of building work.

131. GJNH works closely with a number of local schools to provide work experience, has visits to the organisation to support the Young Student Employability Skills Programme. This involves students shadowing staff volunteers for 6 weeks, and staff providing advice about careers in the NHS.

132. A dementia café hosted by Alzheimer Scotland is held in the hospital every 2 weeks for local people with dementia and their families. Volunteers are trained by Alzheimer Scotland.

133. The Golden Jubilee Foundation regularly hosts gala and fun days for staff and the local community. This helps to bring together not only local residents but also key partners such as the Scottish Ambulance Service, Breathing Space (a free, confidential phone and web based service for people in Scotland experiencing low mood, depression or anxiety), armed forces reservists, British Heart Foundation, Alzheimer Scotland, Police Scotland and the Scottish Fire and Rescue service.

Vision and leadership

This section is where we look at how well the organisation is led.

Domain 9 – Quality improvement-focused leadership

High performing healthcare organisations are focused on quality improvement. The leaders and managers in the organisation drive the delivery of high quality, safe, person-centred care by supporting and promoting an open and fair culture of continuous learning and improvement.

What we were looking for

134. Following analysis of the GJNH self-evaluation and publicly available data, the review team wanted to seek additional evidence and assurance about the following areas:

- Current and future development of corporate objectives and Board Strategy (2019–2024) including staff contribution and involvement.
- Governance and clarity in decision making including how and where decisions are made.
- Visibility and approachability of leaders.
- Development of leadership at all levels.
- Impact of leadership on overall improvement.

What we found

135. This is a time of significant change for the GJNH. Through the appointment of a new chief executive in January 2019, the GJNH has identified the need to review and refocus its 2019-2024 Board strategy. This is now well advanced and incorporates, but goes beyond, the Scottish Government plans to invest over £91 million over the next 5 years as part of a major expansion of the NHS board's services. The GJNH is developing an organisation-wide quality improvement strategy to support the new 5 year Board strategy. This should give due importance and identify resources to better co-ordinate and develop further the quality culture across the organisation.

Strategic direction

136. Recent changes to the executive team include the appointment of a new chief executive and the interim medical director. The new 5 year Board strategy is intended to renew the NHS board's focus on quality improvement and to strengthen governance in light of the expansion programme. The GJNH leadership team has developed a strategic development map to support this, highlighting risks to ensure real priorities receive sufficient leadership attention. The review team saw a working draft of the strategic development map which will link to the revised strategic plan while the NHS board's ambition was clear and coherent, the revised strategic plan was not available for the review team. Therefore, we are unable to comment on whether the link between the strategic development map and strategic plan has been achieved. However, the chief executive's intent to engage and involve the Board, non-executives and organisation staff was clear. Staff engagement and partnership working will be a vital part of achieving the organisation's stated strategic priorities.

137. The GJNH corporate objectives support the NHS board's vision to lead on quality, research and innovation. These have been aligned to the annual operational plan, national targets and other local and strategic priorities. The operational plan is currently being developed for the next 3 years in line with the new financial framework. The organisation publicly states its quality ambitions, vision and values on its website.

138. Staff told us that the vision and values are well understood, feel right and are embedded throughout the organisation. They feature heavily in all policies and guidance. All prospective employees receive a values leaflet as part of their recruitment pack.

139. The Board workshops were discussed with the review team, one of these was specifically on human factors. These aimed to influence the values and vision of the organisation and discuss strategic matters in an approachable, informal way. Four workshops are delivered each year, attended by both NHS board executives and non-executives. Feedback on the usefulness and impact of these was positive.

Governance

140. GJNH recognises that, while clinical governance arrangements were currently adequate, there was a need to develop and improve. The NHS board's ambition is to be better than adequate.

141. The chief executive was doing a 'root and branch' review of the GJNH using the good governance blueprint. This aims to increase performance across the good governance domains, which are :

    - the functions of the governance system (assessing risk, engaging stakeholders for example);
    - the enablers (skills; experience, values, roles for e.g.)
    - support required to effectively deliver the functions (assurance systems, audit services for e.g.).

142. As part of the work under way to refresh the NHS board's 5-year strategy and quality approach, the GJNH is considering its governance structure and how this will need to evolve. The NHS board is developing the Board secretary role to include support to the assurance and governance committees of the NHS board. This was not yet in place at the time of the review. The relationship between the clinical governance department and quality team could be explored to ensure clear reporting and accountability lines for staff and teams are in place.

143. The GJNH Board reviews the risk appetite[17] for all four areas of the foundation every year and agrees it separately for each. A workshop for board members was held in December 2017 to review how the risk appetite approach has been developed to align with the NHS board's risk register. Board members were asked to score the risks before the workshop. These were then collated and presented to the attendees. This formed the basis for the workshop, with groups discussing in-depth the scores and agreeing an appropriate risk level. The GJNH regard it as important that they should not to be risk averse when it could be pushing technological boundaries and striving for excellence. However they also state that safety is also a key consideration in the risk management process. Work to bring the risk registers onto DatixWeb was under way during the review. This is

[17] "Risk appetite can be defined as 'the amount and type of risk that an organisation is willing to take in order to meet their strategic objectives. Organisations will have different risk appetites depending on their sector, culture and objectives. A range of appetites exist for different risks and these may change over time." - https://www.theirm.org/knowledge-and-resources/thought-leadership/risk-appetite-and-tolerance.aspx

intended to help with alignment of risk registers, reporting of incidents, improve reporting of risks and provide assurance.

144. GJNH has a clear clinical governance structure in place. This has assurance and scrutiny at Board, clinical governance committee, audit committee and person-centred committee level. Senior management are kept informed through a variety of groups and committees such as the clinical governance risk management group, strategic risk committee, senior management team and others. These groups and committees receive information from a range of fora and divisional or functional management teams. These teams are supported by specialist groups and committees who also advise and offer support when clinical governance issues arise in a specialist area. Information and communication flows up or down the reporting structures and between groups and committees.

145. Each key performance indicator is allocated to a senior member of the management team. A Board non-executive director is also allocated a key performance indicator to monitor. Specific groups and committees make up the clinical governance risk management group. These groups collate, monitor and report data for the clinical governance committee. The groups are:

- resuscitation committee
- drug and therapeutics committee
- occupational health and safety committee
- hospital transfusion committee
- acute pain services
- radiation safety committee
- food, fluid and nutrition care group
- research and development group
- infusion device committee, and
- prevention and control of infection committee.

146. The clinical governance risk management group provides an annual report to the board on progress over the last year and its work plan for the coming year. Changes to service processes are reviewed by the clinical governance committee.

147. The cardiology intervention clinical governance meetings are well attended and are held every 6 weeks. The orthopaedic service holds regular morbidity and mortality meetings. The adverse events committee has a process of raising identified themes on a governance basis. An annual learning summary is produced by the adverse events

committee which also includes complaints. Adverse events are linked with SPSP trends to help refine and support learning from these incidents.

148. The pharmacy service monitors its performance against national improvement standards and takes actions forward through the senior management team. Laboratory services work to international standards accredited by the United Kingdom Accreditation Service (UKAS). Performance meetings are held every month and an annual report is produced as a requirement of the standards. Quality management actions are included in the plan.

149. GJNH revised its clinical audit policy in 2018, and has improved the reporting and review of these through the divisional clinical governance groups. Findings from an audit is presented at most meetings and processes are in place to support tracking of actions taken. Work is continuing to develop this, aligned to the wider quality improvement agenda, to support services in creating better links between audit activity, and improvement and safety priorities.

Motivating and visible leadership

150. The GJNH has good examples of quality improvement leadership and a learning culture within their organisation. Executive walkrounds are contributing to increasing visibility of senior leaders to staff. These enable staff to discuss with them what is going well and what needs to improve. Staff spoke positively about the executive walkrounds. They are given advance notice of when they are taking place and are informed appropriately about any actions arising. Where walkrounds have taken place, a shared action log is completed. This details actions to be taken, progress made and timescales for completion. The action and outputs from these walkrounds are monitored by the clinical governance team to ensure progress is made against agreed plans and actions.

151. Reports are created from the walkrounds by the clinical governance teams and information collated for the board meetings by the clinical governance committee. These show the numbers of actions and improvements that have been made. For example, new sensor lighting was installed in one ward as a result of discussions on a walkround. This led to a reduction in patient falls in that area. However, the action plan shows that some actions have been too slow to complete for a variety of reasons some of which are documented. There are also areas where staff are unaware of, or have not had, an executive walkround in their area.

152. Staff are aware of policies and procedures and changes that take place within the organisation. They routinely receive bulletins and safety briefs. An E-digest (all staff email updating on any relevant news) is published every week, and the staff magazine, Jubilee Life, is published four times a year. However, the review team found that, due to the multiple different workstreams, there can be challenges at times disseminating information. To support this, the GJNH has set up a staff intranet service. This allows staff to easily view the most up–to-date or recently launched versions of policies and training opportunities. All staff have access to computers.

153. Staff can nominate colleagues as part of an annual awards system. A panel considers nominations and chooses the winners. This initiative is intended to value the contributions made by staff and encourage staff motivation. However, some staff feel that any awards should highlight the contribution of whole teams rather than individuals.

Developing leadership

154. In collaboration with NHS Dumfries & Galloway and NHS Ayrshire and Arran, the NHS board looked at common challenges and capacity for leadership development and identified the need to increase access to development opportunities. As a result, the NHS boards collaborated to develop the 'Leadership3 – Leadership in a Clinical Setting Programme'. Thirty GJNH staff have completed the programme. Evaluative feedback noted that they learned a great deal about themselves, how their leadership skills could be developed, and how their own behaviour could be changed to take account of their strengths and address the comments in their own 360° feedback. During the course, participants had to devise an improvement project and document planned outcomes. The evaluation feedback report states: 'The evaluation process generated some evidence of the success of the projects, though participants were often vague about the degree of completion'. (The report provided was from the first cohort in 2013). It will be important for GJNH to ensure that it is realising the impact of this significant investment in staff leadership development in supporting ongoing improvement.

155. The GJNH adopts positive approaches for volunteer recruitment to ensure the volunteer demographic reflects that of the local population. It prioritises the recruitment, training and placement of volunteers in existing and new roles which could have the greatest impact on the quality of experience within inpatient areas. Standardised core learning for all volunteers is provided by GJNH. Volunteers carry out an induction programme, and are required to

complete all mandatory and any other training, including eLearning modules, specific to their role. They are encouraged to progress within their roles as determined by their skills, knowledge and experience and within the confines of their responsibilities. Sharing of skills, knowledge and experience is supported in the volunteer community and 'Train the trainer' and mentorship initiatives also provide opportunities for volunteers who wish to develop their knowledge and skills. GJNH collects exit interview data to improve the support offered by them to future volunteers.

Leadership of change and Improvement

156. The expansion programme poses a significant challenge for the organisation. GJNH has a well-constructed communication and engagement plan. This considers stakeholder engagement and includes co-production, collaboration, information and consultation. It has also looked at how it will measure and evaluate stakeholder engagement. The senior management team meet regularly to discuss site-wide issues. Phase one is the redesign of ophthalmology services. The organisation looked nationally and internationally for best practice examples to inform its plans. This resulted in a changed model of care and an increase of ophthalmology patients seen each day from 24 to 48. There is ongoing communication with clinicians and relevant stakeholders to ensure they remain engaged. Infection prevention and control colleagues have been fully involved from the start and work closely with Health Facilities Scotland to implement the expansion plans. A senior infection prevention and control nurse has been allocated dedicated time each week to the expansion team to influence design and construction of the expansion project.

157. The GJNH is developing staff to support improvement and management of change throughout the hospital. Over 150 staff have completed or are participating in quality improvement training or study. Around 20 of these have completed one of the national Quality and Leadership programmes, including Scottish Quality and Safety (SQS)18 Fellowship, Improvement Advisor and the Scottish Improvement Leader Programme. However, GJNH is not yet making best use of this important resource. This should be addressed as part of the new quality improvement strategy development.

158. The GJNH's workforce planning and education steering group ensures that the Board is appropriately positioned in relation to the strategic

[18] The Scottish Quality and Safety Fellowship Programme (SQS Fellowship) is a lead level quality improvement and clinical leadership course managed by NHS Education for Scotland (NES), working in partnership with Healthcare Improvement Scotland and NHSScotland.

workforce agenda. This includes workforce planning and staff projections concerning local strategies and expansions, alongside regional and national workforce planning developments. The group also ensures there is a strategic overview of the range of education and development activity within the Board. This ensures that the overall programme of development activity is cohesive and comprehensive. Staff are involved through the workforce planning and education steering group and in specific teams in reviewing service delivery and skill mix requirements.

159. Overall, leadership in GJNH is making improvements to the quality of care provided to patients, and how services are delivered. This includes effectively planning and delivering the phases of the expansion project. However, this would be better supported by the development of a quality improvement strategy that coherently links improvement activity, and maximises use of the improvement expertise available to the Board. Making good use of patient, carer and other stakeholder feedback and linking it to performance outcomes would support an outcome focus to their improvement activity.

Appendix 1 – Quality of care organisational review process

Listed below are the key stages in the quality of care organisational review process.

Stage 1 – schedule planning and notification

The programme of organisational reviews for NHS boards is scheduled to broadly align with the Sharing Intelligence for Health and Care Group (SIHCG) timetable. This is so that the SIHCG data is as up to date as possible relative to the organisation being reviewed. We notify organisations at least 8 weeks in advance of a self-evaluation submission being required.

Stage 2 – pre-work and self-evaluation

The organisation uses the Quality Framework, self-evaluation tool and the detailed guidance to ‘tell its story’. This involves reflecting on how well it makes an impact and delivers improved outcomes for people who experience care, plus the challenges and ‘bright spots’ of good and innovative practice.

Stage 3 – analysis phase

The Healthcare Improvement Scotland team analyses the package of data, with input from service-based or topic specialists as required. This analysis includes publicly available information, the SIHCG information and the completed self-evaluation and any additional evidence. Based on this analysis, the team develops key lines of enquiry to shape the discussions with the NHS board representatives during the visit.

Stage 4 –visit

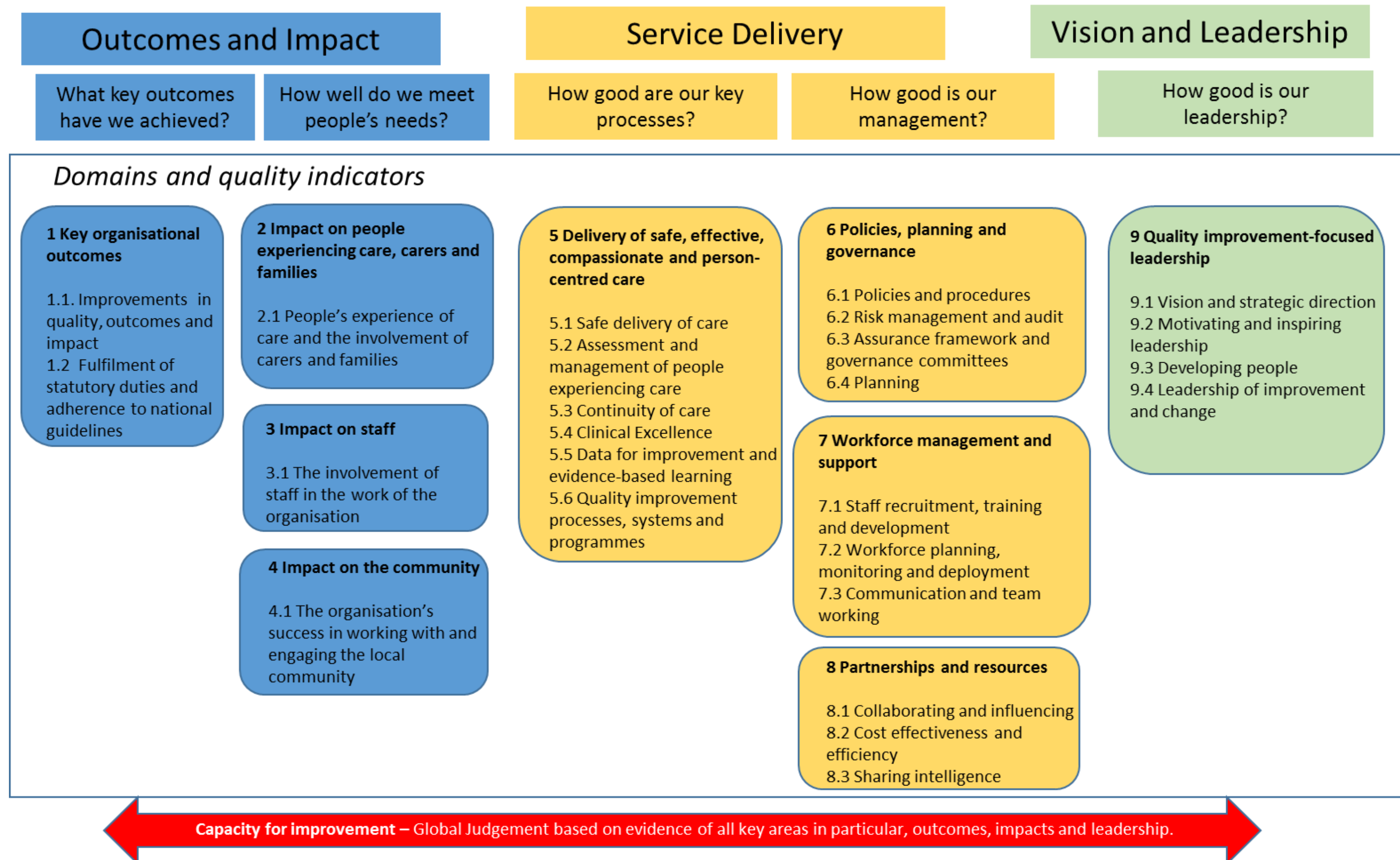
A small team visits the NHS board and meets with a range of members of staff, people who experience care and their relatives or carers to discuss the self-evaluation. The team subsequently meets with members of the senior team to feedback initial reflections on the self-evaluation. This features an overview of what the team has seen and heard, and discussion around good and innovative local practice and any areas for potential further work.

Stage 5 – output and agreement on next steps

Healthcare Improvement Scotland will write up a report for publication following the review identifying key findings, areas of good practice, challenges and any areas for improvement. A draft version of the report will be shared with the NHS board before publication to check for factual accuracy. The team re-engages with the NHS board at this point to discuss and agree the best course of action and the support available from Healthcare improvement Scotland or partner organisations where appropriate. When the

follow-up work is agreed, this is added to the report which will be published on the Healthcare Improvement Scotland website as a formal record of the review.

Appendix 2 – Quality Framework domains and quality indicators



Appendix 3 – Review team

Name	Title	Organisation
Mahmood Adil	Medical Director	NHS National Services Scotland
Mark Aggleton	Head of Service Review **Review Lead**	Healthcare Improvement Scotland
Karen Anderson	Director of Allied Health Professionals	NHS Tayside
Aileen Bradford	Administrative Officer	Healthcare Improvement Scotland
Margaret Doherty	Public partner	Healthcare Improvement Scotland
Jo Elliot	Project Officer	Healthcare Improvement Scotland
Alan Ketchen	Programme Manager	Healthcare Improvement Scotland
Mirian Morrison	Clinical Governance Development Manager	NHS Highland
Sarah Pettie	Project Officer	Healthcare Improvement Scotland
Irene Robertson	Senior Reviewer	Healthcare Improvement Scotland
Angela Wallace	Nurse Director	NHS Forth Valley

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