

**Greater Glasgow NHS Board**

**Board Meeting**

**Tuesday, 15<sup>th</sup> November, 2005**

**Board Paper No. 05/70**

**Chief Executive, GGNHSB**

**NHS GREATER GLASGOW 2005 ANNUAL REVIEW**

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

- i) receive this summary of the 2005 Annual Review Meeting, held on 31<sup>st</sup> August, 2005;
- ii) note that the full text of the Minister's letter will be issued as soon as the Chairman receives this;
- iii) confirm that the Board's Corporate Objectives for 2005\06, already agreed in draft in September, 2005, be finalised on receipt of the Minister's letter.

**1. Background**

NHS Greater Glasgow's annual review took place on the afternoon of Wednesday, 31<sup>st</sup> August, 2005 in the Glasgow Royal Concert Hall. Two important changes were introduced into the Annual Review process for the first time: the meeting was chaired by the Minister for Health and Community Care and was held in public. In line with the arrangements for previous years' meetings, there was also the opportunity for a visit as part of the day, and for meetings to take place respectively with members of the Area Clinical Forum and the Area Partnership Forum.

**2. Visit to Eriskay House (in-patient addictions unit) and Emergency Nurse Practitioners at Stobhill**

2.1 The Minister enjoyed his visit to Eriskay House and the time he spent with the Emergency Nurse Practitioners. He commented that staff at Eriskay House offered a patient-focussed service in an environment that was good for both patients and staff. The Minister was also impressed with the minor injuries service offered by the Emergency Nurse Practitioners (ENPs). He commented that it was important to separate minor injuries from emergencies and he commended the ENPs for the quick and valuable service they offered.

**3. Meeting with the Area Clinical Forum**

3.1 The Minister had a positive meeting with the Area Clinical Forum. The Minister commented that it was encouraging to hear that the Forum felt it engaged well with the Board, had good access and felt reasonably well supported. The Minister noted that the Forum felt they would like to be more proactive.

4. Meeting with the Area Partnership Forum

4.1 The Minister reported back on the meeting with the Area Partnership Forum, commenting that the impression he gained was that the Board was supportive of partnership working across Glasgow and the Forum had good access to Board. Concerns had been raised around the Forum's involvement in the Community Health Partnership development process but this had now been resolved through the work of a sub-group set up for this purpose. The Minister commented that it would be good to learn from this. The Forum was clearly supportive of Agenda for Change (AfC) and felt it was working well. Overall, the Minister felt that it had been a positive meeting but it was important that the Board and the Forum consider what more could be done to develop partnership working.

5. The Annual Review Business Meeting

5.1 Following the visits and meetings summarised above, the business meeting which concluded the Annual Review arrangements took place during the afternoon of 31<sup>st</sup> August in public session in the Glasgow Royal Concert Hall. The first section of the meeting comprised a presentation made by the NHS Board Chairman: this was followed by discussion on eight other topics: a summary of the key points discussed on each topic is contained in the subsequent sections of this paper.

6. The Chairman's Presentation.

6.1 The Chairman opened the Annual Review meeting with an overview of the Board's vision for the next 5 years. He stressed that the Board was now in the initial stages of implementing its plan to modernise acute hospital services which was being supported by £800 million of capital investment. The new Beatson Oncology Centre was well underway and the Board expected it to be in use by 2007. On progress with the new Stobhill and Victoria Hospitals, the Chairman explained that the Board was now in the final months of negotiation towards achieving financial close.

6.2 On the second phase of modernisation Chairman noted that the Advisory Group, chaired by Professor Calder, was now active. It was hoped that the new children's hospital would be operational by 2009. He also commented on the work planned for the redevelopment of acute in-patient care for South Glasgow and that it was expected that the new South Glasgow Hospital would be operational by 2010.

6.3 The Chairman explained that the Board was now moving into the final phase of modernising mental healthcare: The £90million spend on Mental Health had been transformed in a major programme of service redesign. Major capital projects included the local forensic psychiatric unit at Stobhill which was expected to be operational by 2007 and the modernisation of mental health on the Gartnavel site.

6.4 Looking back over 2004/05, the Chairman confirmed that the Board had achieved its financial targets, had maintained a balanced approach to health plan investments and had agreed an explicit two year recovery plan. On waiting times, the Chairman commented that the Board had exceeded March 2005 milestones for inpatient, day case treatment and out-patient consultation and had made good progress on last year's performance.

He spoke about the plans the Board had in place to bring waiting down further, including major service redesign in musculo-skeletal services, dermatology and ENT, and a pilot of referral management centres.

## EMBARGOED UNTIL DATE OF MEETING.

6.5 The Chairman identified key priorities for 2005/06. These included delivering December 2005 waiting times standards for cancer and acute services; securing financial balance to provide a firm grounding for a five year investment plan; completion of the move to single-system working; and to achieve smooth integration of NHS Argyll and Clyde services and functions following the outcome of the Ministerial consultation on boundaries. The Minister emphasised the importance of ensuring that the Board's plan for modernising hospital services was delivered on time and on budget.

### 7. Health Improvement

7.1 The Minister commented that Health Improvement was one of the biggest items on the health agenda. He commended the Board for being one of the most developed Public Health organisations in Scotland and remarked that it was critical that Glasgow achieved success in this area.

7.2 The ensuing discussion concentrated on the importance of the provision of smoking cessation services; on the significant challenge which Greater Glasgow still faced in needing to improve fundamentally the oral health of young children; and the priority which was being accorded to a re-appraisal of the local sexual health strategy, in light of the national "respect and responsibility" policy paper.

### 8. Waiting Times

8.1 The Minister acknowledged the substantial improvement NHS Greater Glasgow had made on meeting waiting time commitments and commended all staff for their continuing efforts. However, he expressed concern on the challenges faced in orthopaedics, ophthalmology and plastic surgery. The Chairman confirmed that the Board was committed to meeting both inpatient/day case and outpatient waiting time targets in these three areas and in all other specialties.

The Minister sought, and received, an assurance from the Chief Executive that the Board's waiting plan had built in resources and manpower to ensure sustainability beyond 2006.

8.2 On cancer, the Minister noted the Board's good performance on breast cancer but expressed concern around performance on lung and colorectal cancers. The Chairman responded that the Board was committed to maximising improvement in its performance as rapidly as possible and was working on a rigorous overhaul of the patient pathway to remove any obstacles. This included the introduction of 'patient trackers' and a move towards electronic referral to expedite the process of referral from GPs: The Minister was encouraged to hear of the contribution which the tracker system could make in tackling long waits.

8.3 The Minister went on to discuss Availability Status Codes (ASCs) and expressed concern around service driven ASCs. He asked what progress had been made in reducing these and in looking to reduce patient driven ASCs, could the Board provide an assurance that patients would not be disadvantaged. The Chairman confirmed that work was being undertaken, that ASCs were being applied appropriately and that the Board was confident that it would cease to use ASCs by December 2007.

**EMBARGOED UNTIL DATE OF MEETING.**

9. Partnership Working

- 9.1 The Minister began the discussion commenting that partnership working was central to addressing the health of the nation. He commented that he was pleased that the Board intended to increase use of Golden Jubilee National Hospital and asked what the position was on the development of the West of Scotland Cardiothoracic Unit at GJNH. The Chairman confirmed that the Board had completed a consultation exercise and that an agreed position would be presented to the Board at its September meeting.
- 9.2 The Minister asked about NHS 24, whether it was working for patients and whether it met the Board's needs in terms of Out of Hours service provision. The Chairman explained that he was fully aware of the challenge that would be faced over the coming winter period. The Chief Executive added that the Board's relationship with NHS 24 had developed over the last three years and that NHS 24 was fully involved in the winter planning process. The Minister acknowledged this and made it clear that out of hours service provision for the coming winter must be adequate.
- 9.3 The Minister also asked how the Board was progressing patient and public involvement in service development. Peter Hamilton, Non-Executive & Chair of Involving People Committee, commented that the Board had made good progress citing the Board's *Our Health* events as an example where patients, the public, partner organisations and Board representatives have come together to discuss the challenges ahead. He added that patient feedback had been more positive as each event had been held and explained that the community engagement team had made around 5000 contacts out in the community. He said this was an ongoing process which continued to improve.

10. Infection Control

- 10.1 The Minister began this item by commenting on Scotland's leading performance on infection control. He expressed concern that there was a variation in performance across Glasgow with the North Glasgow University Hospitals Division being behind the other Divisions. The Chairman responded that progress was being made in North Glasgow and the since the 2005 NHS QIS report, a detailed action plan had been implemented to enable the Division to meet unmet NHS QIS Healthcare Associated Infection (HAI) standards. The Chairman was confident that since the report North Glasgow had met 13 of 19 unmet standards.
- 10.2 The Chairman spoke about the challenges that renal patients present in terms of infection control. These patients account for 30% of the Division's MRSA cases and are particularly vulnerable due to types of treatment received. Dr Brian Cowan, Medical Director, NHS Greater Glasgow, added that work was being undertaken with renal physicians and patients to inform an action plan that would address this. He commented that rates of MRSA in the North Division were lower than those in 2004 and that the Board wanted to see a sustained reduction. Dr Cowan also added that the Board had increased numbers of infection control nurses and that a Board-wide infection control manual had been launched which would facilitate a unified approach across Glasgow. The Minister said that he was encouraged by this and would be interested to learn how these developments progress. The Minister asked about cleanliness on wards and Dr Cowan responded that the Board had a system of auditing cleanliness of wards. The Chairman added that the number of cleanliness champions had been increased and that the use of Alcohol Gel was having a positive impact.

## 11. Employment Contracts

- 11.1 The Minister commented that a significant part of investment in the NHS was in staff. He asked the Board how the key contracts were working for Glasgow and what benefits to patients had been realised as a result. The Chairman spoke about Agenda for Change (AfC) and commented that it was a big challenge for the Board given its size. He explained that the Board had made a slow start on job matching but was increasing resources to progress this. The Chairman also confirmed that the Board had re-appraised its timescale and expected to complete its work on job matching by December rather than October. The Minister made it clear that the Board could not go beyond December in completing this work.
- 11.2 The Chief Executive explained that the Board's Pay Modernisation Board was developing a plan on benefits realisation and that a first report would be presented to the Board no later than December. In particular this would set out what achievements had been made in relation to the new General Medical Services (nGMS) Contract. While some benefits arising from AfC would not be immediate, the Chief Executive felt it was important to be able to articulate now what these will mean. Dr Cowan added that it was too early to quantify exactly what benefits would arise from the Consultants Contract but that the Board had seen a considerable reduction in the number of on-call rotas. He also explained that a better arrangement over holiday periods which would eliminate lost time had been reached between surgical and anaesthetist colleagues.
- 11.3 Dr. Woods, Chief Executive of NHS Scotland and Head of the Health Department, asked where the Board was in relation to *Modernising Medical Careers*. Dr Cowan commented that the Board had identified key specialties that it thought would come under pressure in foundation years 1 and 2. In addressing this, the Board was looking at the use of extended nurse practitioners and making better use of staff time. He considered that *Modernising Medical Careers* would be a major stimulus in developing roles such as nurse endoscopists and anaesthetic practitioners.

## 12. Finance

- 12.1 The Minister acknowledged that, despite significant challenges, the Board had met its financial targets and that he was happy with progress.

## 13. Summary

- 13.1 The Minister congratulated NHS Greater Glasgow on an impressive performance over 2004/05; on meeting performance targets and on exercising sound financial management. The Minister said that he had been reassured that the Board was working well and they were in a strong position to meet the significant challenges which now faced NHS Greater Glasgow.

T.A. Divers  
Chief Executive

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