EMBARGOED UNTIL DATE OF MEETING.

Greater Glasgow NHS Board

Board Meeting
Tuesday, 17th June, 2003

Board Paper No. 03\40

Chief Executive, GGNHSB
Chief Executive, South Glasgow NHS Trust

Acute Services Review – Progress: Quarterly Report

Recommendation: The Board is asked to:

Receive this quarterly update of progress in taking forward key aspects of the Acute Services Plan.

1. Background

1.1 This paper provides the Board with an update on key aspects of taking forward implementation of its Acute Services Plan. In particular, this update looks at the detail of how the Audit Scotland overview of the Plan's implementation will be conducted in this first year; and in that light, sets out progress in formalising the project management arrangements for this major strategy. It includes also an update of the work being developed in bed modelling\capacity and in community engagement. The report concludes with a brief update of the work of the Monitoring Groups, established by the Minister for Health and Community Care, to oversee the continuation of "named", in-patient services at Stobhill Hospital and the Victoria Infirmary prior to the implementation of major strategic change.

2. The Annual Review To Be Carried Out by Audit Scotland

2.1 Members may recollect that the specific terms of reference of the Audit Scotland role in discharging this "governance" function were set out in an earlier paper. For ease of reference, the three elements are repeated below of Audit Scotland's responsibility to monitor and report annually on:

- the overall governance and project management processes adopted by the Board.
- the Board's arrangements for updating the key planning assumptions and the high level capital and revenue estimates.
- the arrangements for effective consultation with stakeholders.

2.2 As previously agreed with Audit Scotland, the detailed audit will be conducted by PricewaterhouseCoopers, the NHS Board's external auditors. Over recent weeks, the external auditors have been developing their plans for taking forward the responsibility: these are described in the next section of this paper.

2.3 The external auditors intend to produce at least annually, and\or at key decision points, reports which will comment on the governance arrangements utilised by NHS Greater Glasgow for the Acute Services Review and its component workstreams. Given the current, early stages of implementation, the external auditors propose to commence the next part of their review during late August, 2003 with the aim of providing a formal report by late October\early November, 2003. That report will, therefore, come to the NHS Board at its November meeting. The external auditors have already made it clear that the main focus of this first year review will be to ensure that a robust programme and project management process and structure is put in place.

2.4 In setting out their intended approach, the external auditors have offered a project management framework which they would commend to the NHS Board for implementation of its Acute Services Plan: that framework contains six key elements:

- Project initiation.
- Project planning.
- Progress monitoring.
- Performance reporting.
- Project management training.
- Stakeholder management and consultation.

The next section of this paper describes the project management arrangements which are being developed.

3. Establishing the Project Executive Group and Key Lead Officers

3.1 There is attached, as Annex 1, a schematic which sets out the current stage of development of the project management arrangements. To support the NHS Board's "governance" role in taking this strategy forward, a Project Executive Group was established late last year. Chaired by the NHS Board Chief Executive, it involves all five NHS Greater Glasgow Chief Executives, other senior Executive colleagues within NHS Greater Glasgow, in addition to staff partnership input and input from the Scottish Executive Health Department. This Group is charged with overall responsibility for progressing the implementation of the review and is the key link both with the NHS Board and the Programme Director.

3.2 At the Board meeting, the Chief Executives responsible for this paper will talk members of the Board through the project management arrangements which are being developed. The remaining sections of this paper look at the approaches proposed on two key elements of the Audit Scotland overview, and finally, at the early work of the Monitoring Groups.

4. Services/Beds & Capacity Sub Group

4.2 Remit

This Sub Group was established to:-

- produce detailed proposals for the distributions of specialities across the 5 Acute sites.

- revisit the work on bed modelling to arrive at definitive proposals.

- produce a wider assessment of the capacity required to support the service models an activity volumes.

4.3 Priorities

We have identified the priorities for work during the rest of this calendar year.

- to develop a detailed further assessment of bed numbers to retest the bed modelling work and ensure we have the certainty required for the next phase of business case development.

- to make definitive proposals for services where the final disposition of in-patient locations requires further analysis and clinical debate to reach a conclusion.

4.4 Process

In order to deliver these priorities we have commissioned CHKS, the UK's leading benchmarking and capacity modelling organisation to provide us with:-

- a detailed and rigorous review of current performance.

- analysis of the bed capacity required reflecting the above, demographic changes, national targets and realistic growth assumptions.

- a means of ensuring the capacity model is underpinned by clear performance and throughput targets.

Reflecting the importance of clinical engagement in this work we are establishing a Pan Glasgow Clinical Board, with Trust and Advisory Committee membership to provide a strong clinical overview across the subgroup's work. In addition, for each of the key specialities we will create a small clinical group to participate in the capacity modelling and for those specialties where there are still disposition issues to resolve there will be a more extended clinical engagement to consider the key issues.

4.5 Further Work

A further phase of work – still under development, will establish a detailed clinical model for each speciality, or disease area, which sets out how the service will be delivered in the new facilities. These models will ensure that there is clinical sign up and a clear change programme across the system of care as we develop new buildings and that consequential changes for Primary and intermediate care are planned and delivered to ensure that the very detailed design of facilities is based on a robust future pattern of service.

5. Update On Community Engagement Programme

5.1 We agreed to put in place a community engagement team as a core part of the project team to implement the acute services review. The Head of the Team took up post at the beginning of April and has since had over fifty meetings with health projects, hospitals staff, community groups and partner agencies. He has also undertaken site visits to the five acute hospitals and undertaken an informal sketch of related public transport and access issues.

5.2 Key findings/issues which have emerged from the first part of this process include:

- A willingness amongst partner agencies to contribute to the engagement process and to share their communication capacity.
- A desire amongst communities to have the macro elements of the Acute Services Review teased out and made more community or hospital specific or related to specific disease conditions.
- A desire amongst community groups to be able to influence the implementation of the Acute Services Review.
- The need to have a range of information resources which are appropriate to varying literacy levels.
- Irrespective of the Acute Services Review, communities currently identify public transport as a key issue (cost, time, reliability, safety, ease of use) relating to hospital based services. Existing transport provision within Glasgow is also seen as being highly inaccessible to wheelchair users, parents with children in buggies and older people.
- A clear need to have a community engagement process which is embedded within the ASR implementation team and which coordinates all engagement activities relating to the ASR in the acute hospitals and across communities.

5.3 Clear messages about what the community engagement process is trying to achieve will influence its structure, mechanisms and activities and are critical for effective communication with the wide range of stakeholders. Key broad outcomes are proposed to include:-

- to reduce anxiety or confusion experienced by communities as elements of the Acute Services Review are implemented.
- to build more sensitive processes of listening and talking to communities.
- to minimise or have early warning of communities' difficulties with the implementation of the Acute Services Review.
- to assure stakeholders that a quality and co-ordinated engagement process is taking place.
- To maximise patient gain – possibly through influencing service design or the built environment or by addressing issues that arise as a result of proposed service change.
- To maximise community ownership of the Acute Services Review.

5.4 In line with these outcomes, major issues on which to engage will be: transport, changes to clinical services, A& E, and supporting GPs to become patient navigators. When the capacity issues outlined below have been addressed, it will be possible to engage proactively on the latter two outcomes, patient gain and community ownership.

5.5 Key considerations for the community engagement process over the next few months focus on two area: they are the challenge to build up the capacity of the NHS family to engage on the ASR implementation process and initial activities supporting the Community Engagement Programme. Capacity considerations within the NHS include the creation of a single simple, reliable feedback mechanism, scoping and establishment of quality standards, responding to, addressing and monitoring of community generated issues, the identification of responsible personnel, the identification of which patient and community groups will be affected by the ASR and when, the identification of key events within the implementation process. It is important that these issues are bottomed out before launching engagement activities within communities.

5.6 Whist this process has started and is ongoing, complementary key steps planned to support the Community Engagement Process include:

- an extensive further round of meetings with and listening to all SIPs, SIP sponsored health projects, community health projects, geographical health promotion officers, LHCCs, geographical community groups, community transport groups and disability fora.
- Exploring with ACAD project teams undertaking baseline study of current (out) patient experience in both hospitals.

- Commissioning a baseline access audit by disability fora into transport links to hospitals and access issues within them.

- Commissioning, in association with the Involving People Group and Health Promotion, a map or database of communities of interest and their internal communications/engagement capacity. This will provide the springboard for community specific information and engagement. Communities of interest include those defined by ethnicity, sex, sexuality, disability, faith, age or income.

- Initiate, in association with the Involving People Group, a de-jargoning process focussing on the two "ACADS".

- Working with the Trusts' and Board's Communications Teams, the creation of high impact visual displays and information points in both Stobhill and Victoria Hospitals. This could take the form of a dozen large display boards and leaflets racks stocking site specific information in each Hospital by autumn.

- Recruit staff to the Community Engagement Team (see below)

5.7 Factors influencing the shape of the initial staff recruitment include the need to create widespread impact and geographical coverage, sensitivity to communities' issues and concerns and capacity of the Health Service family to engage. Three substantive posts will be created initially. The first post will recruit, train and manage a small team of trainee or sessional community information officers. These officers will disseminate information to community groups, staff information displays, prepare ground or co-facilitate engagement events and gather local information on transport concerns/needs/provision. The other two full time positions will take a lead from within the ASR/Health Service Family to marshal information on each element of the ASR and ensure that it directs engagement activity, coordinate a response on transport, service changes or supporting primary care issues. They will also co-work engagement events within communities, identify clinical specialists or speakers where required and facilitate community specific communications.

5.7 A Sub Group of the Acute Service Implementation Group, led by the chief executive of the north Glasgow trust is in place to give overall focus and coordination to communication and community engagement work on the Acute Services Review.

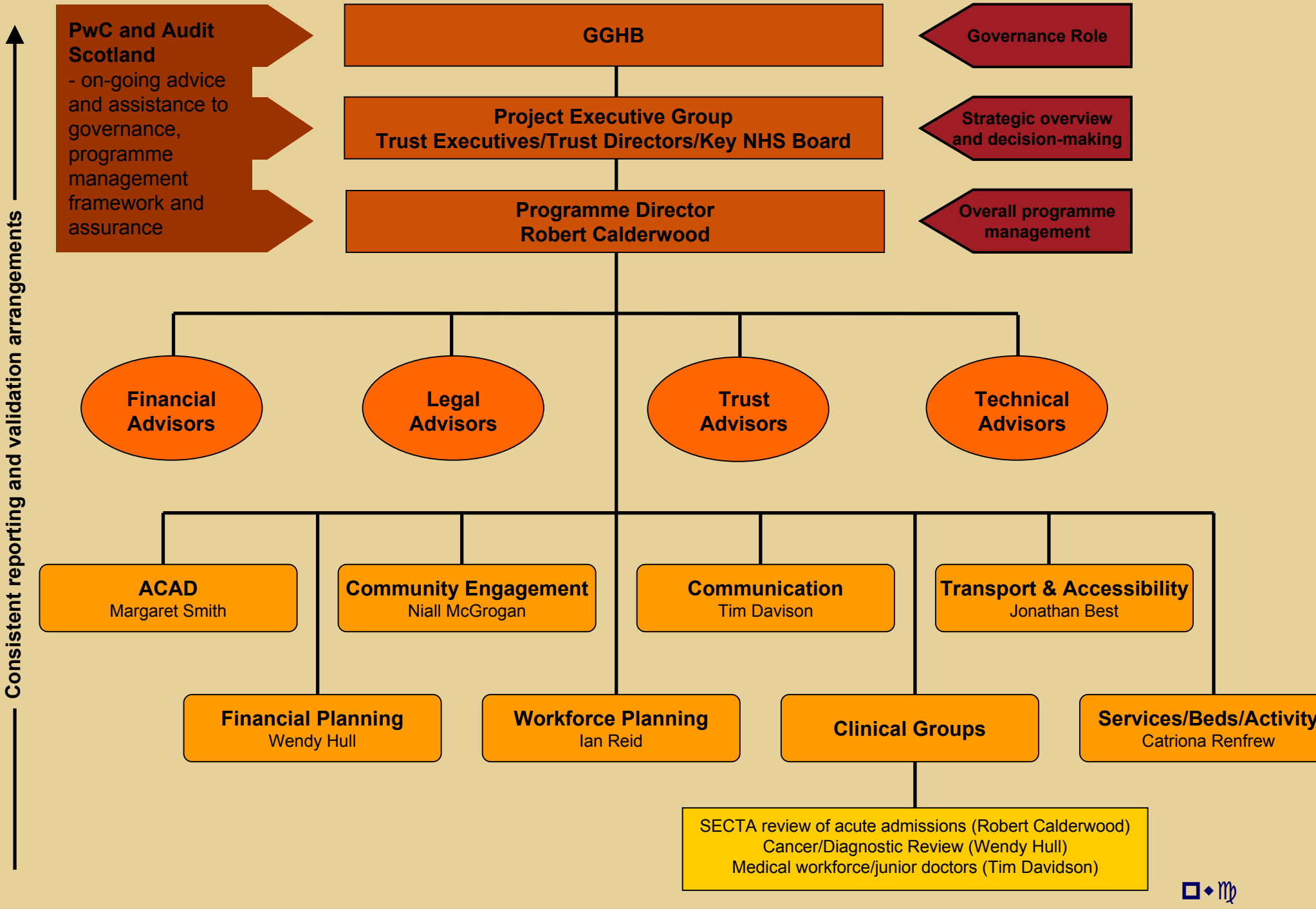
6. The Early Work of the North and South Monitoring Groups

6.1 The Monitoring Groups were established by the Minister for Health and Community Care to oversee the continuation of "named" in-patient services at Stobhill Hospital and the Victoria Infirmary prior to the implementation of the major strategic change which is planned later in this decade. At the request of the independent Chairs appointed by the Minister, the Groups held an inaugural, joint meeting which was Chaired by the Board's Director of Public Health: that meeting took place in late March, 2003.

6.2 More recently, both Groups held individual meetings on Friday, 6th June, 2003. At those meetings, the remits of the Monitoring Groups were concluded and agreed by each Group. In addition, the Director of Public Health took the opportunity to guide both Groups through a series of presentations which described the range and volume of clinical specialist services currently delivered on each of the acute hospital sites across NHS Greater Glasgow. That analysis also allowed members of the Monitoring Groups to 'track' the impact of changes in specialist in-patient provision which have taken place during the past three-year period. The Director of Public Health will be happy to amplify at the Board meeting on other aspects of discussion at the Monitoring Groups.

7. Future Reporting Arrangements

7.1 The next quarterly update report will be brought to the NHS Board at it's meeting in September, 2003.


PwC and Audit Scotland
- on-going advice and assistance to governance, programme management framework and assurance
GGHB
Governance Role
Project Executive Group
Trust Executives/Trust Directors/Key NHS Board
Strategic overview and decision-making
Programme Director
Robert Calderwood
Overall programme management
Financial Advisors
Legal Advisors
Trust Advisors
Technical Advisors
ACAD
Margaret Smith
Community Engagement
Niall McGrogan
Communication
Tim Davison
Transport & Accessibility
Jonathan Best
Financial Planning
Wendy Hull
Workforce Planning
Ian Reid
Clinical Groups
Services/Beds/Activity
Catriona Renfrew
SECTA review of acute admissions (Robert Calderwood)
Cancer/Diagnostic Review (Wendy Hull)
Medical workforce/junior doctors (Tim Davidson)
Consistent reporting and validation arrangements