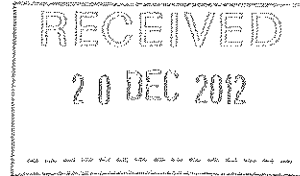


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18 December 2012

*Dear Jeane,*

1. This letter summarises the main points covered and the key actions agreed during our discussions at the Annual Review and associated meetings in Clydebank on 24 October.

2. I would like to thank you, Jill Young and the rest of your team for all your hard work in organising a very useful and positive programme. It was extremely useful for me to undertake a very informative tour of the Beardmore Centre for Health Science, to see at first hand the cutting edge facilities and in the way services are delivered. It was also valuable to have the opportunity to speak with a range of NHS staff and patients. The positive nature of our discussions at the various meetings was not only stimulating but extremely worthwhile and informative.

### **Meeting with the Partnership Forum**

3. I should be obliged if you would pass on my thanks to all those who contributed at this meeting. As the Board is celebrating 10 years as an NHS resource, the Employee Director gave a brief overview of the development of partnership working within the Board and I noted there was clear evidence of successful partnership working and staff are engaged in re-design, improvement and the Board Strategy. I was also interested to hear of how staff and their representatives work across the hospital and hotel ensuring that joint working opportunities are maximised to improve the patient, staff and customer experience.

4. There were some concerns expressed about the demands on Boards to meet their financial targets during this time of austerity and of the continuing pressures to review these commitments. The staff side continue to work in partnership to seek better value for money and are very much involved throughout to ensure that the NHS in Scotland perform well in meeting all such challenges in the current economic climate. I was pleased to be in a position to restate a strong commitment to maintaining the Agenda for Change terms and conditions and confirm our commitment to no compulsory redundancies.

5. We discussed the challenges associated with the ongoing delivery of the Knowledge and Skills Framework (KSF) and the fact that performance against this target at NWT CB had reduced during 2011/12. I indicated that I expected all Boards to meet and maintain the standards. We also noted that the e-KSF system is not always user-friendly and the Director of Performance and Workforce agreed to take further consideration of these system concerns.

6. We discussed the challenges associated with the delays in issuing the circular on the new On Call Arrangements for staff on Agenda for Change terms and conditions and noted that local negotiation of some protection arrangements would be required, which would present some challenges within the implementation timescales. I noted these concerns and reiterated a commitment to improving timescales for issuing future circulars, however, the complexity of the negotiations involved had led to delay in this instance.

7. A representative then raised an extra agenda item about some concerns on the changes to the NHS Pension scheme, in particular, the increases in pension contributions and plans to increase the retirement age to 68. I indicated that pensions are a reserved matter and responsibility rests with the UK Government and they have made it clear if the Scottish Government does not apply the proposed UK scheme changes then our budget will be reduced accordingly. We are on record and have made it clear that it is not part of our agenda, though given the financial penalties for not implementing these changes we do not have a lot of room for manoeuvre. In connection with the challenges of the rising retirement age, I reiterated that this a key issue for the 2020 workforce vision and that Boards need to plan for the necessary workforce changes to find local solutions to managing staff and services safely.

8. I thanked the Forum for a forthright and positive discussion and that I was glad to offer assurances to some of the further challenges that lie ahead.

### **Meeting with the Local Clinical Forum**

9. I should be grateful if you would pass on my thanks to all those who participated in this meeting. The discussions were very positive and constructive on the development of the key areas undertaken by the Local Clinical Forum (LCF) as part of their work programme.

10. Your Chair set the scene by giving a short presentation to mark a 10 year history of developments at the Golden Jubilee National Hospital as a national resource since the hospital became part of the NHS. The presentation showcased clinical innovations and also illustrated increased activity patterns, new procedures, and new ways of working that have been adopted successfully over the past decade.

11. We discussed progress against the Forum's action plan over the past year and you then demonstrated the clinical dashboards and the use of dashboard indicators for improvement. A key point of interest was the value of using more 'real-time' information for ward and clinical teams. You then described piloting a Quality impact assessment tool that will allow the hospital to look at the quality of services being delivered to patients and that a pilot review has been carried out on plastic surgery services with plans to roll this out across other specialties. It is clear that the tool looks appears a very useful quality improvement resource and was considered exploring the value of this for the wider NHS in Scotland once piloting had been completed.

12. We then discussed the health records review which the Forum is conducting and which uses improvement methodology from the Scottish Patient Safety Programme ensuring

health records are clear, concise and show safe practices whilst encompassing professional codes of conduct. I was impressed to hear that this even includes scrutiny of the use of text language in medical notes. This review and subsequent new standards will ensure that health records adhere to professional and quality standards.

13. We concluded the meeting on a positive note by acknowledging the benefits of the Forum. I was pleased to note that work undertaken over the year has further focussed the development of the Forum and that there are clear signs that the Forum is working to move quickly from ideas to the delivery of practical improvements. I was grateful to all those who were present for a useful discussion and hearing at first hand of the very clear evidence of turning ideas into action.

### **Tour of the Centre for Health Science**

14. I found my tour of the Centre for Health Science to be especially informative. All aspects of the Centre from the Research Centre to the Clinical Skills Centre were highly impressive. During my visit to the surgical skills lab I saw how developments of audio links between the Centre and other areas which greatly enhance clinical care and patient safety. I also saw a demonstration of the virtual 3D teaching programme that has been developed to train the doctors of the future in Scotland. Medical students, trainee doctors and clinicians are all currently benefitting from this impressive and innovative programme which allows them to practice surgical techniques on 3D models and animations. It was especially worthwhile to see at first hand such a culture of innovation with facilities that improve clinical care not just within the Golden Jubilee National Hospital but will also benefit the wider NHS as well.

15. I was particularly pleased to be able to meet with some patients and staff during the visit and should be grateful if you would pass on my personal gratitude to all of them.

### **Meeting with Patients**

16. I very much appreciated the chance to learn directly from patients about their experiences of care of at the Golden Jubilee National Hospital, and I am grateful to those who gave up their time to be present at the Annual Review and to speak.

17. All the patients were very constructive in describing their own very positive experiences in the quality of care they received and offered feedback praising the hospital and its well trained staff. They commented that the Board was very responsive to their needs and also referred to the exceptional standards of cleanliness and all offered warm praise about the excellent care and treatment that was provided throughout the hospital. In particular, very positive feedback in relation to the single room environment was something all those present felt enhanced their quality of care.

18. One patient raised the issue of aftercare at the Jubilee and acknowledged that even their experience following an operation at the Jubilee was also excellent. It was highlighted that, although this is still a big challenge for the hospital, the Golden Jubilee works collaboratively with every social work department in Scotland ensuring a person centred approach to the whole patient journey. Another patient recounted their own experiences about noise levels and potential solutions but acknowledged this was a minor issue. In general the patients were warm in their praise towards the hospital as the Board are always very receptive to patient ideas.

19. I always attach great importance to the views of patients and I thanked those whom I met at the time, but I should be grateful if you would convey to them my appreciation of their

willingness to give up their time and to speak so openly and constructively about their experiences.

## **Annual Review Meeting**

20. After I reported back on the above meetings, you presented a helpful overview of the Board's key achievements in the last year and some of the major challenges in the year ahead. Many of these issues were discussed in depth later in the meeting and are recorded in the relevant parts of this letter. I noted that the Board has implemented or satisfactorily taken forward all the issues identified for action at last year's Annual Review. In particular, I highlighted that the Board had exceeded its activity target for 2011/12 by 4%.

## **Access and Activity**

### **(a) Heart and Lung including Cancer waiting times**

21. The West of Scotland Heart and Lung Centre was continuing to deliver on waiting times and you also indicated that this was due to continuous monitoring by the clinical divisions including scrutiny at every Board meeting. As a result during 2011/12 all waiting time guarantees were met. You confirmed that 100% of lung cancer patients were treated within the 31 day target and indicated that the median wait for such patients was nine days compared to 12 days in the previous year and also confirmed the maximum waiting time from the date of decision to treat was 29 days.

### **(b) Other Activity**

22. The hospital had delivered 22,321 procedures in 2011/12. This exceeded the activity/target by over 4%. This was a tremendous performance and I thanked all the staff who had contributed to this success, which had benefited many patients throughout Scotland.

23. The hospital has agreed to undertake 22,581 procedures for NHSScotland in 2013/14. This is another challenge but you were in no doubt you could deliver as there are plans in place and regular dialogue with other Boards during the year to sustain activity targets. You highlighted that a number of Boards were asking for additional activity between now and the end of March 2013. You indicated that the Board would make every effort to try and provide this additional activity in orthopaedics, general surgery and cataracts.

24. The Board recognised the work required to comply with the Patient Rights (Scotland) Act and have developed an action plan to ensure staff are trained on application of the guidance and that the Board has a local waiting times policy to reflect the requirements of the Act. The Board has also developed a local access policy to support these principles and will make this available widely, including on their own website.

25. You referred to the Golden Jubilee marking its 10 years anniversary as an NHS national hospital in June this year and highlighted that since its purchase the hospital has assisted NHS Boards to meet their waiting times from carrying out around 3,000 procedures in your first year to an estimated total of 300,000 procedures by the end of the current financial year.

## **Healthcare is Safe for Every Person**

### Clinical Governance

26. You indicated that you had undertaken a significant review of your clinical governance with an aim to ensure the Board have a function in place which supports the practical delivery of quality and clinical governance which ensures there is a strong outcome focus. On Healthcare Associate Infections such as SABS you pointed out there has been a sustained reduction in these over the past year with a reduction of just over 50% since April last year. I commended all the staff and the Board on their continuing outstanding performance in this area. I was interested to hear of the Board's use of dashboard indicators for clinical improvement and these have been rolled out for early detection purposes making information clearer for patients and clinical staff. The value of using more 'real-time' information highlights that the Board are very prepared and aligned to national infection policies you continue to maintain your good track record in this area.

### Reducing HAI/HEI Visit/Report

27. I was interested to hear that the Board had an unannounced inspection by the Healthcare Environment Inspectorate earlier this year. The inspection team found evidence that the Board is complying with the majority of NHS HAI standards to protect patients, staff and visitors from the risk of acquiring infection. The standard of cleaning was very good and there is low incidence of infection. I understand the inspection team found further improvement was required to ensure all policies reflect current best practice. You provided a reassurance that an action plan was put in place by the Board and that this recommendation has been completed...

### Critical Incident Management Processes

28. I enquired as to whether existing practices are robust in this area. You confirmed that the Board reviewed the management of its own significant adverse event management processes and procedures including enlisting an approved list of trained investigators. In the management of adverse events a conscious improvement had been made in developing expertise and being pro-active. In doing so, the review has ensured that there is complete transparency around the process.

## **Everyone has a Positive Experience of Healthcare**

29. In terms of transparency I asked how patient views were influencing service design or decision making and what measures has the Board taken to improve recording and auditing of patient and public involvement activity. You advised that there was a very strong support and commitment to the involvement of volunteers in the work of the Board, including actions as a result of the national patient experience programme (Better Together). I also enquired whether using volunteers in wards has worked well in helping to improve services for patients and this was confirmed. You indicated that the complaints process had been reviewed and that during this year 43 formal complaints had been received which was a reduction from 50 in the previous year; but that although fewer in numbers, they were more complex in nature. You also highlighted there was now an improved process in place for providing ongoing support for families following the death of a patient. It was clear that you continue to actively review all these processes and implement changes to services provided as a result of formal complaints and patient feedback.

## **Staff Feel Supported and Engaged**

30. You indicated that staff governance remains a prominent focus for the Board and I recognised that a raft of work has already been undertaken throughout the year. You stated that dignity at work was paramount and that a recent audit had found advanced practice in staff engagement. I also noted that partnership seems to be embedded throughout with a strong culture of respect throughout the organisation. It was clear there is a sound and effective philosophy of staff involvement and that these values are impressive

31. I praised the Board on the way they had embraced and used the Knowledge and Skills Framework (KSF) in a positive way. I was also aware that the Board had maintained focus within the organisation which had shown significant benefits of the process.

32. I commended you on delivering a very good performance in sickness absence which was 3.7% and below the national target of 4%. You stated this remained a challenge but the Board were rightly proud of their record and having refreshed the sickness absence toolkit, you also advised in addition to treating the staff well, effective procedures are in place.

## **Best Use is Made of Available resources**

33. I commended the Board on achieving all three financial targets for 2011/12, and welcomed that a financial balance had also been forecast throughout the remainder of the existing LDP financial plan. You also confirmed that the Board exceeded this year's efficiency target through a wide range of projects.

34. In the light of the current economic climate it was important that the Board continue to seek efficiencies. The Board recognised the importance of continually reviewing how to provide improved services more efficiently. Some of this is achieved through staff being encouraged to engage in and provide savings ideas, and that the Board is keen to act upon these ideas. You also indicated that the Board had agreed a new financial model for elective capacity and provided a reassurance of a recurrence of savings due to a robust Performance Framework.

35. I noted that the continued work to reduce energy consumption and carbon emissions with a range of measures that had been put in place. An energy steering group continues to support this work in improving energy efficiency and achieve a change in culture and attitude by raising awareness of energy usage issues.

## **Clinical Strategy 2010-15**

36. There has been some considerable work at local, regional and national level in taking forward developments since the Cabinet Secretary approved the Board's strategy for Scottish National Advanced Heart Failure Services (SNAHFS) back in 2010. You explained that there had been significant work and you are also reviewing standards in relation to the whole of the UK. You have recently agreed a strategic review of the Scottish Adult Congenital Cardiac Services (SACCS) which will enable you to ensure the highest quality of clinical care is provided. You advised that aside from being a major orthopaedics centre of excellence you are now the busiest thoracic centre within the UK. You also stated that you have strengthened the heart transplant team including organ retrieval with the recent acquisition of a surgeon from Paris and now have 4 in place. However you emphasised the need for progress in order to continue to increase transplantation rates in Scotland. It was commendable that you remain ambitious in promoting innovation in this area and can develop and introduce new services which embrace the integration of the health and social care agenda.

## Beardmore Centre for Health Science

37. The 'Beardmore Centre for Health Sciences' has now been in operation since its official opening in September 2011 and that it offers state of the art facilities allowing for innovative research. It is clear that these facilities not only attract but retain expertise and business opportunities which are important. You provided an indication of how the Centre for Health Sciences' was delivering some leading research ensuring that you will be at the forefront of such activity in the years ahead. You also advised that some core research funding had been received for the first time from the Chief Scientists Office and in addition £3.9million funding had also been secured in order to trial a gene therapy agent for patients which is considered may prevent heart bypass grafts failing.

## **Beardmore Hotel and Conference Centre**

38. I was pleased to note that despite the ongoing challenges presented during the current economic climate that Beardmore Hotel achieved its financial target for 2011/12 with 50% of business coming from the NHS and the public sector against a target of 40%. The Beardmore continues to build on its reputation and this was recognised with significant success at the 2012 Scottish Hotel of the Year awards in receiving a total of eight awards including the prestigious Conference Hotel of the Year, as well as gaining the Green Hotel of the Year for the first time and also several members of the team gaining individual awards. We discussed the challenges facing the Beardmore over the next few years and you also indicated that the hotel continued to play an important role in supporting the hospital with bedroom occupancy increasing by 6% on the previous year due mainly in part to smarter working, including using on-line agencies.

## **Public Involvement**

39. Members of the public had already raised questions via social media with these being taken first before moving on to any further questions from the audience. One from a patient through *Twitter* asked whether a patient who lives in the Glasgow area can choose to come to the Golden Jubilee. You explained that you cannot accept direct referrals from patients in NHS Greater Glasgow & Clyde but do assist the Board with help towards meeting their waiting time targets. Next a question via *Facebook* when someone asked if the government sees TAVI ever being available at GJNH in the future. I indicated that the recent review of TAVI recommended that in the short term there should be a single centre in Scotland providing this service within NHS Lothian. The new service will be closely monitored over the next six months, and consideration will be given to introducing a regional model of service, or extending to two sites. A member of the audience then asked why are the 4 world class TAVI experts at the Golden Jubilee not being used and patients from the west referred to another Health Board. I stated that the TAVI procedure is not without significant risks in relation to patient safety and that these are clinical decisions that clinicians decide upon. As a follow-up the same individual then referred to funding approval of TAVI and I re-stated the final decision remains a clinical matter.

## **Conclusions**

40. I congratulated you and your colleagues on another very successful year which you demonstrated rigorous financial control, exceeded your activity target and are now considered as a major orthopaedic centre of excellence. I reiterated my thanks for arranging a fascinating tour, during which time I saw at directly the high-tech clinical facilities which proved very useful and was extremely grateful to your Board for all the arrangements made.

I was also grateful to other staff and to hear directly from the patients themselves on how well they are treated in the Golden Jubilee. Overall, you have delivered a further good performance during the past year. As we are aware, various challenges lie ahead in the coming year, not least ensuring that in the present economic climate you continue to deliver a range of high quality services to patients across Scotland.

41. I have set out the main action points arising from this year's Review in the attached Annex.

*Best wishes*



**MICHAEL MATHESON**



## NATIONAL WAITING TIMES CENTRE BOARD ANNUAL REVIEW 2012

## ACTION POINTS

- The Golden Jubilee Hospital has agreed with NHS Boards to undertake 22,581 procedures in 2012-13.
- The Board will refresh and develop its 2020 Strategy during 2012/13 and work with the Scottish Government Health Workforce and Performance Directorate to explore opportunities and secure support for:
  - the provision of additional national and regional services at the Golden Jubilee;
  - capacity to support NHS Scotland in delivering its priorities e.g. Integration of Health and Social Care
  - the ongoing development and sustainability of the SNAHFS and SACCS national services
- The Scottish Government Health Workforce and Performance Directorate will continue to work with the Board to ensure that the instruction letter to referring Boards on the new financial framework is issued during December 2012 to enable the new funding mechanism to be implemented by 1 April 2013
- The Golden Jubilee National Hospital will deliver the agreed levels of activity for referring NHS Boards to enable them to meet the access and treatment time guarantees within the Patient Rights (Scotland) Act 2011