

NHS GREATER GLASGOW & CLYDE

2015-16 ANNUAL REVIEW

SELF ASSESSMENT

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1. INTRODUCTION

NHS Greater Glasgow and Clyde's (NHSGG&C's) purpose is to: “***Deliver effective and high quality health services, to act to improve the health of our population and to do everything we can to address the wider social determinants of health which cause health inequalities.***”

During 2015-16 NHSGG&C made progress against many of our significant Local Delivery Plan Standards and across a wide range of strategic programmes. Key highlights include:

- The opening of the £842 million state-of-the-art **Queen Elizabeth University Hospital (QEUH)**, the **Royal Hospital for Children (RHC)** and the **Queen Elizabeth Teaching and Learning Centre** on time and within budget. The hospitals were opened officially on 3 July 2015 by Her Majesty the Queen and represents Scotland's biggest ever hospital building project.
- Maintaining financial balance through the use of non recurring funding to offset significant cost pressures and delivered our efficiency savings target.
- Consolidating, and extending our programme of work in relation to the **Scottish Patient Safety Programme (SPSP)**.
- Continuing to deliver our **18 weeks Referral to Treatment** waiting time guarantee for over 90% of patients.
- Maintaining 100% performance in relation to the number of eligible **IVF patients screened** within the standard waiting time target.
- Continuing the improvement in access to our **Child and Adolescents Mental Health Services** and **Psychological Therapies** with 100% and 92.4% of patients respectively receiving treatment within 18 weeks of referral.
- Continuing to exceed the 91.5% **drug and alcohol waiting times** target, with 96.5% of patients referred for treatment within three weeks.
- Continuing to improve access to antenatal care with 86.4% of mums-to-be booking for an **ante-natal care** appointment at 12 weeks gestation exceeding the 80% target, mums from our lowest performing quintile (*SIMD 1*) also exceeded target with 83.6% of mums booking.
- Successfully delivering 15,980 **alcohol brief interventions** and exceeding the target of 13,085.

2. SUMMARY OF PROGRESS AGAINST 2015 ANNUAL REVIEW ACTIONS

Following the 2014-15 ministerial Annual Review, the Cabinet Secretary for Health and Wellbeing wrote to the Chairman of the Board setting out the following recommendations. The narrative below sets out the response to each of the recommendations.

The Board must:

1. **Continue to review, update and maintain robust arrangements for controlling Healthcare Associated Infection.**

The review, updating and maintenance of robust arrangements for controlling Healthcare Associated Infection continued throughout 2015-16. Central to this are the detailed work plans, governance systems and monitoring and reporting arrangements for the effective infection prevention and control across NHSGG&C.

2. **Keep the Health Directorate informed of progress with its significant local health improvement activity.**

We have delivered against a number of our health improvement objectives as highlighted in this Self Assessment, and either met or exceeded all of our relevant Local Delivery Plan Standards.

3. **Continue to deliver on its key responsibilities in terms of clinical governance, risk management, the quality of care and patient safety, including a prompt and effective response to the findings of Healthcare Environment Inspections (HEI) and Older People in Acute Care (OPAH) Inspections**

Progress has been maintained in delivering against key clinical governance priorities, including clinical risk management, quality of care, patient safety and patient experience. We continued to promptly and effectively respond to the announced and unannounced HEI and OPAH inspection reports throughout 2015-16.

4. **Keep the health directorates informed on progress towards achieving all access targets, in particular the 4-hour A&E target.**

We have met a significant number of our Local Delivery Plan access targets however, despite showing significant improvements in performance during 2015-16 when compared to the previous year, the four hour A&E standard has remained challenging. Since the opening of the QEUH 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 almost 93%, higher than the monthly average of 88% reported for the same period the previous year. Actions to address performance during 2015-16 included the Scottish Government Unscheduled Care support team working closely with our local teams in our main Emergency Departments to identify measures to improve the hospitals ability to admit and discharge patients from the Emergency Departments. Action plans have been prepared to support improvements and the learning from these has been shared across other areas. An Unscheduled Care Review Group has recently been established to address our challenges around unscheduled care as we move into 2016-17. The aim of this work will be to deliver

improvements as the programme gains momentum and complete the work by autumn 2016 in preparation for winter.

5. Continue to work with planning partners on the critical health and social integration agenda.

Integration Schemes for each of the six Health and Social Care Partnership (HSCP) areas have now been agreed and formally approved by the Scottish Government and work is underway to finalise the 2016-17 Strategic Plans in each of the partnership areas.

6. Continue to achieve financial in-year and recurring financial balance.

We achieved an in-year and recurring balance in 2015-16 through the use of non recurring funding to offset significant cost pressures. We also continued to report progress on implementing local efficiency savings on a regular basis with the Health Directorate. We have shared with Health Directorates the forward financial challenges and risks through the Local Delivery Plan process.

7. Keep the Health Directorates informed of progress with redesigning local services in line with the Board's Clinical Strategy.

Health Directorates were informed of progress with the redesigning of local services in line with the Board's Clinical Services Strategy published in 2014-15.

3. QUALITY AMBITION: PERSON CENTRED

As at March 2015-16 our performance against the *person centred* related Local Delivery Plan Standards was as follows:

- 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%.
- NHSGG&C continuously exceeded the 91.5% **drug and alcohol waiting times** target throughout 2015-16, 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.
- 86.4% of mums-to-be **booked for an antenatal care appointment at 12 weeks gestation** exceeding the target of 80%, mums from our lowest performing quintile (*SIMD 1*) also exceeded target with 83.6% of mums booking an antenatal care appointment.
- Our rolling year **rate of sickness absence** across NHSGG&C was 5.39%, above the 4% target.

In ensuring everyone has a positive experience of healthcare, NHSGG&C has established a number of ways for **patients, carers and relatives to feedback** their experience of the care they received. We have three main methods of feedback, supported by the Patient Experience Team – Universal Feedback; NHSGG&C Patient Feedback; and Patient Opinion. These three methods are complemented by feedback gathered by individual teams in wards and clinics. This means that wherever people come into contact with NHSGG&C services they will have an opportunity to tell us about their experience, and a variety of ways in which to do so.

For example, the **Universal Patient Feedback** is a simple way for patients to provide feedback on the experience they have had on our wards. Patients are given a feedback card on the day of their discharge which asks the question: *“How likely are you to recommend our ward to friends and family if they needed similar care or treatments?”* There is also a comment box for patients to tell us more about their experience. Once completed cards are analysed resulting in a ‘Percentage Positive Score’ and prominently displayed in wards.

In ensuring every child’s voice is heard, we plan to pilot a **child friendly version of Universal Feedback** alongside the use of a child friendly version of Patient Opinion and plan to facilitate four focus groups with children and young people in the RHC. There are also plans to host a ‘Listening Hospital Event’ for children, young people and their parents

and share the output from these with all involved in an accessible manner and provide reports to our senior nursing, medical and management teams.

During 2015-16 we received a total of 10,402 comments from these three main methods of feedback. Overall, 87% of the total feedback comments received were positive relating to our staff, who are regarded very highly for their professional, caring and friendly approach to patient care.

We continue to support **Person-Centred Health and Care Programme**. We are one of three Board pilot sites to further develop and test methods for gathering, analysing and using care experience feedback and narratives to drive improvement. Project plans are in progress to develop a process for the collection of near real-time quantitative and qualitative narrative across pathways of care as opposed to one defined time point. Gathering feedback across pathways of care offers the opportunity to listen and learn on what contributes to the quality of care experience at all points of care and gain a greater insight and understanding of the whole system experience from people who use our services. The intention is to identify and design improvements to create a more consistent and co-ordinated care process and experience which will include the five '*must do with me*' principles to develop and embed person-centred care in routine practice for every patient. Where possible triangulation of feedback will be considered from a range of data sources and will link improvement interventions and actions identified with other quality improvement strands being taken forward across the pathway of care to achieve safe, effective, person-centred care.

We have continued to embed listening to our patients into the delivery of our services by **engaging people with protected characteristics**. Examples of this work include:

- **The Somali Community** - A follow up session to the consultation with the Somali community regarding the Khat ban in 2014 was held in June 2015 and attended by 33 people. Community members asked for a specific community health programme. This was delivered to a men's group, a women's group and a young person's group and covered information on how the NHS works including drug and alcohol services, Female Genital Mutilation and visits to the new QEUH. The sessions were attended by 60 members of the Somali community. The working group is exploring a peer education programme with Somali Association volunteers to promote NHS services in 2016.
- **Six Conversation Café** events during 2015-16. The discussions have explored subjects such as:
 - improving care for older Lesbian, Gay and Bisexual patients
 - the experiences of women in relation to welfare reform and the links to health
 - understanding the experiences of Gender Based Violence for women who have a learning disability
 - improving opportunities for Asylum Seekers and Refugees for volunteering in the NHS
 - how we can ensure gender equality within NHS services

Overall, the café events have been well received, with 64 people taking part.

Also during 2015-16, we facilitated a discussion event for **Deaf British Sign Language (BSL)** users. Attended by around 20 Deaf BSL people the event identified a number of points for improvement in service delivery. Following the event, NHSGG&C has taken steps to make sure that Deaf BSL users have an input to the Deafness and Mental Health

Working Group. NHS GG&C Mental Health Services have also funded a one year full time post to support BSL people's knowledge of how to access mental health support.

NHS GG&C continued to implement the **Health Promoting Health Service: Action in Hospital Setting** during 2015-16. This aims to build on the concept that *"every healthcare contact is a health improvement opportunity"*, recognising the important contribution that hospitals can make to promoting health and enabling the well being of patients, their families, visitors and staff. In building capacity to support health improvement, a total of 1,674 acute staff have undertaken generic Health Behaviour Change Training which has significantly contributed to workforce development in the Acute setting. This includes specific training on alcohol, physical activity and tobacco and represents a 48% increase on the previous years' figures. A training package tailored to clinical areas and delivered in-service has been tested within the North Sector and yielded a significant increase in referrals to money advice.

Evidence of progress in applying the *"every health care contact is a health improvement opportunity"* can be seen in the Alcohol Brief Intervention (ABI) work programme that has been established and embedded in acute services over the last five years. Overall, acute ABI performance is very positive with over 5,000 ABIs undertaken during 2015-16. ABIs are embedded within hospital acute assessment units and medical receiving wards, and continue to be promoted as part of the core work of acute alcohol and drug liaison nurse services. In addition, the inclusion of new alcohol screening admissions in maternity booking appointments has also seen an increase in ABIs delivered in this setting. Acute alcohol and drug liaison nurses continue to deliver alcohol screening and ABIs within oral maxillofacial outpatient clinics. ABIs are also delivered within an established alcohol and drug clinic supporting occupational health service. New initiatives commenced in 2016 at Alcohol Outpatients, Brownlee Unit, QEUH and the Dental Hospital.

We continued to implement our **Retail Food Policy**, including Healthcare Retail Standards and have increased provision and availability of healthier food for staff, visitors and patients. The move to the QEUH required existing NHS cafes with Healthy Living Award Plus to reapply. There is one outstanding application to progress in order to have full compliance. 60% of external café providers have achieved the healthy living award. The remaining seven are actively engaged in applications and should be compliant by the 2017 deadline. The national Healthcare Retail Standard includes criteria informed by NHS GG&C Retail Policy therefore compliance by retailers will fulfil requirements for both initiatives. The QEUH has worked with Health Scotland as an early implementer of the standards and is benchmarking availability of healthy food choices in NHS settings. The initial audit suggests outstanding areas of compliance with both retailers at the QEUH.

We remain firmly committed to providing the highest quality services which are transparent, fair and equitable for everyone. Our **'A Fairer NHS Greater Glasgow and Clyde 2016-20'**, sets out the actions we are intending to take to ensure that we continue to meet our commitment to tackle inequalities across all of NHS GG&C's core functions. It also includes outcomes and actions where we have identified an area for specific improvement. The Workforce Equality Action Plan, sets out our aspirations for 2016-17 on workforce diversity, supporting staff to tackle inequality and acting as a fair employer. The report has been developed with colleagues across the organisation and based on engagement with over 400 patients from equality groups and voluntary sector organisations, the latest research and feedback from staff.

Evidence of some of our key achievements includes:

- We have the UK's largest in-house interpreting service providing communication support for 450 patients a day.
- Last year, 13,597 NHS GG&C staff received training on aspects of inequality – nearly a third of our workforce.
- As part of our approach to financial inclusion and welfare reform NHS GG&C staff have made over 32,000 referrals to Money Advice Services with £37 million financial gain for many vulnerable patients since 2011.
- Since 2010, we have carried out 360 Equality Impact Assessments to ensure that we are planning services to meet the needs of all of our patients.

Our [Equalities in Health website](#) contains targeted information for staff and patients as well as links to NHS GG&C policies, Equality Impact Assessments and evidence supporting our current activities. Since its redesign in 2014-15, the web site has continued the trend of increasing the number of visitors per month. The introduction of responsive templates has made the site more accessible via other devices such as mobile phones and tablets and accounted for over 12% of usage in 2015-16.

Key findings from the most recent '**Fairer NHS GG&C**' staff survey (2016) completed by 3,161 staff highlighted:

- 86% of respondents either strongly agreed or agreed that NHS GG&C could improve its healthcare if staff had a better understanding of discrimination. This means that a significant majority of this group of NHS GG&C staff recognise the link between discrimination and health (compared to 64% in 2013).
- 58% of staff think that NHS GG&C has become better at recognising and responding to the health effects of discrimination on patients (compared to 42% in 2013).
- The groups where people feel more needs to be done are as follows (older people were at the top in 2013):
 - People in poverty - 53%
 - Older people - 52%
 - Disabled people - 46%
 - People who have reassigned their gender - 31%
 - Religion and Belief - 27%
 - Black and Minority Ethnic communities - 26%

Staff views have been used to inform the equality outcomes for 2016-20 and will be analysed in detail to inform future campaigns.

Almost 12,000 staff (30%) responded to the **2015 NHS Scotland's staff survey** an increase on the 25% that responded to the 2014 survey. The top three scores were:

- *'I am happy to go the 'extra mile' when required'* 89% of respondents agreed.
- *'I am clear what my duties and responsibilities are'* 85% of respondents agreed.
- *'I have confidence and trust in my direct line manager 'and 'I still intend to be working for NHS GG&C in the next 12 months time'* 80% of respondents agreed to both.

Despite improvements, there are a number of areas in need of further improvement including:

- *'Staff are always consulted about changes at work'* 27% of respondents agreed.
- *'There are enough staff for me to do my job properly'* 36% of respondents agreed.
- *'I have choice in deciding what I do'* 39% of respondents agreed.

The 2015 survey also included additional questions specific to NHSGG&C. Following a review of our approach and policy to improve **Dignity at Work**, the survey included a question relating to this and 98% of respondents agreed that the approach is either 'working well' or 'improving'.

We held a graduation ceremony 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, we have appointed more than 90 local young people into health service jobs including roles in nursing, engineering, plumbing, life sciences, business and administration and procurement. During 2015-16, we reached an important milestone, as many of this first cohort completed their apprenticeships and moved into substantive posts. Phase two of the scheme has been launched and in moving forward a further 50 new apprentices will be recruited to the scheme.

Our **Celebrating Success Staff Awards** events was held on November 2015 with over 350 staff in recognition of the high levels of patient care and clinical excellence delivered across the many areas of healthcare. The event brought together the Chairman's Award winners and Facing the Future Together overall award winners with a total of 25 awards being presented.

The Director of Public Health launched the biennial report: **Back to Basics** in November 2015. The report highlights the ongoing need to educate people on healthy eating and the importance, both mentally and physically, of participating in sport. As well as looking at the health needs of residents, the report addresses the findings from the most recent Health & Well Being Survey. The report also provides an analysis of what has been achieved in the two years since the previous report. Despite key achievements including Glasgow's bike hire scheme; the work of the Poverty Commission in Renfrewshire; primary care developments in chronic disease management and the strengthening of child health surveillance we continue to see the effects of lack of exercise and poor diets across Greater Glasgow and Clyde and the increasing impact they have on our services in the form of diabetes and cancer.

4. QUALITY AMBITION: SAFE

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

- NHSGG&C achieved reductions in the number of **Clostridium Difficile (C. Diff) Infections (CDI)** reported during 2015-16, however, performance remained above target in relation to **MRSA/MSSA Bacteraemia**.

MRSA/MSSA Bacteraemia - the annual incidence of *Staphylococcus aureus* Bacteraemia across NHS Scotland for 2015/16 was 32.4 per 100,000 acute bed days (ABDs). The rate for the same period within NHSGG&C was 33.3 (Local Delivery Plan Standard target is 24 per 100,000 ABDs). During the second quarter of 2015-16 the local rate in NHSGG&C was higher than expected at 33 per 100,000 ABDs and this trend continued in the third quarter with a rate of 34.3. During this quarter action plans were developed and approved at the infection control committees. Actions were implemented locally by multidisciplinary teams. Monitoring of compliance with existing policies was prioritised and in the last quarter of 2015-16 the rate reduced to 29.4 per 100,000 ABDs (106 cases) representing a 17% reduction. This improvement was been sustained in the first quarter of 2016-17.

Additional measures now in place include the appointment of a Quality Improvement Facilitator who liaises with the Hospital Acquired Infection Quality Improvement Team at Health Improvement Scotland (HIS) to ensure awareness of successful strategies which other Boards have used and, if appropriate, will be implemented within NHSGG&C during 2016/17.

C. Diff - the 2015/16 overall performance against this standard was 31.1 against the 2017 target rate of 32.0. The annual incidence of CDI across NHS Scotland for 2015/16 was 40.1 (15-64 age group) and 30.4 for the over 65. The comparable rate for NHSGG&C was 38.4 and 27.9 respectively both below the national average.

Despite being below the national average there has been an increase in the 15-64 age group from 26.2 in 2014-15 to 38.4 in 2015-16. Trends were being monitored carefully and an increase was noted in October and November of 2015. Immediate additional targeted review of cases was undertaken in November 2015 and concluded that no single site, hospital or ward was considered to be an outlier. It seemed to be a general increase across all healthcare sectors. In addition to this review, all available specimens from NHSGG&C were sent to the National Reference Laboratory for typing in November. Of the 29 specimen submitted 16 different types were identified supporting the theory of a general increase in numbers across all care sectors and not cross infection in our hospitals. Antibiotics can cause CDI so additional educational sessions were delivered by the Antimicrobial Management Team within NHSGG&C to try and reduce the amount of antibiotics prescribed routinely in our hospitals. Validated local data indicated that the number of cases fell to 92 for the first quarter of 2016 (January - March 2016) representing a 34% reduction in the number of cases reported the previous quarter. This trend continued into the second quarter with 87 cases reported representing a further reduction of 5%.

- **Hand Hygiene** - compliance audits continue to be carried out on a monthly basis across the majority of wards and departments in NHSGG&C. We have year-on-year

exceeded the 95% target and local data at March 2016 suggests a 98% compliance rate.

We established a Short Life Working Group including non executive Board membership to ensure an appropriate level of scrutiny and assurance around our process and the actions taken in relation to the recommendations. We continue to make progress in relation to the implementation of the 65 NHS GG&C recommendations of the **Vale of Leven (VOL) Inquiry**. Of the 65 recommendations, NHS GG&C has completed 62, and three are ongoing relating to the mainstreaming and roll out of wider areas of work across the organisation and are not specific to the events of the Vale of Leven which gave rise to the Inquiry.

NHS GG&C maintained non executive oversight of **clinical governance arrangements** through the Board and its sub-committees, supported by the Medical Director as Executive Lead for Clinical Governance and the Board Clinical Governance Forum. The Board Clinical Governance Forum has coordinated a number of changes to the clinical governance arrangements, which is in response to the organisational changes experienced and planned developments including:

- Changes to the content and format of corporate clinical governance reports to more fully reflect the scope of clinical quality improvement activities.
- Testing and standardising terms of reference and agendas for clinical governance forums to ensure greater consistency across different service settings.
- Describing and reviewing the clinical governance arrangements to confirm structural connections are intact following the major organisational change.
- Setting up a new process for regular, systematic review of clinical governance priorities and progress in each of the Acute Services Sectors and Directorates.
- Initiating a new network to support staff develop skills and practice in the techniques of quality improvement.
- Developing specifically tailored local objectives to support progress on key safety priorities.
- Completing the consultation and redrafting of a new NHS GG&C Clinical Governance Policy.

NHS GG&C operates a robust **clinical risk management system** (which detects adverse events and follows up by investigating and using learning to improve systems of care) and maintain safety improvement programmes aligned to the **SPSP**. Key developments in 2015-2016 include:

- Redeveloping the electronic incident reporting arrangements to make it easier for staff to report and track management of adverse events.
- Developing greater involvement with patients and families when adverse incidents occur.
- Increased the reporting level of significant clinical incidents as a way of reviewing care for patients who are experiencing acute deterioration.
- Supported greater awareness of clinical risk and improvement options by the use of *learning summaries*, which are also shared nationally via HIS.

- Initiated a project to support clinicians systematically reviewing a greater number of patient admissions through local Morbidity and Mortality meetings.
- Significantly extended the number of teams working on our safety programmes for deteriorating patient (linked to SPSP).
- Achieved recognition and positive feedback from HIS for our work in improving safety in primary care, mental health and the prevention of venous thromboembolism.

Clinical effectiveness recognised the application of the best knowledge, derived from research, clinical experience and patient preferences to achieve optimum processes and outcomes of care for patients. NHS GG&C have developed and maintained an approach to clinical effectiveness including:

- A system to support the availability, promotion and updating of clinical guidelines that now extends to 340 guidelines.
- Reviewed in excess of 90 externally published reports on clinical standards to assure or improve the quality of clinical care.
- Trained more than 200 clinical staff on quality improvement techniques.
- Developed projects to improve the use of clinical indicators and the reliability of the medical assessment process at admission to hospital.
- Support hundreds of clinical teams to improve care through links with the SPSP.

A total of four unannounced **HEIs** took place across NHS GG&C during 2015-16, resulting in 14 requirements and three recommendations. There was also a further unannounced HEI at the VOL Hospital resulting in two requirements and no recommendations in April 2016. Following inspections action plans are put in place to ensure the necessary improvements are made and reviewed regularly.

Two unannounced **OPAH** inspections took place during 2015-16 at the VOL Hospital resulting in 12 areas for improvement and the QEUH resulting in 18 areas for improvement. Detailed analysis of the findings of each of the inspections have been undertaken with subsequent action plans put in place to ensure the necessary improvements are made.

The Acute Division remains closely engaged with HEI in relation to inspections of acute hospitals and the OPAH inspections with resultant actions from recommendations and requirements being monitored and improvements evidenced. The Nurse Director, supported by senior staff has continued to undertake monthly corporate OPAC and HEI inspections to acute wards and departments across the Acute Division. Feedback is provided locally through directorates in the form of action plans and highlighting areas of good practice.

5. QUALITY AMBITION: EFFECTIVE

As at March 2015-16 our performance against the *effective* related Local Delivery Plan Standards was as follows:

- NHSGG&C remained in **financial balance** although this was achieved by using non recurring finding to offset significant cost pressures. The Board also met the cash efficiency target whilst at the same time delivered on a range of major service developments and improvements.
- 91.5% of our patients were treated within **18 weeks of Referral To Treatment** exceeding the 90% target.
- 90.6% of our patients waited four hours or less at our **accident and emergency departments**, lower than the target of 95%.

Despite improvements in performance ie reporting a monthly average of 93% since June 2016, a significant improvement on the monthly average of 88% reported for the same period the previous year, pressures in ensuring patients were admitted and discharged from our Emergency Departments remain extremely challenging across many of our sites during 2015-16. In addressing our persistent performance issues around unscheduled care we have established an NHSGG&C-wide Unscheduled Care Review Group to carry out a review looking at key areas to drive sustained improvements in performance including an analysis of demand, flows and resources; assessment facilities; impatient flow processes; Scottish Ambulance Service; interface with GPs and Scottish Ambulance Service; working with HSCPs and understanding and addressing the variation between different sites and specialties. The aim is to deliver improvement as the programme gains momentum and complete the work by autumn 2016.

- 96.1% of our **outpatients waited no longer than 12 weeks from referral** to a first outpatient appointment, below the target of 99.9%.
- 100% of **eligible patients were screened for IVF treatment within 12 months** exceeding the target of 90%.

Linked to our success in the above, is the refurbished Assisted Conception Service which is achieving its highest ever success rates since moving back to Glasgow Royal Infirmary a year ago. The new facilities treat patients from across the West of Scotland and beyond and seeing a 54% positive pregnancy test rate for all fresh embryo transfers – our highest rates recorded to date. The service now offers seven day access which means patients are offered individualised treatment which meets their own clinical need.

- As at April 2016, there were 38 patients waiting **more than 14 days to be discharged from hospital** after being confirmed fit for discharge. Linked to the delayed discharge target are the number of bed days lost to delayed discharge. During the same month there were 3,415 bed days lost to delayed discharge. The April 2016 performance represents a 12% reduction on the 3,893 bed days lost in April 2015. Actions in place to ensure reductions are maintained include ongoing work to identify and address the issues causing delays; revising scrutiny and escalation arrangements within Glasgow City Council and temporary funding to accommodate patients with incapacity in two

nursing homes whilst remaining in the care of the NHS until legal issues are resolved to ensure acute beds are not compromised.

In addition to our performance against our Local Delivery Plan Standards we also saw the completion of the new world class Hospitals and Teaching and Learning Centre by our main construction partner, Brookfield Multiplex. The project was delivered under budget and ahead of schedule and gave us the opportunity to contribute to other projects on this campus. The most notable is our partnership with the University of Glasgow. Together we have created The Queen Elizabeth Teaching and Learning Centre and related research facilities to realise our shared vision of world class facilities to train the clinicians of tomorrow and develop medicines and technologies to transform patient treatment and disease prevention.

We completed the largest **hospital migration programme** in the UK which began in April 2015 with the migration of four existing hospital sites namely the Southern General Hospital, Victoria Infirmary, Mansion House Unit and the Western Infirmary and ended in June 2015 with the Royal Hospital for Sick Children. The programme involved patients, staff, and thousands of items transferring to the QEUH campus.

Linked to the above is the confirmed £40 million investment in the Institute of Neurological Sciences (opened on 1971) to undergo a modernisation programme in partnership with the University of Glasgow to deliver leading edge facilities for patients and research. Developments will include:

- A new University of Glasgow and NHSGG&C £5 million Clinical Research Facility on the fifth floor of the Neurosciences building, keeping the hospital at the forefront of clinical trials.
- A new Neuro-Physiology Department.
- A new Imaging Centre of Excellence (ICE), led by the University of Glasgow and funded as part of the Glasgow and Clyde Valley City Deal, which will include a £7 million high-field MRI scanner, creating a research facility unique to the UK.
- New state-of-the-art operating theatres.
- An external makeover of the neurosciences building.
- New purpose built day treatment unit for patients receiving treatment for ongoing neurological conditions.
- The redesign and redevelopment of ward 66 incorporating flexible use of clinical rooms, pre-assessment, a 19 bedded same day admission and day surgery unit and a discharge lounge.

Our commitment to **community health and social care investment** also remains a priority with the opening of the new Eastwood Health and Care Centre scheduled for the 8 August 2016. The Centre has five GP practices and community health and care services including clinics, podiatry, physiotherapy, children's services, adult mental health services, speech therapy, district nursing, health visiting and social work. The development of the Health and Social Care Centre in Maryhill is expected to be completed in September/October 2016 providing improved access to a range of primary care services including two GP practices, physiotherapy, podiatry, community dental services, district

nursing, health visitors, sexual health services, health improvement teams offering smoking cessation support, youth health services and a ground floor dedicated wholly to an Adult Mental Health Facility. Both projects are excellent examples of joint working between NHSGG&C and our local authority partners to deliver first class health and social care for our communities.

In progressing the **health and social care integration agenda** Integration Schemes were prepared for all partnerships and 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. Work is underway to finalise the development of all six Strategic Plans in each of the partnership areas.

In September 2015, we launched a **programme of engagement** for a wide range of interests to develop a direction for GP Services across NHSGG&C. The output from these engagement events clearly identified the pressures within primary care GP services. We are currently working with Integrated Joint Boards to develop an action plan to address the issues identified.

A pilot to look at how the **role of GPs** can be refocused, reducing time spent on tasks that could more appropriately be done by other health professionals and examining how these staff can support patients in the community was launched in Inverclyde last year. The pilot involving 15 GP practices serving approximately 80,000 people will see professionals working together in clusters, improving resource and staff planning and enhancing links with other health services. The pilot, funded through the Scottish Government's Primary Care Transformation fund, is jointly led by the Scottish Government, NHSGG&C, the BMA's Scottish General Practitioners Committee and Inverclyde HSCP. The results of the pilot will be used to inform the new Scottish GP contract due to be implemented in 2017.