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**This report is embargoed until  
Thursday 16 January 2020.**

Dear Ms Gardner

## **SUMMARY FROM SHARING INTELLIGENCE FOR HEALTH & CARE GROUP - GJNH**

The Sharing Intelligence for Health & Care Group (referred to as 'the Group') considered the Golden Jubilee National Hospital at our meeting on 21 October 2019, as part of our routine annual programme of work. We are writing now to summarise the main points we discussed collectively as seven national organisations<sup>1</sup>.

The Group's overall aim is to support improvement in the quality of care provided for the people of Scotland, by making good use of existing data, knowledge and intelligence. One of our main objectives is to ensure that, when any of the seven agencies on the Group have a potentially serious concern about a care system, then this is shared and responded to as necessary. Sharing concerns at the right time can help identify emerging problems which can then be acted upon.

The intelligence considered by the Group should already be known to the Golden Jubilee National Hospital, including a range of information which is already in the public domain. This is somewhat different to the information we look at for territorial NHS boards, reflecting the hospital's unique position in Scotland. It is important to

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<sup>1</sup>The Sharing Intelligence for Health & Care Group is a partnership involving: Audit Scotland; Care Inspectorate; Healthcare Improvement Scotland; Mental Welfare Commission for Scotland; NHS Education for Scotland; Public Health & Intelligence from NHS National Services Scotland, and: Scottish Public Services Ombudsman.

note that we only consider data/information that is held by the seven agencies represented on the Group. This sort of intelligence helps us identify things that are working well, as well as emerging problems. It does not, however, allow us to make a comprehensive assessment of the quality of care – nor is it the role of the Group to do this.

## **Golden Jubilee National Hospital**

When we considered the Golden Jubilee National Hospital on 21 October 2019, the partner agencies on the Group found it helpful to learn from each other about various aspects of this healthcare system. This will help inform the work we carry out as national organisations. As described below, we were pleased to note aspects of your local system that are working well. We also discussed some risks to the quality of care delivered for the patients of the Golden Jubilee National Hospital. We acknowledge that work is already being carried out locally to respond to these issues.

Leadership and culture are critically important factors when considering the quality of care in the wider sense. We are also aware that the leaders of today's health and social care systems are working within an environment of extreme pressure. There has recently been a significant level of change across Scotland within the senior leadership of NHS boards, and we noted that in the past year there have been some changes to the senior leadership of the Golden Jubilee National Hospital. Healthcare Improvement Scotland explained that, as part of a test organisation-level review, there was positive feedback from staff about the senior leadership team, eg staff felt they were able to share their issues and that they were listened to. This review also found positive examples of a culture of quality improvement and learning. These 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.

When we considered the Golden Jubilee National Hospital in 2018, the appointed auditor explained that you continued to have adequate and effective processes in place for managing your financial position and use of resources. We learned that, more recently, the Golden Jubilee National Hospital has carried out a self-assessment against the Blueprint for Good Governance – and that this demonstrates a commitment to continuous improvement, with actions identified to strengthen existing governance arrangements. The Healthcare Improvement Scotland review recommended that improvements could be made to how data are used, eg as part of your governance mechanisms and to support decision making. NHS Education for Scotland explained that it would be beneficial if your educational governance arrangements are better clarified.

As highlighted in our annual summary report for 2018-2019<sup>2</sup>, care systems across the country are experiencing unprecedented financial pressures. The appointed auditor highlighted that you met all three of your financial targets for 2018-2019. We also noted that the Golden Jubilee National Hospital's high level financial projections over a three-year period are based on the assumption that you will deliver a break-even position each year within the three-year plan period. Your Annual Operational Plan and Financial Plan reflect that the Scottish Government plans to invest over £87

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<sup>2</sup>[http://www.healthcareimprovementscotland.org/our\\_work/governance\\_and\\_assurance/sharing\\_intelligence/sharing\\_intelligence\\_2018-2019.aspx](http://www.healthcareimprovementscotland.org/our_work/governance_and_assurance/sharing_intelligence/sharing_intelligence_2018-2019.aspx)

million over the next five years as part of a major expansion of services. Spend on phase one of the expansion programme (ophthalmology elective care capacity) commenced during 2018-2019. Phase two of the programme, the creation of an orthopaedic and other elective surgery unit, is planned to commence in early 2020 following approval of the Full Business Case.

As a Group, we have also highlighted the significant workforce challenges that care systems across Scotland are experiencing. Public Health & Intelligence reported that your vacancy rates for consultants, nurses and midwives, and for allied health professionals, are all close to the national levels.

Our meeting on 21 October 2019 provided an opportunity for the partner agencies on the Group to share information with each other about the quality of other front line services at the Golden Jubilee National Hospital. For example, we found it helpful to learn from Healthcare Improvement Scotland that they identified examples of innovative improvements to patient care. These include the pathway enabling direct access for patients with a specific type of heart attack who are admitted directly to the hospital.

This review also acknowledged that positive feedback has consistently been received from patients, carers and their families. People are typically very happy with the quality of care provided by the Golden Jubilee National Hospital. Patients and families are engaged in the improvement and redesign of services, including the new expansion programme.

When reporting on a range of outcomes and performance data Public Health & Intelligence did note, however, that there has been a deterioration on some of your waiting times figures, ie 12-week waiting time to treatment requirement.

Healthcare Improvement Scotland explained that the Golden Jubilee National Hospital continues to engage well with the Acute Care Portfolio. The reported cardiac arrest numbers remain low and there was an improvement in the rate of falls. As for NHS boards generally, there are some challenges in securing the skills and capacity for leading and carrying out quality improvement work. We understand that you are developing a quality improvement strategy.

The Group therefore agreed that, at this time, there are no actions beyond any already planned that any of the seven national agencies need to take.

We hope you find this summary of our discussions helpful. As a Group, we will continue to share intelligence in order to inform the work we carry out as seven national agencies. If you have any suggestions for how our Group can better support your work to deliver high quality care for the patients of the Golden Jubilee National Hospital then please don't hesitate to let us know.

Yours sincerely

Handwritten signature of Prof. Stewart Irvine in black ink.

**Prof. Stewart Irvine**  
Medical Director & Deputy Chief Executive  
NHS Education for Scotland

Handwritten signature of Ann Gow in black ink.

**Ann Gow**  
Director of Nursing, Midwifery &  
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