

Greater Glasgow NHS Board

Board Meeting  
Tuesday, 19<sup>th</sup> August, 2003.

Board Paper No. 03\52

Chief Executive, GGNHSB

**ACCOUNTABILITY REVIEW – 2002\03  
(INCLUDING 2003\04 - CORPORATE OBJECTIVES)**

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

- i) receive the report of the annual Accountability Review meeting between NHS Greater Glasgow and the Scottish Executive Health Department.**
- ii) note the summary of action points agreed at the conclusion of the meeting.**
- iii) approve the Board's Corporate Objectives for 2003\04 which are linked closely with the Accountability Review.**

**1. INTRODUCTION**

- 1.1 The annual Accountability Review meeting between NHS Greater Glasgow and the Scottish Executive Health Department took place in Glasgow on 25<sup>th</sup> June, 2003.

This year's meeting differed in its format from the 2002 Review. In addition to the main business meeting and the meeting with Members of the Area Partnership Forum, the Chief Executive of NHS Scotland and Members of the Department's Management Board met also with representatives of the Area Clinical Forum. Health Department colleagues were able also to visit the Sandyford Initiative in the latter part of the morning.

**2. THE OUTCOME OF THE ACCOUNTABILITY REVIEW MEETING**

- 2.1 The record of the outcome of the 2003 Accountability Review meeting is set out in the letter of 17<sup>th</sup> July, 2003 from Trevor Jones, Chief Executive of NHS Scotland, to the NHS Board 's Chairman. A copy of that letter is attached to this paper as Annex 1.

At the Board meeting, the Chief Executive will expand on a number of issues and action points discussed during the Accountability Review. In line with the Health Department guidance, the text of the Accountability Review letter will be included in the Board's Annual Report for 2002\03.



SCOTTISH EXECUTIVE

**Health Department**

**Trevor Jones**, Head of Department and -  
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17 July 2003

**Dear Sir John**

Thank you for hosting our visit to Glasgow for your Accountability Review discussion on 25 June. This letter records the main points of our discussion.

**Meeting with the Area Clinical Forum**

I had a positive meeting with the Area Clinical Forum and was told that while still in its infancy there was growing evidence that the Forum was maturing. The size of the agenda in Glasgow was formidable and this was consuming a lot of energy, which could be better channeled into the planning process. I heard that awareness among the different professional groups of the role of the Forum was still not as widely embedded as the Forum would like. Members expressed a willingness and desire to be more involved in policy and service development and suggested that the Forum's role might be more visible if the Forum was allocated specific issues to consider, for example the development of Community Health Partnerships (CHPs) and the ambulatory care hospitals. The Forum was very positive about support from the Board both in attendance at ACF meetings and in availability of resources to support the Forum. We had a useful discussion about implementing Partnership for Care and the challenges posed by workforce issues, the evolution of LHCCs into CHPs and the implementation of the Joint Future Agenda. I acknowledged that progress could only be made on these fronts were there visible devolution of responsibilities. I informed the Forum that draft guidance on the development of CHPs was being finalised by the Executive and would soon be circulated to the Service for comment. The Forum suggested that they and other ACFs might benefit from being part of a National Association. I suggested that this was best taken forward by the Forum Chairman in discussion with fellow Chairmen. **I have since had discussions with other Forums and am considering the feasibility of convening a national event to which ACFs and Professional Advisory Committees would be invited. I will be discussing this further with colleagues. I am asking you to consider the Forum's request for a more task-based approach.**



## Meeting with the Staff Partnership Forum

The main issues from the Staff Side meeting in 2002 had been the wish to exert more influence over decisions taken by the Board and the need to engage UNISON as a participating member of the Forum. I was told that there had been some positive progress, but that influencing strategic decision making was still a challenge and UNISON was still not participating materially in the Area Partnership Forum. However, there was positive involvement of UNISON in most of the local Partnership Forums and in the Staff Governance Committee. The Forum identified the implementation of PIN Guidelines as a challenge and informed me of mixed progress across the different NHS organisations. I was told of the willingness in all the organisations to implement the guidelines but that constraints around the attached costs to, and the availability of staff to backfill posts was hampering progress. **The Forum acknowledged your commitment to implementing the guidelines and I understand that the Staff Governance Committee is producing a plan for implementation. I would be very interested to receive a copy of that document.** The Joint Future agenda was also posing challenges because of boundary issues, different HR and conditions of service arrangements in local authorities and backfilling arrangements. The Forum also felt that they were not being involved at an early enough stage in consideration of redesign. We had an interesting debate on funding the NHS and the prioritisation debates faced by NHS systems. **I suggested that it would be useful to have this debate with the Scottish Partnership Forum and we will take this forward later in the summer.** The Staff Side identified the implementation of Agenda for Change as another major challenge.

## Major Service Issues

I asked for an update on progress on implementing the acute services strategy. You explained that attention was now focussed on the annual review to be overseen by Audit Scotland. A timetable of work for the coming months had been agreed with PriceWaterHouseCoopers which would result in a governance report being considered by the NHS Board in November 2003. The report would focus on overall governance and project management, arrangements for keeping key assumptions and resource projections up to date and arrangements for keeping the public and other key stakeholders informed. I was interested to hear of the project management arrangements that are being put in place, as successful implementation will depend on robust systems and arrangements. I very much support the pan Glasgow approach and having identified individuals to lead on specific tasks. **I would like to be kept informed of key milestones and progress.**

I was encouraged to hear that work has progressed materially on the procurement of the Ambulatory Care Hospitals at Stobhill and the Victoria. You advised me that the NHS Board will continue to develop these proposals and you will keep the Department informed. I was very pleased to hear that progress on the procurement of the West of Scotland Cancer Service is progressing. Your report on the staffing situation was encouraging and it is clear that a lot has been achieved in the last year. **The NHS Board and the Department will consider lifting the special management arrangements, which are in place at the Beatson Oncology Centre in the Autumn.**

## Performance Assessment Framework

We identified a number of areas of concern, most notably, pre-school dental disease, immunisation levels and babies breastfed at 6 weeks. You shared my concern over the decline in the percentage of 5-year-olds free from decay. You reported that the rates of dental disease amongst children from deprived communities was twice that of children from affluent areas. **You said you expected to see benefits from the work of the oral health action teams start to flow through and you agreed to keep us informed of progress as the Oral Health Strategy was implemented.** We discussed the drop in the uptake of MMR immunisation nationally and you said that you were not confident that Glasgow could return to 95% in the short - term. **I asked you to keep uptake rates under close review** The trend in the proportion of women still breastfeeding at 6 weeks is improving and the rate is increasing at a faster rate than for Scotland. You explained that you were specifically targeting areas in which there is low initiation of breastfeeding and below average duration. **I asked to be kept informed of progress.** On Patient Focus Public Involvement we agreed that a joint meeting between Glasgow and the Health Department would be helpful to work through the recent assessment. **I look forward to hearing the outcome of that meeting.**

## Finance Issues

We commended you on last year's performance and invited you to update us on recent discussions at the NHS Board about the financial challenges for the current year. You explained the difficulties facing the Board area because of a lower allocation for 2003/04 to the indicative allocation notified in 2001. The reduction in available new resources meant that you had to revisit commitments in the Local Health Plan and you concluded that it was not possible to sustain all the commitments in the Plan. The issue of funding Beta Interferon was a matter of concern for us and you were suggesting capping investment at the 2002/03 level. I recognised that considerable progress has been made in the provision of services to MS sufferers and that substantial investment had been made. **I reiterated the Executive position on the availability and provision of Beta Interferon as set out in HDL (2000) 6 and I accepted your proposal to resume the assessment of patients.** I understand that appointments are again being made and I acknowledge the prompt response from NHS Greater Glasgow. I noted your view that the risk-sharing scheme should be evaluated earlier than the planned evaluation.

## Waiting

We congratulated Glasgow on performance in 2002/03. Glasgow had successfully delivered against the 9-month target for March 2003 and in doing so had halved the number of patients waiting over 9 months during the past year. You delivered against plan for 6-9 month waits and held the 12-month national guarantee. Outpatient performance showed significant decreases in the longest waiting times for a number of specialties. Overall, this has been a successful year for Glasgow. You said that Glasgow faced significant challenges this year but confirmed that you are focussed on meeting the 9-month guarantee for inpatients and day cases by December 03 in a sustainable way. For outpatients Glasgow is targeting 26-week maximum waits for general medicine, general surgery, gynaecology, dermatology and cardiology but was facing significant problems in addressing some other more problematic specialties.

You confirmed that March 2004 remained the target for 48-hour access to a primary care team member. We raised a query about why the number of paediatric patients waiting over six months at Yorkhill seemed to be high and you confirmed that you were finalising a number of initiatives to address this. **We concluded that Glasgow was clear and focussed on the challenges and agreed that you would conclude discussions with the National Waiting Time Unit to agree the 2003/04 plan**

### **Delayed Discharge**

We agreed that the target of reducing the level of delayed discharges in Glasgow by 190 had been challenging. I was pleased that Glasgow had made considerable progress towards achieving the target and that the additional 65 discharges to fully meet the target would be achieved by October 03.

### **Partnership for Care**

We moved on to discuss issues arising from Partnership for Care and acknowledged the number of projects being taken forward in Glasgow and asked how Glasgow now intended to focus the agenda in order to deliver Partnership for Care and Improving Health in Scotland: The Challenge. You reaffirmed Glasgow's commitment to the health improvement agenda and said that the NHS Board had recently considered a paper setting out work underway to address the challenge. You told us that Glasgow's approach fitted well with translating the Challenge into action. You explained that the Board's health improvement focus was set firmly within the social inclusion framework. You stressed the necessity for work to promote healthier lifestyles to be allied to work to improve life circumstances - and, in particular, to tackle the detrimental health effects of poverty and deprivation. We acknowledged that the principle of the NHS working in partnership with local authorities, other public sector agencies, the voluntary sector, employers and communities was well established. You suggested that for Community Planning the approach would focus all the partners on the need for much greater co-ordination right across the spectrum of interests. **We look forward to the production of Joint Health Improvement plans with Local Authorities.**

### **Integration of Structures, Dissolution of Trusts and Development of CHPs.**

We were satisfied that progress is being made in line with the principles and the timescales set out in Partnership for Care. I confirmed that your work should continue on the assumption that Health Board boundaries would remain unchanged for the time being. I asked to be kept in touch as Glasgow's thinking develops.

### **Pay Modernisation**

I had a sense that the three strands of the pay modernisation agenda were being progressed. We agreed that a strong partnership approach was required and that whole team working was the way forward. The Board would also need to be clear about the implementation process and the scope for support from the Health Department. The close involvement of the Partnership Forums would be key to success.

## **New Deal on Junior Doctors' hours.**

This is a NHS Scotland issue and I was reassured that New Deal compliance is clearly a priority for Glasgow. You told me that you had written to the Department setting out some suggestions to work more closely with the Implementation Steering Group (ISG). We will respond in due course

## **Clean Hospitals and Infection Control.**

I am content that measures are being taken to meet CSBS/NQIS standards for Infection Control and Cleaning Services and that Glasgow is on schedule to meet Glennie requirements on decontamination. **I would ask that these important issues be kept under review.**

## **Maternity Services**

I was grateful for your update on the process and timetable for progressing consideration on maternity services in Glasgow.

## **To summarise the main points of the Accountability Review.**

- (i) An implementation plan for PIN guidelines is being produced and you will share this with us.
- (ii) On the Joint Future agenda you will ensure that staff are fully involved at all stages and provide support through appropriate facilities arrangements
- (iii) The NHS Board will continue to progress plans for the procurement of the two ambulatory care hospitals and you will inform the Department of the outcome and timetable.
- (iv) The NHS Board and the Department will consider lifting the special management arrangements, which are in place at the Beatson Oncology Centre in the Autumn.
- (v) PAF - you will keep dental care for children under review and progress the oral health strategy; you will continue to monitor MMR rates of uptake; you will work with LHCCs to promote ownership of the mental health strategy and you will keep the Department informed; we agreed that a joint meeting on PFPI would be helpful to address shared concerns.
- (vi) On the availability of Beta Interferon you agreed to submit proposals to resume the assessment of patients from July. You also undertook to share the analysis work you have produced on the risk-sharing scheme.
- (vii) On waiting times you confirmed that Glasgow would secure the 9 months guarantee in a sustainable way. A final plan was to be agreed with the NWTU.
- (viii) We agreed to consider the issues you had raised on the process for securing additional resources through the CHD/Stroke initiative.
- (ix) We were pleased with proposals to progress the Health Improvement agenda
- (x) You will keep the Partnership Forums closely involved with implementation of the Pay Modernisation Agenda.
- (xi) You will keep infection control issues and decontamination under review.

I concluded by congratulating Glasgow on a very good year for 2002/03. The NHS

Board delivered on national priorities while addressing very complex service issues and progressing an ambitious modernisation agenda. Partnership working is well established and should be reinforced as you progress to a single system. I would ask you to convey my recognition and congratulations to staff for their contribution to a very successful year for NHS Greater Glasgow.

Yours sincerely.



**TREVOR JONES**

3. THE LINK TO THE BOARD'S CORPORATE OBJECTIVES 2003\04

- 3.1 At the meeting held in early June, the Remuneration Sub Committee of the NHS Board considered a draft of the Board's Corporate Objectives for 2003\04, subject to a final cross check of these Objectives against the outcome of the Accountability Review Meeting. A few minor amendments have been made to the Objectives to reflect the discussion at the Accountability Review meeting.

An up-dated set of Objectives is attached for the Board's consideration and approval at Annex 2.

4. IN-YEAR PROGRESS REPORTS

- 4.1 In-year progress reports on the Accountability Review Action List will be brought to the Board in December, 2003 and in the month prior to the 2004 Review. The detailed on-going monitoring of key Objectives will be the subject of regular reports to the Board's Performance and Resources Monitoring Group.

T.A. Divers  
Chief Executive  
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CORPORATE OBJECTIVES FOR NHS BOARD EXECUTIVE DIRECTORS 2003\04

Service

- (5) 1. Update the Local Health Plan, ensuring that the NHS Board manages within available resources.
- (5) 2. Create a 'step-change' in responding to the Health Improvement Challenge.
- (4) 3. Take forward implementation of the Acute Services Plan and of the Review and Monitoring arrangements.
- (3) 4. Plan implementation of White Paper "Partnership for Care".
- (5) 5. Deliver the guarantees and targets for Waiting Times.
- (3) 6. Develop the Staff Governance Agenda.
- (2) 7. Deliver the Racial Equality Leadership Challenge.
- (3) 8. Conclude decisions on the Board's Maternity Services Strategy.
- (3) 9. Service Modernisation.

Behavioural

- (3) 1. Partnership Working.
- (2) 2. Improving performance through team-working
- (2) 4. Organisational learning and development.



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CORPORATE OBJECTIVES OF EXECUTIVE DIRECTORS  
2003\04

Service Objective 1 of 9		Weighting	Achievement Rating
Update the Local Health Plan, ensuring that the NHS Board manages within available resources.		5	
<b>Agreed Outcomes</b>	<b>Timescales</b>	<b>Comments on Achievement</b>	
1.1 Secure NHS Board agreement to updated Local Health Plan, developed in partnership with Local Authority and staff interests.	June, 2003		
1.2 Secure NHS Board agreement to financial allocations for 2003\04.	June, 2003		
1.3 As members of new Corporate Management Team, support the NHS Board's Performance and Resources Monitoring Group in its fundamental review of the forward financial plan.	August, 2003 – February, 2004		
1.4 Ensure that, for the year ending March, 2004, all 5 NHS organisations meet their financial targets.	March, 2004		
1.5 Secure NHS Board agreement to the updated Local Health Plan and Financial Plan for 2004 – 2008.	March, 2004		

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CORPORATE OBJECTIVES OF EXECUTIVE DIRECTORS  
2003\04

Service Objective 2 of 9 Create a 'step-change' in responding to the Health Improvement Challenge.		Weighting	Achievement Rating
		5	
<b>Agreed Outcomes</b>	<b>Timescales</b>	<b>Comments on Achievement</b>	
2.1 Develop a Centre for Population Health as an international centre of excellence: finalise proposal <ul style="list-style-type: none"> <li>▪ Establish first elements of the Centre</li> <li>▪ On securing funding, Centre to commence</li> </ul>	September, 2003  January, 2004 April 2004		
2.2 Work with partners, including each local authority, to increase smoke-free areas in Greater Glasgow.	December, 2003		
2.3 Implement the priorities identified in the Glasgow Food and Health Framework (particularly in relation to children's diet) and develop a strategy to tackle obesity in primary and secondary care.	March, 2004		
2.4 Complete multi-agency physical activity strategy for launch of consultation.	December, 2003		
2.5 Complete Health and Well-being population survey, the results to support future years' health improvement planning process.	October, 2003		

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CORPORATE OBJECTIVES OF EXECUTIVE DIRECTORS  
2003\04

<p>Service Objective 3 of 9</p> <p>Take forward implementation of the Acute Services Plan and of the Review and Monitoring Arrangements.</p>	<p>Weighting</p>	<p>Achievement Rating</p>
	<p>4</p>	
<p><b>Agreed Outcomes</b></p>	<p><b>Timescales</b></p>	<p><b>Comments on Achievement</b></p>
<p>3.1 Take forward procurement of the Ambulatory Care Hospitals, as a single Glasgow-wide project, meeting the following key dates:</p> <p style="padding-left: 40px;">a) Procurement launch b) Selection of preferred bidder</p> <p>3.2 Finalise arrangements for project management, with Programme Director and Project Manager (ACAD) designated.</p> <p>3.3 Develop enhanced arrangements for community engagement linked to the Board's broader work on patient focus and public involvement.</p> <p>3.4 Finalise arrangements for Audit Scotland's year one review, with the outcome of that review reported to the NHS Board by the External Auditor four months thereafter.</p> <p>3.5 Support the establishment and working of the North and South Monitoring Groups through dedicated Secretariat and regular briefing sessions with the Chairs.</p> <p>3.6 Provide quarterly updated reports to the NHS Board on key aspects of implementation of the overall plan.</p>	<p>April, 2003 March, 2004</p> <p>June, 2003</p> <p>December, 2003</p> <p>July, 2003 November, 2003</p> <p>April, 2003 and quarterly thereafter</p> <p>June, 2003 and quarterly thereafter</p>	

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CORPORATE OBJECTIVES OF EXECUTIVE DIRECTORS  
2003\04

Service Objective 4 of 9		Weighting	Achievement Rating
Plan implementation of White Paper "Partnership for Care"		3	
<b>Agreed Outcomes</b>	<b>Timescales</b>	<b>Comments on Achievement</b>	
4.1 Produce consolidated consultation proposals to implement the White Paper "Partnership for Care".	August, 2003		
4.2 As part of the consolidated proposals, bring forward proposals on key aspects of the White Paper:			
a) Service Re-design Committee and Performance Resources Monitoring Group.	May, 2003		
b) Process to develop Community Health Partnerships.	May, 2003		
c) Creation of strengthened Corporate Management working and cross-system leadership.	August, 2003		
d) Development of a framework of devolved decision-making.	October, 2003		
e) Contribution to more effective Regional Planning.	November, 2003		
f) Sustain current level of services during transitional period	March/April 2004		
4.3 Conclude outcome of consultation and move to Board decisions about single-system working arrangements.	January, 2004.		

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CORPORATE OBJECTIVES OF EXECUTIVE DIRECTORS  
2003\04

Service Objective 5 of 9		Weighting	Achievement Rating
Deliver the guarantees and targets for Waiting Times		5	
<b>Agreed Outcomes</b>	<b>Timescales</b>	<b>Comments on Achievement</b>	
5.1 Develop sustainable plans to guarantee that no-one waits longer than 9 months for in-patient or day case treatment.	December, 2003		
5.2 Delivery a consistent guarantee of maximum waiting times for coronary angioplasty of 12 weeks and of 24 weeks for cardiac surgery or angioplasty.	April, 2003		
5.3 Address lengthier out-patient waits: in particular, reduce maximum waits for ophthalmology and urology to 60 weeks.	April, 2004		
5.4 Develop plans to deliver 48 hour targets for Primary Care.	April, 2004 and ongoing		

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CORPORATE OBJECTIVES OF EXECUTIVE DIRECTORS  
2003\04

Service Objective 6 of 9		Weighting	Achievement Rating
Develop the Staff Governance Agenda		3	
<b>Agreed Outcomes</b>	<b>Timescales</b>	<b>Comments on Achievement</b>	
6.1 Review Staff Governance Strategy in the light of “Partnership for Care” White Paper.	June, 2003 for initial paper		
6.2 Develop a Partnership Agreement for the Area Partnership Forum and each Local Forum.	September, 2003		
6.3 Develop a Strategy for addressing and harmonising implementation of PIN Guidelines across NHS Greater Glasgow with particular reference to Family Friendly Policies.	September, 2003		
6.4 Develop the role of the Area Partnership Forum to work in support of the implementation and monitoring of the Staff Governance Standard.	March, 2004		
6.5 Ensure effective distribution arrangements for the second National Staff Survey and commence the implementation of the subsequent Action Plans.	October, 2003 and March, 2004		
6.6 Develop organisational development opportunities for all staff and support the ethos of a ‘learning organisation’ for all 5 NHS organisations.	February, 2004		



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CORPORATE OBJECTIVES OF EXECUTIVE DIRECTORS  
2003\04

Service Objective 7 of 9		Weighting	Achievement Rating
Deliver the Race Equality Leadership Challenge		2	
<b>Agreed Outcomes</b>	<b>Timescales</b>	<b>Comments on Achievement</b>	
7.1 Complete the Race Equality Action Plan for each organisation within NHS Greater Glasgow.	April, 2003		
7.2 Establish a pan-Glasgow approach to key cross-cutting themes identified in Action Plans of each organisation.	September, 2003		
7.3 In particular, develop detailed Action Plans in respect of employment, training and catering.	December, 2003		
7.4 Establish through full consultation a NHS Greater Glasgow Spiritual Care Policy which leads to the formation of Local Implementation Plans for each NHS organisation.	November, 2003 and March, 2004		

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CORPORATE OBJECTIVES OF EXECUTIVE DIRECTORS  
2003\04

Service Objective 8 of 9		Weighting	Achievement Rating
Conclude decisions on the Board's Maternity Services Strategy			
		3	
<b>Agreed Outcomes</b>	<b>Timescales</b>	<b>Comments on Achievement</b>	
8.1 Develop process of pre-consultation in agreement with the NHS Board.	May, 2003		
8.2 Establish a Board Sub-Group, appoint external Chair, to finalise the remit and working arrangements and provide appropriate secretariat support.	June, 2003		
8.3 Support Sub-Group to allow it to fulfil its remit.	July – September, 2003		
8.4 Proceed to formal consultation, based on the Sub-Group's report and subsequent NHS Board decision.	October, 2003		
8.5 Conclude Board decision on the future pattern of service based on assessment of consultees' responses to allow Board discussion and submission to be made to the Minister for Health and Community Care.	February, 2004 March, 2004		

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CORPORATE OBJECTIVES OF EXECUTIVE DIRECTORS  
2003\04

Service Objective 9 of 9		Weighting	Achievement Rating
Service Modernisation			
		3	
<b>Agreed Outcomes</b>	<b>Timescales</b>	<b>Comments on Achievement</b>	
9.1 Plan integration of primary and specialist care and begin service integration in specific areas e.g. diagnostics, out-of-hours care and chronic disease management.	March, 2004		
9.2 Integrate health and social care (Joint Future) within the context of Community Health Partnerships, to modernise community care e.g. older people, mental health and addictions.	March, 2004		
9.3 Plan the integration of children's services across primary, specialist and social care.	March, 2004		
9.4 Implement pay modernisation, Agenda for Change, Consultant Contract and GMS Contract			
- develop and implement a workforce development strategy to support service modernisation.	March, 2004		
9.5 Ensure that the ICT Strategy reflects and supports the process of involving clinicians in the modernisation and improvement of services to patients.	March, 2004		

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CORPORATE OBJECTIVES OF EXECUTIVE DIRECTORS 2003\04

Executive Directors

Behavioural requirement - Partnership Working		Weighting	Achievement Rating
		3	
<b>Previously Agreed Actions for Development</b>	<b>Evidence of achievement (cross reference to Service Objectives if appropriate)</b>	<b>Agenda for Further Development</b>	
Continue to develop and sustain existing, longer-term relationships with key partners across internal and external agencies and organisations.	<p>Actively work across boundaries to create “integrated” and “seamless” services.</p> <p>Demonstrate a clear understanding of the concerns of partners and be creative in defining solutions to move agenda forward.</p> <p>Use interpersonal style to ensure robust relationships with external partners.</p> <p>Be seen as a source of support, information or expertise by individuals outwith NHS Greater Glasgow.</p> <p>Considered key members of various cross agency fora.</p> <p>Be seen as Champions of Partnership agendas both internally and externally to NHS Greater Glasgow.</p> <p>Actively seek to utilise and improve existing networks to ensure effective formal and informal information and communication channels.</p>		

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CORPORATE OBJECTIVES OF EXECUTIVE DIRECTORS  
2003\04

Executive Directors

Behavioural requirement - Partnership Working (continued)		Weighting	Achievement Rating
<b>Previously Agreed Actions for Development</b>	<b>Evidence of achievement (cross reference to Service Objectives if appropriate)</b>	<b>Agenda for Further Development</b>	
Actively seek to create new networks and partnerships where corporate team's input and influence are crucial to the Board's related strategy or direction.	<p>Are instrumental in establishing new fora with appropriate representation to allow new initiatives to be development and implemented. Often take the lead to influence strategy formulation to ensure service requirements are appropriately reflected across all agencies i.e. NHS Board, Local Authority, Politicians, MSPs.</p> <p>Will act as broker to assist others to establish new relationships.</p>		

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CORPORATE OBJECTIVES OF EXECUTIVE DIRECTORS  
2003\04

Executive Directors

Behavioural requirement - Improving Performance Through Team-Working	Weighting	Achievement Rating
	2	
<b>Previously Agreed Actions for Development</b>	<b>Evidence of achievement (cross reference to Service Objectives if appropriate)</b>	<b>Agenda for Further Development</b>
Effectively operate as members of the Corporate Management Team.	<p>Build the credibility of the team through the establishment of open and honest working relationships.</p> <p>Develop a “shared vision” of the future.</p> <p>Build team morale and motivate individuals by recognising their contribution.</p> <p>Share ideas and experiences with others.</p> <p>Provide visible leadership.</p> <p>Promote multi-disciplinary team-working.</p>	

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CORPORATE OBJECTIVES OF EXECUTIVE DIRECTORS  
2003\04

Executive Directors

Behavioural requirement - Organisational Learning and Development		Weighting	Achievement Rating
		2	
<b>Previously Agreed Actions for Development</b>	<b>Evidence of achievement (cross reference to Service Objectives if appropriate)</b>	<b>Agenda for Further Development</b>	
As a member of the Corporate Management Team actively seek to develop organisational capability ensuring this is linked to Service Improvements and Delivery.	<p>Consider OD and Learning implications in all Workforce Planning activity ensuring appropriate investment and support.</p> <p>Act as Coach and Mentor to individuals within Senior Management Teams.</p> <p>Continually seek to develop own knowledge and expertise in line with Chief Officer role requirements.</p> <p>Champion processes to ensure effective identification of high potential employees linking these to succession management for critical positions within the organisation.</p> <p>Demonstrate commitment to development of all employees ensuring equality of access to learning opportunities for all staff.</p> <p>Be active in Development Planning of staff encouraging a similar focus from all managers.</p>		