ANNUAL ACCOUNTABILITY REVIEW: ACTION PLAN

Recommendation:

The Board is asked to: note the action plan and letter from the Cabinet Secretary for Health & Wellbeing attached.

A. BACKGROUND AND PURPOSE

The action plan attached details the key issues discussed and actions agreed.

The Board officer responsible is identified and progress reports will be provided to the Board on a six monthly basis.

This will provide assurance not only for Board colleagues, but also in preparing for our mid year review with the Scottish Government Health Department, and next year's Annual Review.
## Action Points

<table>
<thead>
<tr>
<th>Action</th>
<th>Lead</th>
<th>Timescale</th>
<th>Progress</th>
</tr>
</thead>
<tbody>
<tr>
<td>The Board should keep the Health Directorates informed of emerging evidence of improvements in reducing health inequalities.</td>
<td>Director of Public Health</td>
<td>Ongoing</td>
<td></td>
</tr>
<tr>
<td>Keep the Health Directorates informed of progress in developing your primary care strategy.</td>
<td>Director of Corporate Planning</td>
<td>Ongoing</td>
<td></td>
</tr>
<tr>
<td>Continue to work with your planning partners to take forward appropriate action to tackle alcohol misuse and to build on smoking cessation activities.</td>
<td>Director of Corporate Planning/Director of Public Health</td>
<td>Ongoing</td>
<td></td>
</tr>
<tr>
<td>Continue to meet financial targets in 2007-08.</td>
<td>Director of Finance</td>
<td>Ongoing</td>
<td></td>
</tr>
<tr>
<td>Maintain close contact with the Health Finance and Delivery Directorates as the Board develops its OBC for the South Glasgow Hospital and the new Children’s Hospital for submission early next year and as it takes forward its wider planning process to modernise Glasgow’s hospitals.</td>
<td>Director of Acute Planning</td>
<td>Ongoing</td>
<td></td>
</tr>
<tr>
<td>Continue to work towards achieving financial balance in Clyde by March 2010 and keep the Health Finance Directorate informed of your progress.</td>
<td>Director of Finance</td>
<td>Ongoing</td>
<td></td>
</tr>
<tr>
<td>Completion staff projections for all staff as soon as possible in order to meet the requirements of HDL (2005) 52 and the National Workforce Plan 2006.</td>
<td>Director of Human Resources</td>
<td>tbc</td>
<td></td>
</tr>
<tr>
<td>You undertook to reassess timescales for the <em>Agenda for Change</em> review process as a matter of urgency.</td>
<td>Director of Human Resources</td>
<td>tbc</td>
<td></td>
</tr>
<tr>
<td>Keep the Health Directorates informed of your progress in implementing the Knowledge and Skills Framework.</td>
<td>Director of Human Resources</td>
<td>Ongoing</td>
<td></td>
</tr>
<tr>
<td><strong>Action</strong></td>
<td><strong>Lead</strong></td>
<td><strong>Timescale</strong></td>
<td><strong>Progress</strong></td>
</tr>
<tr>
<td>-----------</td>
<td>----------</td>
<td>---------------</td>
<td>--------------</td>
</tr>
<tr>
<td>Continue to work towards compliance with national targets for sickness absence.</td>
<td>Chief Operating Officer – Acute, Directors of CH(C)Ps and MHP</td>
<td>Ongoing</td>
<td></td>
</tr>
<tr>
<td>Continue progress to enable achievement of all national waiting times targets for 2007, paying specific attention to risk areas such as outpatient, A&amp;E and cardiac treatment waits.</td>
<td>Chief Operating Officer - Acute</td>
<td>By December 2007</td>
<td></td>
</tr>
<tr>
<td>Continue to improve performance towards securing 62-day target for cancer treatment by end of the year paying particular attention to risk areas such as urology, colorectal and upper GI.</td>
<td>Chief Operating Officer - Acute</td>
<td>By December 2007</td>
<td></td>
</tr>
<tr>
<td>The Board must continue to work with local communities and its planning partners to reduce Delayed Discharges, emergency and multiple re-admissions to hospital and to shift the balance of care closer to patients’ homes.</td>
<td>Chief Operating Officer – Acute, Directors of CH(C)Ps</td>
<td>Ongoing</td>
<td></td>
</tr>
<tr>
<td>Ensure robust arrangements are in place to comply NHS QIS Clinical Governance and Risk Management Standards.</td>
<td>Medical Director</td>
<td>Ongoing</td>
<td></td>
</tr>
<tr>
<td>Continue to ensure effective public engagement and information strategies are in place as the Board moves forward with its hospital modernisation programme.</td>
<td>Director of Acute Planning</td>
<td>Ongoing</td>
<td></td>
</tr>
<tr>
<td>Complete Public Partnership Forum arrangements as soon as possible.</td>
<td>Directors of CH(C)Ps</td>
<td>tbc</td>
<td></td>
</tr>
</tbody>
</table>
Deputy First Minister & Cabinet Secretary for Health and Wellbeing
Nicola Sturgeon MSP
T: 0845 774 1741
E: scottish.ministers@scotland.gsi.gov.uk

The Scottish Government

Sir John Arbuthnott
Chairman
NHS Greater Glasgow and Clyde
350 St Vincent Street
Glasgow
G3 8YZ

Our ref: erdm f1122687

13 November 2007

Dear John

NHS GREATER GLASGOW AND CLYDE ANNUAL REVIEW
10 OCTOBER 2007

1. This letter summarises the main points discussed and actions agreed at the Annual Review and associated meetings in Glasgow on 10 October.

2. I want to restate my thanks to you and your colleagues for organising a positive and helpful programme. I would be grateful if you could also pass on my thanks to the staff who welcomed me to the Keep Well Clinic at Springburn Health Centre and to the patient representatives who gave up their time to share their experiences with me. I very much enjoyed the opportunity to meet with them and I hope they also found these meetings valuable.

Meeting with Area Clinical Forum

3. We had a positive meeting with the Area Clinical Forum and explored a broad range of topics. We agreed on the importance of having good IT systems in place to ensure efficient communication between the different points of healthcare delivery and I was impressed by the enthusiasm of the Forum to drive this forward. We reflected on our experience of Modernising Medical Careers and agreed that it was vital to build on lessons learned, both locally and nationally, to prepare for next year. I was encouraged to hear that the significant opportunities offered by the new pharmacy contract were being embraced, particularly in addressing long term conditions. We touched on the need for clear guidance around the implementation of the Glennie Standards with regard to dentistry and on workforce planning we agreed that it was important to take a coherent approach across all aspects of the Board’s workforce activities. Overall I was struck by the enthusiasm of the Forum and I was grateful to the members for taking time out of their busy schedules to share their views with me.

St Andrew’s House, Regent Road, Edinburgh EH1 3DG
www.scotland.gov.uk
4. We had a productive meeting with the Area Partnership Forum where we had a thorough discussion about a number of issues of importance to staff. I assured the Forum that I fully acknowledged concern about car-parking charges which was why I had instigated a review of existing guidance. That work was due to be complete by the end of November and I urged members to make their views known through the Scottish Partnership Forum which was represented in the review. We agreed that a fair balance between the interests of staff and patients and the need to address congestion in hospital carparks could only be achieved in partnership.

5. We had a lengthy discussion on pay modernisation and Agenda for Change. While the Board had made good progress in recent months there was concern about the increasing length of time to complete the process on assimilation and payment of arrears. It was important to focus on moving forward to complete this as soon as possible and I welcomed the Board’s commitment to undertake an urgent reassessment of the review process to ensure completion within a realistic timescale is reached. The next step would be the implementation of the Knowledge and Skills framework. This would offer real benefits to patients and staff and I was encouraged by the Forum’s approach to this.

6. The Staff Side raised concerns about a lack of partnership involvement in the earlier stages of the Board’s Review of Health Visiting. The Board acknowledged that shortcoming and explained how important the re-focusing of Health Visitors’ skills to work with vulnerable children and families was in tackling health inequalities within the area. Overall we agreed that good partnership working, both at a national and local level, was vital to the delivery of efficient and effective Health Services and I was grateful to members for sharing their views with me.

Meeting with Patients

7. As you know, I place great importance on the views of patients. The meeting gave me a valuable opportunity to hear patients’ perspective of areas of concern and suggestions for improvement in Glasgow and Clyde.

8. We discussed a range of topics from hospital cleanliness to support for carers to addressing inequalities. I was particularly interested to hear about efforts to set up a Late Effects Clinic to support patients in dealing with both the health and social implications of illness and treatment and we suggested that patients feed into the wider work the Board was taking forward on its Long Term Conditions Framework. On public engagement there was a strong recognition that the Board was working hard to improve this but that more needed to be done to encourage a broader mix of people to become involved and to assist them in navigating through the system and to make a valuable contribution. Again I would be grateful if you could pass my sincere thanks to all those who met with me.

Visit to the Keep Well Clinic at Springburn Health Centre

9. This was a thoroughly enjoyable and informative visit. As I said on the day, this was a shining example of the ‘prevention being better than cure’ principle in practice. The initiative aims to reach communities with the greatest health needs to tackle the underlying causes of ill health and I felt strongly that there was much that could be learned from this. The dedication and enthusiasm of staff was clear and I was very grateful to them for showing me around this impressive service.
10. After I reported back on the above meetings, you presented a summary of the Board’s achievements during 2006-07, and described key challenges facing NHS Greater Glasgow and Clyde as it moves forward. In particular, you highlighted the need to continue to tackle inequalities across Glasgow and Clyde and the work being taken forward in partnership to address this. You made the specific point that tackling the extremes of inequalities in Greater Glasgow and Clyde systematically would require the kind of priority, focus and resource support which was required in the successful delivery of the access and waiting times standards.

11. We had a brief discussion about the benefits that were resulting from the changes the Board had made to its organisational structure and the continuing work to integrate services within the Clyde area. I noted that work to address action points from the 2006 Annual Review letter had either been completed or was underway.

Health

12. Further to your opening presentation, I was interested to hear more about the broader strategies the Board had in place to engage with hard to reach communities and to tackle inequalities. You assured me that there was a continual effort across the Board to evaluate and build on work already in place. Key to this was targeting resources at vulnerable groups and training staff to support patients with difficult life circumstances. You were looking at rebalancing resource allocation to CH(C)Ps to support this work and this was factored into your budget setting for the next financial year. You were also reviewing the policy direction for primary care to ensure you had sufficient capacity to develop your primary care strategy and we asked you to keep us informed as you take this forward. We discussed the importance of incorporating the work of the Glasgow Centre for Population Health and you assured me that working closely with the Centre and your other planning partners was vital to exploring the most efficient and effective methods of tackling health inequalities.

13. Your opening presentation had been a stark reminder of the massive public health challenge faced in tackling alcohol misuse and I welcomed the wide range of multi-agency actions that were already in place to address this. You were about to publish a joint alcohol policy with Glasgow City Council and Strathclyde Police and key priorities were to reduce harmful alcohol consumption; its associated effects on children; and alcohol related crime. You were taking forward action to assess the training needs of staff to support them to address alcohol consumption with patients at an early stage in both the acute and primary/community sector. Ultimately, we agreed that good communication with the wider public was key to promoting responsible drinking both locally and nationally.

14. You had an extremely focussed smoking cessation strategy and you assured me that you would continue to develop this to ensure compliance with national targets. I also noted that by next year you would have the necessary systems in place to accurately monitor progress across Glasgow and Clyde as a whole. I commended the Board on its Sexual Health Strategy and the work it had taken forward to merge services across Glasgow and Clyde. The Sandyford Hub model was progressing well and you hoped to complete the satellite programme by 2009. Overall, we did not underestimate the challenge the Board faced in taking forward the health improvement agenda. I was encouraged by the impressive range of work being pursued to support this and I asked you to keep in close contact with the Directorate as this progressed.

St Andrew’s House, Regent Road, Edinburgh EH1 3DG
www.scotland.gov.uk
15. I commended the Board for achieving its financial targets in 2006/07. The Board was currently working on its Outline Business Case (OBC) for the development of the South Glasgow Hospital and for the new Children’s hospital. This would be the largest hospital project ever undertaken in Scotland and you fully acknowledged the significant responsibility of bringing forward a business case that was deliverable. You aimed to achieve this by early next year and you assured me that you would continue to work closely with the Health Directorates as you progressed this.

16. An action point from last year had been that you would continue to work towards achieving financial balance in Clyde in line with agreed timescales. You assured us that you were committed to continue working closely with the Health Directorates on this and that you were making good progress. This year you had made a total saving of £11million against the inherited deficit and are projecting to achieve further savings of £5million in 2008/09. In looking ahead you planned to return Clyde to financial balance by March 2010.

17. More generally we were interested to know how you were planning ahead to sustain the good performance you had already achieved on efficiency. You explained that the work you were taking forward to modernise hospital facilities was giving you the opportunity to examine the delivery of acute services to ensure maximum efficiency and effectiveness. It was therefore essential that the Board ensured it had the right workforce profile to match future need and the Board had already embarked on a number of strands of work to take this forward. I noted that there was still work to be done to fully comply with national guidance on workforce planning and you assured me that you were committed to completing this as soon as possible.

18. As already mentioned, Agenda for Change had been a key item of discussion at meetings earlier in the day. The real prize at the end of this would be the implementation of the Knowledge and Skills Framework and I was keen to know how you were progressing this. You acknowledged that organisational restructuring had meant the Board had been slower to start on this than others and that you would not achieve the March 2008 deadline for Personal Development Plans. However, you assured me you would complete this by June 2008. We agreed that it would be important for you to achieve this and I said I would monitor your progress throughout the course of the year.

19. On Pay Modernisation I was pleased to hear about the benefits for patients that were emerging - extended scope practitioners had led to reduced orthopaedic waiting times; reorganisation within radiology had led to more efficient imaging services; and nurse practitioners had played a key role in the development of an enhanced minor illness service over the last year. On progress towards compliance with national targets for sickness absence you were clear about the challenges the Board faced due to the sheer size of the workforce. However, you were committed to making progress as quickly as possible and were taking forward a number of actions to secure this. Indeed, on the day of the Annual Review you had launched a programme to support managers in managing absenteeism and you aimed to have a revised attendance management policy in place by the end of November. Again, I acknowledged the challenges the Board faced but we agreed it was important that the Board achieved this target, preferably by March 2008.
20. I commended the Board and its staff for meeting the 18 week waiting time target a year ahead of schedule for inpatient and daycase procedures. You still had some way to go to meet the target for outpatients by the end of the year but you assured me you had the capacity in place to achieve this. I asked whether you had started to plan for the 2011 whole journey target of 18 weeks and you explained that the Board already had detailed profiling underway. On Availability Status Codes I was pleased to note the significant good progress the Board had made towards meeting your plan to eliminate all codes by December and you assured me that your capacity plan provided an offer of a treatment slot to all patients with a code within this timeframe.

21. We discussed the Board’s performance in working towards achieving targets for cardiac care and the 4 hour A&E target by the end of the year and you assured us that work was underway and that you were on track to meet the targets. The Board has the largest A&E capacity in Scotland and I was interested to know what challenges this presented and what plans you had in place to tackle these. While staff worked hard to treat patients as quickly as possible you explained that the current configuration of services was not conducive to maximising performance. This would ultimately be resolved through your hospital modernisation programme.

22. On waiting times for cancer treatment, you explained you had made sustained improvement over the year. You had worked closely with the Directorate’s Cancer Performance Support Team and had identified and addressed obstacles in the system. In particular you described the work you were continuing to take forward to address risk areas such as urology, colo-rectal and upper GI services in order to meet the 62 day target from December. I welcomed your approach and urged you to keep up this level of performance to ensure no slippage as we move closer towards the target date.

Treatment

23. NHS Greater Glasgow and Clyde and its planning partners had made good progress against Delayed Discharge targets. You assured me that that there was a significant commitment across the Board area to ongoing joint working and you were confident this performance would be sustained. We had a brief discussion about the wider review of Continuing Care and I was interested to know how you were following national guidance. You assured me the Board was focussed on this and described the work you were doing to re-test the model that underpinned your 2001/02 Older People’s Strategy to ensure that your planning assumptions remain sound as the Board moves forward.

24. It was important that the Board ensured it had robust arrangements in place to comply with NHS QIS Clinical Governance and Risk Management Standards and you described the work you were taking forward to address this across both the acute and primary/community care sectors. On Healthcare Acquired Infection I noted your appointment of an Infection Control Manager in line with national guidance to lead this important agenda. Over the last year you had also completed the development of single-system working across the Glasgow and Clyde area. This would ensure consistent infection control practice and enable more effective monitoring of performance. The Board had made good progress on Delivering for Mental Health and it would be important for the Board to continue to build on this.
Service Change and Redesign

25. The Independent Scrutiny Panel which I had set up to consider the Board’s proposals for service change in Clyde prior to public consultation was now progressing its work. I asked for, and received, an assurance that the Board would continue to co-operate with the Panel as this moves forward.

26. The Board was continuing to progress its modernising hospitals strategy which would see significant investment in Glasgow's hospitals. The new Beatson was up and running and I commend the Board on this outstanding development. As already discussed, the Board was progressing its business case for the development of the South Glasgow Hospital which was the pivotal step in the implementation of the strategy. You confirmed that work on the new Stobhill and Victoria hospitals was progressing well towards completion in 2009.

27. As you moved towards the transition of services to the new hospitals it would be important for you to ensure that you continue to engage effectively with the public about what this would mean for them. You assured us that you fully appreciated the importance of informing and involving patients and the public and described the significant investment you had made in your public engagement team and associated activities over the last 5 years. Specifically you assured us that you were already planning for the opening of the new hospitals and this would include clear public information about what constitutes a minor injury and how services will be delivered.

28. In moving forward with the Patient Focus Public Involvement agenda I was interested to know how you were progressing work to formally establish your Public Partnership Forums. These would enable public representation on CH(C)Ps and also the opportunity to take part in the process to shape local health services. You explained that each CH(C)P was at a different stage in taking this forward but were committed to supporting their completion as quickly as possible.

Question and Answer Session

29. I had introduced this session for the first time this year with a view to making public involvement in the Reviews more meaningful and active. There was a good response in Glasgow and as I said on the day we will reflect on how this has worked following this year's round of the Annual Reviews to consider how we can build on this agenda item in the future. I would like to thank the Scottish Health Council who collated and prioritised the questions for answer. While time constraints meant we were unable to respond to all questions on the day, we undertook to provide a written response to those we did not reach.

Conclusion

30. In conclusion I reiterated my thanks to you and NHS Greater Glasgow and Clyde for making the day such a productive one and for your contribution to an informative and stimulating discussion. It was clear that the Board was making real progress in tackling a number of significant challenges on health inequalities, waiting times, efficiency and hospital modernisation. While much had been achieved the Board was not complacent and fully acknowledged the need to continually build upon this.

31. I wanted to take the opportunity to acknowledge and praise the dedication and commitment of the thousands of frontline staff who provide essential health services to the people of Glasgow and Clyde on a daily basis. In particular, I wanted to again thank staff for
their remarkable response to the Glasgow Airport Attack along with other emergency services.

32. While this was my first Annual Review with NHS Greater Glasgow and Clyde, it was to be your last before you stood down as Chair of the Board and I reserved my final thanks for you. Over the years, you have made an outstanding contribution to the improvement of health services in Glasgow and Clyde and also to the wider NHS in Scotland. You have provided focus and leadership as the Board has embarked on Scotland’s largest ever hospital modernisation programme and this will stand the Board in good stead as it progresses towards completion. I know you will be greatly missed but I have every confidence that your team will continue to strive towards delivering the health services that the people in Glasgow and Clyde deserve and I look forward to working with them further. Thank you for all you have done and I wish you all the best for the future.

33. I have summarised the main action points arising from our discussion in the attached Annex.

Best Wishes,

NICOLA STURGEON
ANNEX

NHS GREATER GLASGOW AND CLYDE ANNUAL REVIEW 2007

ACTION POINTS

- The Board should keep the Health Directorates informed of emerging evidence of improvements in reducing health inequalities.

- Keep the Health Directorates informed of progress in developing your primary care strategy.

- Continue to work with your planning partners to take forward appropriate action to tackle alcohol misuse and to build on smoking cessation activities.

- Continue to meet financial targets in 2007-08.

- Maintain close contact with the Health Finance and Delivery Directorates as the Board develops its OBC for the South Glasgow Hospital and the new Children’s Hospital for submission early next year and as it takes forward its wider planning process to modernise Glasgow’s hospitals.

- Continue to work towards achieving financial balance in Clyde by March 2010 and keep the Health Finance Directorate informed of your progress.

- Complete staff projections for all staff as soon as possible in order to meet the requirements of HDL (2005) 52 and the National Workforce Plan 2006.

- You undertook to reassess timescales for the Agenda for Change review process as a matter of urgency.

- Keep the Health Directorates informed of your progress in implementing the Knowledge and Skills Framework.

- Continue to work towards compliance with national targets for sickness absence.

- Continue progress to enable achievement of all national waiting times targets for 2007, paying specific attention to risk areas such as outpatient, A&E and cardiac treatment waits.

- Continue to improve performance towards securing 62-day target for cancer treatment by end of the year paying particular attention to risk areas such as urology, colorectal and upper GI.

- The Board must continue to work with local communities and its planning partners to reduce Delayed Discharges, emergency and multiple re-admissions to hospital and to shift the balance of care closer to patients’ homes.

- Ensure robust arrangements are in place to comply NHS QIS Clinical Governance and Risk Management Standards.

- Continue to ensure effective public engagement and information strategies are in place as the Board moves forward with its hospital modernisation programme.

- Complete Public Partnership Forum arrangements as soon as possible.