

Greater Glasgow and Clyde NHS Board

Board Meeting

Tuesday 15th August 2006

Board Paper No. 2006/45

Director of Corporate Planning and Policy

Delivering for Health Quarterly Report

Recommendation:

The Board is asked to:

- **approve the attached quarterly progress report for submission to the Scottish Executive.**

A. BACKGROUND AND PURPOSE

- 1.1 The Scottish Executive has now confirmed its arrangements for monitoring implementation of Delivering for Health, its flagship strategic policy for the NHS in Scotland. The purpose of these monitoring arrangements is to ensure continuing momentum, create a basis for accountability and to enable co-ordination and cross fertilisation. In this way progress across the NHS will be charted on transforming the service by adoption of more integrated models of care, improving service productivity and quality, shifting the balance of care and improving health.
- 1.2 HDL (2006) 12 Delivering for Health: Guidance on Implementation identified three levels of action - national, regional and local. Boards are required to prepare a quarterly report (Attachment 1) on progress on delivering local elements of Delivering for Health while contributing to regional level actions co-ordinated by the appropriate regional planning process. Board assessments will be reviewed by a Delivering for Health Implementation Board and will be posted on the Executive website.
- 1.3 The Executive expects to see “strong evidence of progress” on what it acknowledges is “a challenging agenda” for the NHS in Scotland. Progress on Delivering for Health actions is seen as reinforcing the likelihood of performing well against individual LDP targets and can be expected to feature also at the Board’s Annual Review.

B BOARD PERFORMANCE

- 2.1 As measured against the Executive’s classification, Board progress on the defined local level actions is mostly either completed or on target. Where this is not the case achievement of target is only slightly delayed and in some of these cases this has already been communicated

EMBARGOED UNTIL DATE OF MEETING

and agreed with the Scottish Executive or implementation is awaiting an initial national action.

- 2.2 There are a small number of actions under Child and Maternal Health which were not included in the original HDL and yet appeared in the final proforma of the progress report. Clarification on their status is being sought from the Executive.
- 2.3 As part of the implementation process the Executive has also commissioned a series of twelve national workstreams designed to advocate for change, engage with stakeholders and identify and spread best practice. These workstreams cover the main themes of Delivering for Health such as shifting the balance and care, tackling inequalities, managing hospital admissions and long term conditions. The Board will want to stay in close touch with these workstreams, contribute to their work and use their findings to inform local actions.

Publication: **The content of this Paper may be published following the meeting**

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Delivering for Health Quarterly Report

Status Assessment

-  Objective on track to complete by agreed date. Marked “completed” if achieved.
-  Objective still likely to be achieved but likely to be delayed
-  Objective will not be met

HDL (2006) 12 makes it clear that formal accountability for delivering the actions in Delivering for Health rests with the NHS Boards even where responsibility for some of these actions has been delegated to CHPs.

ACTION	DATE	STATUS	COMMENTARY
1. Long Term Conditions			
1.1 Community Health Partnerships apply the self-assessment Toolkit to implement improved management of long-term conditions. (CHPs).	December 2006		- Final version awaited from Executive.
1.2 Introduce intensive co-ordinated case management for patients with the most complex health care needs and vulnerability to prevent emergency hospital admission. (CHPs)	December 2007		- Under development in each CH(C)P.
2. Shifting the Balance of Care			
2.1 Develop an action plan (through Community Health Partnerships) for the care of older people to ensure the following outcomes: - greater integration of health and social care provision; - fit for purpose technology used to support and monitor the care of older people at home; - enhanced community based rehabilitation (CHPs) .	December 2006	Completed	- Older people's strategies agreed with each Local Authority partner, delivered via annual workplan, agreed and implemented by CH(C)Ps, Local Authorities and Acute Division. Includes integrated and community services, balance of care, rehabilitation, discharge and health improvement.
2.2 Develop collaborative budgets across primary and secondary care, linking where appropriate with managed clinical networks. (CHPs)	December 2007		- This will be examined as part of development of joint action plans between CH(C)Ps and Acute Division during 2006/07.
2.3 Produce an action plan to extend local care through, for example, enhanced primary medical services and community pharmacy.	December 2007		- Within each CH(C)P, the relevant Professional Executive Group (PEG) is examining opportunities arising from the new contracts for primary care services.
3. Diagnostics			
3.1 All laboratory departments should participate in the UK National Benchmarking Scheme organised by the University of Keele.	July 2006		- Professor Frank Carey, Clinical Leader in Pathology in NHS Tayside, met with representatives of the University of Keele in early July to discuss tailoring the system to meet Scottish circumstances. - Compatible with the English system. - Feedback on progress due in October.
3.2 Review of the equipment status and requirements of all imaging, Pathology and Laboratory Medicine departments and identification of an appropriate rolling capital budget for equipment purchase and renewal.	December 2006		- Review of current inventory underway and due for completion by November 2006. Initiation of rolling recommendations will be in place by March 2007 - initial high-level review has identified priority replacement requirements to be submitted for approval against 2006 capital.
3.3 Review and improve referring systems to avoid creation of diagnostic bottlenecks, demonstrating "matched clinical change" in any proposals	December 2006		- Working Group of CH(C)Ps, GPs, acute clinicians and users set up to agree referral protocol and define rolling programme by November.

ACTION	DATE	STATUS	COMMENTARY
4. E Health			
4.1 Roll out the Emergency Care Summary system, including access to out of hours services and NHS24.	June 2006		<ul style="list-style-type: none"> - Project to upgrade and standardise software to support operation of OOH services has been scoped and financial. New implementation date of October 2006 agreed with the SEHD. - The ECS extracts are live in 187 out of 198 GPASS practices. 11 practices have not agreed to allow the extraction of the ECS summary data to take place. The GEMS clinical directory is due to meet with these practices to engage them in the use of ECS. NHSGGC is awaiting the release of non-GPASS practice software to enable ECS extracts. NHSGGC has requested clarification from SEHD concerning the data protection/data controller responsibilities for ECS. Initial discussions have started on the potential use of ECS within A&E.
4.2 Ensure online access to test results and clinical letters through SCI store.	June 2006		<ul style="list-style-type: none"> - SCI Store Recovery to be implemented by August 2006, with patient demographics and biochem and haematology results. GP roll-out will take place September - December subject to data quality meeting targets to be confirmed by the end of August. - The Clyde store provides test results for all disciplines excluding histopathology. Radiology results expected by end of August 2006.
4.3 90% of referrals to hospitals sent electronically using gateway system.	June 2006		<ul style="list-style-type: none"> - 60% of referrals currently processed through SCI Gateway. Analysis underway to understand what referrals are not being processed this way and why in order to identify resolution.
4.4 CHI Number introduced as common patient identifier.	June 2006		<ul style="list-style-type: none"> - At 30th June 2006 Greater Glasgow had achieved 91% compliance against a target of 97%. There is a well-detailed action in place to achieve the 97% which has been agreed with CCI on behalf of SEHD. Compliance must now be achieved by 30th September 2006. - In Clyde, 95% at June report, based on national measuring criteria.
4.5 A&E System in place	June 2006		<ul style="list-style-type: none"> - In Greater Glasgow the implementation contract was signed during July 2006 and a project management structure established. The timescale for Go Live at GRI is likely to be during the first quarter of 2007. - In Clyde the national system has been implemented in the RAH, and will be implemented in Inverclyde in August 2006.
4.6 Commission and implement required modifications for "New Ways Waiting Times Definitions"	December 2006		<ul style="list-style-type: none"> - Modifications being tested. Information disseminated to all involved to ensure compliance. Clyde representatives have been integrated on to steering group.
4.7 Introduce PACS to enable sharing of images within and between Boards	December 2007		<ul style="list-style-type: none"> - PACS programme initiated. Project initiation development approved by Programme Board. There is a separate implementation project in Clyde. A workstream approach is being used, with the following: IT infrastructure, software integration, testing, communication, process change, data migration, cutover and Kodak technology. Plans for Southern General and Victoria developed and baselined. Plan for Gartnavel General being developed. Servers for Southern General and Victoria installed.

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5. Unscheduled Care			
5.1 Carry out an audit of referral patterns to emergency centres from other parts of the system.	December 2006		- ISD taking forward a project to audit referral patterns from primary care.
5.2 Develop community based services (incl community casualty units) taking account of regional review of emergency receiving services and planned care centres; fully considering opportunities to integrate with Community resource Hubs and Out of Hours services	July 2007		<ul style="list-style-type: none"> - We will deliver two community casualty units in the new Stobhill and Victoria hospitals by 2009, as agreed by SEHD. By July 2007 we will be well on the way to their development. A review of the clinical strategy in Clyde is currently underway. - Necessary planning to ensure joined up approach to emergency care provision is ongoing through the unscheduled care collaborative and West of Scotland regional planning and sets contract for implementation of agreed proposals for MIUs and A&E as part of the Acute Services Review in Greater Glasgow.
6. Planned Care			
6.1 Undertake a rigorous review of emergency and elective workflows and synchronise these to available resources	December 2005		- Not in HDL
6.2 Implement five simple changes in planned care (3 year improvement plan produced)	December 2006		- Examples are not in the HDL
1. <i>Treat day surgery (rather than in patient surgery) as the norm for planned procedures</i>			- Day surgery is planned in preference to inpatient procedures where appropriate - further work is required in some areas.
2. <i>Improve referral and diagnostic pathways</i>			- More work in this area is required and will be developed as joint working with CH(C)Ps develops. Referral information is being improved through specific funding from CCI (ends February 2007).
3. <i>Actively manage admissions to hospital</i>			- Work is ongoing in this area with pre-admission services established.
4. <i>Actively manage discharge and length of stay</i>			- There is scope for further improvements, however, many areas actively operate discharge planning.
5. <i>Actively manage follow up</i>			- More work in this area is required and will be developed as joint working with CH(C)Ps develops.
6.3 Establish Referral Management Centres to extend referral options and facilitate patient choice at the point of contact.	December 2007		- Progress on link of Referral Information Services to SCI Gateway Referral System as first stage of programme to improve data quality, collection, analysis and reporting to be assessed on 24 th August. Possible implementation in October. Referral management currently being piloted in two CCI pilots - the Foot and Ankle Triage Service and Physiotherapy Knee Project. Further work is underway involving clinicians and IMT.
6.4 Implement minimum national standards for surgery time and throughput for all surgical staff.	December 2007		- The Executive is expected to publish the surgical profile in autumn 2006. A first meeting with the Executive to define this is scheduled later in August.
7. Mental Health Services			
7.1 Start implementation of the local elements of the CAMHS Framework.	December 2006		<ul style="list-style-type: none"> - Establishment of baseline against framework for completed GG/A&C - ongoing. - Stakeholders events per CH(C)P (9) commissioned from SDCMH/Young Minds - delivery over next 12 months. - Local development plans to be established post stakeholders event per CH(C)P and linked to CSP processes.

ACTION	DATE	STATUS	COMMENTARY
7.2 Develop local action plans based on National Mental Health Delivery Plan.	December 2007		<ul style="list-style-type: none"> - Progress pending national deliver plan targets to be produced by Scottish Executive for December 2007. - ICP implemented for schizophrenia and partially designed for depression and other conditions. - Community service model including crisis and assertive outreach being implemented. - Access to expanded range of local secure forensic services from May 2007. - In place for specialist perinatal beds and to specialist eating disorder services.
7.3 Develop local integrated care pathways to meet national standards (available December 2007)	December 2008		<ul style="list-style-type: none"> - Local work to develop integrated care pathways to meet existing NQIS targets well advanced and reflected in NQIS assessments. Further work on new standards will follow this publication.
8. Child and Maternal Health			
8.1 Agree local Integrated Children's service plans which include acute services	December 2005		<ul style="list-style-type: none"> - Not in HDL
8.2 Issue guidance and agree local delivery mechanisms for Hall4	December 2005		<ul style="list-style-type: none"> - Not in HDL
8.3 Start implementation of the local elements of Hall 4	December 2006		<ul style="list-style-type: none"> - Not in HDL
8.4 Start implementation of the CAMHS framework	December 2006		<ul style="list-style-type: none"> - See 7.1.
8.5 Start implementation of the local elements of Emergency Care framework	December 2006		<ul style="list-style-type: none"> - Not in HDL
8.6 Review models of care for children with complex care needs.	December 2006		<ul style="list-style-type: none"> - Proposals being taken to Child Health Strategy Group.
8.7 Implement local aspects of Child Health Action Framework.	December 2008		<ul style="list-style-type: none"> - Child Health Subgroup to be formed to progress work.
8.8 Implement local aspects of adolescent care and children's surgery review	December 2008		<ul style="list-style-type: none"> - Not in HDL
8.9 Establish care pathways for the 10 commonest acute conditions (subject to national initiative 2006-7)	December 2008		<ul style="list-style-type: none"> - Not in HDL
8.10 Implement key worker model for children with complex needs at local level.	December 2008		<ul style="list-style-type: none"> - Consultation underway with staff on proposals.
9. Neuroscience			
9.1 CHPs and primary care teams work with Scottish Neuroscience Council to scope level N1 of the single service. Work on unplanned neurological activity in conjunction with community casualty service	December 2005		<ul style="list-style-type: none"> - Not in HDL
10. Others			
10.1 Contribute to Regional Workforce plans.	January 2006	Completed	<ul style="list-style-type: none"> - We have contributed to the work of the West of Scotland regional plan.
10.2 Produce Board Workforce plans.	April 2006	Completed	<ul style="list-style-type: none"> - Local workforce plans developed for Greater Glasgow and Clyde. Currently being refined taking account of comments from SEHD particularly on projections and in line with key strategic developments. A review of workforce planning and information capacity is underway to ensure sustainability.