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DELIVERING
A GAMES LEGACY FOR SCOTLAND

22 December 2011

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 8 November.
2. I would like to thank you, Jill Young and the rest of your team for all your hard work in organising a very constructive and positive programme. It was extremely useful for me to undertake a very informative tour of the hospital, 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 and Local Clinical Forum

3. 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, and there was clear evidence of successful partnership working. I was particularly pleased to note a wide range of staff were present
4. There were some concerns voiced about the potential erosion of terms and conditions such as the application of the PIN and Organisational Change policies as Boards work with increasing levels of financial constraint. We continue to seek a motivated workforce and talked about quality ambitions around working together and that aside from the current climate there will always be economic pressures. Despite this it was vital to ensure a better use of existing resources but staff conditions of service remain important and there is a commitment to maintaining PIN policies as part of terms and conditions of employment. I

was glad to be in a position to reiterate a firm commitment that there would be no compulsory redundancies.

5. You described some initiatives on how you had engaged with staff and referred to running Finance workshops which had proved extremely popular and effective. I was also provided with examples of how the workforce were also involved in identifying efficiencies citing for example, reception staff making suggestions on the use of taxis and phone calls.

6. I noted your concerns surrounding pensions and we had a very positive discussion about proposed changes. I stated that pensions are a reserved matter and responsibility lies with the UK Government. They have made clear that if the Scottish Government does not implement the proposed change then our budget will be reduced accordingly if this is not put into practice. We have made it very clear that it is not part of our agenda, however given the financial penalties for not implementing these changes we have no option but to comply. The Scottish Government is continuing to have dialogue with the UK Government on this issue.

7. We then discussed the development of Clinical Dashboards and that a lot of good quality work had gone into their development. It was clear that information is a driver of performance amongst clinical teams and helps to ensure the right services and best possible care is provided to patients. You explained how the Clinical Dashboard was developed to provide clinicians with the relevant and timely information they need to inform daily decisions that improve quality of patient care. I was impressed to hear how the Dashboard gives clinicians easy access to a wealth of locally captured NHS data in a visual and usable format, when needed and is being firmly embedded into practice. I also very much appreciated the opportunity to meet with the members of local clinical forum it was apparent from our discussions that the forum is participating fully in making advances in medicine along with the redesign of services to offer high quality care for patients.

8. It was recognised that although there are going to be tough times ahead, we concluded the meeting on a positive note by discussing the benefits of partnership working and emphasising that together there is a 'can do attitude' in tackling most issues. Good progress continues to be made. I also thanked the Forums for the useful discussion and that I was glad to provide some assurances of where our priorities lie.

Tour of the Hospital

9. I found my tour of the hospital to be extremely enlightening. I saw at first hand state of the art equipment all of which was particularly impressive. During my visit to the orthopaedic outpatient department it was clear from the enthusiasm and commitment of staff that they are very much aware that they are working in a cutting edge facility. The benefits to patients were also abundantly clear. My visit to the cardiac catheterisation laboratories and the other cardiac services was also very illuminating.

10. I was extremely impressed with the Intensive Care facilities. I heard at first hand from the very highly skilled critical care team in the unit how they would all be fully involved at all stages in providing a safe, effective and quality service to all patients. The innovative technology available is making a remarkable difference and I heard the potential for it to do much more for patients and was secure in the knowledge that your senior team would be fully involved in all stages of any new developments. Finally, it was particularly useful to see at first hand the facilities that are provided within the NSD Pod, a true centre of excellence which also provides safe, effective and quality care.

11. I was especially pleased to be able to meet with patients and staff during the visits and should be grateful if you would pass on my own personal thanks and appreciation to each of them.

Meeting with Patients

12. I very much welcomed the opportunity to hear at first hand from patients about their experiences of being treated at the Golden Jubilee National Hospital, and I am grateful to those who gave up their time to attend the Annual Review and to speak to me.

13. All the patients were fairly positive in recounting their own very particular experiences on the quality of care they received at the hospital. In particular one representative provided an account of her husband's experience - and how initially there were some difficulties in staff being sensitive to the husband's need due to his dementia, but the hospital had identified where changes in practice should be made to ensure the patient experience remained a key priority. Another patient highlighted the excellence and kindness right through her treatment up to undergoing a heart transplant in which every issue she raised was dealt with and responded to clearly. Another patient offered an interesting insight into her own excellent experience of hospital care in relation to the hip-replacement operation, from the initial trepidation before the procedure right through to being up and about the next day.

14. One patient raised the issue of the lack of aftercare at the local Health Board following her operation at the Jubilee. Whilst her experience at the Jubilee was excellent, her local hospital was not taking responsibility for her aftercare. I agreed that officials would investigate this further with the local Board on her behalf and provide her with a formal reply in due course.

15. I 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 speak so openly and in which they raised several good points including highlighting some where further work is required, special mention also to another patient for bringing some levity to the proceedings.

Annual Review Meeting

16. 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 2010/11 by nearly 8%.

Access and Activity

(a) Regional and National Heart and Lung Centre

17. The West of Scotland Heart and Lung Centre is now fully established as one of the largest specialist units in the UK and I congratulated the Board on its continuing excellent standard in treating all cardiac patients within waiting time standards. The centre was also continuing to deliver on waiting times for both lung cancer and thoracic patients – being treated within 31 days. You were also undertaking work to ensure the 18 weeks referral to treatment guarantee would be delivered. You also indicated that this was due to having good

robust mechanisms in place including the development of electronic referrals which are around 87%.

(b) Other Activity

18. The hospital had delivered 23,003 procedures in 2010/11. This exceeded the activity/target by nearly 8%. This was an excellent performance and I thanked all the staff who had contributed to this achievement, which had benefited many patients across Scotland.

19. The hospital has agreed to undertake 21,401 procedures for NHSScotland in 2011/12. This is a major challenge but you were confident you could deliver as there are systematic plans in place and continuous dialogue with other Boards throughout the year to sustain activity targets. You highlighted that a number of Board were asking for additional activity between now and the end of March 2012. You indicated that the Board would make every effort to try and provide this additional activity in orthopaedics, general surgery and cataracts.

20. You were currently looking at plans to further expand the orthopaedic activity and this would be discussed further with the HD Director of Workforce and Performance.

You highlighted the ongoing potential of your Board to provide additional capacity in a number of specialties and in particular if there was longer term assurance of sustainable referral flows or direct referrals. The financial framework and patient referral process successfully established for your Diagnostic and Interventional centre was a good example of how this would work. We agreed this should be discussed further and actively explored with Government colleagues.

Improving the Quality of Care and Treatment for Patients

21. My meeting with the Local Clinical Partnership Forum indicated that developing a clinical dashboard has been very useful in supporting service improvement. I was keen to know more about the implementation of such a system and Mr Flowerdew, your Medical Director outlined that a clinical dashboard provides 'real-time' information which assists greatly within the Hospital enabling monitoring and improving quality and safety.

22. On Healthcare Associated Infections such as SABS and CDI, I commended the Board and staff on their continuing excellent performance in this area. I was interested to hear that you have the right mechanisms in place for the early detection of any new organisms. Although you pointed out that as a national hospital who receives referrals from, all across Scotland, local trends are not readily available. You did clarify that the Board continues to perform to European infection control standards and are very prepared for this by working on a daily basis to maintain your good track record this area.

Patient Focus and Public Involvement

23. You confirmed that you are making good and positive progress in relation to the patient focus agenda and throughout the year have recognised the need to review not only how you engage but also involve patients as well as the general public in the delivery of their care and of the services you offer. The Board has demonstrated good instances of engagement in supporting and including volunteers in consulting and practical roles.

24. In the light of the Patient Rights Act coming into force next year the Scottish Government made a commitment to provide additional funding for the provision of advocacy

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services and I asked how the Board's plans are progressing. You indicated you have an Advocacy plan in place and that good progress is being made and following a needs assessment review and a period of induction guidance volunteers are set to be in place as trained advocates. The Board however recognised the importance of constantly reviewing such services and would continue to do so.

Finance and Efficiency

25. I commended the Board on achieving all three financial targets for 2010/11, as well as welcoming the fact that a financial balance had also been achieved with the agreed forecast position remaining within the LDP financial plan. You also confirmed that the Board exceeded this year's efficiency target.

26. In the light of the current economic situation the main challenge was to continue to sustain this and imperative that the Board continue to look for efficiencies. The Board recognised the importance of constantly evaluating effectiveness in this area and has put appropriate mechanisms in place to ensure high quality patient care will be maintained and delivered.

Energy Consumption

27. I noted that the Board were very firmly committed to reducing energy consumption despite the fact that carbon emissions continues to present a challenge. You outlined that amongst plans the Board had to reduce carbon emissions you had signed up to the 'Carbon Trust' Management programme and have an Executive led 'Energy Group' which includes energy walk-rounds by Directors who are driving home a change in culture and attitude by raising awareness in energy usage issues.

Staff Governance

28. You also indicated that staff governance remains of a high focus to the Board and that you continuously reviewed and developed effective staff policies and procedures throughout the year. I asked how the Board takes account of staff feedback. You stated that this was undertaken by good communication and also through a strong and active culture of staff involvement.

29. I praised the Board on achieving and exceeding by 7% the HEAT target for Knowledge and Skills Framework (KSF).

30. I congratulated you on delivering an admirable performance in sickness absence which was 3.97% and below the national target of 4%. The overall ethos of working for the Board was reflected in achieving the Gold Healthy Working Lives award as well as with being presented with the Mental Health and Wellbeing commendation award

Workforce Planning

31. Discussions were ongoing particularly in relation to any issues that still need to be resolved around heart and lung services. You reported that the position with regard to Senior Cardiologists contracts remains a challenge and would look to resolve this with the assistance of the Health Department. I indicated that the Scottish Government would be happy to ensure that this issue was resolved as a matter of urgency and certainly before the end of the calendar year. We agreed this issue should be progressed further with officials after the Annual Review meeting.

Clinical Strategy 2010-15

32. The last few years has seen some substantial work at local, regional and national level in taking forward developments the Board's strategy for Scottish National Advanced Heart Failure Services (SNAHFS). I asked on what progress had been made in implementing this Strategy. You reported that there had been significant work undertaken to increase awareness of the current service - by visiting clinical teams throughout Scotland and establishing a Scottish Heart failure network - as well as some considerable work in relation to referral guidelines. You also advised that these clear referral guidelines have been distributed throughout Scotland. You outlined that you have clarified the patient pathway and that as a result of a great deal of collaborative work with others you have already increased referrals to the SNAHFS. I enquired whether there are more advanced heart failure patients being referred to the service from Boards outwith the traditional West of Scotland area. Mr Flowerdew advised that there has been a significant increase from Lothian and Grampian, however you emphasised the importance of this for patients who require a transplant are kept well enough to get the operation. It was also highlighted that it was also imperative that we continue to increase the level of organ donations.

Beardmore Centre for Health Science

33. You reported that following the official opening of the 'Beardmore Centre for Health Sciences' in September that it was important for the need to continue to attract the best and explained how through audio-visual links it can connect with the hospital and the conference centre. You also provided a flavour of how the Centre for Health Sciences' was developing and provided some background on the surgical skills area with its 'wet lab', the diagnostic imaging suite and the simulated work environment including 'medi-man'. It was clear these facilities are going to present some more exciting opportunities and I wished you well in relation to all of these.

Beardmore Hotel and Conference Centre

34. I was very pleased to offer my congratulations to the Board and all hotel staff at being awarded Scotland's Conference Centre of the year for 2011. We discussed what the challenges are facing the Beardmore over the next few years. You advised that you are constantly reviewing the existing market as well as continuing to target other health related business to ensure that the Hotel and Conference Centre compete with others in the hospitality and leisure business particularly during challenging times for the industry. I was very satisfied to note that during 2010-11, NHS and public sector business continued to grow and accounted for 53% of business which was particularly encouraging. You also indicated that the hotel continued to play an important role in supporting the hospital with approximately 8,000 bed nights for patients/relatives/doctors being used.

Public Involvement

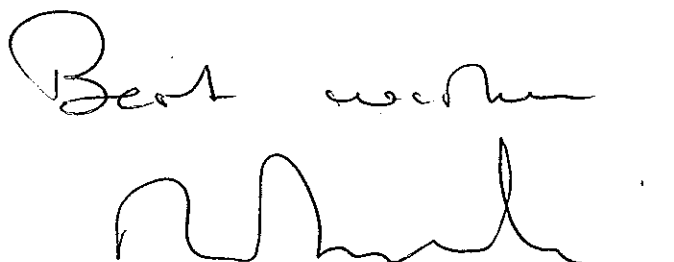
35. A member of the audience referred to page 12 of the Board's Annual Review document and asked on your preparedness in relation to SABs. You explained in some detail that there is a huge amount of effort and input into this issue, citing such things as single rooms and hand hygiene but that ownership of infection control is everybody's business within the hospital starting with patients and relatives alike. Mr Flowerdew indicated that a lot of positive work had been undertaken with the Scottish Patient Safety Programme on this issue

and emphasised how vital it was to avoid such infections, particularly in relation to heart patients.

Conclusions

36. I congratulated you and your colleagues on a very successful year and believe you should be very proud of what you have achieved. I reiterated my thanks for arranging an interesting tour, during which time I saw at first hand the state-of-the-art clinical facilities which proved invaluable and was extremely grateful to your Board for all the arrangements made. The Board is a leader and exemplar in many ways. 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. The hospital has performed extremely well and although other challenges lie ahead in the forthcoming year, I am sure you will continue to deliver a high level of care to patients throughout Scotland.

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


MICHAEL MATHESON

**ANNEX
NATIONAL WAITING TIMES CENTRE BOARD ANNUAL REVIEW 2011
ACTION POINTS**

- The Golden Jubilee Hospital has agreed with NHS Boards to undertake 21,401 procedures in 2011-12.
- The Scottish Government Health Directorate will work with the Board to ensure full utilisation of potential capacity by exploring the use of a similar financial framework to the Diagnostic and Interventional Centre.
- The Scottish Government Health Directorate will work with the Board to resolve the issue of its senior cardiologists contract before the end of 2011.
- The Board will continue as part of its clinical strategy to look at ways of improving the patient experience through see and treat and direct referrals to the services provided at the hospital.