

Greater Glasgow NHS Board

**Board Meeting
Tuesday, 20th May, 2003**

Board Paper No. 03/35

Chief Executive, GGNHS Board

**ACCOUNTABILITY REVIEW 2002\03:
YEAR END UP-DATE OF PROGRESS**

Recommendation: The Board is asked to:

- i) receive this year end up-date of progress in taking forward the priorities agreed at the 2002 Accountability Review Meeting with the Scottish Executive Health Department;
- ii) note the arrangements for the 2003 Accountability Review Meeting which will be held on 25th June, 2003.

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 20th June, 2002. The output from that meeting was set out in the letter of 10th 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 5th November, 2002.

1.2 A report which set out a mid-year up-date of progress on the six key action points agreed at the conclusion of the Accountability Review Meeting was presented to the Board at its meeting in December, 2002. This report provides a year-end up-date of progress, ahead of the 2003 Accountability Review Meeting which will be held on 25th June, 2003.

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.
- 2.2 In the report presented to the NHS Board in December, 2002, attention was drawn to a range of risks which would have to be managed in the final quarter of the year in order to ensure that NHS Greater Glasgow and each of its constituent organisations met the key financial targets for 2002\03. While the finalisation of annual accounts for last year is some weeks hence, Directors of Finance across NHS Greater Glasgow are confident that, through a combination of the strenuous efforts made across all NHS Trusts and the effective cross system working of Directors of Finance, a year end position of "break even" has been delivered.
- 2.3 The remaining important issue outstanding for completion prior to the 2003 Accountability Review is the finalisation of this year's up-date of the Local Health Plan, of which a key element is the up-dated financial plan. The further detailed work necessary to finalise the Local Health Plan is being taken forward during the next four weeks to allow an up-dated Plan to be brought to the June meeting of the NHS Board for decision.

3. Managing the Capital Programme to Sustain Implementation of the Acute Services Review

- 3.1 Work has progressed materially in recent months on two major fronts. First, procurement of the two Ambulatory Care Hospitals at Stobhill and the Victoria Infirmary, under Public\Private Partnership arrangements, has been launched: an advert appeared in the Official Journal of the European Community in the third week of March which was followed up by a public launch held at Hampden Park on 1st April, 2003. Working with the NHS Board's Legal and Financial Advisers, a timetable for the entire procurement programme has now been developed. This is designed to see work start on both sides in the Autumn of 2004, paving the way for both facilities to be brought into use in January, 2007. As is set out more fully in section 5 below, the procurement also is progressing on the second phase of the redevelopment of the Beatson Oncology Centre at Gartnavel General Hospital.
- 3.2 The second, related piece of work involves a development of the local Capital Plan for NHS Greater Glasgow. This work also has progressed over recent months such that the NHS Board was able to approve a Capital Programme for the next three years at the Board meeting in March, 2003.

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.

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- 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, and by the need to carry out a substantial programme of equipment replacement and facilities upgrading within theatres and TSSUs, the interim target of effecting by end March, 2003 a 50% reduction in the total numbers waiting beyond nine months, compared with the position at April, 2002, was virtually achieved: against a March, 2003 interim target of 375, the outcome position saw 393 patients waiting beyond nine months at the year end. Given the significant level of disruption which was faced, the substantial reduction achieved in the numbers waiting beyond nine months represents a significant improvement, delivered by combined clinical and managerial effort.
- 4.3 Earlier this year, the First Minister sharpened the focus on the previous waiting time targets for the investigation and treatment of coronary heart disease. With effect from 1st April, 2003, the investigation of all patients referred for coronary angiography within twelve weeks has become a guarantee (rather than a target, as previously); similarly, patients referred for coronary angioplasty or coronary artery bypass graft surgery are guaranteed treatment within twenty-four weeks of the decision to place them on the waiting list. Each of these guarantees is being met within NHS Greater Glasgow.

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
This key appointment has been made. 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 2nd June, 2003. Professor Rodger has already made three visits to Glasgow during his notice period of six months and is already engaged in the key strategic issues which will represent his priorities in the coming months.
- 5.3 Restoring the Previous Complement of Consultant Clinical Oncologists
This remains the stiffest challenge within the Action Plan. At a current date, the headcount of substantive Consultant Clinical Oncologists in post is only one higher than the position which obtained after the four Consultant resignations took effect in the Spring of last year. While some relief has been obtained by the appointment of two Locum Consultants during part of this period, the workload pressures on Consultant Clinical Oncologists remain material. Professor Rodger is developing his recruitment strategy and will take this forward when he comes into post as Medical Director shortly.

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5.4 Developing the Specialist Oncologist Plan for the West of Scotland

The FRMC Consultancy Report which provided the basis of an outline West of Scotland plan was developed through a series of meetings and discussions with the Cancer Planning Groups within each West of Scotland NHS Board area. This initial round of meetings was concluded in December last year. Since then, the Regional Cancer Advisory Group and the West of Scotland Planning Group (which largely comprises NHS Board Chief Executives and Directors of Public Health) have adopted the output from this work as the basis of the future West of Scotland Strategy. Professor Rodger was himself able to attend the West of Scotland Planning Group held in late January and was able to set out his view of the way in which the specialist models of care which flow from this Strategy would be developed with each of the West of Scotland NHS Boards.

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

The detailed work in progressing the Phase II development has advanced significantly over the past six months. The project, for which the Minister for Health and Community Care has promised Treasury funding, proceeded to EC procurement advertisement early in March and is now moving towards the shortlisting of those firms involved in developing more detailed tendering proposals. The aim remains to have the new facilities fully operational late in calendar year 2006.

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. A major report was received from the Health and Safety Executive which set out their required improvements within the Victoria Infirmary.

Thereafter, two other major publications were issued: The Ministerial Action Plan on Healthcare Acquired Infection and the Watt Group Report on the Outbreak of Salmonella Infection at the Victoria Infirmary.

- 6.2 The key recommendations arising from these Reports were drawn together in the Circular HDL (2002) 82 issued in November last year by the Health Department's Director of Performance and Finance.

The Board's response to that Circular, which was prepared by the Area Control of Infection Committee, was approved by the Board at its March, 2003 meeting. The response comprises an Action Plan which covers 17 key priorities. The Control of Infection Committee will continue to monitor progress on the Board's behalf to implement these key recommendations.

7. Developing the Staff Governance Agenda

- 7.1 The NHS Board's Staff Governance Committee has now had three meetings. In addition, the Remuneration Sub-Committee has been constituted: that Sub-Committee has had its inaugural meeting and a short training seminar on remuneration was arranged at the beginning of the second meeting of the Staff Governance Committee.

Late last year a Self Assessment Audit Tool designed to serve as a basis to assess performance in delivering the staff governance standard was published. That Self Assessment Tool was developed by the Scottish Partnership Forum working with the Health Department and Audit Scotland.

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7.2 The Area Partnership Forum continues to work in support of the Staff Governance Committee. The Forum has reviewed the Action Plans developed by each Local Partnership Forum to address the major issues which arose from the staff survey carried out during last year. These Action Plans have now been submitted to the Health Department along with each Local Partnership Forum's completed Self Assessment Audit. The Area Partnership Forum is currently working on the Action Plans for this year, set firmly in the context of the recent White Paper "Partnership for Care".

8. The Arrangements for the 2003 Accountability Review Meeting

8.1 The Chief Executive of NHS Scotland has now issued a note which sets out the broad arrangements for the 2003 Accountability Review meeting. The format for this year follows the format of the 2002 Review in that it is based on a plenary meeting between NHS Board and Trust Chairs and Chief Executives and the Health Department's Senior Team, preceded by a discussion with members of the Area Partnership Forum. In addition, there will be a meeting with representatives of the Area Clinical Forum as part of this year's process.

8.2 A full report on the outcome of the Review, with the agreed Action Plan, will be brought to the NHS Board at its August meeting.

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