

# 2015/2016 Annual Review Performance News





# Queen Elizabeth University Hospital and Royal Hospital for Children

Construction and fitting out the new Queen Elizabeth University Hospital (QEUH) and the new Royal Hospital for Children (RHC) was completed ahead of schedule and at a cost of £842m on 26 January 2015.

Over the period of the 201 week building contract, the project helped to regenerate the local area through local businesses and social enterprises securing contracts in the construction of the new buildings. Over 1,500 businesses were engaged with to promote sub-contracting opportunities, with 65% of available contracts being secured by small and medium enterprises.

The new hospitals deliver local, regional and national services in some of the most modern healthcare facilities in the world. The new hospitals are located next to a fully modernised maternity unit and so deliver the gold standard triple co-location of maternity, paediatric and adult acute care to a single campus.

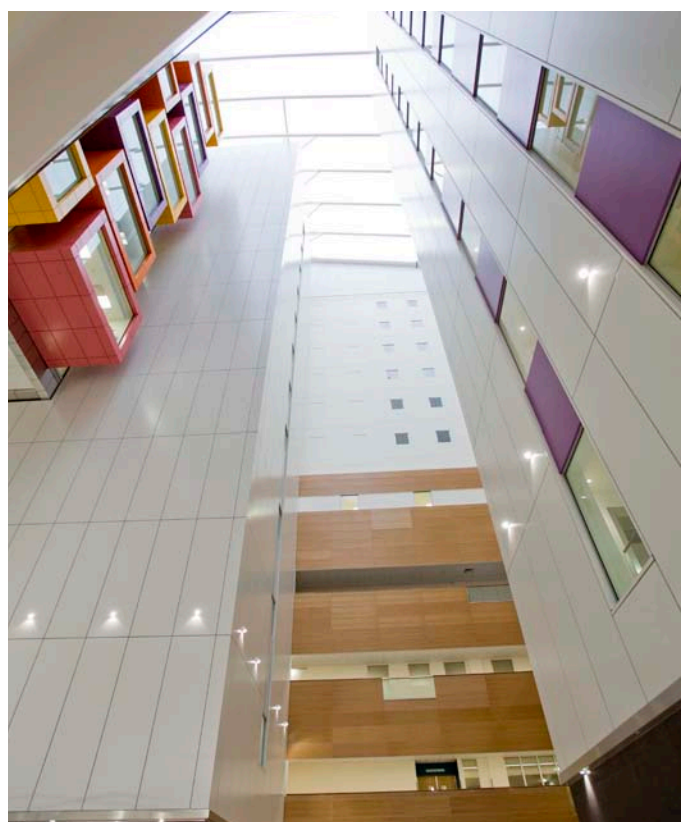
The adult hospital features 1,109 patient rooms, each equipped to the highest of standards. Rooms within the general wards have an external window view. There is an outpatient self-check-in system to speed up patient flow.

The children's hospital features 244 paediatric beds with a further 12 neonatal beds in the maternity unit next door. The vast majority of the paediatric beds are in single rooms with space for overnight accommodation for parents.

**Her Majesty Queen Elizabeth II officially opened The Queen Elizabeth University Hospital Glasgow, The Royal Hospital for Children Glasgow and The Queen Elizabeth Teaching and Learning Centre on 3 July 2015.**

After the staff migration to the new QEUH, another phase of service moves affected staff in the west of the city. This saw staff previously based at the former Western Infirmary relocating, along with the Minor Injuries Unit and Outpatients Department services, to the former children's hospital site at Yorkhill.

With the opening of these two new world-class hospitals, the Western Infirmary, Victoria Infirmary including the Mansionhouse Unit, Southern General and the Children's services provided from the Royal Hospital for Sick Children



Yorkhill have been closed. The vast majority of services from these hospitals have transferred to the new hospitals with the remainder moving to Glasgow Royal Infirmary and some services into Gartnavel General Hospital.

The completion of these moves to the new hospitals will enhance the existing NHS Greater Glasgow and Clyde acute hospitals – Glasgow Royal Infirmary, Inverclyde Royal Hospital, Royal Alexandra Hospital, Vale of Leven Hospital, Gartnavel General Hospital, New Victoria Hospital and New Stobhill Hospital – to create a comprehensive network of hospitals delivering the very best patient care.

Other proposed moves will see the transfer of older people's rehabilitation services from nearby Drumchapel Hospital into a newly created Centre of Excellence on the Gartnavel campus.

# Capital Expenditure

In addition to the QEUH project and associated moves, 2015-16 also saw significant capital investment in NHSGGC across our acute and community services, with work continuing on the new Eastwood Health and Care Centre and the new Maryhill Health Centre. Our modernisation programme will continue next year with funding approved for a specialist dementia and mental health unit on the grounds of Inverclyde Royal Hospital in Greenock.

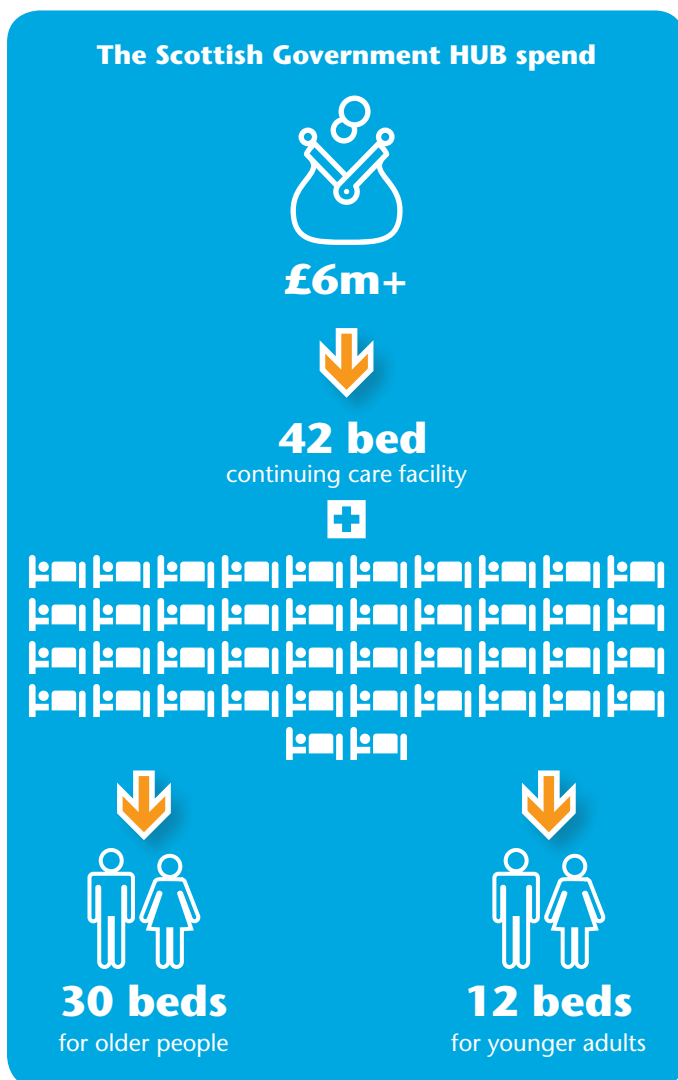
The Scottish Government HUB funded scheme will cost more than £6m and deliver a 42 bed continuing care facility offering 30 beds for older people and 12 for younger adults. This important new project will allow us to move existing continuing care services out of the outdated Dunrod Unit of Ravenscraig Hospital which is coming to the end of its useful life as an NHS facility.

Funding of £38m was also secured to deliver two new purpose-built health centres. This heralded the latest stage in a massive multi-million pound investment in modernising the health and social care programme.


For Clydebank, the centre will enable the new West Dunbartonshire Health and Social Care Partnership to provide one-stop access and improved accessibility for patients to an increased range of community services, and acute outreach. This includes intermediate care and on site rehabilitation, imaging, and children’s services. There will also be pre and post-operative assessment clinics for ambulatory care hospital patients.

In Greenock, the new centre will provide a high-quality physical environment for patients and staff, and will tackle the causes of inequalities through wider financial inclusion services, hosting employability and third sector partners. Due to better co-location, GP practices will have a wider range of services available which will improve referral pathways, offering a more streamlined approach for the patient/client. It will also help to identify specific areas for speedier and enhanced roles in unscheduled and primary care to provide a whole system response.

**Our commitment to community health and social care investment is a priority and our track record is one of which the Board is proud.**







The Board also spent some £37.7m on a number of building refurbishment programmes across our estate, general medical equipment (including replacement of radiotherapy equipment) and HI&T equipment.

In addition, the Board's capital expenditure includes £5.6m of equipment investment at the new Lanarkshire Beatson which opened during the year at Monklands Hospital in Airdrie. The Lanarkshire Beatson is a satellite facility of the Beatson West of Scotland Cancer Centre and was jointly developed by five west of Scotland Health Boards; NHS Ayrshire and Arran, NHS Dumfries and Galloway, NHS Forth Valley, NHS Greater Glasgow and Clyde and NHS Lanarkshire.

The NHS Board has contracted commitments for capital expenditure, which have not been included in the accounts, amounting to £21.75m; details of these commitments are shown in Note 20 to the financial statements.



# Integration

The Public Bodies (Joint Working) (Scotland) Bill was introduced in the Scottish Parliament in May 2013 and received Royal Assent on 1 April 2015. The Act requires territorial NHS Health Boards and Local Authorities to integrate strategic planning and service provision arrangements for Adult Health and Social Care Services (as the minimum required by law) within new Integration Joint Boards operating as Health and Social Care Partnerships (HSCPs).

The Act has created HSCPs as full partnerships between NHSGHC and each of the six local authorities within the Board's boundaries. HSCPs will be governed by Committees with membership drawn equally from non-executive directors of the Health Board and councillors from Local Authorities. During 2015-16 the NHS Board has been working with the six councils to put in place arrangements to establish the HSCPs including making joint appointments to the posts of Chief Officer and Chief Finance Officer as required by the Act.

Integration schemes were prepared for all partnerships, and were formally approved by the Scottish Government. During 2015-16, functions were delegated to three HSCPs: – West Dunbartonshire, East Dunbartonshire and East Renfrewshire, which were fully established and went live during the year. The remaining three – Glasgow City, Renfrewshire and Inverclyde operated in shadow format during 2015-16 and functions were formally delegated to them on 1 April 2016.





## Other developments

Our eHealth team won two Holyrood Connect ICT Awards during the year. Both awards were for excellent examples of how technology was able to transform the effectiveness of clinical teams on the ground and drive up efficiency and effectiveness.

The first initiative saw District Nurses equipped with tablet devices linking them to the Community Nursing Information System via a bespoke system developed by our own IT staff.

The second project was the creation and implementation of a web based clinical information system enabling multi-disciplinary teams to work more collaboratively to improve outcomes and reduce administration.

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**This work has delivered meaningful improvements to the work of many front line staff.**

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Huge progress was made by our specialist mental health services teams in delivering psychological therapies, also known as “talking” therapies. Through innovative and collaborative working by more than 100 teams involved in this important work almost 97 per cent of patients are now being assessed for treatment – well above the 90 per cent national target.

Patients across a wide range of mental health services including addictions, learning disabilities, child and adolescent mental health services, forensic and specialist services are now benefiting from the inspirational approach by these staff groups.

It is encouraging to hear of teams who have embraced change and service redesign to deliver efficiency and patient focussed service improvements.

Two examples, in particular, showcase the way we can deliver ground-breaking new ways of working :-

- the first is the team of senior ophthalmic nurses who put Glasgow in the vanguard of clinical development by introducing the first nurse-delivered intra-vitreous injection service (directly into the eye) and have now gone on to develop a degree course specifically for ophthalmic nurses to further expand their clinical roles
- the other is the on-going work of the teams within Glasgow Royal Infirmary’s (GRI’s) Intensive Care Unit. The anaesthesia team has introduced a quality improvement programme measuring sedation reduction, mobilisation, sepsis management and medicines reconciliation; and their colleagues in Intensive Care Recovery who have introduced a recovery programme for patients known as InS:PIRE (Supporting and Promoting Independence and Return to Employment).

Both these GRI initiatives were short-listed for this year’s prestigious British Medical Journal Awards which were held in London, with the InS:PIRE team winning the Innovation into Practice Team of the Year category.

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**This type of locally driven change benefits the efficiency of the NHS and the care delivered to patients is welcomed.**

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## Staff survey

The national NHS Staff Survey launched across Scotland in July 2015.

The opinions of staff help shape policy and change to reflect the issues raised. This is a survey that the Scottish Government places great importance on as it can highlight where things are good and also where things could be better.

Initially there are several positives that can be taken from the 2015 Survey in Greater Glasgow and Clyde – not least the increased response rate which helps gather a more representative survey of our staff across all areas and disciplines. Almost 12,000 staff took part, an increase of nearly 2,000 from last year.

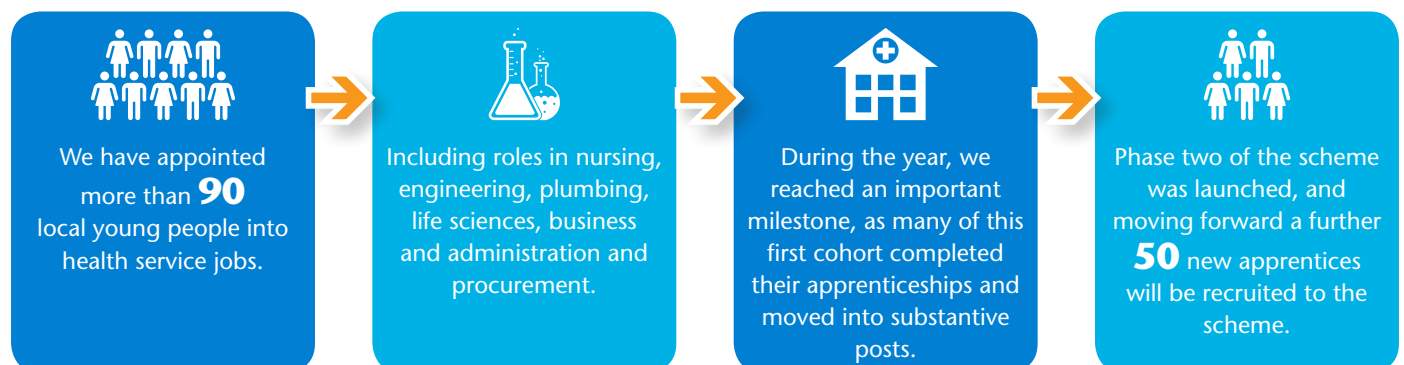
We are continuing to process the information we have in order that we can respond to the challenges and build on the positives that have been expressed. We have set up a staff survey sub group of the Area Partnership Forum (APF) to discuss the outcomes and prepare an action plan. Working with the APF and individual staff teams through Facing the Future Together (FTFT) there will be many opportunities to influence change and on-going improvement across all the areas raised by our staff in this survey.



## Modern apprentice scheme

A graduation ceremony was held for our Modern Apprentices who successfully completed their apprenticeships in the Queen Elizabeth Teaching and Learning Centre.

Since the launch of our Modern Apprenticeship Programme in August 2013





## Patient feedback



We have recognised the importance of listening to patient feedback and using it to improve the patient experience. The Board's Nurse Director is leading this important work but its success lies with staff in every part of our hospitals and in community services.

Such feedback is often about clinical care but may also be about the patient experience – whether it be about how staff address them or how welcoming our healthcare facilities are.

New systems for gathering feedback have been developed and are now in place giving us unprecedented levels of rich and useful real-time patient experiences – and importantly the views of carers and the relatives of patients too.

Learning from complaints, comments and compliments in a systematic way will ensure we truly are a listening and learning organisation focused on person centred care.

After many months of consulting on catering with patients and testing out new style menus we launched a new approach to menu selections with healthier options, lighter choices as well as higher energy choices. Patient food tasting sessions with patients and the public across the Board area in recent months has delivered significant approval to the new choices and quality of food on offer.

## Key issues as we move forward



As we enter the 2016-17 financial year, the need for us to continue to review and change the way we deliver care to patients continues apace. In many respects this, in itself, is business as usual, and some of the changes we have seen during last year have been really significant and on an unprecedented scale.

During the year ahead we will need to continue to work together to deliver more service re-design and more efficient ways of using our staff and financial resources to deliver services in the most effective way to our patients.



# Performance at a glance: 2015-16 local delivery plan standards

As at March 2016, our performance against the 2015-16 Local Delivery Plan Standards was as follows:

- ✓ NHS Greater Glasgow & Clyde (NHSGG&C) maintained **financial balance** through the use of non recurring funding to offset significant cost pressures and met the **cash efficiency** target whilst at the same time delivering on a range of major service developments and improvements.
- ✓ We achieved the **C Difficile Infections** reduction target during 2015-16.
- ✓ 91.5% of our patients were treated within **18 weeks of Referral To Treatment** exceeding the 90% target.
- ✓ NHSGG&C continued to exceed the 91.5% **drug and alcohol waiting times** target, with 96.5% of patients referred for treatment within three weeks.
- ✓ 100% of patients referred to **Child and Adolescent Mental Health Services** started treatment within 18 weeks of referral.
- ✓ 92.4% of all patients referred for a **psychological therapy** started treatment within 18 weeks of referral exceeding the target of 90%.
- ✓ A total of 15,980 **alcohol brief interventions** were delivered exceeding the planned number of 13,085 interventions.
- ✓ 96.1% of our **outpatients waited less than 12 weeks from referral** to a first outpatient appointment.
- ✓ 100% of **eligible patients were screened for IVF treatment within 12 months** exceeding the target of 90%.
- ✓ 86.4% of mums-to-be had booked for an **antenatal care appointment at 12 weeks gestation** exceeding the 80% target, our lowest performing quintile (SIMD 1) also exceeded 83.6% of mums booking.
- ✓ Our provisional data in relation to the number of **successful smoking quits** at three months post quit shows that we had 1,796 successful quitters from the Board's most deprived areas exceeding the target of 1,328.

- ✗ The number of **MRSA/MSSA Bacteraemia** cases was above target.
- ✗ 86.6% of patients referred urgently with a suspicion of cancer began treatment within **62 days of receipt of referral** and 93.4% of our patients diagnosed with cancer **began treatment within 31 days** against a target of 95%.
- ✗ Whilst our performance in relation to **accident and emergency four hour wait** remained challenging, there have been significant improvements when compared to the previous year. Since the opening of the Queen Elizabeth University Hospital in June 2015 our overall monthly performance (with the exception of January) has been in excess of 90%. During this period we reported a monthly average of 93%, higher than the monthly average of 88% reported for the same period the previous year.
- ✗ As at March 2016, there were 38 patients waiting **more than 14 days** to be discharged from hospital.
- ✗ Our **rate of sickness absence** across NHSGG&C was 5.36%, above the 4% target.



## Financial performance 2015/16

During the financial year ended 31st March 2016, NHS Greater Glasgow and Clyde spent more than £3bn on its ongoing services – hospitals, primary care and pharmacy. The Board again successfully managed its finances, meeting its revenue resource limit and spending to within £0.240m of the target for the year.

The Board also invested over £80m on capital projects during the year; in addition to the QEUH project and associated moves, there was significant capital investment across our acute and community services, with work progressing on the new Eastwood Health and Care Centre and the new Maryhill Health Centre.

Each year, NHS Greater Glasgow and Clyde prepares a set of financial accounts which show, in great detail, how the Board has performed in respect of meeting its financial targets.

The accounts will be published in full on our website [www.nhsggc.org.uk](http://www.nhsggc.org.uk) after they have been laid before the Scottish Parliament (normally the end of September each year), but outlined briefly below are some of the key areas relating to the financial targets.

The Scottish Government sets three financial targets for each NHS Board in Scotland:

- the revenue resource limit - what the Board can spend on its ongoing operations;
- the capital resource limit - what the Board is able to spend on capital investment; and
- the cash requirement - the finance the Board needs to fund its revenue and capital expenditure.

<b>Revenue Expenditure</b>	<b>£'m</b>
Total Board expenditure	3,261.7
Less income from other NHS Boards and other hospital income	-807.7
<b>Net operating costs</b>	<b>2,454.0</b>
Family health services non discretionary allocation	-143.5
Donated asset, endowment and other income	0.4
<b>Total net expenditure</b>	<b>2,310.9</b>
<b>Total Revenue Resource Limit</b>	<b>2,311.1</b>
<b>Underspend</b>	<b>0.2</b>

<b>Capital Expenditure</b>	<b>£'m</b>	<b>Cash Requirement</b>	<b>£'m</b>
Capital Resource Limit	81.4	Cash Limit	2,466.5
Capital expenditure	81.4	Cash Requirement	2,466.5

# What's your experience?

We want to know about your experiences of our services.

To tell us what you think visit: [www.nhsggc.org.uk/patientfeedback](http://www.nhsggc.org.uk/patientfeedback)

Alternatively you can feedback through the independently run

Patient Opinion website: [www.patientopinion.org.uk/youropinion](http://www.patientopinion.org.uk/youropinion)

**With your feedback we can build on what works well and improve what needs to be done better.**

