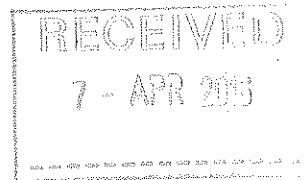


Minister for Public Health
Maureen Watt MSP

T: 0300 244 4000
E: scottish.ministers@gov.scot



Jeane Freeman OBE
Chair
National Waiting Times Centre Board
Golden Jubilee National Hospital
Beardmore Street
CLYDEBANK
G81 4HX



16th March 2016

Dear Jeane,

NATIONAL WAITING TIME CENTRE BOARD ANNUAL REVIEW: 29 JANUARY 2016

1. This letter summarises the main points covered in relation to discussions that took place during your annual review held on 29 January 2016.
2. I would like to thank you, Jill Young and the rest of your team for all your work in arranging a very useful and positive programme. It was enormously useful for me to hear from clinicians of the research being undertaken within their presentations in the Innovation Centre and to see and experience directly the way orthopaedic and cardiac services are delivered. It was also extremely valuable to have the opportunity to speak with a broad range of NHS staff and patients. The constructive nature of our discussions at the various meetings was not only extremely worthwhile but also stimulating from my own viewpoint.

Meeting with the Partnership Forum

3. There were some concerns expressed around consultation with staff about the impact of having actively assisted NHSScotland to deliver services to support other Boards with waiting list pressures, there have been additional requests from Scottish Government to deliver more and often within shorter timescales which presents a real challenge. I recognise in recent years the challenges particularly within the expansion of orthopaedic and ophthalmology services that these tight timescales presented and I commended and thanked the staff for their "can do ethos" particularly at short notice. I also stated that I was aware of the physical constraints of the hospital capacity and that future expansion would be part of the Scottish Government's strategic plan to increase elective capacity through the building of six new elective centres which includes the Golden Jubilee National Hospital. I am sure the Board's senior management team will keep all staff fully involved as this major project goes forward.

4. We discussed the UK Government's plans to introduce a "national living wage" in comparison to the living wage pledge from the Scottish Government and you indicated that if pay rises remain similar to those of recent years, the bottom pay points between band 1 and band 2 will fall short of the Scottish Living Wage. It was asked therefore what plans there are to review the low spine points on the Agenda for Change. I emphasised the "national living wage" announced by the UK Government is basically an enhancement of the national minimum wage, whereas the living wage differs in that it is calculated according to the basic cost of living. I also stated that a review of Band 1 pay is being taken forward by a Working Group which has already agreed a remit which will see all Band 1 staff in NHSScotland offered the chance to move to an extended Band 2 role. It was acknowledged that some staff may wish to stay in their current role and they will be allowed to do so. I reported that this Working Group is currently drafting detailed guidance with a view to agreeing this at a meeting scheduled for 8 March which will subsequently be issued to the service shortly afterwards.

5. We discussed how the Jubilee is perceived within the resident community and you explained how the expansion could present employment opportunities locally as Clydebank is a deprived area. You indicated that you already have close links with West Dunbartonshire Council and the local college and were engaging with them in training people locally across the whole Foundation. I was grateful to hear about a rational approach to such issues and bearing in mind other new challenges in times ahead.

6. I conveyed my thanks to the Forum for a constructive discussion and was pleased to be able to offer some reassurance around any further challenges that the expansion of services may present. I congratulated the Board on exceeding the national KSF performance and also hailed the progress on the implementation of iMatter. I realise the pressures on all staff in maintaining standards and to keep doing the good things that you are doing now. I should be grateful if you would pass on my thanks to all those who contributed at this meeting.

Clinical Innovations and Research Presentation

7. Your clinical colleagues gave presentations on some of the research and innovation the hospital has been undertaking over the last year. This included your quality framework and dashboard, innovative medical devices (Alpha) tests as well other work being undertaken by the hospital. It was clear that the hospital was taking forward a high level of research projects across the specialties covered by the hospital and how these would improve patient care. You also updated us on some of the innovation being undertaken and the progress that was being made.

8. In discussion we asked what further development could be looked at in relation to the heart and lung centre and support for the National Heart and Lung service as the hospital facility was expanded. It was indicated that lung transplantation could possibly improve the number of organs available which could have a positive impact on heart transplant numbers. It was agreed that the Foundation should look to scope out the possibility of lung transplantation being undertaken at the hospital. In taking this forward it was important that this was done in conjunction with key stakeholders.

Meeting with Patients

9. I very much welcomed the opportunity to learn directly from patients about their experiences of care and treatment whilst at the Golden Jubilee National Hospital, and I was

enormously grateful to those who gave up their time to be present at the Annual Review and for conveying their views.

10. All the patients were very positive in describing their own particular experiences in the quality of care they received and offered feedback praising the hospital and its entire staff. One patient spoke of their experience during a triple heart by-pass operation, indicating the perception of the Golden Jubilee is that everyone is happy to be there whether they are a member of staff or a patient. He recounted his experience of a nurse sitting with him through the night when he was experiencing extreme trepidation and felt the quality of care was so good because staff have the time and a focus on excellence, referring to the approach taken by his surgeon and the doctor who had the flexibility to tailor his care to his own particular needs.

11. Another patient stayed as an inpatient for three months following a heart transplant and continues to be under the care of the Scottish National Advanced Heart Failure Service (SNAHFS) team. He remarked on the quality of the teamwork at all levels, noting that everyone he came into contact with was kind and willing to go the extra mile. Since being discharged he indicated there is always someone he can contact at the hospital if he needs advice on his condition and is now in the process of becoming a volunteer.

12. Another patient spoke about his experience of moving from the paediatric congenital cardiac service to the adult service at the Jubilee, describing tangible differences between the two and his anxiety about the move. Having had one appointment so far which went well as his mother was able to be involved in supporting him in his care, contrasting her experience of the Jubilee with that of the local adult hospital where she had felt excluded from her son's care. Feeling involved and learning more about her son's condition than she did while he was under the care of the paediatric services.

13. A former thoracic patient described how after undergoing lung surgery they had wanted to 'give something back'. Describing reservations experienced prior to their own procedure, they now work as a volunteer aiming to dispel similar feelings in others. Another patient said that they had found this support prior to surgery valuable and described how it changed their perception of lung cancer from a life changing illness to something they could recover from.

14. I attach major importance to the views of patients and offered my own personal thanks to those I met on the day, but I should be grateful if you would convey to them my appreciation for their participation and willingness to speak so candidly and constructively about their experiences.

Annual Review Public Session

15. I gave a short update of the very interesting meeting I had in the morning including the tour of the hospital. You gave a useful summary through a video which went over the Board's main achievements and accomplishments over the past year as well as some of the major challenges in the 12 months ahead. Many of these matters were discussed later in the meeting and are recorded elsewhere in this letter. I remarked that the Board had fulfilled and made progress around the actions identified during the last Annual Review. I emphasised that the Board had yet another excellent year which has continued to allow patients from throughout Scotland to get quick access to high class treatment.

16. You provided a summary about delivering quality by indicating the number of complaints received in 2014/15 as being around 0.8% and indicating that learning from these continues to be a key focus for the Board. You also reported on the Staff Survey which

showed that 93% of staff are happy to go that 'extra mile' but did concede the Board's sickness absence has been a challenge, confirming the rate as being 4.5% - slightly above the standard. You also indicated that the hospital continues upholding a good performance in reducing HAI by achieving rates lower than the national targets.

17. In relation to research and innovation you stated that your Quality Framework provides up to date, key indicators in safety, performance and patient experience enabling staff and patients to see "at a glance" how they are performing in delivering quality care via a digital application. This innovation can be tailored for use in all healthcare settings and is also transferable in providing quality assurance to other public service bodies. You also advised that during 2014/15 a total of £1.5m was invested through 'Quality Bids' to improve your services allowing the establishment of a theatre academy and increased diagnostic testing capacity within Cardiology.

18. The Board showed that they have continued to lead the way in safe, effective and person centred care for the NHS in Scotland. The hospital had delivered 32,012 procedures in 2014/15. This exceeded the target by 18%. This is without doubt an outstanding performance which has enabled patients from across Scotland to get swift access to treatment.

19. I was satisfied to note that the Board met its core financial targets during 2014/15 and had exceeded their efficiency target by managing within the agreed capital plan, delivering more efficiency savings than targeted and achieving an under spend against the annual budget limit. This is a first-rate performance showing once more that it is all the staff who work in the Board that contribute to this success story which helps meet and exceed targets

Public Involvement

20. 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 Facebook asked about a new valve that was being used for people with emphysema and why it was not more widely available. The Medical Director explained the Jubilee was undertaking a clinical study on these valves and remain committed to leading more research around this in order to make such patients' quality of life much better. Next a question around providing such specialised services and how it is planned to develop this in the future. You indicated that the Golden Jubilee is earmarked as one of the hospitals which will be expanded as part of the 6 new elective centres to be built as announced by the First Minister last October. There followed a question about the Scottish Ambulance Service and the patient transport service and when will the Scottish Ambulance Service spend money on providing more ambulances and more staff. The Minister indicated that we would look into this and officials would write back to offer a response.

21. It was then asked if there are any plans for capping numbers for the TAVI service referring to cardiac stenosis and a CMO letter around the patient's pathway and by the time the patient has travelled they may be unsuitable for treatment. Whilst acknowledging the value of this work it was explained that at present TAVI procedures were only being undertaken by NHS Lothian. Paul Gray indicated that if there is a need for two centres this will be addressed to speed up the patient pathway.

Annual Review Private Session

22. I very much valued the opportunity to hear directly from members of the Board. In general I was delighted by the overall culture and of the commitment and progress that continues to be achieved by the National Waiting Times Centre. With that in mind I was gratified to see that very high standards of efficiency are a constant throughout the whole organisation.

23. I congratulated the Board on an excellent year in delivering the action points from the 2014 Annual Review and was delighted to note that you had exceeded your activity by delivering over 32,000 procedures. You indicated that despite continuous developments in recent years and ongoing demands from Boards in MRI, orthopaedics and ophthalmology you consider there is still more you can do. You also indicated that around 35,000 elective procedures would be undertaken in 2016/17 to help Boards deliver waiting time standards and the legal treatment time guarantee. In this respect I was pleased to hear that the Board will ensure it will continue to provide the best clinical care and share best practice as you expand as part of the new elective centre to support NHS Scotland to deliver its key priorities in the future.

24. I understand during last year's Annual Review that your review of your governance was a key success. You indicated that a performance and planning meeting takes place before the main Board meeting and governance is stronger than it has ever been. You also referred to quality walkrounds as being conducted regularly to meet patients, visitors and staff in order to assess the quality of care being delivered and the feedback system was refreshed which offered an opportunity to bring this into line with the Board's values.

25. I was pleased to commend the Board in exceeding your planned efficiency savings for achieving all 3 financial targets for 2014/15. I welcomed this and asked if there was anything you were doing that could be shared with other boards. You indicated the Board has achieved a range of savings through service improvement across both inpatient and outpatient services, including increasing productivity and a more efficient use of the workforce. In addition you continue to attain savings through procurement schemes, e-health projects and energy efficiency. I noted this but in view of managing capital well you also have to balance this with the Beardmore Hotel business. You outlined that you have recently approved a trial refurbishment of one part of the hotel. However the new Queen Elizabeth Hospital is taking some conference business by offering these facilities free whilst third party agents are adding a 12 - 17% commission charge for any public body wishing to use the Golden Jubilee Hotel. Paul Gray proposed this should be further reviewed by his team and to raise with the Deputy First Minister in order to emphasise retaining funds within NHS Scotland and all Scottish Government.

26. I recognise - and it is apparent that the Board have been successful in recruitment when others have struggled to fill vacancies and asked about the recruitment and retention of staff. You have the right staff in the right place and reported that the Board focused on the first stage implementation of *Everyone Matters: 2020 Workforce Vision* and had a very positive Employee Engagement Index score of 77% for *iMatters*. The Board also reported no whistleblowing cases during the year; sickness absence at 4.5% was above the standard. You also stated that the Board has employed a larger number of medical and nursing than originally planned, due to the expansion of orthopaedics and ophthalmology services. You also deserve fulsome praise for being the first NHS organisation commitment to support Stonewall Scotland's 'No Bystanders campaign.

27. We discussed the future expansion and other areas where work could be taken forward. You agreed to work closely with the Scottish Government on the new elective centres and the need to ensure the Golden Jubilee model of best practice is ingrained in all

the centres. We also discussed heart and lung services and agreed following discussion earlier as part of the Clinical Innovations and Research presentation that the Board should look to scope options regarding lung transplantation.

Conclusions

28. I would like to congratulate you and your colleagues on a very successful year and for delivering an outstanding performance. Your Board continues to deliver and exceed your activity target and are quite properly regarded as a major centre of excellence within Scotland and beyond. As we are aware, various challenges still lie ahead in the forthcoming year but I am certain that you will continue to deliver a range of high quality services to patients throughout Scotland. I also reiterated my own personal thanks to you for your inspiring stewardship of the Board over the past 5 years.

Best Wishes

Maureen

MAUREEN WATT

NATIONAL WAITING TIME CENTRE BOARD ANNUAL REVIEW

ACTION POINTS

- The Golden Jubilee Hospital has agreed with NHS Boards to undertake 35,000 procedures in 2016/17.
- To work with the Scottish Government on the elective strategy and produce a business case for the new facility during 2016/17.
- Continue to lead innovation on behalf of NHSScotland in order to support development of new ideas to ensure Scotland remains at the forefront of providing pioneering healthcare.
- To undertake a scoping exercise on the possibility of lung transplantation at the hospital and to work with stakeholders in taking this forward.

