ANNUAL REVIEW 2005 - PROGRESS REPORT 2006/07

Recommendation:

The Board is asked to:

• Note this update.

A. BACKGROUND AND PURPOSE

1.1 This report provides an update on the actions agreed with the Scottish Executive as an outcome of our Annual Review in August 2005.

B. PARTNERSHIP WORKING

2.1 A development event for the Area Partnership Forum (APF) held on 23rd January 2006 agreed a new membership and remit. The remit will in future focus on involvement with the development of the Board’s strategy and associated delivery plans as well as oversee the development and implementation of system wide HR policies and matters. The membership will be based on the national model proposed by the Scottish Workforce and Governance Group. APF meetings will be chaired jointly by the Employee Director with the Chief Executive or HR Director.

2.2 The first meeting under the new arrangements will take place on 9th March to consider the Kerr Report, health inequalities and the revised constitution. The APF will be supported by a formal secretariat of two senior managers and two senior trades union representatives.

2.3 Within GGNHS the Acute Division, all CH(C)Ps and the Mental Health Partnership are in turn being asked to revise their arrangements in light of the reconstituted APF and new organisational structures.

C. MODERNISING HOSPITAL SERVICES

3.1 The land procurement for the new Victoria ACAD is concluded and work on new roads there will commence in February.
3.2 Planning decisions on both ACADs is expected in February. This will allow the final business case to be presented to the Board’s Performance Review Group on 21st March prior to submission to the Executive for the key review stage. This should enable financial close to be achieved by mid June. Construction for both ACADs is estimated to be 27 months with a further 3 month commissioning period.

D. SMOKING CESSATION

4.1 Both initiatives referred to at the Annual Review are progressing satisfactorily.

4.2 Starting Fresh, the community pharmacy scheme, continues to operate in over 100 pharmacies across the city. The present success rate is just 6% but this compares with 1-2% for people trying to stop smoking on their own. While smoking cessation classes have a better success rate at 12% they are used by many less people. Taken together 738 people out of a total of 12,000 successfully gave up smoking after 12 months.

4.3 The Smoke Free Homes pilot commenced in Easterhouse in November 2005 in conjunction with local nurseries. It has begun initially in a small number of homes and will be evaluated before being rolled out further.

4.4 One further initiative since August has been the appointment by NHS Greater Glasgow to each CH(C)P in Greater Glasgow of a full time smoking cessation co-ordinator.

E. WAITING TIMES

5.1 GGNHS successfully achieved its national targets by December 2005 with the exception of one breach, the circumstances of which have been fully explained to the Department and Minister.

5.2 In terms of the 2007 targets GGNHS has confirmed with the NTWU that it will be able to bring forward achievement of the 18-week maximum target for inpatients minus ASCs from December 2007 to December 2006. The other targets relating to outpatients, heart conditions, cataracts, hip surgery, A&E and diagnostics as well as the cessation of the use ASCs will all be achieved by December 2007.

F. WINTER PLANNING

6.1 Winter plans have been successfully delivered over November, December and January including the festive period in close co-operation with NHS 24.

6.2 Weekly exception reporting confirms no delays in elective procedures due to lack of capacity and no significant increase in demand as a result of severe weather.
G. **INFECTION CONTROL**

7.1 At the Annual Review the Minister expressed concern at the high MRSA rates in North Division which at that time were the second highest in the country. The most recent results show an encouraging improvement with North now only fourth highest. While rates are within control limits some caution is advisable as numbers are small and can fluctuate from quarter to quarter. The performance also needs to be considered in the context that North Division is the principal centre of high-risk specialities, eg, adult renal services and tertiary referrals, in Greater Glasgow. Within North for example renal patients occupy 3% of the beds but account for 30% of the bacteraemia.

H. **NHS EMPLOYMENT CONTRACTS**

8.1 National consistency checking has been achieved for the Ancillary and Nursing and Midwifery job families to enabling payroll to be advised. 1700 hotel services staff are to be paid in February.

8.2 Allied Health Professions sub-job families, eg, physiotherapy, are being submitted for national consistency checking in February.

8.3 Staff will continue to be paid on a phased basis from March.

8.4 Some small staff groups, eg, Health Visitors, Community Psychiatric Nurses, are in dispute over job descriptions but discussions are underway with them to address this.

I. **EFFICIENCY**

9.1 Revised Efficient Government (EG) targets for 2006-07 were submitted to the Executive on 16 November. These were accepted and it was agreed that the EG target for 2007-08 be reviewed in the coming financial year in light of the assumption of responsibility by NHS Greater Glasgow from 1st April 2006 for part of NHS Argyll and Clyde.

**Publication:** The content of this Paper may be published following the meeting

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