WEST DUNBARTONSHIRE CHCP ORGANISATIONAL PERFORMANCE REVIEW: 31 OCTOBER 2013

1	WIDER MANAGEMENT RESPONSIBILITIES AND CAPITAL PROJECTS
1.1	Vale Centre for Health and Care – you confirmed the following:
	 The project was completed on schedule and within budget with the official opening taking place on 27 November 2013. You were considering how to ensure maximising the use of the facility as part of the rationalisation of office space.
1.2	Golden Jubilee National Hospital – the Council Chief Executive highlighted the need for further clarity around the future of the hospital as this is important to West Dunbartonshire Council in planning for care homes and the wider waterfront development.
1.3	Diabetic Screening – you confirmed that the issues had been resolved.
1.4	Criminal Justice Funding – you confirmed the debate around funding continues and will be formally raised with the Scottish Government.
1.5	MSK Physiotherapy – the timelines for referrals and Trakcare are currently being defined.
2	EARLY INTERVENTION AND PREVENTING ILL HEALTH
2.1	Care Leavers – you confirmed you were using every means available to address the issue of young people with limited opportunities.
2.2	Blue Triangle Review – you agreed to ensure all actions were closed.
2.3	Smoking In Pregnancy – you will continue to focus effort on improving performance.
2.4	Breastfeeding (Deprived Areas) – you agreed to pick this up as part of the acute interface work around the Early Years Collaborative.
2.5	Triple P – you agreed to confirm the targets for the measures around Triple P so that these can be included in future OPRs.
2.6	Early Years Collaborative – you agreed to confirm two/three progress measures and targets to be included in future OPRs.
2.7	Bowel Screening – you confirmed that you were working with GPs to follow up beyond opportunistic opportunities.
2.8	PCMHT – actions are in place to address the deteriorating performance.
3	SHIFTING THE BALANCE OF CARE
3.1	Deaths In Hospital – there is a need to work on a complex range of actions to identify relevant patients and keep them out of hospital. We need a clear baseline and target.
4	RESHAPING CARE FOR OLDER PEOPLE
4.1	Bed Days Lost To Delayed Discharge – performance is off target due to the lack of care home beds. While this issue is understood, the CHCP needs to plan how to address it without creating pressure in acute services.
4.2	Bed Days Lost (Adults With Incapacity) – the movement of two intractable patients will

	result in a major improvement in performance.
4.3	SPOA – you confirmed this has been concluded for hospitals and GPs.
5	IMPROVING QUALITY EFFICIENCY AND EFFECTIVESS
5.1	Prescribing – we noted the positive progress in relation to the cost per weighted patient and you agreed to continue to focus on outlying practices.
5.2	GP Access – you confirmed you will have a full data set to report at your end of year OPR.
6	TACKLING INEQUALITIES
6.1	Inequality Improvement Plan – we noted the positive effort in developing the plan and will return to this at your year end review to see how effective this is in closing the gap.
6.2	Equality Outcomes – more effort is required to ensure actions are in place to deliver the Equality Outcomes and you agreed to incorporate this within your Inequality Improvement Plan.
6.3	DNAs – there is a need as a team to get behind and understand the DNA rates by practice and location and take appropriate action to improve performance.
7	EFFECTVE ORGANISATION
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