

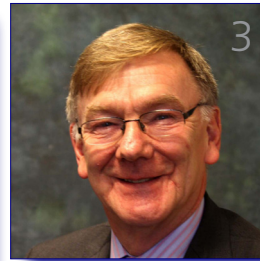


Annual report and summary accounts for the NHS National Waiting Times Centre - A national resource for Scotland -

2011/12

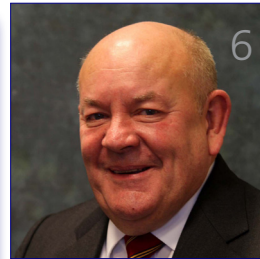
Annual report and summary accounts for the NHS National Waiting Times Centre

Board members (1 April 2011 – 31 March 2012)



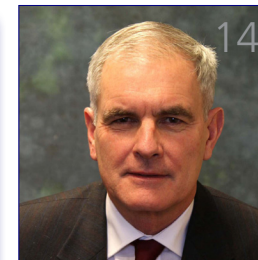
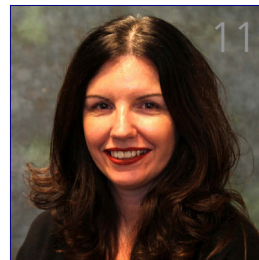
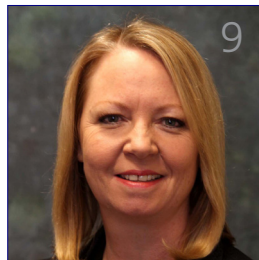
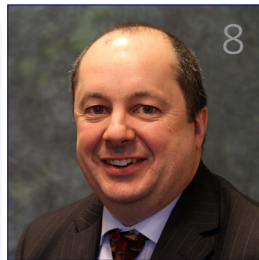
Non Executive Members

1. Jeane Freeman OBE, Chair
2. Jane Christie, Employee Director
3. Jack Rae
4. Maire Whitehead
5. Phillip Cox (1 October 2011 – 31 March 2012 only)
6. Stewart MacKinnon (1 October 2011 – 31 March 2012 only)
7. Kay Harriman (1 October 2011 – 31 March 2012 only)
8. Mark MacGregor (1 October 2011 – 31 March 2012 only)



Executive Members

9. Jill Young, Chief Executive
10. June Rogers, Director of Operations
11. Julie Carter, Director of Finance
12. Lindsey Ferries, Human Resources Director
13. Shona Chaib, Nurse Director
14. Alistair Flowerdew, Medical Director



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Welcome

Last year (2012) was a very special year for us and an even busier one than usual! For 2012 marked our 10th anniversary as a national resource for the NHS in Scotland. We must congratulate everyone here, for not only the hard work they put in every day, but for a remarkable list of achievements in such a short time.

We are proud of how far we have come – from performing 3,000 procedures in our first year to over 30,000 this year and we estimate that by the end of March 2013, we'll have performed 300,000 procedures since 2002.

If you break that down, it means that we have helped by carrying out almost:

- 134,000 procedures for Greater Glasgow and Clyde patients;
- 57,000 procedures for Lanarkshire patients;
- 34,000 procedures for Forth Valley patients;
- 14,000 procedures for Ayrshire and Arran patients;
- 10,000 procedures for Lothian patients; and
- 7,000 procedures for Dumfries and Galloway patients.

We have also treated many patients from other parts of Scotland, including Orkney, the Western Isles and Highlands.



Jeane Freeman, Chair (left) and Jill Young, Chief Executive

No matter which part of our Board they work in, we hope all of our staff are proud of the part they have played in providing all of that patient care and the good job they do every day.

We are very proud of this work and delighted that we have been able to make a difference to so many patients from across Scotland.

But 10 years of achievement means more than celebrating what has been done – it is also our chance to look forward to what more we can do. In 2013/14, we will be looking to refresh our Board strategy – ensuring that as a national resource for Scotland, we continue to rise to the challenge of the high expectations placed on us and work with other NHS Boards to make the greatest possible contribution to Scotland's health.

Quality care, compassion, innovation and ambition to always be the best - that's who and what we are and we are really looking forward to seeing where the next 10 years takes us.

Jeane Freeman,
Chair

Jill Young,
Chief Executive

Summary

- Met all heart and lung waiting times for 2011/12
- 100% of lung cancer patients treated within 31 days
- Ready to meet 12-week treatment time guarantee
- Exceeded our 2011/12 inpatient activity target by 11%
- Increased orthopaedic capacity by 300 joints



Delivering national activity



In 2011/12 we were set a target of carrying out a total of 21,401 inpatient, day case and diagnostic examinations. The range of services includes: orthopaedic, general, ophthalmic and plastic surgery, endoscopy, spinal and bariatric surgery and diagnostic imaging. This number excludes the activity associated with our heart and lung programme, which is measured through our waiting time performance.

Requests from Boards fluctuated during 2011/12, both in terms of case mix and volume. However, despite these challenges, the actual number of inpatients, day cases and diagnostic examinations carried out in 2011/12 exceeded the projected activity by 11% for inpatients and day cases and 1.4% for diagnostic imaging. By the end of March 2012, we carried out 22,321 inpatient and day case procedures and diagnostic examinations, exceeding our overall activity target by 920 (4.3%).

Next year, we have been tasked to carry out 22,581 inpatient, day case and diagnostic examinations.

Improving your access

We work extremely hard to ensure all of our patients are seen as quickly and efficiently as possible. We continually monitor our waiting lists and our delivery of all waiting times targets.

During 2011/12 we met all of our waiting time guarantees for patients undergoing interventional cardiology, cardiac (heart) and thoracic (lung) surgery.

We also treated every one of our lung cancer patients within the 31 day target and the median wait for patients dropped from 12 days in 2010/11 to nine days in 2011/12. The maximum wait time was 29 days.

We have worked on a number of initiatives so that we will comply with the Patient Rights (Scotland) Act to ensure that we deliver treatment to all day cases/inpatients within 12 weeks of the patient agreeing to treatment. We believe that we are well placed to deliver this for all patients starting their journey from 1 October 2012.

Bariatric surgery

We currently provide a bariatric surgical service for NHS Highland (Argyll & Bute Community Health Partnership) and NHS Dumfries & Galloway. During 2011/12, we undertook 26 laparoscopic gastric band procedures.

The future provision of bariatric surgery in Scotland continues to be discussed on a national and regional level. The potential for the Golden Jubilee

National Hospital (GJNH) to provide elements of this service is still under consideration as part of these discussions.

Spinal surgery

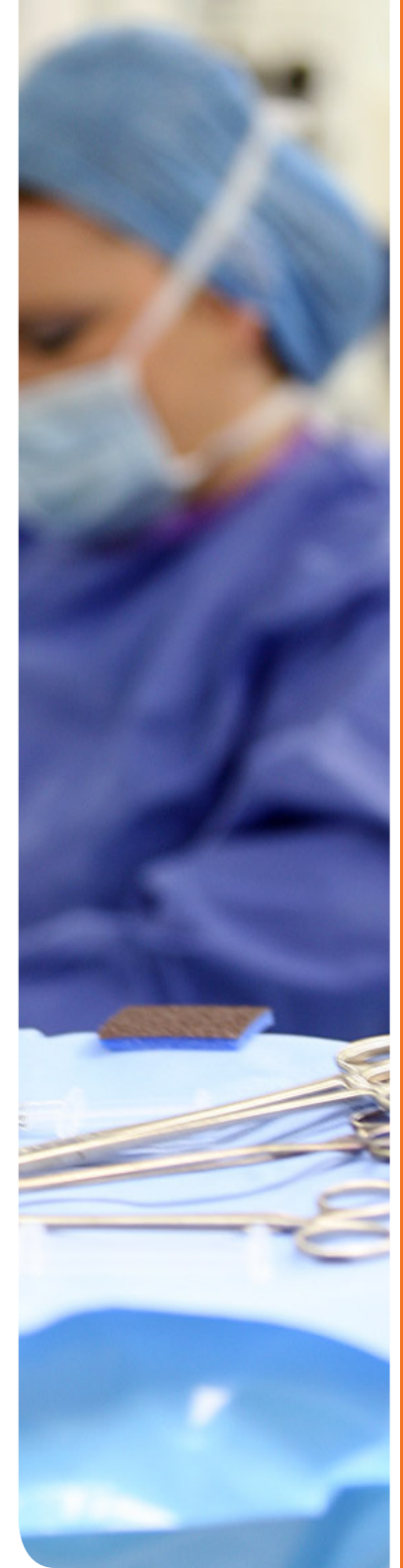
We commenced our spinal surgery service in January 2011. This solution was intended as an interim measure until the West of Scotland Regional Planning Group scoped out a long-term solution for the provision of spinal surgery services. That interim measure in its current design could not be considered a sustainable option in the long-term and it was brought to a planned end in April 2012.

We are part of the West of Scotland Spinal Services Implementation Group, which is tasked with agreeing a viable and sustainable surgical service model for the West of Scotland. The Golden Jubilee has theatre capacity, ward capacity, equipment and some clinical expertise and have therefore declared our interest in accommodating the proportion of this service associated with routine lumbar spinal surgery.

Ophthalmic surgery

Referrals to ophthalmic surgery over recent years have been unpredictable. For example, during 2011/12 we undertook more than double the number of requests received for ophthalmic procedures and for 2012/13 the volume of requests has tripled compared to the previous year.

This fluctuation in activity has presented challenges but we will continue to build flexibility into our capacity to meet as much of this demand as possible.





Our national orthopaedic centre

Year-on-year demand for orthopaedic surgery, particularly joint replacement surgery, has exceeded our available capacity. In response to this demand we have continued to develop our service and in 2011/12 we increased our orthopaedic capacity by 300 joint replacements. This year, we also opened our fifth ultra-clean air operating theatre, recruited an additional two orthopaedic surgeons and expanded our capacity to accommodate a further 300 joint replacements.

Our orthopaedic programme now has the capacity to deliver approximately 3,000 joint replacements and 800 other orthopaedic procedures for NHSScotland, including foot and ankle specialties.

See and Treat Model

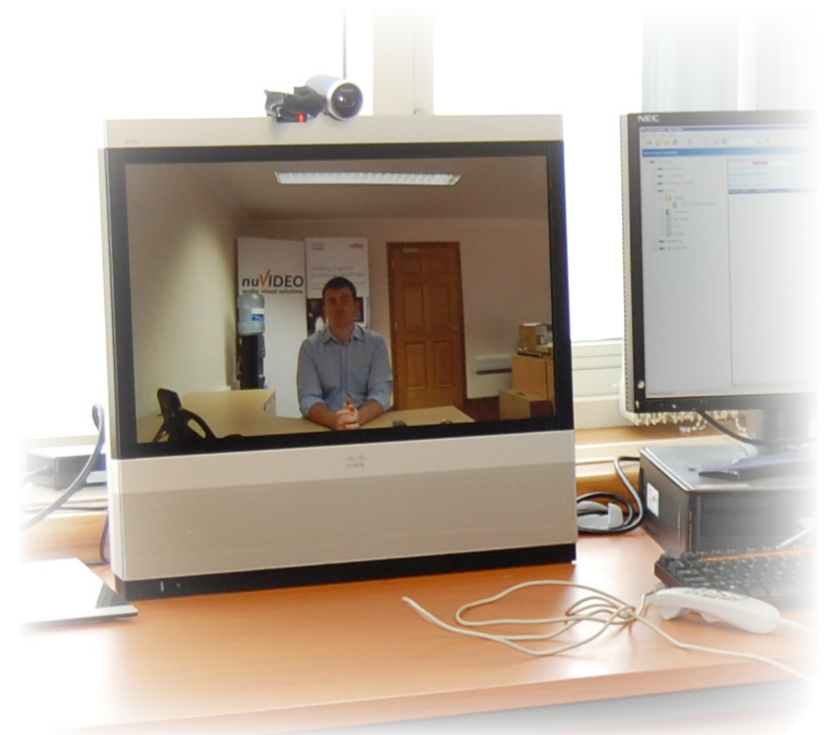
Our 'see and treat' model of referral demonstrates significant outpatient waiting list benefits to the referring Board by providing a single pathway of care, reduced wait times, a high level of patient satisfaction, and a significant reduction in duplication of administrative processing.

We are now seeing approximately 4,300 orthopaedic patients from four referring Boards on a see and treat basis (as opposed to 1,000 from one NHS Board in 2011/12). This is a model of care we will continue to promote and offer nationally.

Telehealth

A Telehealth/Video link for patients requiring orthopaedic follow up has been successfully piloted with NHS Orkney as a safe and effective alternative to face-to-face consultation. It saves patients from making trips to Glasgow and reduces travel costs for NHS Orkney.

We are currently in discussion with NHS Western Isles with a view to rolling this model of care out to their patients. As part of our follow-up arrangements for all orthopaedic patients, we provide a range of exercise and health-related information packs, to give them the tools to support their longer-term health.



10 years as an NHS national resource

The GJNH marked its 10th anniversary as an NHS National resource in June 2012. Since its purchase in 2002, GJNH has helped Scottish NHS Boards by undertaking thousands of procedures to help them meet their waiting times. Around 3,000 procedures were performed in our first year and we estimate we will perform a total of 300,000 procedures by the end of the current financial year.

Key 10 year highlights

- Performed just under 3,000 procedures in 2002, now over 30,000 a year.
- Expanded key services to treat more patients in orthopaedics, ophthalmology and diagnostic imaging. Now bariatric and spinal.
- Pioneered 'Enhanced Recovery' for patients undergoing hip and/or knee replacements, allowing them to be mobile on the same day as their surgery.
- Performed a fifth of all Scottish hip and knee replacements (West of Scotland – 45%).
- Created one of the UK's leading heart and lung units (officially opened by Her Majesty The Queen and His Royal Highness The Duke of Edinburgh in July 2008).
- In a Scottish first, our Cardiologists replaced a patient's heart valve through a vein in his leg – avoiding the need for open heart surgery (2011).
- In another Scottish first, our heart surgeons now implant Ventricular Assist Devices (VADs) into patients with advanced heart failure. These 'artificial hearts' have a valuable role to play and can buy patients the time they need until their own heart recovers or a transplant becomes available.
- Launched Scotland's new clinical skills and research centre in 2011, which offers state of the art facilities that allows innovative research and provides the latest technology for the training of all health professionals.
- The Golden Jubilee has the best 'door to balloon' time for treating heart attack patients.
- Created the Heart and Lung Institute – a research collaboration with the University of Glasgow. Recently awarded £3.9m for a study into how to prevent the failure of heart bypass grafts.
- Runners up in the Patient Experience Network (PEN) National Awards for 2011 for our 'Volunteer Support for Sensory Impaired Patients' programme.
- 99% of patients surveyed told us their room was clean and trusted us with their care (2011).
- The top Scottish NHS Board in Stonewall's Workplace Equality Index (WEI) for the second year in a row.
- In 2011, we were received the Gold award from healthy working lives.

Summary

- Reviewed critical incident management
- 52% reduction in SABs since April 2011
- 600 days since last Staphylococcus Aureus Bacterium (SAB) in critical care
- Clinical improvement dashboards rolled out
- Developed Dementia Champions
- Exceeded reduction target for Clostridium Difficile

Safe for every person, every time

We continue to progress our Patient Safety Programme activity, introducing key information tools to enable our staff to manage and review data leading to subsequent improvements in patient care.



Some key achievements in 2011/12 include:

- Surgical Site Infection rates – hip replacement wound infection remains below goal line for three years.
- An active quality improvement team in Critical Care is developing a culture of safety and continuous improvement, resulting in no patient acquired pneumonia from a ventilator for a period of seven months and for a period of 339 days there were no central line infections in our Intensive Care Unit (ICU).
- On time antibiotics – more than 95% of patients have received prophylaxis on time in theatre for the last 14 months.

We have also reviewed our significant adverse event management processes and procedures taking into account acknowledged best practice. We have also continued to implement initiatives that aim to reduce our mortality rate and improve outcomes for patients.

Healthcare Improvement Scotland (HIS): Care of Older People Inspections

Our clinical teams have continued to meet regularly to ensure quality of care for other people in our hospital. We have focused on raising staff awareness and have an agreed action plan with Dementia Champions in place. We are also pleased to confirm that Alzheimer's Scotland has agreed to fund a part-time nurse to be our lead staff member for Dementia Care.

Healthcare Acquired Infection (HAI)

We continue to prevent and control infection with everyone's help – staff, visitors, patients and our patient representatives.

The Healthcare Environment Inspectorate (HEI) carried out an unannounced inspection on 27 March 2012 and reported that the hospital was very clean and commended our low infection rates. An action plan was put in place to address minimal policy based requirements and this has been completed with the implementation of the National Infection Control Manual Standard Infection Control Precautions (SICPs) and audit plan.

We continue to work toward the national targets for reduction of Staphylococcus Aureus Bacteraemia (SAB) and Clostridium Difficile Infections (CDI). Targets for both were further reduced during 2011/12.

- The number of Staphylococcus Aureus Bacteraemia (SAB) was 0.2 per 1000 acute occupied bed days (AOBD).

There has been a sustained reduction in SABs over the past year with a 52% reduction in SABs cases since April 2011.

- Our case numbers for Clostridium Difficile associated Infection (CDI) in patients 65 years and over are very small and lower than the national target (our actual performance was 0.04 per 1000 acute occupied bed days). We are therefore expected to at least sustain this level and continue to reduce our CDI cases. With such small numbers, maintaining this level will be very challenging.

Hand hygiene

Hand hygiene is considered to be one of the most effective means of reducing and preventing the incidence of avoidable illness, in particular HAI. Compliance with hand hygiene opportunities and technique continues to be a high priority. This standard applies to staff and also to visitors and patients.

- Bimonthly national audits continue with current results still averaging around 96% combined for both opportunity and technique.
- A zero tolerance approach to hand hygiene is in place and is supported by our Local Health Board Coordinator.

Housekeeping

Quarterly auditing of clinical areas takes place using the National Cleaning Services Monitoring Tool. Our average cleaning score for 2011/12 was 93.5% – an increase from 2010/11.



Summary

- **“Better Together” inpatient results – above Scottish average in every category**
- **Quality Scheme with new complaints process**
- **Progressing “Investors in Diversity” accreditation**
- **Introduced “Caring Behaviours Assurance System”**

A positive experience with us?

We actively promote two-way communications in everything we do. When our patients and/or their families have problems or issues, we try and resolve these immediately while they are in the hospital. We also receive a vast number of compliments on a face-to-face basis and through letters and cards.

In January 2012, we expanded this dialogue even further through the use of social media. Patients can now post comments and questions on our Facebook (www.facebook.com/nhsgoldenjubilee) and Twitter (@JubileeHospital) accounts and receive feedback within 24 hours – if not sooner. We have also used these platforms to involve patients in the development of our website, our 10 year celebrations and clinical strategy work. Although in its infancy, we have over 190 Facebook followers and over 300 Twitter followers (as at November 2012).



Our patients also continue to use the Patient Opinion website to provide feedback on the care and treatment they have received.



Our top five results (highest percentage positive scores) in the Better Together inpatient survey 2012:

- 99% of respondents had privacy when being examined and treated.
- 99% of respondents felt the ward/room they stayed in was clean.
- 99% of respondents stated that doctors introduced themselves to them.
- 99% of respondents were happy with the time they waited from arrival until they got a bed.
- 99% of respondents felt the bathrooms and toilets were clean.

Involving patients

The Quality Patient Public Group (QPPG) members have been involved in a number of areas of work, including:

- oversight of volunteer quality walk rounds;
- scrutiny of quarterly clinical governance monitoring reports presenting feedback to the Clinical Governance Committee;
- setting of equality outcomes and reviewing our Volunteer Policy;
- preparations for assessment for Investor in Volunteer accreditation;
- potential delivery of group or collective advocacy; and
- engagement events for our key specialties, such as the future of advanced heart failure services.

A key priority in the coming year is for the QPPG to play a key role in supporting the Board to meet its obligations related to the Patient Rights Act.

Equality highlights

Over the past year we have continued to progress our equality agenda with the start of our Investors in Diversity (iD) programme. This aims to recognise our Board as an organisation that takes equality and diversity seriously. We have completed stage one which involved a survey of patients, staff, management and external partners on their perception of how well we 'do' with equality. These results are being reviewed and will form the basis of an improvement plan for the coming year.





Revitalising Care

We are one of five NHS Boards testing the Caring Behaviours Assurance System (CBAS) within Scotland.

Often when things go wrong in healthcare, it is usually about:

- poor communication;
- misunderstanding/misperception; and/or
- the gap between intention and interpretation.

CBAS is a way of exploring the perceptions of everyone involved in the delivery of healthcare, in particular with the patient and family, with a view to enhancing understanding and cooperation, so that action can be put in place to ensure greater satisfaction with the quality of care given and received, thereby leading to better patient and staff experience.

We are also one of the first Boards to participate in the HeartMath® Programme – a globally recognised method to improve health, performance and wellbeing at home and in the workplace.

Heartmath® teaches staff how to reduce stress levels at any time or in any situation by using a technique to control breathing and heart rate variability, which will help to reduce stress and increase resilience to stress. Practicing this technique regularly enables the individual to increase their resilience to stress and creates a better personal state of mind to deliver compassionate and person-centred care.

About our complaints

During 2011/12, we also conducted a review of our complaints process to ensure it was fit for purpose to deliver our complaints policy, based on up-to-date national guidance.

We continue to actively implement changes to services as a result of formal complaints.

- We received 43 formal complaints, which was a reduction from the 50 complaints received in the previous year (0.08% of our patient activity).
- Our response time for closing complaints in 2011/12 within the 20 day national timescale was 87%, which was slightly down from 92% in the previous year. Our observation was that although we had fewer complaints, they were more complex in nature.
- The Board had four complaints referred to the Ombudsman in this year. Two remain outstanding. One was not upheld, whilst one was partially upheld and led to a number of improvements.



Summary

- External Auditors confirmed “Advanced Practice” in staff engagement
- Pilot site for national “Staff Experience Project”
- Initiated regional Clinical Leadership Programme
- Trained 18 Diversity Champions
- Top NHSS Board in Stonewall Workplace Equality Index
- Consistently low sickness absence – below 4%

About our staff

The Golden Jubilee National Hospital is an equal opportunities employer and a Stonewall Diversity Champion, employing over 1,500 staff across a range of departments and specialties.

We follow the NHSScotland Staff Governance Standards which ensures staff are well informed, involved in decisions, appropriately trained, treated fairly and consistently, and provided with a safe working environment.

Staff involvement and engagement

In 2011/12, we continued to progress and embark on a number of redesign projects to support clinical pathways and improve services.

A number of significant redesign activities were concluded with, for example, development of the Coordinator role for the Scottish Adult Congenital Cardiac Service (SACCS), extension of the Advanced Scrub Practitioner (ASP) role to enable ASPs to replace the use of junior doctor assistants for general surgery, and the redesign of the Food and Beverage department in the Beardmore Hotel.

Continuing on the theme of redesign, the appointment and implementation of the new medical management structure was rolled out with clinical leads appointed for operational and strategic, governance and education. They have been supported in their new roles with a

range of learning interventions such as coaching and leadership development.

We have achieved the national target of making a 25% reduction in Senior Management roles. This has been achieved through redesign and early retirements in addition to a voluntary severance programme, all agreed in partnership.

We were delighted to receive feedback from our external auditors regarding a best value audit of people management activities that took place in March 2012. The auditors found evidence of advanced practice in the area of staff engagement. The Staff Governance Committee has agreed an action plan to take forward any specific activities to facilitate advanced practice across all areas.

In the autumn of 2011, the Board commenced its implementation work around organisational values. This followed an engagement exercise with staff on what was important to them in respect of organisational behaviours and attitudes.

See it, feel it, believe it

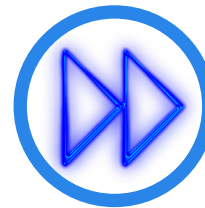
As a result of the Board's work in this area, we have been invited to become a pilot site for the National Staff Experience Project.

Along with the work on organisational values, we have re-energised the Board's Dignity at Work activities. This has included:

- the launch of our updated Bullying and Harassment and Whistleblowing policies;
- ongoing development and training of our Confidential Contacts; and
- the training of 18 Diversity Champions (pictured below) across all disciplines within our Board.



The Board entered the Stonewall Workplace Equality Index (WEI), a national best practice benchmarking index for the fourth consecutive year, finishing as the top-placed NHS Scotland Board for the second year in a row and rising up the national UK rankings by 58 places. The Index result demonstrates our ongoing commitment to delivering a fair and equal workplace for our staff.



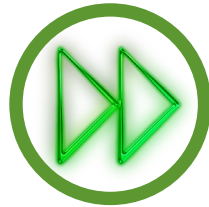
Learning and development

There has been significant activity within corporate Learning and Development to enable the organisation to manage significant organisational change and redesign of posts. This includes:

- ongoing development of mandatory training requirements;
- development of electronic learning modules;
- management training, action learning, coaching and team development support; and
- development of a cross-board clinical leadership programme, Leadership 3, in partnership with NHS Ayrshire & Arran and NHS Dumfries & Galloway.

Summary

- Achieved all financial targets for 2011/12
- Delivered £3.4M efficiency savings (target £3.2M)
- Developed a new financial model with Scottish Government for elective patients
- On track to achieve efficiency target for 2012/13
- Continued to reduce energy consumption



How are we using our resources?

Our finances

We achieved our three financial targets in 2011/12. The Board spent £121.319m against its income of £121.320m, resulting in a surplus against its Revenue Resource Limit (RRL) of £1,000. The total capital allocation for 2011/12 was £2.508m, which was spent on a new MRI scanner, eHealth and other clinical projects.

The financial performance included delivery of efficiency savings of £3.488m, £228,000 above planned (including non-recurring). In recognition of our challenges around efficiency savings, we set up an Efficiency and Productivity Group, including all key Executive Directors and senior managers within the organisation. We also have regular Partnership Forum workshops to enable a wide range of staff to propose efficiency ideas as well as discuss the progress of current and future schemes being considered.

Our green agenda

During 2011/12, we continued with a range of measures to reduce energy consumption and carbon emissions. Comparison with the 2009/10 baseline figures indicate that our energy usage increased by 0.75% against a target reduction of 1.99% and carbon emissions rose by 0.79% compared to a target reduction of 5.91%. This reflects an improvement on the 2010/11 figures and is set against a backdrop of continued usage of the estate with expansive use of the site and an increase in patient activity.

Our Energy Steering Group continues to support the work of the Board in improving energy efficiency. Throughout the year we have looked for opportunities to raise staff awareness including events during Climate Week.

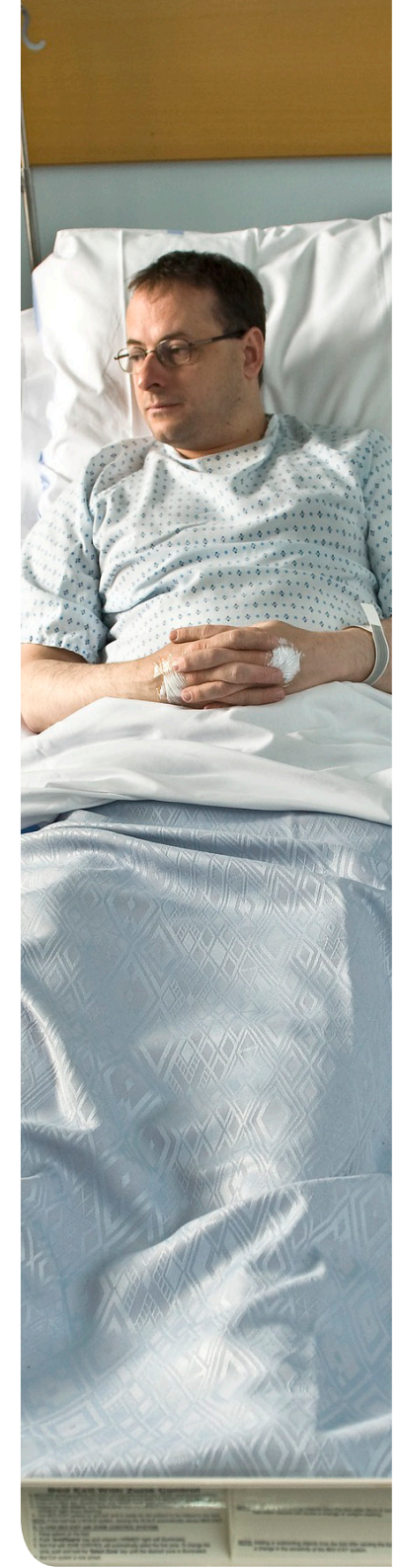
We have installed a number of sub-metering units within the ward areas to provide us with information on usage. We regularly scrutinise performance data to monitor increases and decreases and this is reviewed by the Performance and Planning Committee.

An application for grant funding for the replacement of the boiler plant has been submitted. It is expected that this project would assist us to achieve a significant reduction in our energy consumption and the resultant impact on CO² emissions.

Future framework to benefit patients

Our Board has worked closely with Scottish Government Health Directorates (SGHD) to develop a new financial model that directly funds our elective service capacity each year, as they do for Diagnostic Radiology (marginal cost activity in the region of £12.5M). This approach will:

- further assist in reducing wait times for patients;
- improve the patient experience;
- deliver more effective and person-centred care across the NHS;
- maximise the use of capacity throughout the whole year;
- reduce/negate the use of the private sector for the services we provide;
- deliver greater efficiency in use of resources and public funding;
- enable us to plan and retain our workforce in a more productive and efficient way;
- offer additional capacity across the year and support any ad-hoc unforeseen problem areas; and
- support our work with NHS Boards to ensure good forward planning, while addressing the long term demands of our National Health Service.





Services that are fit for purpose

The establishment of the Strategic Projects Group in May 2011 has achieved its objective of commissioning projects with the aim of removing waste, improving our services, and raising standards.

In recent years the Board has invested in training in LEAN methodology and participated in the Forth Valley Change Agent programme, resulting in a number of staff having the necessary skills to support and lead improvement projects.

As a result, we have used redesign to improve quality and deliver efficiencies across a number of areas including:

- **Scottish Adult Congenital Cardiac Service**

During 2011, a scoping-out exercise indicated a high number of patients for this service often failed to attend their outpatient appointment.

A project was established to explore options to improve the service and a number of changes were introduced to enhance the patient journey. This has also had a benefit on clinical effectiveness, introducing a “one stop shop” approach with patients receiving their diagnostic tests and consultant appointment in one visit and reducing the loss of clinical capacity through patients failing to attend their appointments.

- **Scottish National Advanced Heart Failure Service**

Internal review highlighted that the specialist nurse transplant coordinators carried out a number of administrative duties. The project quantified the types of work being undertaken, which included the scheduling of inpatient and outpatient appointments, and identified the most suitable team members to perform these duties.

As a result, the transplant coordinators are able to focus all of their time on direct clinical care for the benefit of the patient and the administrative functions are performed by the resource with the most appropriate skills, resulting in leaner processes.

- **Rehabilitation LEAN Project**

The primary aim of the project was to maximise the Rehabilitation input during core weekday hours by looking to identify areas of waste, such as duplication across the patient journey and within the services provided to Orthopaedic patients in particular. Through changes to clinical handover activity, multi-professional team (MPT) treatment and discharge planning activity, audit has demonstrated a reduction of 55% in the time commitment required by the Rehabilitation team.

The MPT evaluation reports that the new system has improved efficiency without compromising the effectiveness or quality of communication. The time released by handover has enabled improved occupational therapist presence at pre-operative assessment clinics and released time for physiotherapists to spend with inpatients.

Finance and efficiency

We achieved our three financial targets in 2011/12 as per the table set out below.

All revenue and capital spend was in line with our financial plan.

Our finances

The SGHD set three budget limits at a NHS Board level on an annual basis. These limits are:

- Revenue Resource Limit – a resource budget for ongoing operations;
- Capital Resource Limit – a resource budget for new capital investment; and
- Cash Requirement – a financing requirement to fund the cash consequences of the ongoing operations and the new capital investment.

NHS Boards are expected to stay within these limits, and will report on any variation from the limits set.

	Limit as set by SGHD £'000 (1)	Actual Outturn £'000 (2)	Variance (over)/under £'000 (3)
1. Revenue resource limit – core	51,207	51,206	1
Revenue resource limit – non-core	5,754	5,754	–
2. Capital resource limit – core	2,508	2,508	–
Capital resource limit – non-core	–	–	–
3. Cash requirement	52,000	51,684	316

MEMORANDUM FOR IN YEAR OUTTURN	£'000
Brought forward deficit (surplus) from previous financial year	564
Saving/(excess) against in year Core Revenue Resource Limit (core funding)	1

The reported underspend above is associated with the change in asset lives, this has been approved by the SGHD.

Operating cost statement for the year ended 31 March 2012

CLINICAL SERVICES COSTS	2012 £'000	2012 £'000	2011 £'000	2011 £'000
Hospital and community health services	113,427		106,670	
Less: hospital and Community income	59,192		51,015	
		<u>54,235</u>		<u>55,655</u>
Family health	-		-	
Less: family health income	-		-	
Total clinical services costs		<u>54,235</u>		<u>55,655</u>
Administration costs	7,884		7,995	
Less: administration income	-		-	
		<u>7,884</u>		<u>7,995</u>
Other non clinical services	8		-	
Less: Other operating income	5,167		4,754	
		<u>(5,159)</u>		<u>(4,754)</u>
Net operating costs		<u>56,960</u>		<u>58,896</u>



Summary of resource outturn for the year ended 31 March 2012

CORE REVENUE	2012 £'000	2012 £'000
Net Operating costs		56,960
Total Non Core Expenditure (see below)		(5,754)
FHS Non Discretionary Allocation		-
Total Core Expenditure		51,206
Core Revenue Resource Limit		51,207
Saving/(excess) against Core Revenue Resource Limit		1
NON CORE REVENUE		
Capital grants to / (from) other bodies	-	
Depreciation / amortisation	5,601	
Annually managed expenditure – impairments	159	
Annually managed expenditure – creation of provisions	(6)	
IFRS PFI expenditure	-	
Total non core expenditure		5,754
Non core revenue resource limit		5,754
Saving/(excess) against non core revenue resource limit		0

SUMMARY RESOURCE OUTTURN

	Resource £'000	Expenditure £'000	Saving / (excess) £'000
Core	51,207	51,206	1
Non core	5,754	5,754	-
Total	56,961	56,960	1

BALANCE SHEET AS AT 31 MARCH 2012

	2012 £'000	2012 £'000	2011 £'000	2010 £'000
Non-current assets				
Property, plant and equipment	133,359		134,800	138,049
Intangible assets	–		–	–
Financial assets:				
– available for sale financial assets	–		–	–
– trade and other receivables	–		–	–
Total non current assets		133,359	134,800	138,049
Current assets				
Inventories	1,304		1,106	1,245
Financial assets:				
– trade and other receivables	5,699		4,705	10,396
– cash and cash equivalents	8,960		6,097	3,286
– available for sale financial assets	–		–	–
– derivatives financial assets	–		–	–
Assets classified as held for sale	20		–	–
Total current assets		15,983	11,908	14,927
TOTAL ASSETS		149,342	146,708	152,976
Current liabilities				
Provisions	(636)		(784)	(418)
Financial liabilities:				
– trade and other payables	(29,831)		(20,766)	(18,687)
– derivative financial liabilities	–		–	–
Total current liabilities		(30,467)	(21,550)	(19,105)
Non current assets plus / less net current assets / liabilities		118,875	125,158	133,871
Non current liabilities				
Provisions	–		–	–
Financial liabilities:				
– trade and other payables	–		–	–
Total non current liabilities		–	–	–
Assets less liabilities		118,875	125,158	133,871
Taxpayers' equity				
General fund		43,445	51,044	59,477
Revaluation reserve		75,430	74,114	74,394
Donated asset reserve		–	–	–
Other reserves		–	–	–
Government grant reserve		–	–	–
Total taxpayers' equity		118,875	125,158	133,871

Summary

- Responding to national demand – 900% increase in activity over 10 years
- Scotland's specialist centre for adult complex heart conditions with three national Heart and Lung Services
- Busiest UK Thoracic Centre
- Largest single-site elective Orthopaedic Centre in Scotland

Delivering quality as a national resource

Our vision has always been to ensure that we deliver NHSScotland health priorities and not to be purely focused on individual Board demands. In doing so, we can ensure equity of access and equality of health benefits to as wide a range of patients as possible so that they benefit from our expertise and facilities.

Clinical Strategy 2010-15

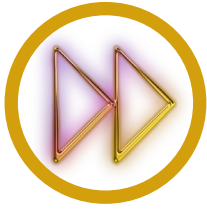
Significant work at a local, regional and national level has enabled the following key Clinical Strategy developments during 2011/12.

- **The Scottish Adult Congenital Cardiac Service (SACCS) Strategy**

As part of the Golden Jubilee National Hospital's Clinical Strategy, SACCS has been considering the way forward for the future delivery of this critical national resource.

The key drivers for this strategic review are:

- to ensure all aspects of the Quality Strategy are considered in delivering safe, effective and person centred high quality care across Scotland;
- to ensure appropriate utilisation of the specialist resource given the growth in this population and increasing demand upon the specialist service;
- to ensure equity of access to specialist care within the national service; and
- to work with local and regional groups ensuring appropriate delivery of care and a high quality patient pathway.

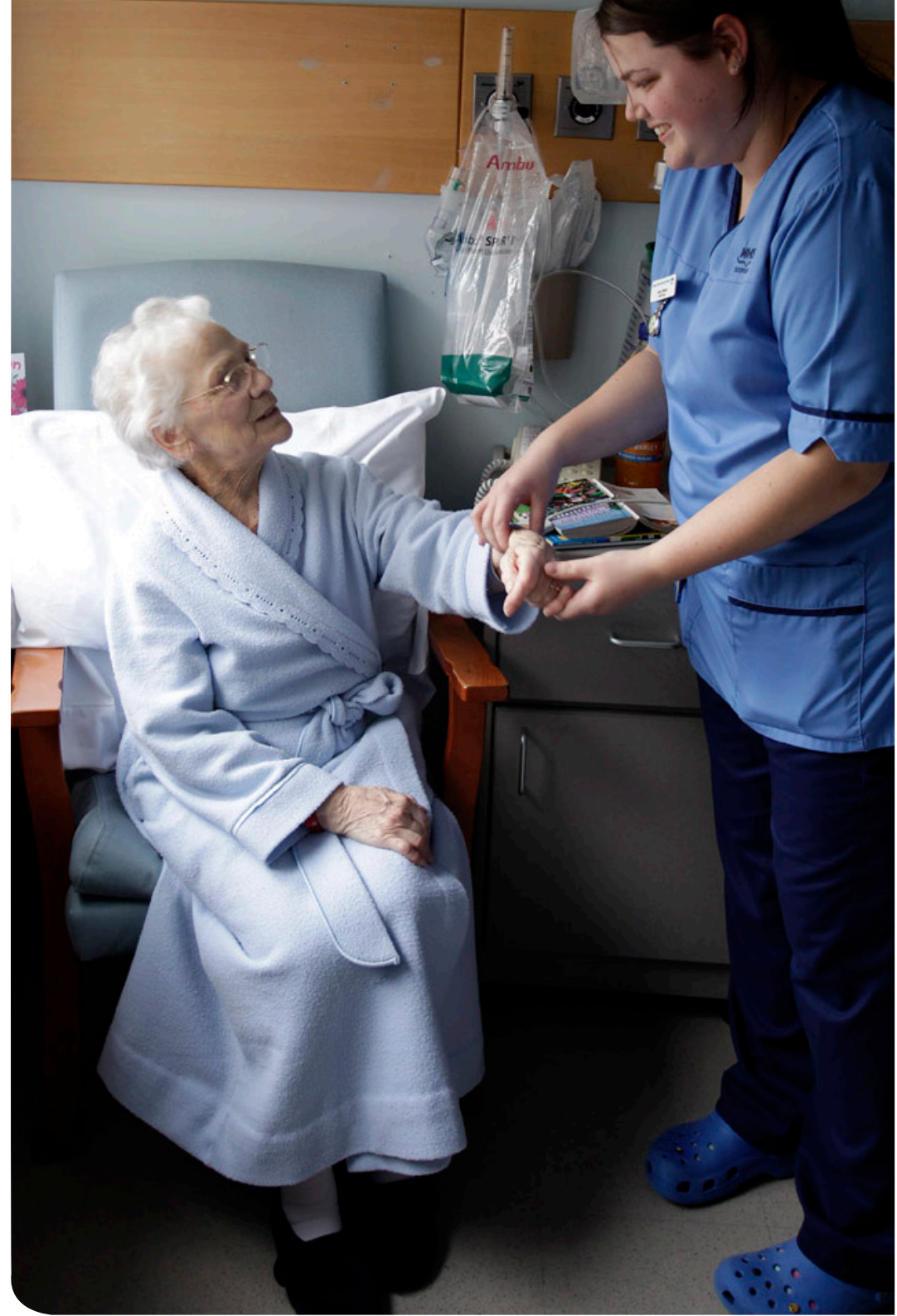


SACCS Strategy summary

Central to the delivery of appropriate local care will be the support of local and regional services by the SACCS team through involvement in local clinics, improved communication incorporating telemedicine, and education. In summary, the Strategy will aim to deliver:

- a shared care model that ensures patients are supported by local provision but can access expert level of care when required;
- specialist clinical input from the national service at local Adult Congenital Heart Disease (ACHD) clinics;
- a clinical ACHD network supported by the national service and managed through a governance framework;
- a structured education, research and training programme for current and future cardiologists to secure the sustainability of ACHD care; and
- an improved model of effective communication, education and clinical support to ensure the highest quality of clinical care is provided.

In June 2012, our Board approved the summary SACCS Strategy to allow us to further engage with our stakeholders.





- **Scottish National Advanced Heart Failure Service (SNAHFS)**

The Strategy for the forward vision of the SNAHFS was launched in 2011.

This Strategy describes an integrated approach which will ensure that patients with heart failure throughout Scotland will have equal access to a high quality service that provides a full range of appropriate therapeutic options (including heart transplantation, and both long and short term Ventricular Assist Devices (VADs) as a bridge to transplant).

It is critically important to recognise that heart transplantation procedures should not be considered in isolation but as one of several options now available for patients with severe heart failure.

There has been significant work undertaken in Advanced Heart Failure therapies and our work with clinicians across Scotland has resulted in raised awareness and understanding of referral guidelines and treatment options.

The Scottish National Advanced Heart Failure Strategy also describes how we will increase the number of heart transplants and VADs in Scotland and improve the quality of care for all patients with heart failure in Scotland.

- **Bariatric surgery**

The service at GJNH currently provides laparoscopic banding, however it is anticipated that the programme will grow and may include laparoscopic by-pass surgery at a future date.

Bariatric surgery services in the West of Scotland are under review by the Regional Planning Group, with a view to rationalising the number of centres where bariatric surgery is carried out.



eHealth Strategy developments

- **Cardiac, Cardiology and Thoracic Health Information System (CaTHI)**

Heart and lung patients now benefit from a new clinical information system called CaTHI, which has been developed at the Golden Jubilee National Hospital.

CaTHI is a web-based application that is used to capture data throughout the cardiac, cardiology and thoracic patients' journey from diagnostic assessments and surgical procedures to discharges and follow-ups. By providing the clinicians with easy access to all of the relevant patient information, as well as producing reports, patient letters and operation notes, CaTHI has streamlined administrative procedures within the hospital. This means a smoother and safer transition for patients as they move through the stages of their treatment.

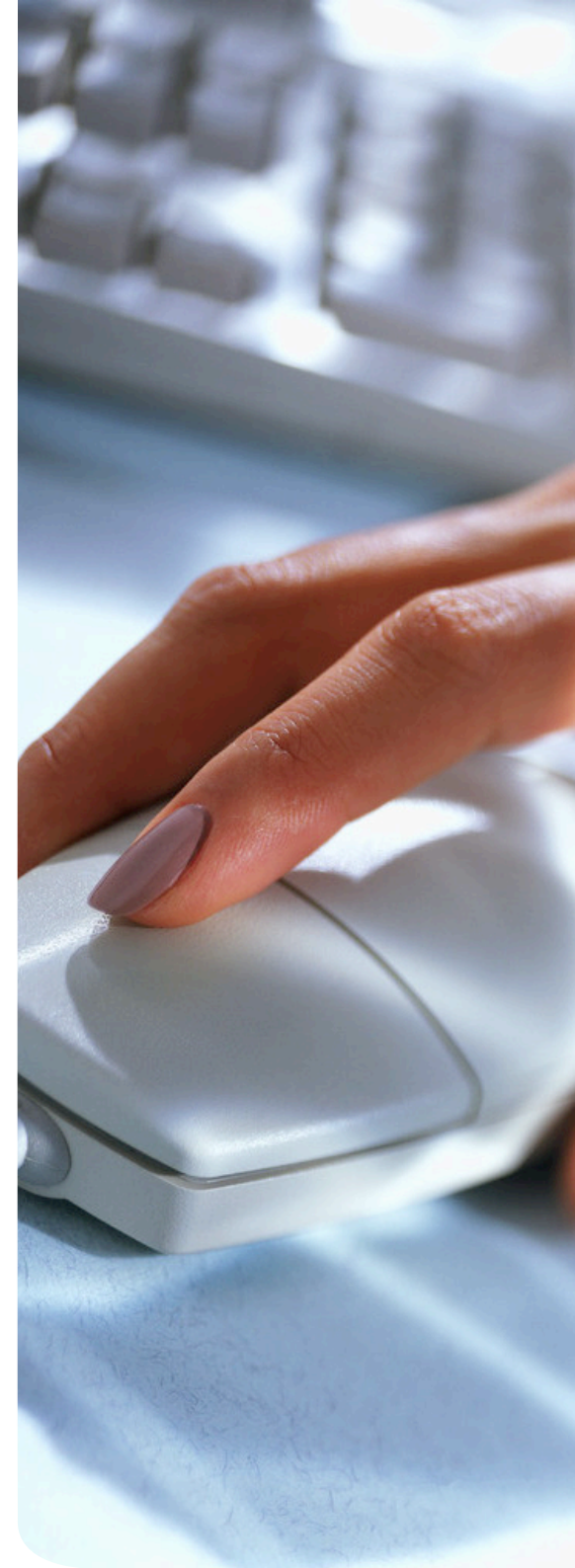
The application also tracks target treatment dates for each patient journey which helps us to improve on service delivery – making it easier to monitor the hospital's clinical performance and waiting times.

- **Clinical Portal**

We continue the move towards an Electronic Patient Record across the Golden Jubilee National Hospital, whilst facilitating and exploring the sharing of information across NHS Board boundaries to support patient pathways.

The roll out of this system called Clinical Portal continues and clinicians are able to benefit from accessing diagnostic test results and clinic or referral letters via one single sign-on. This will also enable us to move away from a reliance on paper records through digitisation of case notes.

Clinicians have easy access to the system, allowing improved decision making with patient information available in a timely way, helping to improve outcomes for patients. It also benefits the administrative team involved in the care of patients by providing an essential resource on referral information and test results and reduces duplication as the information is all held electronically.

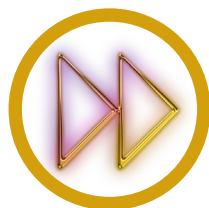


Summary

- Achieved all hotel and conference business targets
- Exceeded NHS and public sector business target by 10%
- Bedroom occupancy continued to increase
- Winner of eight Scottish Hotel of the Year Awards 2012

Beardmore Hotel and Conference Centre

The Beardmore is delighted to have played a vital and supportive role as part of NHSScotland over the past 10 years. During this period almost 60,000 patient related bedroom nights have been provided by The Beardmore and 38,000 sleep rooms for on call medical staff from the Golden Jubilee National Hospital.



In 2006, the Beardmore's role as the national NHS and public sector conference centre was established and the NHS, public and third sector now provide more than 50% of Beardmore business annually. In the 10 years since the Beardmore has been part of NHS Scotland, 250,000 delegates have attended conferences and events in the Hotel and Conference Centre.

An updated Beardmore Strategy 2010-2013 was approved by our Board in the summer of 2010 and is focused on consolidating the Beardmore's position as a conference centre of excellence and to increase its role within the NHS National Waiting Times Centre.

Performance and financial challenges

Despite the continued challenges of the current economic climate, the Beardmore Hotel achieved its financial target for 2011/12 and this was recognised at the recent Scottish Hotel of the Year awards in a Business Performance Gold Medal.

During 2011/12, 50% of business was from the NHS and public sector against a target of 40% and, as planned in the Beardmore Strategy, the Healthcare related market share (non-NHS) increased from 3% to 6.9%.

Performance in the final quarter of 2011/12 was particularly good and indications are that the conference market is showing some signs of recovery albeit it continues to be price sensitive

with day rates continuing to fluctuate. Rates have not yet returned to their pre-2009 levels and are not expected to do so during 2012/13.

The Beardmore continues to build on its reputation and to explore innovative means of attracting events to the hotel. One example is the eFactor Event, Excellence in Organisation, providing the opportunity to showcase the hotel to approximately 100 in-house event organisers from across the public, private and third sectors, and helping to position the Beardmore as a centre of excellence in conference and event provision and industry knowledge. The event was very successful, generating excellent feedback and a significant volume of new clients.

Bedroom occupancy has also continued to increase and rose by 6% on the previous year and 15% since the original Beardmore Strategy was developed in 2006. This has been attributed to smarter working, particularly using online intermediaries and an increase across most sectors including patient 'self pays'. Increased bedroom usage has a positive impact on associated spend in restaurants and other leisure activities and this has been important in meeting the financial targets.

The Beardmore had significant success at the Scottish Hotel of the Year Awards 2012, receiving a total of eight awards including the coveted Conference Hotel of the Year. The Beardmore also received the Green Hotel of the Year (medium hotel) for the first time and several members of the team were recognised individually.



Staff at the Beardmore Hotel and Conference Centre with their trophies and certificates from the Scottish Hotel of the Year Awards 2012

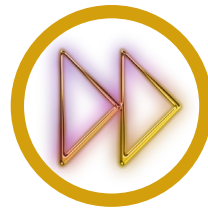
Summary

- Training centre of excellence to attract and retain expertise and business opportunities in Scotland
- Deliver leading edge research ensuring it is taken from 'bench to bedside' to the benefit of patients
- £3.9M funding secured for gene therapy trial for heart patients

Beardmore Centre for Health Science

On 19 September 2011, the Cabinet Secretary for Health, Wellbeing and Cities Strategy officially opened the Beardmore Centre for Health Science.

As Scotland's new clinical skills and research centre, the centre offers state of the art facilities that allows innovative research and provides the latest technology for the training of all health professionals.



Since it opened on 9 May 2011, the venue has hosted a number of key events:

- Scotland's first ever training course for doctors on single lung ventilation using a patient simulator. This event now takes place regularly within the Centre.
- The Chronic Total Occlusion (CTO) summit saw experts from across the UK and the United States meet to learn innovative techniques for opening blocked heart arteries.
- The Centre has also hosted a number of wet lab simulation sessions, enabling clinicians to practice simulation in a wide variety of surgical procedures e.g. simple suturing, vascular anastomoses, aortic cannulation, cardiac valve replacement, lung resection and tracheal surgery.

Clinical Skills Centre

The Clinical Skills Centre ensures that staff across NHSScotland have access to a clinical skills area with in-built audio visual links to the Golden Jubilee's theatres, cardiac catheterisation laboratories and diagnostic imaging suite. It also has a patient simulator and a dedicated surgical skills area with its own wet lab.

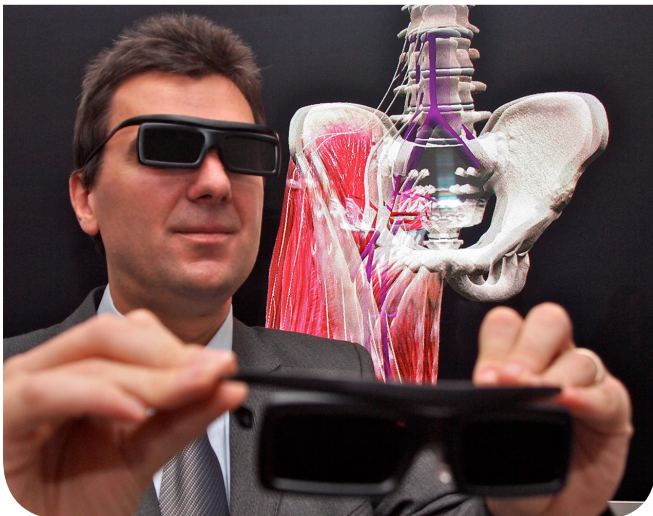
3D innovation

The Golden Jubilee is pioneering an innovative programme which allows medical students, trainee doctors and clinicians to practice surgical techniques on 3D models and animations.

Unlike using a cadaver or training dummy, the 3D system allows the student to repeat techniques several times, and at their own pace through innovative human-computer interaction systems.

The training is currently being used within the Golden Jubilee's Enhanced Recovery Programme for teaching on knee anatomy and regional anaesthesia; however it could potentially be used for training in more specialties.

In the future, it could also be used to help patients understand their diagnosis and treatment options, through seeing a visual representation of what their treatment will involve.



Clinical Research Facility

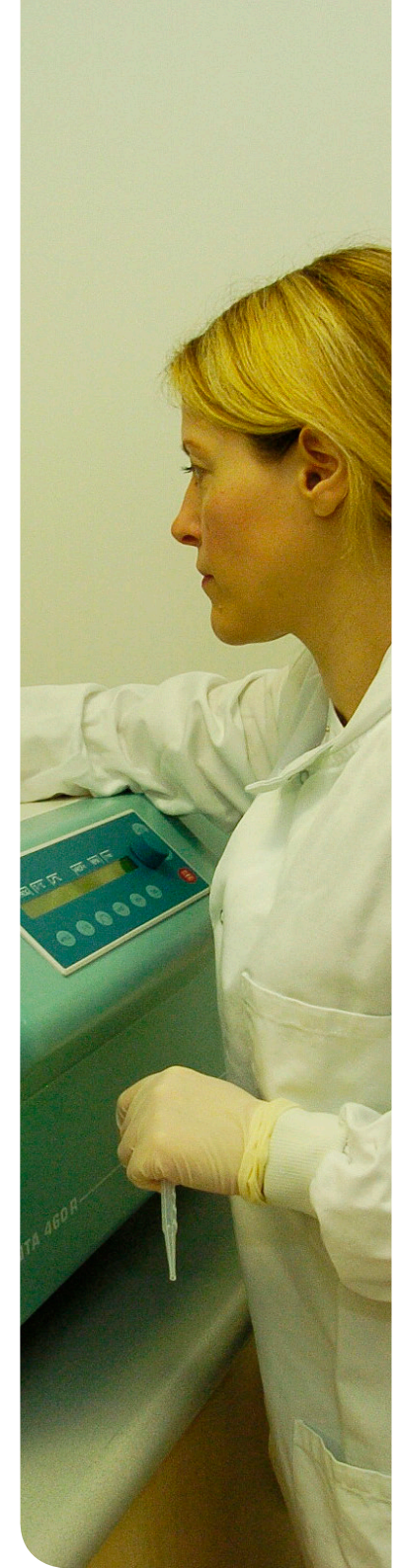
The Clinical Research Facility (CRF) had its first patient visit on 11 July 2011. The CRF is an ideal base for follow-up appointments relating to research projects and has become heavily used in the period since opening.

We already support an increasing number of clinical trials with a commercial research contract value of over £1M.

In addition, in April 2012, we received core research funding for the first time from the Chief Scientist Office in Scotland. This funding mainly reflects research activity done in collaboration with the academic research sector.

A team of scientists, cardiologists and heart surgeons from the BHF Glasgow Cardiovascular Research Centre at the University of Glasgow and the Golden Jubilee National Hospital recently secured £3.9 million to trial a gene therapy agent which is thought to prevent heart bypass grafts failing.

All NHS-related trial activities, including the recruitment of patients to the study, will be carried out at the Golden Jubilee National Hospital. As home to national and regional heart services, it is vital that we are at the forefront of research in this area.



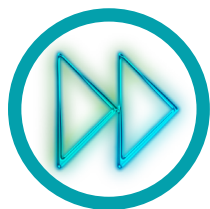
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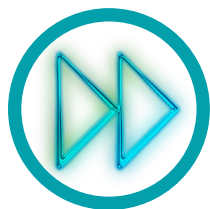
With thanks to the patients and staff of the Golden Jubilee National Hospital and the clients and staff of the Beardmore Hotel and Conference Centre and Beardmore Centre for Health Science.

How to find us



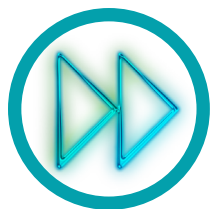
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