

**Greater Glasgow NHS Board**

**Board Meeting**

Tuesday, 17<sup>th</sup> December, 2002

Board Paper No. 02/82

Chief Executive, GGNHS Board

**ACCOUNTABILITY REVIEW 2002\03:  
MID YEAR REVIEW OF PROGRESS**

**Recommendation: The Board is asked to:**

- i) receive this mid-year update of progress in taking forward the priorities agreed at the 2002 Accountability Review Meeting with the Scottish Executive Health Department;**
- ii) note that a further update will be provided to the NHS Board in the month preceding the 2003 Accountability Review Meeting.**

## **1. Background**

- 1.1 The NHS Board's Annual Accountability Review meeting with the Chief Executive of NHS Scotland and his senior colleagues was held on 20<sup>th</sup> June, 2002. The output from that meeting was set out in the letter of 10<sup>th</sup> July, 2002 from Trevor Jones, Chief Executive of NHS Scotland, to the NHS Board Chairman. That letter was included in the paper presented to the NHS Board at its August, 2002 meeting, when a full report was made of the key points covered in the review. The text of the Chief Executive's letter was included also in the NHS Board's Annual Report and Accounts for 2001\02: the Annual Report was the subject of a public meeting held in Glasgow Dental Hospital and School on 5<sup>th</sup> November, 2002.
- 1.2 The purpose of this paper is to provide the Board with a mid-year update of progress on the six key action points which were agreed at the conclusion of the Accountability Review Meeting as priorities for this year.

## **2. Managing within Available Resources**

- 2.1 The financial strategy which the NHS Board adopted in summer 2002 is designed to ensure that, by April, 2004, the NHS system across Greater Glasgow is in a position of recurrent financial balance. It is essential that financial balance is achieved by that point so that the pool of investment which is required to fund implementation of the Acute Services Strategy can begin to be built up.

**EMBARGOED UNTIL DATE OF MEETING.**

- 2.2 In the allocations agreed with the Acute Hospitals NHS Trusts for 2002\03, a level of additional non-recurrent funding was made available in recognition of the move back to recurrent financial balance. As the Director of Finance's regular monitoring reports to the NHS Board have shown, the injection of this additional resource, allied to the strenuous efforts taken across all NHS Trusts to manage within the monies available, appears to have brought a level of stability to the overall financial position. All organisations within Greater Glasgow continue to forecast a year-end position of break even.
- 2.3 There remain three particular areas of risk in the remaining months of this financial year. First, discussions are continuing nationally about the commitment within the Scottish Health Plan to address low pay within NHS Scotland. If the current pay offer which is being considered by staff organisations is accepted, there will be a part-year impact in 2002\03. Secondly, there may be a level of further funding required to ensure that the March, 2003 intermediate waiting time target is delivered. Thirdly, Greater Glasgow NHS Trusts have a number of issues outstanding for resolution with some other West of Scotland NHS Boards. Each of these issues will be kept under careful review during the remainder of the year: the final year-end forecast required by the Scottish Executive Health Department will be submitted in late January, 2003, based on the expenditure for the period up to end November, 2002.

**3. MANAGING THE CAPITAL PROGRAMME TO SUSTAIN IMPLEMENTATION OF THE ACUTE SERVICES REVIEW**

- 3.1 Work on delivering this priority is progressing on three fronts. The most urgent priority is to progress the schemes for the two Ambulatory Care Hospitals and for the second Phase of the Beatson Oncology Centre Re-development to enable the Capital Investment Group (within the Health Department) to consider the Business Cases in late January, 2003. With approval from that Group, the schemes can proceed forthwith to the point of procurement. The Minister for Health and Community Care has already given the commitment that public funding will be available for the Phase II Re-development of the Beatson Oncology Centre: the expectation is that both Ambulatory Care Hospitals will be procured by public\private sector partnership (PPP).
- 3.2 The second, related piece of work involves the development of the local Capital Plan for NHS Greater Glasgow. It is vital to satisfactory progress of the Acute Services Strategy and of those others of the Board's Strategies which are dependent on Capital Investment that the Capital Plan developed for the next three years ensures that enabling schemes and other key projects are sequenced in a way which allows the timeous implementation of the major, strategic capital projects. A draft Plan has been prepared which is the subject of further work by the Executive Teams across Greater Glasgow: a suggested Capital Programme for the next three years will be ready for consideration by the NHS Board no later than the end of January, 2003.

- 3.3 The third strand of this work, which the Chairman has asked to be completed by the end of January, 2003, is a re-examination of the original timetable submitted to the Scottish Executive Health Department of the proposed Implementation Plan for the totality of the Acute Services Strategy. The overview of financial affordability which was part of the submission made to the Chief Executive of NHS Scotland and the Minister for Health and Community Care envisaged that implementation of the Strategy would take up to twelve years in order to ensure affordability within the levels of resource likely to be available to the Acute Services programme.
- 3.4 During the next month, a further review will be undertaken both of the original Implementation Plan for Acute Services and of the major capital investments foreseen in other non-acute care programmes such that the Board can look again at any opportunities for foreshortening the Acute Services Implementation Plan.

#### **4. DELIVERING THE TARGETS FOR WAITING TIMES**

- 4.1 The major waiting times standard which NHS Boards are called on to deliver during 2003 is the commitment made within "Our National Health" to reduce the maximum in-patient and day case treatment guarantee to a period of nine months. At the Accountability Review meeting, the Board also agreed an interim target, to be achieved by end March, 2003, of effecting a 50% reduction in the total numbers waiting beyond nine months, compared with the position at April, 2002.
- 4.2 The NHS Board has received monthly reports on progress towards both the interim target and the December, 2003 commitment. In spite of the significant disruption caused by winter vomiting and other infections, the improving position across both North and South Glasgow should see both NHS Trusts able to deliver the 50% improvement by March, 2003. The regular update report to the NHS Board on waiting times is a later item on the agenda for the December Board meeting.
- 4.3 During 2003, a series of additional waiting time standards will come into effect. Several of these flow from the National Plans for Cancer and Coronary Heart Disease which set out maximum waiting times from referral to the completion of diagnosis and onset of treatment. Preparatory work is in hand within the relevant NHS Trusts so that they are well positioned to meet these future waiting time standards.

#### **5. MAINTAINING PROGRESS ON DEVELOPING THE BEATSON ONCOLOGY CENTRE**

- 5.1 The NHS Board receives quarterly updates on progress in taking forward the Action Plan first developed in December, 2001. The focus of the second Action Plan approved by the Board in June, 2002 is to deliver the key recommendations made by the Expert Advisory Group (EAG). The EAG report included – among a fuller list of recommendations which the detailed Action Plan contains – four key strategic recommendations on which progress is summarised in this paper.

## 5.2 Appointment of Medical Director

Professor Alan Rodger who currently works in Melbourne as Director of Radiation Oncology at the Alfred Hospital (he is also Professor of Radiation Oncology at Monash University) will take up post as Medical Director on 1<sup>st</sup> June, 2003: his current contract of employment requires a notice period of 6 months. However, Professor Rodger is already in regular contact with Dr. Adam Bryson, Interim Director, and plans to make two visits to Glasgow during the period of his notice.

## 5.3 Restoring the Previous Complement of Consultant Clinical Oncologists

This is the stiffest challenge which the Action Plan involves and remains the area of most significant workload pressures within the Beatson Oncology Centre. By the end of December, 2002, the head count of Consultant Clinical Oncologists will be only one higher than the position which obtained after the four Consultant resignations took effect in the Spring of this year. Recruitment efforts continue on a number of fronts within the UK and internationally: a further advertisement will be placed early in the new year for a Consultant Clinical Oncologist with a specific commitment to the Lung Cancer Specialist Team.

## 5.4 Developing the Specialist Oncologist Service Plan for the West of Scotland

The FRMC Consultancy Report which provided the basis of an outline West of Scotland plan has been developed through a series of meetings and discussions with the Cancer Planning Groups within each West of Scotland NHS Board area. This round of meetings is being concluded during the coming week such that a fuller report on the medium and longer term options for each NHS Board area can be discussed at the meeting of the Regional Cancer Advisory Group scheduled for 19<sup>th</sup> December, 2002. Thereafter, the aim is to conclude this phase of detailed discussions to allow the West of Scotland Planning Group (which largely comprises Board Chief Executives and Directors of Public Health) to adopt, at their end of January meeting a model of care which fits the medium and longer term plans for each West of Scotland Board area.

## 5.5 Developing the Business Case for the Phase II Re-development at Gartnavel General Hospital

The detailed work in developing the Phase II Business Plan is progressing, with the aim of ensuring that this project (along with the Business Cases for the two Ambulatory Care Hospitals) is considered by the Health Department's Capital Investment Group in late January, 2003 and is able to progress immediately thereafter to EC procurement.

## **6. WORKING TO REDUCE THE INCIDENCE OF HEALTH CARE ACQUIRED INFECTION**

- 6.1 In the period since discussion on this issue at the Accountability Review, there have been several developments. The report has been received from the Health and Safety Executive which sets out their required improvements within the Victoria Infirmary. The first phase of the extensive programme of upgrading works at the Victoria Infirmary is now well underway, with £2 million of expenditure earmarked for this purpose within the Greater Glasgow Capital Plan for this year.
- 6.2 During the past four months, two other important publications have issued: the Ministerial Action Plan on Health Care Acquired Infection and the Watt Group Report on the Outbreak of Salmonella Infection at the Victoria Infirmary. The key recommendations arising from these Reports have now been drawn together in a circular, HDL (2002) 82 issued on 22<sup>nd</sup> November, 2002 by the Director of Performance and Finance. A copy of that letter and of the two annexes which set out the action required of NHS Boards and Trusts and give a summary of the Watt Report's key recommendations are enclosed with this paper. A fuller report will be brought to the NHS Board early in 2003 when there has been more opportunity to consider the importance of these papers but it is evident that some of the recommendations will have significant resource implications. As one example, in discussion of the Watt Report at the recent meeting of the Area Partnership Forum, staff side interests asked for a review of the current policy and practice in relation to staff uniforms and staff changing facilities.

## **7. DEVELOPING THE STAFF GOVERNANCE AGENDA**

- 7.1 The NHS Board's Staff Governance Committee has been established and has had two meetings. In addition, the Remuneration Sub-Committee of the NHS Board has been constituted: that Committee too has had its inaugural meeting, and a short training seminar on remuneration was held at the beginning of the second meeting of the Staff Governance Committee. In addition, within the past two weeks, a self-assessment audit tool, designed to form the basis of assessing performance in delivering the staff governance standard has been published. That self-assessment tool was developed by the Scottish Partnership Forum.
- 7.2 The Area Partnership Forum, with its membership substantially comprising input from the NHS Trusts' partnership bodies, has an important role to play in supporting the development of the staff governance arrangements. The work of the Area Partnership forum is now strengthened with the support of a full time Co-ordinator, seconded by agreement with the North Glasgow Trust: the benefits of this dedicated support are already evident. Among its immediate priorities, the Area Partnership Forum is reviewing the Action Plans developed by each Local Partnership Forum to address the major issues which arose from the staff survey carried out earlier this year. The main findings from that survey were the subject of a report to the NHS Board in May, 2002.
- 7.3 In addition, the Forum Joint Chairs have been asked to take stock of progress in implementing the employment practice guidelines known as PIN (Partnership Information Network) Guidelines. The Forum has a particular responsibility to ensure consistency in the introduction and application of these Good Practice Guidelines across NHS Greater Glasgow.

- 7.4 Two further priorities in the immediate work programme are to try to develop a more inclusive process which allows a much broader range of staff to participate in the development of the update of the Local Health Plan and to complete the “mapping” exercise and review of the extant working group structures which should support the Forum’s role.

## **8. FURTHER REPORTS TO THE NHS BOARD**

- 8.1 A number of priorities agreed at the conclusion of the Accountability Review meeting already feature in reports brought periodically to the NHS Board, and that arrangement will continue. An updated composite report will be brought to the Board prior to the 2003 Accountability Review Meeting.