NHS
Greater Glasgow and Clyde

NHSGGC Clinical Governance Annual Report

2025

Contents

1. Introduction

We are pleased to present the Clinical Governance Annual Report for 2024-2025.

NHS Greater Glasgow and Clyde (NHSGGC) aims to provide high quality care, which is person-centred, effective, and safe. This report outlines some of our key work and activity during the year in helping to meet this aim, as well as providing assurance that we are meeting our clinical governance obligations.

Each year we highlight some of the improvement and good practice work that has taken place across the Board in the **Spotlight and Innovation** section. This year we feature eighteen projects that show learning, improvement or good practice.

We also look ahead to 2025-2026 to outline some of our key objectives and areas of focus for the year ahead.

2.1 NHS Greater Glasgow and Clyde Purpose

NHS Greater Glasgow and Clyde's purpose is to protect and improve population health and wellbeing while providing a safe, accessible, affordable, integrated, person-centred and high-quality health service.

The Health Act 1999 requires that NHSGGC "put and keep in place arrangements for the purpose of monitoring and improving the quality of health care which it provides to individuals". The framework of arrangements we put in place to meet this Duty of Quality, and all its associated activities, is referred to as Clinical Governance.

Within NHSGGC, the Chief Executive has overall responsibility for the delivery of clinical governance and delegates this responsibility through general management structures, complemented by the Board's clinical governance arrangements.

Our current clinical governance arrangements are outlined in figure 2.2 over the page, and consist of a Clinical and Care Governance Committee, established in accordance with NHS Greater Glasgow and Clyde Board Standing Orders and Scheme of Delegation; with supporting clinical governance groups.

2.2 Clinical Governance in NHS Greater Glasgow and Clyde

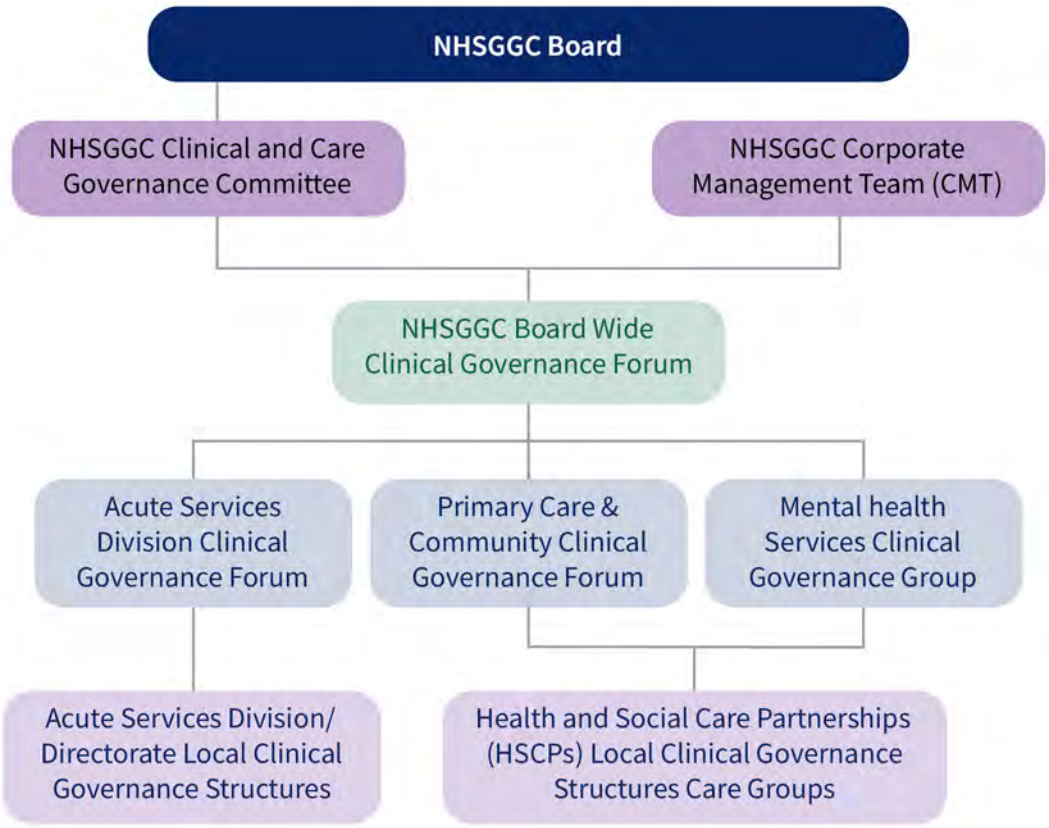


Figure 2.2: NHSGGC Clinical Governance Arrangements

2.2.1 The NHSGGC Clinical and Care Governance Committee

The Clinical and Care Governance Committee is a Standing Committee of the NHS Board. The overall purpose of the committee is to scrutinise and provide assurance to the NHS Board that clinical and care governance arrangements are effective across the whole system, in improving and monitoring the safety and quality of clinical care.

2.2.2 The NHSGGC Board-wide Clinical Governance Forum

The purpose of the Board-wide Clinical Governance Forum (Board-wide CGF) is to scrutinise, seek assurance and provide onward assurance regarding clinical governance to the Corporate Management Team and Clinical and Care Governance Committee. The Executive Medical Director chairs the Board-wide Clinical Governance Forum (Board-wide CGF).

2.2.3 Divisional Clinical Governance Forums/Groups

The essential function of the Divisional Clinical Governance Groups (Acute, Mental Health and Primary and Community Care) is to support the delivery of consistently high-quality clinical care and to provide assurance that appropriate clinical governance mechanisms are in place.

Health and Social Care Partnerships (HSCPs), Acute Sectors and Directorates have their own Quality and Clinical Governance Forums, which are in turn linked with other groups at specialty and sub-specialty level. This broad network provides significant opportunity for local teams and managers to contribute to the agenda.

2.3 Clinical Governance Polices and Frameworks

There are a range of policies, strategies and frameworks which underpin the approach to clinical governance and quality within NHSGGC. A selection of the key documents are outlined below.

2.3.1 NHSGGC Clinical Governance Policy

The NHSGGC Clinical Governance Policy sets out the key policy requirements and the organisational arrangements for clinical governance. Monitoring of the policy is maintained through the clinical governance structures, linked to the NHSGGC Clinical and Care Governance Committee and the NHS Board.

2.3.2 NHSGGC Healthcare Quality Strategy

The NHSGGC Quality Strategy 2024-2029, '**Quality Everyone Everywhere**' was approved in June 2024. It was co-produced by people who use and work in our services, and those who matter to them. The priorities include the overarching principle of Quality Everyone Everywhere, with five additional priority areas: **Safe**, **Effective and Efficient**; **Person-Centred**; **Co-production**; and **Learning and Improving**. Work is ongoing on delivering the implementation plan.

2.3.3 NHSGGC Policy on the Management of Significant Adverse Events (Clinical) Interim Policy

The NHSGGC Policy on the Management of Significant Adverse Events is to ensure that a consistent approach is taken to the management and review of clinical adverse events when they do or could have occurred. We are committed to conducting timely and high-quality reviews, so that we can learn from things that go wrong, share that learning, and make improvements, to minimise the risk of recurrence and improve the safety and quality of our services.

2.3.4 NHSGGC Duty of Candour Policy and Guidance

The purpose of the NHSGGC Duty of Candour Policy and Guidance is to improve the support, timeliness, quality and consistency of communication with patients and/or relevant persons when an unexpected or unintended incident occurs; and to provide clear information to staff on what they should do when they are involved in an incident, and the support available to them.

2.3.5 NHSGGC Clinical Guidelines Framework

The NHSGGC Clinical Guideline Framework aims to ensure that there is a robust process in place within NHSGGC for the development, review, approval and monitoring of clinical guidelines. The framework incorporates both medicine and non-medicine related clinical guidelines. A toolkit has been developed to support the implementation of this framework, which contains guidance, and relevant templates and processes.

2.3.6 NHSGGC Clinical Quality Publications Framework

The framework aims to ensure that we are aware of the most recent Clinical Quality Publications (these are documents which seek to inform and assure clinical practice and processes); to provide assurance that the current position in relation to publications is known; and that any actions in response to the publication can be agreed.

2.3.7 NHSGGC New Interventional Procedure Policy

The policy sets out the approach to be taken in relation to the introduction of a new interventional procedure in NHSGGC. It is designed to enable healthcare professionals to embrace new technologies while protecting patients and reducing risk. An interventional procedure is one used for treatment or diagnosis that involves incision, puncture, entry into a body cavity, or electromagnetic or acoustic energy.

3. Key Messages

There has been an increased focus on learning and improvements through our key committees this year

In 2024-25, we began work to develop a Learning System within NHSGGC. A learning system aims to accelerate sharing of learning and improvement work

Learning summaries are produced from significant adverse events and shared through local governance structures

The NHSGGC Quality Improvement (QI) Network was launched in March 2024 to be a one stop shop for all QI learning, training, sharing and networking

The top three contributory factors from SAERs remain Team / Social / Communication, Task factors, and Individual factors

Our key clinical governance groups have all continued to meet. This year has also seen the appointment of a new Executive Medical Director and Deputy Medical Directors for Acute, Mental Health and Primary Care and Community

There were 24 incidents where Duty of Candour applied. Full compliance was achieved for all concluded duty of candour incidents

NHSGGC is continuing to deliver improvements in safety through participation in safety programmes including Acute Adult, Perinatal, Paediatric, Mental Health and Primary Care

We continue to have a robust process in place for responding to Scottish National Audit Programme (SNAP) and saw a reduction in negative outliers this year

We are continuing to build capacity and capability for our safety and improvement work, through a range of training opportunities

4. Programmes of Work

4:1 Clinical Governance Arrangements

This year saw the appointment of a new Executive Medical Director, and new Deputy Medical Directors for the Acute Division, Mental Health Services and Primary Care and Community.

Clinical Governance Meetings

Meetings of the key clinical governance groups have all continued during 2024-2025, with an increased focus on creating more time for focused discussion at meetings, and for learning and improvement:

- Learning summaries from Significant Adverse Event Reviews (SAERs) are now shared at the Acute Division Clinical Governance Forum to increase opportunity for learning
- The Mental Health Services Clinical Governance Group now discuss open actions from SAERs out with the group meetings to improve the process and enable timely completion of open actions
- Overdue SAERs are reviewed at the Primary Care and Community meeting to track progress.

Review of key policies and frameworks

The following policies and frameworks were reviewed and updated in 2024-25:

NHSGGC Policy on the Management of Significant Adverse Events

In early 2024, work was commissioned by the Board Executive Medical Director to review the SAER process in NHSGGC and to compare processes in other Boards across NHS Scotland to establish if there were examples of good practice which we could learn from. Key learning points were identified with recommendations, which informed a review of our approach.

Our updated approach to managing significant adverse events is reflected in an interim policy and procedure, which will help to streamline resources, speeding up the process of investigation and feedback to patients and families, and learning for the organisation. The revised approach also aligns with the Healthcare Improvement Scotland (HIS) national framework and the approach used in other Boards in NHS Scotland.

NHSGGC Duty of Candour Policy and Guidance Compliance

The Duty of Candour Policy was initially scheduled for review in 2024. However, due to changes in the approach for managing significant adverse events, and updated Scottish Government Guidance, we have extended the current policy to give us the necessary time to consider any implications.

New Interventional Procedures Policy

The New Interventional Procedures Policy was approved in February 2025 in line with the three-year review cycle. The only significant change to the policy was more specific guidance about when NICE should be notified about a new procedure, keeping in line with NICE Interventional Procedures Guidance. A key piece of feedback from stakeholders suggested a lack of awareness of the policy, so we created a wider communications plan.

This included:

- A launch of the updated policy, utilising communications tools such as Core Brief, Hot Topics, Clinical Governance Newsletter to increase awareness
- Engagement with users to understand their experience
- Highlighting more new and innovative procedures that benefit patients,including sharing details about new procedures registered under this policy, as described in section 4.10 of this report.

4.2 Clinical Risk Management

> **"Clinical risk management specifically is concerned with improving the quality and safety of healthcare services by identifying the circumstances that put patients at risk of harm and then acting to prevent or control risks."**
>
> World Health Organisation Patient Safety Guide, 2019

For most patients requiring healthcare we meet our aim of providing high quality care, but it is acknowledged that things can and do go wrong. When this happens, we call these adverse events.

It is important that we learn from these events, share learning, and make improvements, to minimise the risk of the event happening again, and we are committed to carrying out timely and high-quality reviews of adverse events.

Timely: Any delay may have a detrimental effect on the patient and family, staff, or the work of partner organisation reviews such as the Procurator Fiscal Service. A timely SAER is important to identify and share learning, and to minimise the consequence and impact of any recurrence of the event.

High-quality: A good quality review will seek to identify root causes, enhance patient safety, and improve processes and systems within the healthcare environment. This will support a learning culture and compliance with national standards, regulations and legislation.

4.2.1 Significant Adverse Event Reviews (SAERs)

Adverse event

An adverse event is defined as "**an event that could have caused, or did result in harm to people, including death, disability, injury, disease or suffering, and/or immediate or delayed emotional reactions or psychological harm**".

A significant adverse event is an adverse event that results in significant harm.

Potential SAERs

Potential SAERs are SAEs where we are awaiting a decision on the level of review.

Commissioning of SAERs

We aim to commission SAERs within **10** working days of the adverse event being reported on Datix. This means that we agree a lead reviewer, the review team and the terms of reference for the review. We need to do this before we can start the review.

Number of SAERs

In NHSGGC, adverse events are reported on an electronic system called Datix (see section 4.5 for more detail). We monitor a number of key indicators in relation to SAERs to help us understand what is happening, and any key areas that we need to focus on.

One key indicator is the number of SAERS we report each quarter. Figure 4.2.1 below shows the number of SAERs from 2015 to 2025, based on the reported date, in a control chart.

A Control Chart is a graph that plots data over time, to help detect trends or shifts in a process. The centre line represents the average, and upper and lower control limits act as “thresholds” for the variation you would expect to see in a process.

If all points lie within the control limits and there is no discernible pattern, then the process is considered to be in control.

Number of Significant Adverse Event Reviews per quarter from 2015 to 2025

Figure 4.2.1

From the control chart, we can see that the number of SAERs reported is in control, and that NHSGGC reports an average of about **70** SAERs each quarter.

We can also see one point above the upper control limit, and one point below the lower control limit – these are thought to be influenced by an increased focus on commissioning, and an increased number of potential SAERs.

339 SAERs were commissioned within 2024/2025 - which is an increase of **47** from 2023/2024

SAER Key Performance Indicators and Improvement Aims

Timeline to complete SAERs

We aim to complete SAERS within **140** working days from the date the event is reported on Datix.

We monitor whether we are meeting this timeline and look at what we can do to help this. Two improvement aims were agreed at the Boardwide Clinical Governance Forum in April 2024, which we made good progress with:

- Conclude all SAERs which have a reported date earlier than 2023. There were **167** open SAERs with an incident date before 1st January 2023, this reduced to **44** SAERs by 31st March 2025
- Review potential SAERs with a reported date earlier than 2023 by August 2024. By 31st March 2025 a decision is outstanding on one incident.

4.2.2 Significant Adverse Event Review Outcome

The SAER aims to examine what happened and why it happened, to identify if any clinical system failures occurred which might have led to the event or the outcome. This understanding is vital to help us learn from these events. All investigations therefore conclude with one of the following investigation conclusion codes:

Investigation Conclusion Code This is not the patient outcome	
1	Appropriate Care: well planned and delivered
2	Issues identified but they did not contribute to the event
3	Issues identified which may have caused or contributed to the event
4	Issues identified that directly related to the cause of the event.

Table 4.2.2: Investigation Conclusion Code

Where the outcome is three or four (issues identified which may have or directly cause the event) a learning summary is produced. These learning summaries are shared and discussed at each divisional governance group. Once tabled at the governance groups the summaries are uploaded to a SharePoint site so that staff can search for the thematic learning and share across NHSGGC.

Where clinical system failures are identified, we try to understand the failures and what we can do to stop it happening again. An investigation should consider how significant the failure has been in the overall incident (i.e. if multiple failures have happened how they relate to each other) and how they impacted on the patient and subsequent outcome.

It is recognised that not all reviews will identify clinical system failures, and we may find that appropriate care was delivered. We also want to learn from these events so we can recognise and share good practice.

4.2.3 Contributory Factors and Thematic Analysis From Significant Adverse Event Reviews

For every SAER we theme the factors that contributed to the event – these are called contributory factors. As outlined in figure 4.2.3 (next page), the top three contributory factors from SAER remain Team/Social/Communication, Task factors, and Individual factors – which has been the case over a number of years.

Divisional Clinical Governance Groups are asked to review contributory factors and consider what we can do to improve in these areas.

What contributed to these events?

Every SAE review includes the theming of factors that contributed to any issues identified.

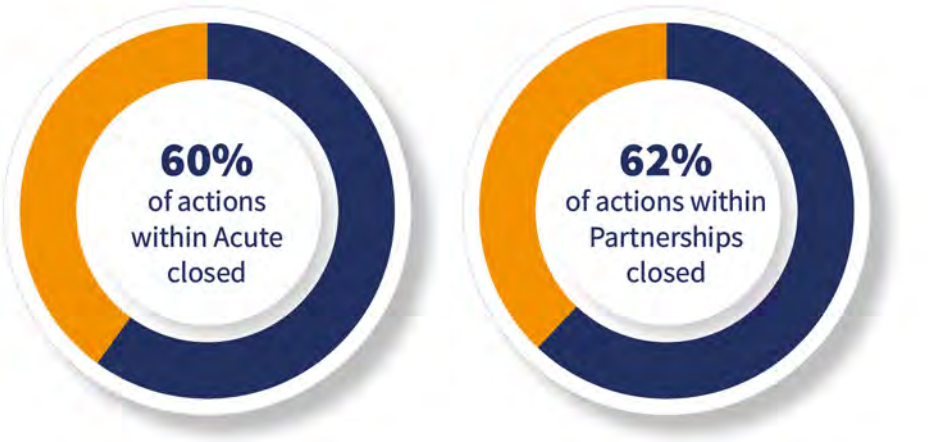
Across the **253** SAERs completed in 2024/25, **189** were closed from April to December 2024, review teams identified.

Figure 4.2.3

4.2.4 Recommendations from SAERs

253 Significant Adverse Event Reviews (SAERs) closed 2024/2025 (some of which were commissioned before this period)

1,085 actions generated from these reviews:



We track actions from SAERS reviews to make sure that they have been completed. As we can see, about **60%** of actions in 24/25 have been closed. From this information, we can identify learning that is being applied to improve care.

Some examples from this year are below:

- Following a review of an inpatient fall the 4AT (an assessment to identify patient confusion) had been missed. The 4AT was added to admission paperwork to avoid it being missed in the future
- Following a review in Mental Health Services family involvement has been added to the multidisciplinary team documentation to record all discussions with family and to gather their views. An audit monitors family/carer involvement in the development of care plans, as part of this tool
- Following a child protection review the need to consider fathers in assessments was highlighted. A seven-minute briefing was developed on consideration of fathers.

4.3 Duty of Candour

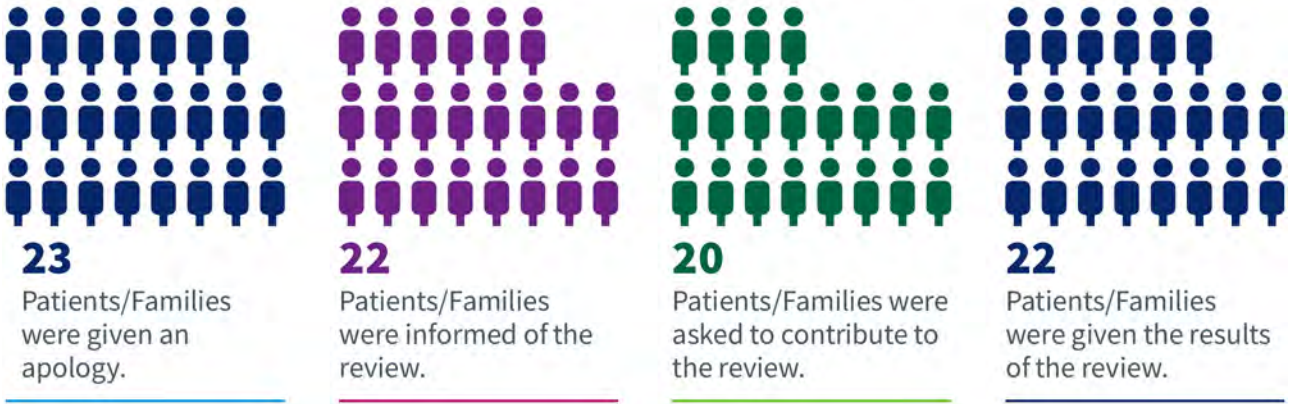
Duty of Candour

The organisational duty of candour procedure is a legal duty which sets out how organisations should tell those affected that an unintended or unexpected incident appears to have caused harm or death. They are required to apologise and to meaningfully involve them in a review of what happened.

When the review is complete, the organisation should agree any actions required to improve the quality of care, informed by the principles of learning and continuous improvement. They should tell the person who appears to have been harmed (or those acting on their behalf) what those actions are and when they will happen.

It requires NHSGGC to produce an annual report on duty of candour, which is accessible via the NHSGGC website. At the time of writing this report, **24** incidents were identified that triggered duty of candour.

Full compliance was achieved for all concluded duty of candour incidents. Further detail on the **24** incidents can be found in the detailed report.



4.3.1 Duty of Candour Update from 2023/24

It is acknowledged that some investigations are ongoing at the time the annual report is written. Consequently, it is not always possible to determine if events fall under the duty of candour until the review has been completed. Therefore, we produce an addendum later in the year, which includes details of any additional duty of candour adverse events identified for the reporting period, as well as an update on those not yet concluded when the report was written.

At the time of writing this report, the data for 2023/24 was re-run to close off this period and identified **97** events which triggered Duty of Candour from closed SAER reports.. Full compliance was achieved for all concluded duty of candour incidents, as shown below.

- **Ninety-five** patients/families received an apology. In one case the patient had no contact with their family and in one case the event involved a process issue
- **Ninety-five** patients/families participated in the investigation. In one case the patient had no contact with their family and in one case there was a process issue
- The report was shared with ninety-one patients/families and reasons for not sharing were in **two** cases the patient/relative requested not to have any contact with family; in **two** cases it was a process issue. In **one** case service were unable to contact family and in **one** case the patient subsequently passed away.

4.4 Morbidity and Mortality

A morbidity and mortality meeting provides an opportunity for clinicians to discuss recent cases, errors and adverse events in an open forum with peers and colleagues, to help review the quality of care provided, and think about professional learning and development.

A web-based tool to help support Morbidity and Mortality (M&M) meetings has been developed, to record the cases discussed at the meeting in a standardised data set, with learning points and action plans.

The aim is to have every speciality in the Board using the system. In January 2025 the number of specialties using the system increased to **30** and an action plan will be developed to improve compliance with this. A clinical lead has been identified to take this programme forward, and we have also developed a presentation on the role of the M&M for educational purposes.

4.5 Datix

4.5.1 Procurement for a new NHSGGC Risk Management System

Datix is the software used by NHS Greater Glasgow and Clyde (NHSGGC) for clinical and non-clinical incident reporting, and forms part of the boards Risk Management Strategy. It is also used for Risk Registers, Complaints and Legal Claims; as well as for providing data/information to support requests made under the Freedom of Information Scotland Act, person-centred feedback surveys and to manage Mortality and Morbidity meetings.

In 2024, NHS Scotland awarded a national contract to a new supplier, InPhase, to provide an upgraded Risk Management System for NHS Scotland. NHSGGC can then call off on this contract to replace the current Datix system. A business case is currently being developed for this.

Meanwhile, NHSGGC is taking steps to improve the current Datix system in preparation of potentially bringing in a new system. Actions underway include:

- Encouraging staff to review and finalise any outstanding incident reports
- Making sure the list of reviewers and approvers for all departments is accurate and up to date
- Reviewing existing processes and information flows to ensure they run smoothly before the new system is introduced
- Running a survey to gather feedback from Datix users on what works well and what can be improved, with **225** people taking part.

4.5.2 Datix Data Quality Improvement

A number of Key Performance Indicators (KPIs) have been developed to monitor the quality of the data on Datix, and ensure we are categorising and recording incidents correctly. In the period 2024-2025 improvement was made in two KPIs:

- **Number of orphaned incidents** (incidents that haven't been notified to a reviewer): these have improved due to proactive re-coding work by the incident management team and Datix User Group
- **Number of overdue incidents** (these are incidents that haven't been closed on Datix within the agreed timeline): while overdue incidents remain an area of focus, overdue incidents in the period 2024-2025 are the lowest they have been since 2021.

The following KPIs are in focus for the year ahead:

- **Reducing number of recoded incidents** (these are incidents where the incident has had to be recoded) through ongoing communication and awareness raising
- **Reducing number of incidents categorised as "Other/Other"** (as this suggests the categories we have on Datix aren't right, or that users don't know what category to select). This work will align with ongoing work nationally to try to standardise the incident categories used across NHS Scotland, which is being led by Healthcare Improvement Scotland's National Adverse Events Team.

4.5.3 Support to End Users

The Datix team provide an end user support service to staff, with almost **6,000** calls being actioned in 2024-2025. These vary in nature and range from maintaining access for users to setting up reports to help people understand their data.

Increasing the confidence of all members of staff to use the system to its full potential and have ownership of their data is really important. Therefore, training is a large part of the team's role, with regular training sessions delivered via Microsoft Teams. Additionally, over **1,200** staff completed the Reporters LearnPro module in the period 2024-2025.

The dedicated Datix Staffnet pages and bi-monthly newsletter to all Datix users keep staff up to date with any changes made to the system, hints and tips on using Datix and includes key messages from the Datix Governance Group and the Board's Health and Safety Forum.

4:6 Quality Improvement Programmes

NHSGGC is participating in several quality improvement programmes, which are outlined below.

Quality improvement programmes aim to improve the safety and reliability of care within the healthcare setting. These programmes of work align to Board and National priority areas.

4.6.1 Acute Adult: Deteriorating Patient Programme

The Scottish Patient Safety Programme (SPSP) Acute Adult Deteriorating Patient Programme was established to support hospital teams to recognise and respond appropriately to unwell, deteriorating patients, and to reduce Cardiopulmonary Resuscitation rate, in acute care.

> Cardiopulmonary resuscitation (CPR) is an emergency treatment that's done when someone's breathing or heartbeat has stopped.

The SPSP Acute Adult collaborative formally ended in March 2024, however NHSGGC committed to continuing the work of the deteriorating patient programme, and to gathering and publishing national data on cardiac arrest rates.

The Deteriorating Patient Steering Group continues to meet on a regular basis, with a work plan in place, and reports to the Acute Services Division Clinical Governance Forum every six months.

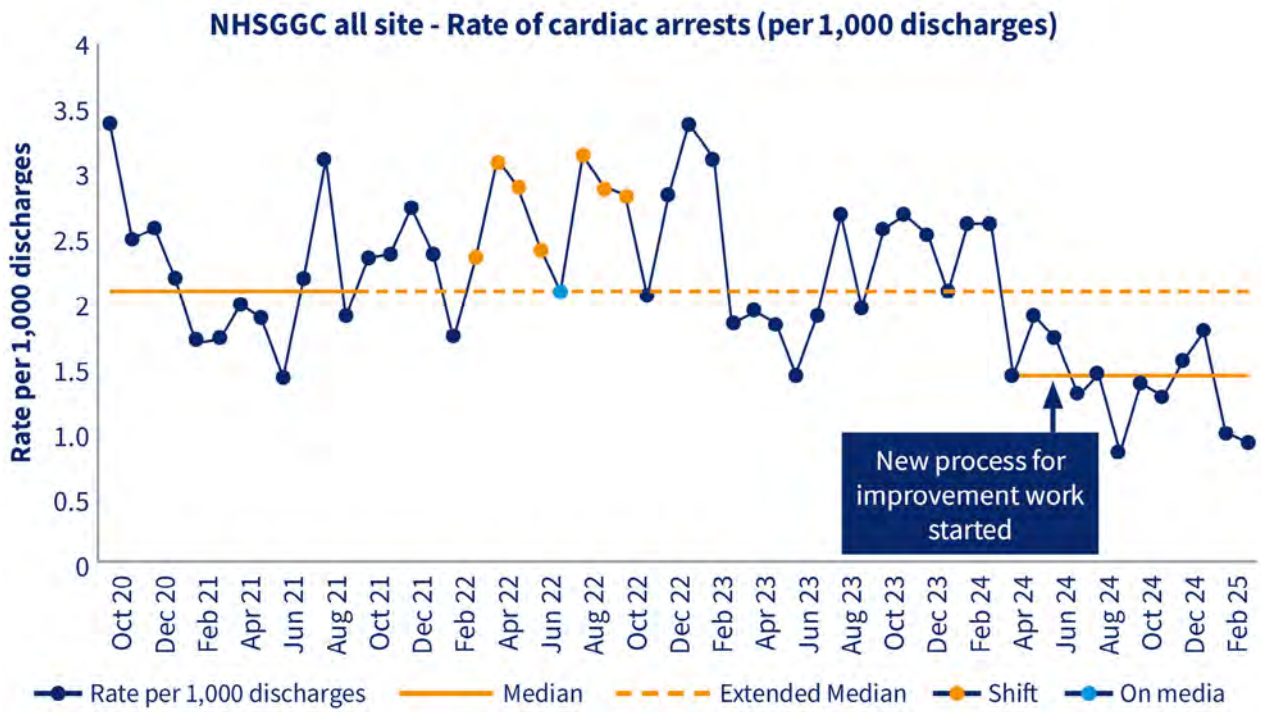
Engagement with clinical teams continues in the Royal Alexandra Hospital and the Queen Elizabeth University Hospital and has expanded to Glasgow Royal Infirmary with a medical lead identified and priorities set. The key work across the acute sectors has included the following:

- Establishing local Cardiac Arrest Review groups
- Implementing Treatment Escalation Plans (TEPs)
- Working to reduce rate of sepsis
- Improving the frequency and accuracy of NEWS2 observations.

The NHSGGC Deteriorating Patient Steering Group is also working closely with the Realistic Medicine Team on the implementation of Treatment Escalation Plans.

> A Treatment Escalation Plan is used to record information discussed between the patient and the patients healthcare professionals. The Plan creates a personalised recommendation for the patients clinical care in emergency situations, where the patient is not able to make decisions or express their wishes themself.

One of the key objectives of the Deteriorating Patient programme is to improve reliability of cardiac arrest data. In 2024, the primary objective of reporting an accurate cardiac arrest rate to the national SPSP Acute Adult Programme was achieved.



The new process for capturing more robust cardiac arrest data commenced in April 2024 and has resulted in more accurate reporting of a true cardiac arrest rate. With sustained improvement over nine months, the NHSGGC median has been recalculated and is now **1.4** cardiac arrests per **1,000** discharges, down from **2.1**. This figure is now lower than the Scottish median of **1.5**.

Further work continues to create a single source of cardiac arrest data. This would bring together information collated by switchboard, on Datix and on resuscitation records. All of these methods were being used inconsistently, and largely in isolation of each other, limiting the opportunity for collective learning and collaborative improvement work. A single, online Deteriorating Patient Review form for 2222 calls for true cardiac arrest, peri-arrest, and medical emergency has been tested since July 2024 within the RAH, QEUH and GRI. The response rate over this period has averaged at **64%**, generating high quality data which feeds to established cardiac arrest review groups and monthly reporting to associated sectors and directorates.

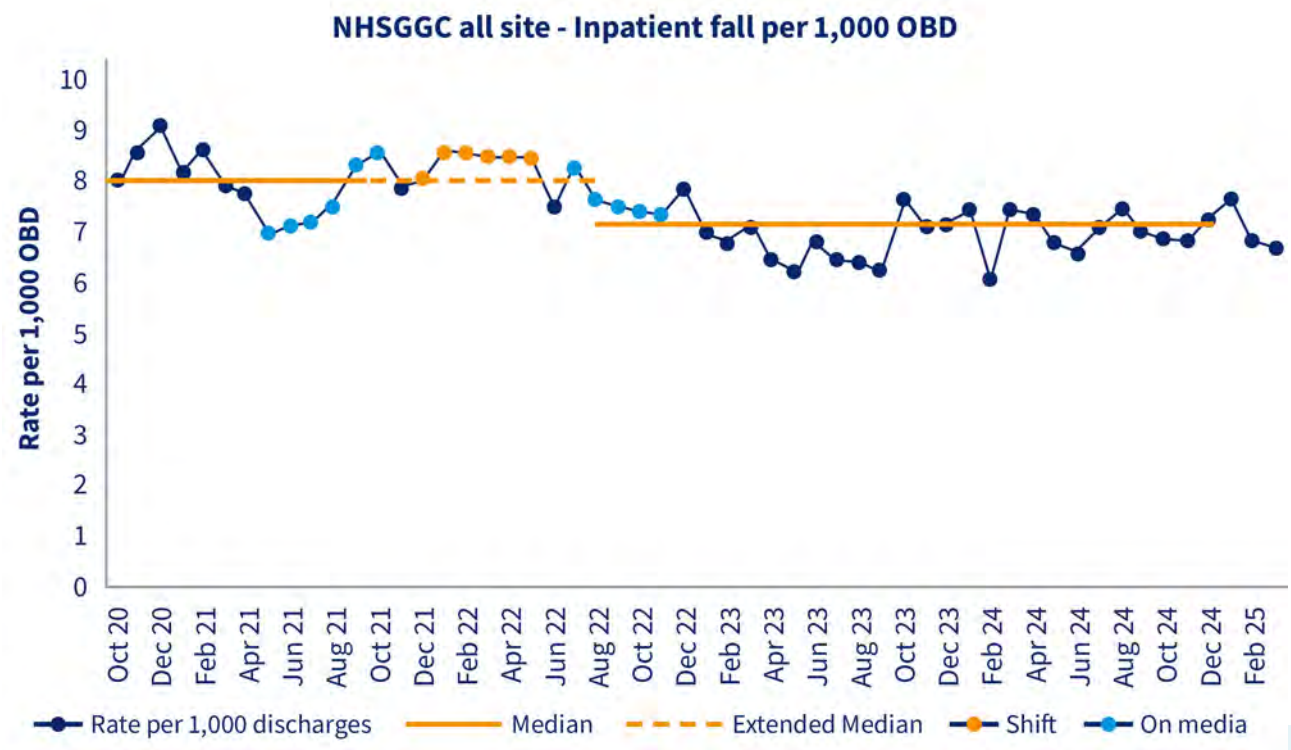
4.6.2 Acute Adult: Falls Programme

The NHSGGC Falls Prevention and Management Steering Group, established in 2021, oversees falls prevention efforts across the organisation. In May 2022, an Acute Falls Improvement Group was created to act as the Steering Group for the falls programme. This group reports to the Acute Services Division Clinical Governance Forum every six months.

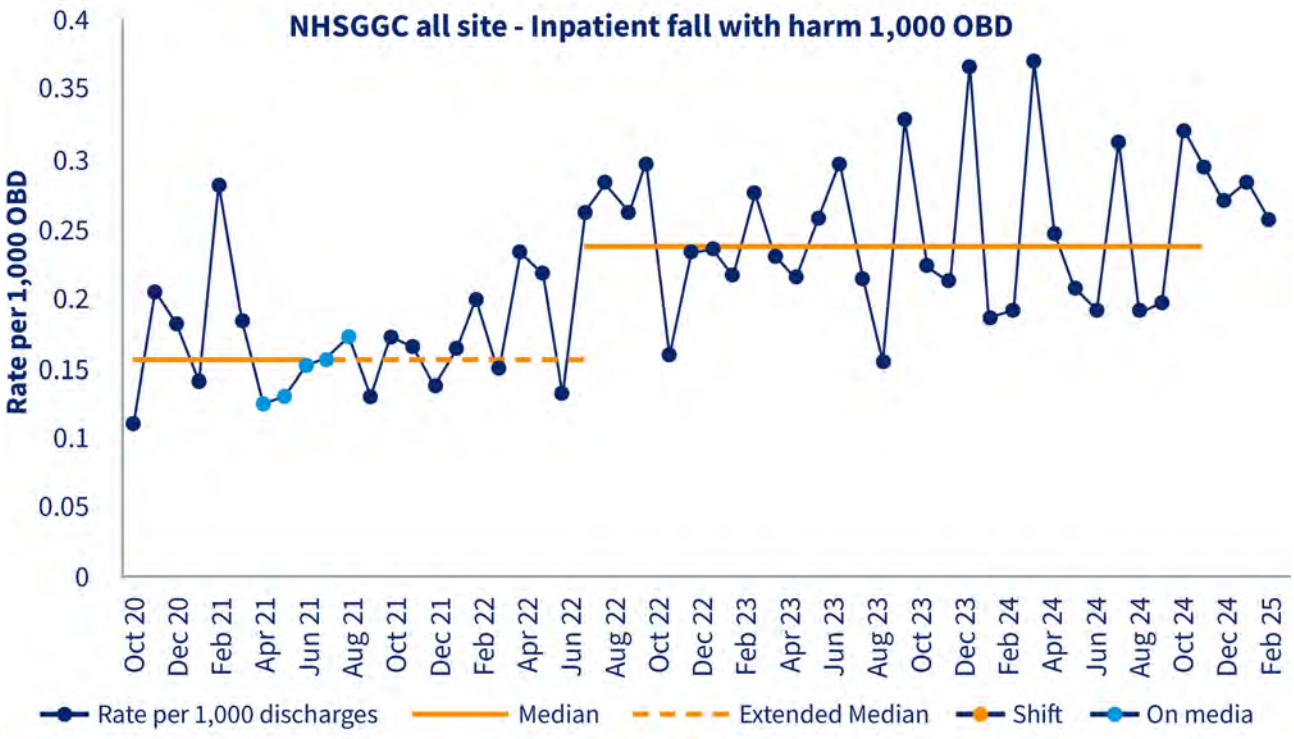
The aim of the NHS Greater Glasgow and Clyde (NHSGGC) Acute Falls Improvement Group is to progress an improvement plan which is aligned to the aims of the NHSGGC Quality Strategy.

Although the national programme ended in 2024, data is submitted to Healthcare Improvement Scotland on a quarterly basis. The outcome measures for the programme are:

- Inpatient falls rate
- Inpatient falls with harm rate.



In general, we can see that from August 2022 when the median was recalculated to **seven** that the rate of inpatient falls has remained mostly stable with random variation being exhibited in the data. A shift was identified in 2023 however this was not sustained.



We implemented a more reliable process for review of falls with harm in 2022, after which the rate of falls with harm has remained stable with normal variation.

“Active Wards Principles” are now present in falls improvement and educational programmes; to reflect the fact patients are now being admitted with more complex needs.

The Falls Prevention and Management Steering Group have overseen a range of quality improvement and education programmes including:

- Active Wards Principles present in falls improvement and education programmes
- Bed safety rail response to National Patient Safety Alert (NPSA) and updated Medicines and Healthcare Products Regulatory Agency (MHRA) guidance
- Assessing the use of non-slip socks across inpatient areas
- Improving the guidance/knowledge around the identification and management of suspected spinal injury following inpatient falls.

The process for commissioning SAERs in relation to falls with harm underwent a review and a new toolkit is now available to support review teams.

NHSGGC are taking part in an initial testing phase, to test a new national definition of a fall and fall with harm. A working group has been convened across acute and mental health inpatients to plan initial testing.

4.6.3 Scottish Patient Safety Programme (SPSP): Perinatal Programme

In September 2023, Healthcare Improvement Scotland (HIS) launched the new SPSP Perinatal Collaborative programme, combining the previous SPSP Maternity and Children Quality Improvement Collaborative (MCQIC) programme and previous SPSP Maternity and Neonatal programme into one collaborative.

The NHSGGC SPSP Perinatal Steering Group continues to meet regularly to provide vision and strategic support to the collaborative and participating teams. In April 2024, a Data Advisory subgroup was formed to offer a platform outside the steering group, focusing solely on data to support later discussions in the steering group. The steering group continues to submit quarterly data and progress reports to HIS as part of the programme.

SPSP Perinatal Aims	Core Measures
Reduce neonatal mortality and neonatal morbidity by: • **Reducing complications of prematurity** • **Reducing late preterm and unexpected term admissions to NNU**	1. Rate of neonatal deaths 2. Rate of preterm birth 3. Rate: Clinical Outcomes Composite measure – bloodstream infection, Bronchopulmonary dysplasia (BPD), Necrotizing enterocolitis (NEC), preterm brain injury 4. Rate of term admissions to Neonatal Unit 5. Percentage compliance with Preterm Perinatal Wellbeing Package (PPWP)
To reduce harm from deterioration in acute hospitals by improving the recognition, response and review of the deteriorating woman/birthing person	1. Percentage of Maternity Early Warning Score (MEWS) charts completed, and frequency met 2. Percentage compliance with MEWS chart escalation pathway 3. Post-Partem Haemorrhage (PPH) rate – over 1.5 litre 4. Balancing measure – number of maternity admissions to Intensive Therapy Unit (ITU)
Reduction in Stillbirth	Rate of stillbirths
Caesarean births (phase 1 and 2)	1. Number of boards submitting Robson criteria data 2. Percent completeness of Robson criteria data 3. Number of boards using data to agree improvement priorities

The next steps for the NHSGGC Perinatal Collaborative Programme are:

- Continue to review outcome data to identify learning and opportunities for improvement
- Use outcome data to develop a focussed NHSGGC Perinatal Collaborative aim statement
- Continue to provide training and support to participating teams to progress improvement projects aligned to the collaborative aims.

4.6.4 Scottish Patient Safety Programme: Paediatrics Programme

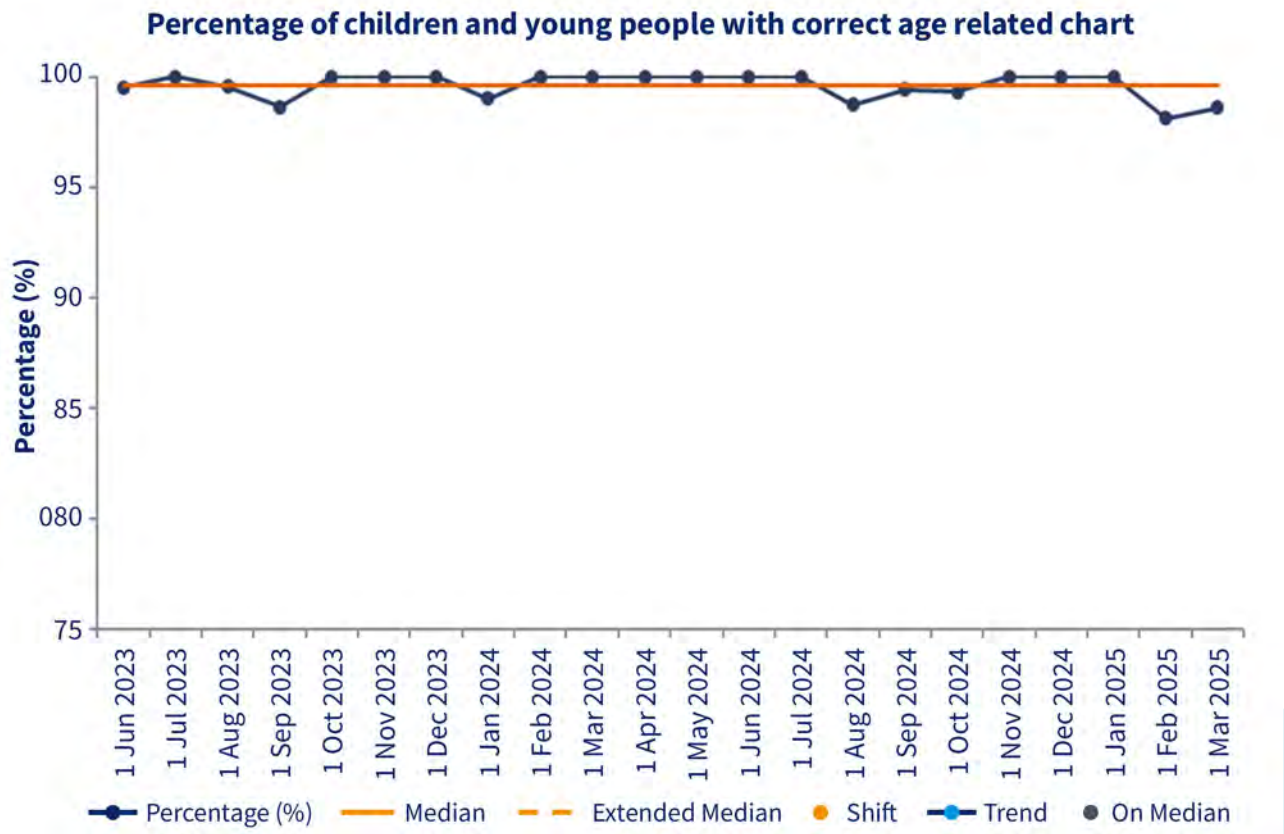
In September 2023, Healthcare Improvement Scotland (HIS) re-launched the NHSGGC Paediatrics Collaborative. NHSGGC established a Paediatrics Collaborative Steering Group in November 2023. The group continue to meet regularly to provide the vision and direction for the collaborative, as well as provide advice, guidance and local context for improvement activity taken forward by participating teams. The steering group continues to provide quarterly submissions of data and progress to HIS as part of the programme.

As part of the SPSP Paediatric Collaborative, a Data Advisory subgroup was established in June 2024, providing a dedicated space for steering group members to review and discuss programme data, to support richer discussions, understanding and to support decision making. The steering group is also planning to establish a subgroup for participating teams to meet and collaborate, to support improvement and sharing of learning, with a view to broadening out to promote wider QI work across NHSGGC Paediatrics.

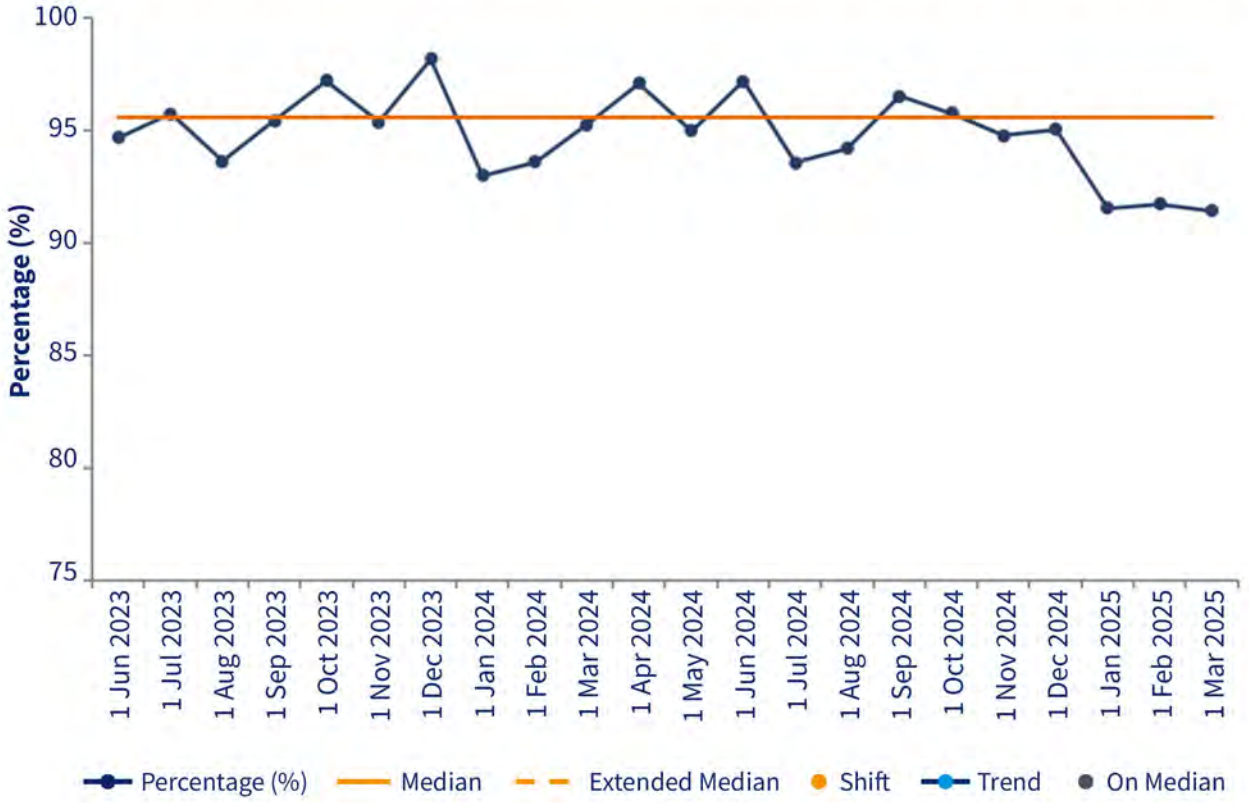
Following a welcome extension to the end of the national programme, the NHSGGC SPSP Paediatric Collaborative programme aims to reduce harm from deterioration by improving the prevention, recognition, response and review of the deteriorating child and young person by September 2025. The steering group are currently in the process of extending the timeline to reflect the extension to the programme.

The SPSP Paediatric Collaborative programme uses the following measures:

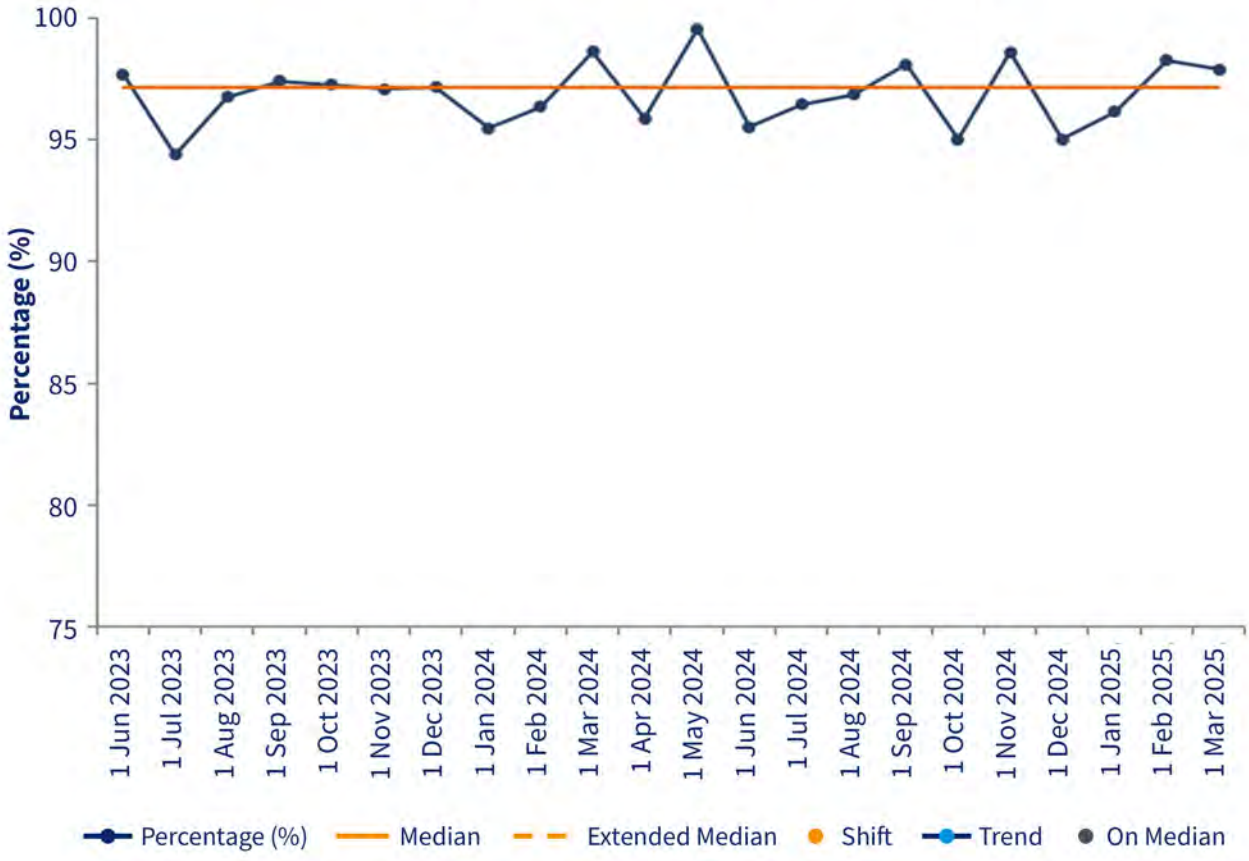
- Use of correct age-related Paediatric Early Warning Score (PEWS) chart
- Reliable use of PEWS observations
- Reliable scoring of PEWS
- Reliable response to children and young people who trigger PEWS.

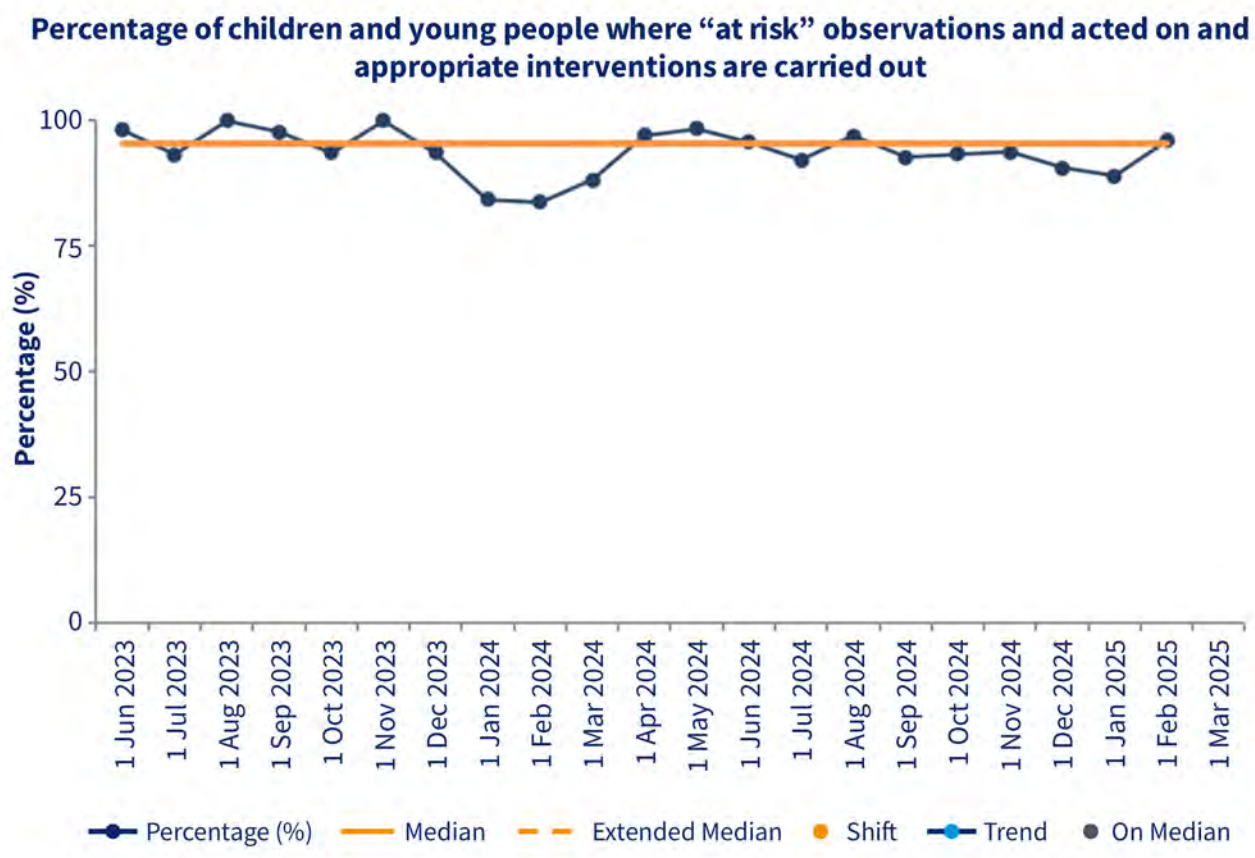


Percentage of PEWS charts with fully correct observations taken at correct frequency



Percentage of PEWS charts with fully correct scores





Currently participating teams continue to progress quality improvement projects in their local areas as outlined below:

Participating Team	Project	Aligns to SPSP Outcome
RHC 3A	Improving communication	Prevention, Recognition
RHC 2C	Improving PEWS processes	Recognition, Response, Review
RHC ED	Improving time to triage	Prevention, Recognition

The next steps for the NHSGGC Paediatric Collaborative Programme are:

- Review and update the NHSGGC Paediatric Collaborative aim statement
- Continue to support participating teams to progress their improvement work to achieve and sustain aims
- Continue to review outcome data to identify learning and opportunities for improvement
- Engage with teams where opportunities for improvement have been identified and provide Quality Improvement training and support to take forward improvement work.

4.6.5 Mental Health Programme

The Mental Health Leadership and Culture workstream commenced in January 2024. The programme encompasses three key tools:

- **Safety Conversations**: A process where a small group of senior medical and nursing managers, accompanied by third sector patient representatives, visit wards to discuss ward safety in person and identify any actions for improvement
- **Patient Safety Climate Surveys**: These surveys are based on structured interviews conducted with patients by the Glasgow Mental Health Network
- **Staff Patient Safety Climate Surveys**: These surveys potentially include all staff working on Mental Health wards.

Throughout 2024, Safety Conversations were conducted quarterly across various specialties. This led to the identification and advancement of **12** actions aimed at improving ward safety, which are documented and regularly updated, with progress reported bi-monthly to the Mental Health Quality Improvement.

These actions included:

- **Enhancements in equipment**, such as the acquisition of a ward Fibroscan machine and updated IT equipment
- **Innovations in patient care and engagement**, including the introduction of a weekly patient focus group; a weekly music and art group; and a weekly meeting involving bed management staff, management, and Community Mental Health Team (CMHT) Leads.

An evaluation of the Leadership and Culture workstream is scheduled for 2025, which will guide the future direction of the initiative.

4.6.6 Primary Care Programme

The Rapid QI model is a streamlined Quality Improvement (QI) model which has been developed to enable Primary Care staff to implement QI practices more flexibly and with reduced time investment. The Rapid QI model test was conducted from September to December 2024, in collaboration with the Glasgow City HSCP Primary Care Improvement Team and Rutland Surgery. The goal was to reduce acute prescriptions to an average of below **30** during this period. Senior Pharmacy colleagues provided a training session on acute prescribing.

The Practice used the **Plan, Do, Study, Act (PDSA)** cycle, which is a continuous improvement model to implement a checklist that reduced admin time for acute prescriptions, revised local reauthorisation processes, and engaged GPs in Annual Reviews. The findings were presented to the Glasgow HSCP Primary Care Leadership Group. The formal evaluation report is nearly complete, with a second model test under consideration.

Other work across Primary Care includes:

- **The Primary Care Improvement group** is mapping GP clusters' QI interests across the health board. So far, **20** Clinical Quality Leads (CQLs) in five Health and Social Care Partnership (HSCP) areas have engaged with the team
- **In October 2024, a QI cluster event was held** for **70** primary care colleagues. The Head of Primary Care Support updated on the strategy, and clinical staff shared their work on improving cancer care pathways, pain management, inhaler prescribing, and realistic medicine in primary care
- **A multidisciplinary group**, including GPs, Primary Care support, Public Health, and secondary care Managed Clinical Network (MCN) colleagues, was formed to develop risk stratification rationale and pathways. Their goal is to ensure patients with complex needs receive timely and appropriate care.

4.7 Clinical Guidelines

Clinical guidelines are systematically developed statements designed to assist clinicians and patient decisions about appropriate health care for specific clinical circumstances. Guidelines should be based on evidence, combined with local knowledge to ensure that they are appropriate for local conditions.

Last year's report proposed several ideas to reduce breached clinical guidelines (these are guidelines that have not been reviewed by the agreed review date). The following improvements have been successfully implemented:

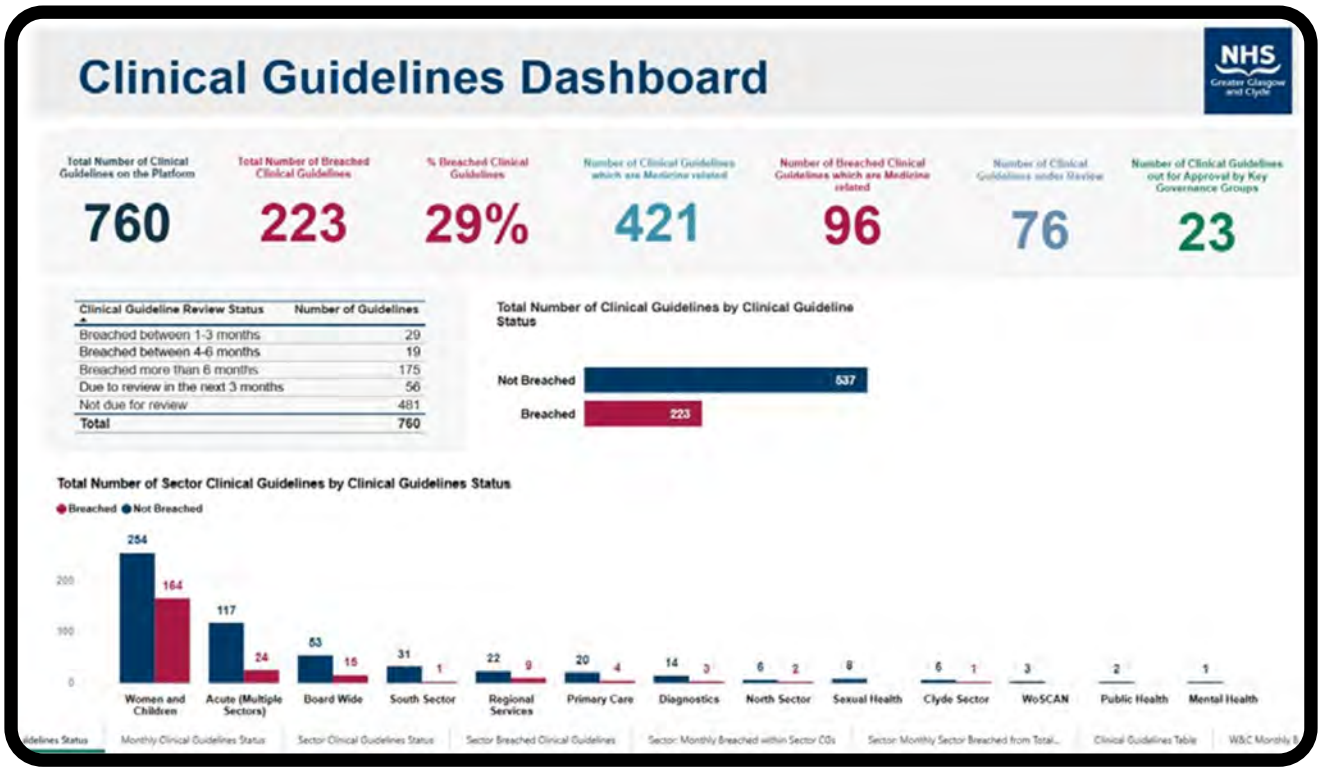
- **Archive Covid-19 guidelines** and reduce number of site-specific guidelines, 36 Covid-19 guidelines were archived, and the number of site-specific guidelines reduced from **30** to **26**. This removed **25** breached guidelines
- **Clinical Guidelines User Group Established**. The Clinical Guidelines User Group held its first meeting in January 2024, and at the end of the year, we reviewed our achievements with a "**You Said, We Did**" session:

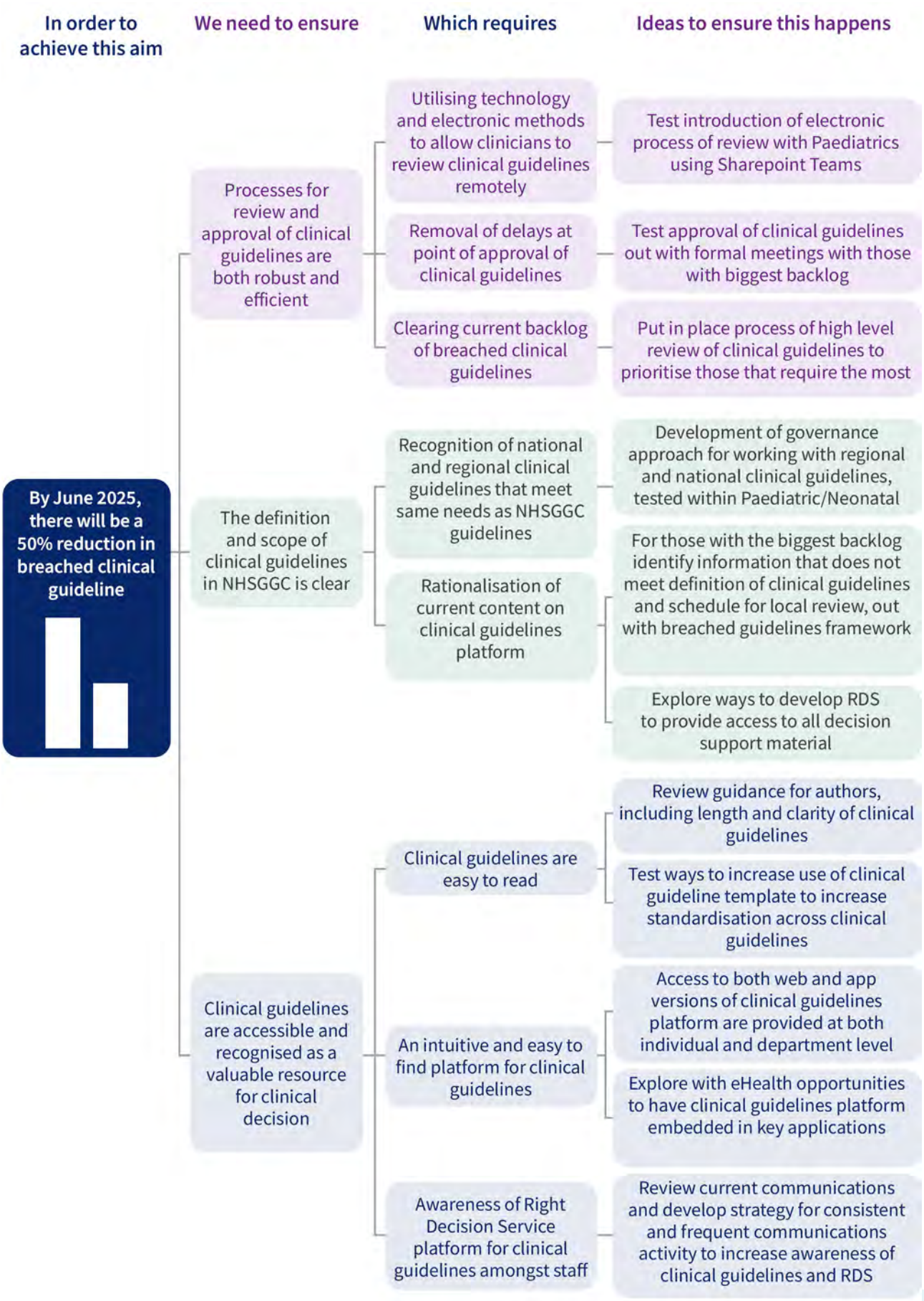
Development of real-time guidelines reporting with the creation of a Clinical Guideline Dashboard. This increases accessibility to and ownership of local clinical guideline data.

- Additional resource dedicated to reducing breached guidelines in maternity services:
  - The work of the Clinical Guideline SLWG, led by lead midwives has reduced the number of breached guidelines in maternity from **94** in April 2024 to **66** in March 2025.

Despite concerted efforts, the number of breached guidelines has remained consistent with last year's figures. However, there remains a commitment to address this challenge by continuing with an improvement focused approach as demonstrated in the driver diagram below. Implementation of these improvements will be supported by a robust action plan setting out a timeline for notable change by the end of 25/26. The initial priority objectives are set out below:

- Implement approval out with formal meetings
- Develop a process for electronic review and approval of clinical guidelines
- Put in place a process of governance for national and regional clinical guidelines
- Specific support provided to Paediatrics, mirroring the work done in maternity services.


Clinical Guidelines Dashboard
NHS Greater Glasgow and Clyde
Total Number of Clinical Guidelines on the Platform
760
Total Number of Breached Clinical Guidelines
223
% Breached Clinical Guidelines
29%
Number of Clinical Guidelines which are Medicine related
421
Number of Breached Clinical Guidelines which are Medicine related
96
Number of Clinical Guidelines under Review
76
Number of Clinical Guidelines out for Approval by Key Governance Groups
23
Clinical Guideline Review Status
Number of Guidelines
Breached between 1-3 months 29
Breached between 4-6 months 19
Breached more than 6 months 175
Due to review in the next 3 months 56
Not due for review 481
Total 760
Total Number of Clinical Guidelines by Clinical Guideline Status
Not Breached 537
Breached 223
Total Number of Sector Clinical Guidelines by Clinical Guidelines Status
Breached
Not Breached
254
164
117
24
53
15
31
1
22
9
20
4
14
3
6
2
8
6
1
3
2
1
Women and Children
Acute (Multiple Sectors)
Board Wide
South Sector
Regional Services
Primary Care
Diagnostics
North Sector
Sexual Health
Clyde Sector
WoSCAN
Public Health
Mental Health


In order to achieve this aim
We need to ensure
Which requires
Ideas to ensure this happens
By June 2025, there will be a 50% reduction in breached clinical guideline
Processes for review and approval of clinical guidelines are both robust and efficient
Utilising technology and electronic methods to allow clinicians to review clinical guidelines remotely
Test introduction of electronic process of review with Paediatrics using Sharepoint Teams
Removal of delays at point of approval of clinical guidelines
Test approval of clinical guidelines out with formal meetings with those with biggest backlog
Clearing current backlog of breached clinical guidelines
Put in place process of high level review of clinical guidelines to prioritise those that require the most
The definition and scope of clinical guidelines in NHSGGC is clear
Recognition of national and regional clinical guidelines that meet same needs as NHSGGC guidelines
Development of governance approach for working with regional and national clinical guidelines, tested within Paediatric/Neonatal
Rationalisation of current content on clinical guidelines platform
For those with the biggest backlog identify information that does not meet definition of clinical guidelines and schedule for local review, out with breached guidelines framework
Explore ways to develop RDS to provide access to all decision support material
Clinical guidelines are accessible and recognised as a valuable resource for clinical decision
Clinical guidelines are easy to read
Review guidance for authors, including length and clarity of clinical guidelines
Test ways to increase use of clinical guideline template to increase standardisation across clinical guidelines
An intuitive and easy to find platform for clinical guidelines
Access to both web and app versions of clinical guidelines platform are provided at both individual and department level
Explore with eHealth opportunities to have clinical guidelines platform embedded in key applications
Awareness of Right Decision Service platform for clinical guidelines amongst staff
Review current communications and develop strategy for consistent and frequent communications activity to increase awareness of clinical guidelines and RDS

4.8 Clinical Quality Publications

NHSGGC have defined Clinical Quality Publications (CQPs) as documents which seek to inform and assure clinical practice and processes, such as national standards and guidance, evidence-based guidelines, and identified national audit and benchmarking reports.

NHSGGC Framework for Addressing Clinical Quality Publications aims to ensure that relevant publications are reviewed within the Board, and any actions considered. The publications tracked and reviewed are:

- National guidance documents - produced by the Scottish Intercollegiate Guidelines Network (SIGN) and the National Institute for Clinical Excellence (NICE)
- National Standards - produced by Healthcare Improvement Scotland (HIS)
- Interventional Procedure Guidance (IPG) – produced by NICE
- Agreed Clinical Quality Publications (national and benchmarking reports containing NHSGGC data) - published via an established list of bodies.

The number of publications impact assessed in line with the Framework has increased since 2023/2024, from **34** to **49** clinical quality publications. Table 4.8 details the type of publications identified for 2024-2025.

Type of publication	Number of publications
Publications (including audit and benchmarking reports)	**16**
Scottish Health Technology Group publication	**3**
SIGN guidelines	**4**
HIS standard	**4**
NICE IPG	**22**
Total	**49**

Table 4.8: Publications

As part of the review of CQPs, a red flag can be applied where NHSGGC is an outlier in a standard, measure or indicator, and where this might constitute a risk, either clinically or to the Board's reputation. A red flag includes:

- An outlier which is >three Standard Deviations (SD) from the mean
- Where there is agreement that an outlier/outstanding action is considered a clinical risk
- Where an outlier/outstanding action may constitute a risk to the reputation of NHSGGC.

A report on open red flags was expanded this year to provide more oversight and assurance.

A high-level summary position for publications, including open red flags, is reported quarterly to the divisional level Clinical Governance Forums to confirm service review and next steps, if required.

4.9 Scottish National Audit Programme (SNAP)

Public Health Scotland (PHS) publish Annual National reports for selected audits/registers which are part of the Scottish National Audit Programme (SNAP) each year. SNAP aims to ensure consistent delivery of high-quality evidence-based care across Scotland reducing variation, death, and disability; and ensuring patients continue to be supported to maximise their quality of life.

NHSGGC has a robust process in place for responding to SNAP. This includes ensuring ongoing data collection and quality assurance, regular review of audit data within the clinical teams, and excellent engagement and response from clinical teams to the annual SNAP governance process, where NHSGGC receives an official alert of any outliers within the national reports and are required to respond. All outliers were reviewed and responded to by the clinical teams, and ongoing progress is monitored through the relevant clinical governance forums.

In May 2024, NHSGGC had seven positive outliers, four outliers which required response, one outlier that was reviewed locally, and eleven issues noted for action. The number of positive outliers reduced from nineteen in 2023, however the number of negative outliers also reduced.

4.10 New Interventional Procedures Policy

As part of the wider communications around the New Interventional Procedures Policy (described earlier in this report), was a commitment to share some of the new practice that is being undertaken by our clinical teams. This helps to raise awareness of the policy itself but also spotlight advances in practice for the benefit of our patients.

Six new interventional procedures were registered through this policy in 24/25:

1. Autologous fat injection as treatment for complex perianal fistula
2. Endoscopic Spinal Microdiscectomy Decompression
3. Peripheral Nerve Stimulation
4. Implantation of active percutaneous bone conduction hearing implant
5. Use of socket preservation materials (bio-Oss and bio-Gide), in the paediatric population (<18 years old), following extraction of a permanent incisor
6. Stereotactic Radiofrequency Lesioning.

4.11 Quality of Care Review

In early 2025 NHSGGC developed a new Quality of Care Review Model to support an internal review of Skye House. A Quality of Care Review helps to determine the extent to which a service is providing high quality, safe and effective person-centred care. It considers a range of quality and safety indicators over an agreed time period, to provide assurance, and to drive continuous learning and improvement.

This model is currently being developed further to inform a programme of work for 2025/2026.

In response to concerns that care had been below the expected level which was highlighted in a BBC Disclosure Programme NHSGGC carried out an internal Quality of Care Review for Skye House. Skye House is an adolescent inpatient psychiatric unit that receives admissions of young people aged between 12-18 years old from the Scotland. Further external reviews are due to take place throughout 2025/2026 with a final report expected once these reviews are concluded.

5. Spotlight on Innovation and Improvement

Every year we dedicate a section in the report to spotlight key innovations and improvement projects from the previous year, which highlight learning, improvement or good practice

The following is a summary of some of the work undertaken during 2024-2025.

Article 1	Mental Health
Article 2	Acute Services
Article 3	Primary Care and Community
Article 4	Physiotherapy Band 4 HCSW in Mental Health Test of Change
Article 5	Neuropsychological Assessment in East CAMHS
Article 6	Antipsychotic QI project
Article 7	Tackling Health Inequalities for People
Article 8	Careful and Kind Bereavement Care for Staff
Article 9	Sustainability in Orthotics
Article 10	Macmillan Physical Activity Project Summary
Article 11	Implementing Occupational Therapy in Cancer Older People's Service
Article 12	How a Stroke Early Supported Discharge Service Could Improve Hospital Flow and Reduce Costs
Article 13	Supporting Vulnerable Families to Achieve Optimal Oral Care
Article 14	Integrating Patient Feedback into Redesign
Article 15	Assertive Outreach Model
Article 16	Initiation of First Dose Medicines During Home Visits
Article 17	Empowering Patients to Self-Administer
Article 18	Improving Outcomes for Care Home Residents at End of Life

1. Mental Health

Mental Health Teams across NHSGGC are delivering compassionate, evidence-based care through innovative services and partnerships. The Personality Disorder Network empowers people with lived experience to shape services, co-producing award-winning resources and training. Therapies like Dialectical Behaviour Therapy (DBT) and Mentalisation-Based Treatment (MBT) have significantly reduced inpatient bed use for those with Borderline Personality Disorder (BPD). The rollout of Continuous Intervention ensures consistent, person-centred care across all sites. The Thistle Safer Drug Consumption Facility supports vulnerable individuals with emergency care and recovery pathways. Tools like the MyMental Health app empowers self-management. Together, these efforts reflect a system committed to dignity, recovery, and inclusion.

Personality Disorder Network

BPD Dialogues is a group of people who have a diagnosis of Borderline Personality Disorder and lived experience of using services in NHSGGC. The purpose of the group is to contribute to planning and delivering better services for people with a BPD diagnosis across NHSGGC.

The group is hosted by the Mental Health Network. The group produced a patient leaflet which won the prize for "Capacity and Engage" at the National Personality Disorder conference (BIGSPD). The group also co-produce training materials. The one-day BPD training, Introducing Co-ordinated Clinical Care (CCC) – was relaunched in December 2024. The most recent evaluation of the impact of training indicated improvement in all key target areas – **Understanding**; **Skills**; **Empathy**; **Beliefs**; **Confidence to treat**.

Dialectical Behaviour Therapy (DBT) and Mentalisation-Based Treatment (MBT) Impact on Bed Occupancy

The Borderline Personality Disorder Pathway sits within the five-year Mental Health Strategy and reports to the Mental Health Programme Board and Adult Planning Group through the Inpatient Beds work stream. The work stream was implemented to develop an NHSGGC-wide system of care for people with BPD, recognising the pressures on inpatient beds (**5%** of all occupied bed days) and the high incidence of suicidality for this patient population (BPD patients accounted for approximately **33%** of all NHSGGC suicides). The evidence for psychological therapies most strongly supports programmed care approaches such as Dialectical Behaviour Therapy (DBT) and Mentalisation-Based Treatment (MBT) for up to 18 months for moderate to severe BPD. Outcomes of implementation of these treatments have demonstrated a significant reduction in use of bed days with a reduction from **2,477** bed days to **651** bed days post treatment (**42** patients).

Continuous Intervention

Following the National Good Practice Guidance (January 2019) NHSGGC commissioned the Continuous Intervention Implementation and Monitoring Group (CIIMG). NHSGGC Policy and Practice Guidance has been circulated, and CI was brought into operation on the 31st of March 2025 across all Mental Health sites. This policy has a link to the Person-Centred Care Plans (PCCP) and the new Continuous Intervention PCCP template is being used across all MHS sites. A suite of educational materials for patients, carers and staff has been produced. Each site has its own local implementation team who have led training for all staff using centrally developed resources utilising a CI LearnPro module and face-to-face training for all staff. Local implementation teams also have responsibility to ensure staff understanding of practice changes which will be supported by policy and practice guidance awareness sessions.

Safer Drug Consumption Facility

The Thistle service became operational on 13th January 2025. By the 31st of March, **197** unique individuals have registered to use the service and visited **1,884** times. There have been **17** medical emergencies managed successfully in The Thistle, including a cluster of sudden and severe overdoses, reversed with an emergency response. All service users experiencing medical emergencies have recovered and returned to the service in subsequent days. Service users have been supported with wound care, blood borne virus services and access to housing and treatment, care and recovery supports. The Thistle Performance and Governance Group has been established to report into a Thistle Oversight Board and the Glasgow IJB.

MyApp: My Mental Health

The app collates a collection of resources to support people with their mental health, hosted on the national Right Decision platform. It has a wealth of useful resources for patients and staff. All clinical letters now include a QR code to access the app and it is being advertised by a poster campaign in patient facing areas. It was showcased at the Realistic Medicine Champions Network Event.

2. Acute Services

Acute Services across NHSGGC are driving improvements in safety, efficiency, and patient care. A working group on Alfentanil has led to tighter controls, limiting high-strength preparations to ICU only. The revised Food, Fluid and Nutrition Policy promotes person-centred nutrition and healthy diets across sites. The Continuous Flow Model has reduced ambulance offload times and ED waits. The Regional Services QI Group fosters innovation across specialties, from oral health to oncology. Learning from Significant Adverse Event Reviews is shared widely. The National Green Theatres Programme is cutting carbon emissions while improving sustainability in surgical environments.

Alfentanil

A short-life working group was implemented to examine Alfentanil, a synthetic, short-acting opioid analgesic, cases. An action plan has been developed for each sector/directorate. An overarching action plan has been developed with site specific, cross-site and sector actions. It has now been agreed that no high strength Alfentanil preparations will be available on general wards with ICU being the only agreed exception.

Revised Food, Fluid and Nutrition Policy

The Food, Fluid and Nutrition Policy was approved at the April 2024 ACGF meeting. This was a revision to the 2015 FFN policy to meet NHSGGC's commitment to promoting health within its population and the updated content aligns with their three policy objectives:

- **The achievement of a well-nourished patient** through nutritional screening, person-centred care planning and appropriate food and fluid provision to meet the varying needs of all patients within NHSGGC
- **The provision of artificial nutritional support** to address the needs of nutritionally vulnerable patients
- **The promotion of a healthy and safe diet** for NHSGGC population by ensuring the availability of a healthy diet that routinely meets quality, safety, and nutritional expectations for patients, staff and visitors within NHSGGC premises.

Continuous Flow Model 1 Year Review

The following was highlighted:

- The new model has reduced ambulance offload and triage times across all sites
- Emergency Department 12-hour waits have been significantly reduced. The average length of ED stay has reduced also
- There have been improvements made to discharge rates across all sites
- There have only been a few incidents with any potential link to the continuous flow model, and these are being appropriately investigated
- There will be a clinical governance team secondary Datix review
- Further work is underway to capture staff and patient experience.

National Green Theatres Programme

The National Green Theatres Programme (NGTP) Climate Emergency and Sustainability Strategy is a key component of the Scottish Governments Planning Guidance. The NGTP aims to reduce the carbon footprint of theatres across Scotland through a series of actions, often resulting in positive financial outcomes. **Eleven** actions have been released by the Centre for Sustainable Development (CfSD), with work progressing well across the workstreams. A paper seeking approval to progress HVAC modification strategies across

all NHSGGC theatres was approved by CMT and ICBEG. This paper outlined the recurring cost and C02e savings to be made from utilising theatres in a more sustainable way. This top-down approach will help accelerate the roll out across those theatres within scope of the project. To date, projected data indicates that recurring savings have been realised.

Regional Services Quality Improvement Group

The Regional Services QI group convenes every three months with the primary aim of providing peer support to those undertaking quality improvement work in frontline clinical services. The full breadth of Regional Services specialties has attended the group with active QI projects underway, led by staff from a diverse range of clinical roles. There is a large amount of QI activity within Regional Services, with particular strength in the areas of Oral Health, Oncology Services and Renal Services.

Improving access to resources, and formal training in QI methods has been a major priority for the group, and the network of interested staff that the Regional QI group has created has facilitated the dissemination of training opportunities to those who wish it. There is representation from the NHSGGC Quality Improvement Network at each meeting.

The informal approach to meetings, project surgery format and open discussion has seen the size, breadth and depth of representation at the meetings grow. Despite the diverse nature of the specialties grouped together within Regional Services, there is much transferable learning and exchange of information that otherwise would not have happened. Feedback on the group's usefulness to attendees has been overwhelmingly positive.

Examples of the projects discussed include:

- **Oral Surgery**: 'Attend Anywhere' software, with an analysis on which patients fare best with face-to-face or virtual consultation
- **Oral Surgery/Neurosurgery**: 'Digital Clinical Notes' PDSA cycles to trial and configure this software into the clinical front line
- **Clinical Haematology**: A new protocol for subcutaneous rather than intravenous immunoglobulin use, reducing attendances at hospital, patient discomfort and cost
- **Spinal Surgery**: Development of 'Continuous Intervention' for distressed patients
- **Beatson Oncology Centre**: Evolution of the staff induction programme for new radiography staff
- **Renal Services**: 'Scrub the Hub' campaign to lower the rate of staph aureus bacteraemia in patients using central venous catheters.

Learning from a Significant Adverse Event Review (SAER)

An example of a SAER involved a cross sector and Scottish Ambulance Service (SAS) public protection incident. The learning from this SAER took the form of a learning summary and as part of a seven-minute briefing (next page). It was shared within the directorate, acute wide, through the Chief Nurse/Deputy Executive Nurse Director meeting and through the Public Protection Forum.

Seven-minute briefing

Learning from adult support and protection (ASP) SAER

1. What happened

Vulnerable adult sustained significant injury while in the care of a third sector carer. Required to be admitted to hospital. Was transferred between two hospitals due to clinical need. There was no early identification of adult support and protection concerns and no AP1 referral made initially by paramedic, police or hospital staff. There was a lack of understanding of who the patient's carers were and their responsibility.

2. What went well

- Direct clinical care was delivered appropriately
- Staff recognised the need to consider adults with incapacity processes and introduction of DNACPR was initiated appropriately
- Ward team recognised non-verbal cues of the patient when in the presence of the carer who was exhibiting disrespectful behaviours and escalated appropriately.

3. What could be improved

- Initial API submitted but not actioned correctly, therefore initial concerns not escalated or shared
- Improved education to ensure staff understand their responsibilities in adult support and protection and how to make a referral. The delay could have impacted on the safety of the adult. This requires to be fully recorded in patient notes.

4. What could be improved

- Communication on handover of the care in hospital as ward team did not fully understand what happened after initial incident due to lack of available information. Failure of full and effective handover care
- Health staff need to ensure there are robust, multidisciplinary and multiagency discussions about care needs and risks.
- Acute inpatient teams understanding of governance/assurance around carer responsibility in acute care setting.

5. Specific learning

- Awareness of ASP guidance and completion of AP1-AP1 form must be completed by any health professional who has an ASP concern
- Consideration of who and how we communicate with partner agencies and third sector to ensure patient safety and recognition of ASP concerns
- Acute process to encourage initial contact with LD team.

6. Advice and support

- Contact the Public Protection Service for any ASP advice and support Mon to Fri 9.00am - 5.00pm on **0141 451 6605**
- Awareness in acute services of LD support and hospital passport.

7. Raising ASP concerns

- Report concerns to local SW duty department by phone and complete AP1 form on clinical portal or SCI gateway
- Email form to SW and PPS
- Update patient's record with name of SW
- Consider if a Datix is required

3. Primary Care and Community

The Primary Care and Community teams across NHSGGC are driving innovation and transformation to improve care and access for local populations. From launching Scotland's first Digital Dermatology App in Renfrewshire, to Inverclyde's "Transforming Primary Care" campaign empowering staff and patients, the focus is on right care, right place. West Dunbartonshire celebrates sustainable catering in care homes and continued UNICEF Gold accreditation for breastfeeding support. Glasgow City's Martha's Mammies offers compassionate care to vulnerable mothers, while the Police Custody Healthcare Team leads in mental health diversion. These initiatives reflect a shared commitment to excellence, equity, and person-centred care.

Digital Dermatology App

Following development by ANIA (Accelerated National Innovation Adoption) NHSGGC was the first Health Board in Scotland to launch the new digital dermatology app utilising the National Digital Platform (NDP). This allows GPs and Primary Care teams to use their own device to capture images of lesions and rashes, supported by a CHI lookup that can then be attached securely to SCI Gateway images from the NDP. Renfrewshire was the first HSCP to launch in November with GPs able to capture and submit images.

Transforming Primary Care campaign

Inverclyde Primary Care Team has been working on the campaign, Transforming Primary Care. The aim is to educate staff on wider available services and navigate the population to accessing the right care in the right place. Staff engagement has been vital to the success of the Transformation Programme and has been achieved through delivery of Care Navigation Training which has been delivered to GP reception staff and will be rolled out to Health and Social Care Partnership staff over 2025. This allows staff to navigate patients to the appropriate service for their needs. Bitesize films are being developed for each of the Primary Care services, which will be held on a platform such as SharePoint, to provide both NHS and council employees with further information on the available services.

Older Peoples Care Homes

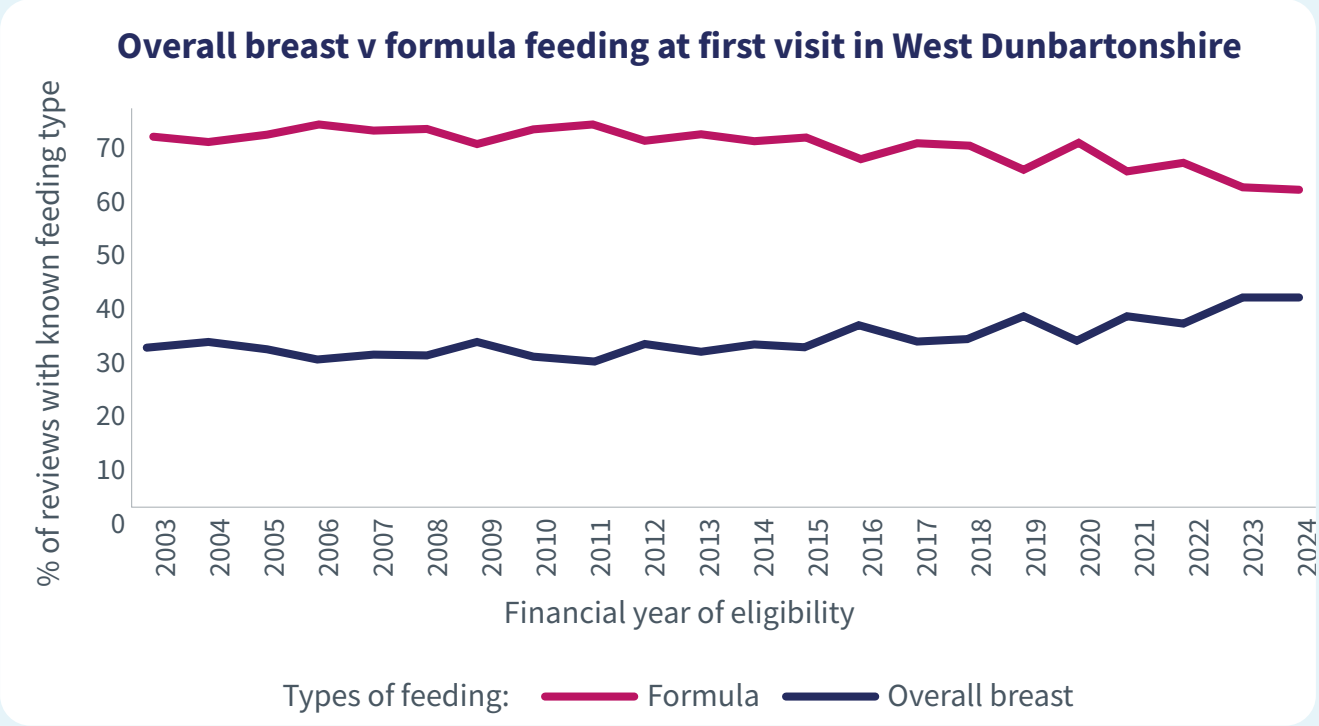
West Dunbartonshire Local Authority Care Homes gained a Bronze sustainable catering award. The Food for Life Scotland (FFLS) programme provides a framework through which local authorities and public sector sites can ensure they are serving good food. This is done by meeting a set of standards to achieve the certification at bronze, silver or gold level. Care Home caterers in West Dunbartonshire have achieved a national award for serving fresh and sustainable menus, in a first for public sector food in Scotland.

West Dunbartonshire HSCP caterers at Crosslet House in Dumbarton and Queens Quay House in Clydebank gained the Food for Life Served Here (FFLSH) Bronze award, for serving food that's good for health, the environment and the local economy. These sites serve more than **50,000** meals each year.

Breast Feeding

Breast feeding gives babies the best start in life reducing risks from infection, Sudden Unexpected Deaths in Infancy (SUDI), obesity and can support attachment. West Dunbartonshire is proactive in promoting, protecting and supporting breastfeeding having maintained UNICEF Gold accreditation since 2018. The UNICEF Baby Friendly Gold award is the highest level of accreditation and celebrates excellent and sustained practice in the support of infant feeding and parent-infant relationships.

Figure 1 demonstrates the decline in bottle feeding and increase in breast feeding between 2018- 2024.



Martha's Mammies

This is an innovative service within Glasgow City HSCP that provides support to birth mothers who have lost care of their children on either a temporary or permanent basis. Prior to the introduction of this service these mothers had limited access to specialist support, and the grief and emotional distress were often faced alone. Martha's Mammies was created to address this gap by offering flexible, intensive and personalised care through its multidisciplinary team. The team works with small caseloads, allowing them to respond to each women's unique needs with compassion and adaptability. The focus is on helping women rebuild their lives by providing practical and emotional support.

"It's a place where I feel understood and supported", said one service user. "I don't feel judged here at all." Another service user said: "It's like being with family and it feels like coming home."

The team were winners of the COSLA 2024 Excellence Awards, which recognise teams that exemplify best practice and innovative service delivery.

Police Custody Healthcare Team

The Police Custody Healthcare Team won the Royal College of Nursing Scotland Award for Nursing Team of the Year. The award was a celebration of excellence in Scottish nursing, acknowledging, and highlighting the unwavering commitment and exceptional professional care provided by nursing staff. The team where recognised for their work in identifying individuals in mental health distress, diverting them away from the criminal justice system into mental health settings, reducing health inequalities, and promoting health improvement. The team works as part of a collaborative effort between Glasgow City Health and Social Care Partnership (HSCP) and Police Scotland.

4. Physiotherapy Band 4 HCSW in Mental Health Test of Change

By Kyle McAllister and Angela Watson.

The Physiotherapy Team at Leverndale Hospital initiated a “Test of Change” project focused on introducing a Band 4 Healthcare Support Worker (HCSW) role within mental health inpatient services. Led by Kyle McAllister and Angela Watson, the project aimed to improve the availability and accessibility of physical activity for adult inpatients.

Recognising the therapeutic value of exercise in mental health settings, the team sought to increase physical activity levels among patients and reduce barriers to participation.

The initiative was supported by workforce planning and patient feedback, ensuring that the intervention was both strategically aligned and responsive to service user needs. Key objectives included increasing the number of patients assessed for exercise, expanding the range of physical activity options available on site, and raising awareness of these options among both staff and patients. The project was designed not only to enhance patient wellbeing but also to relieve clinical pressure on qualified staff by redistributing responsibilities and freeing up time for other essential tasks.

What They Did

The team implemented a structured programme that embedded a Band 4 HCSW into the physiotherapy service at Leverndale Hospital. This role focused on delivering ward-based exercise sessions and promoting physical activity among adult inpatients. Activities included walking groups, tai chi, boxing, yoga, cycling, and use of physiotherapy garden equipment.

The HCSW conducted **41** assessments between August and January, identifying suitable patients and tailoring exercise options to their needs. Staff and service users were educated about available activities, which significantly increased awareness and referrals. The programme also addressed common barriers to physical activity – such as scheduling conflicts, lethargy, and lack of motivation – by offering consistent, accessible sessions directly on the wards. The HCSW’s presence enabled more frequent and flexible delivery of exercise, while also supporting patients in overcoming psychological and physical obstacles.

This approach allowed qualified physiotherapists to focus on more complex cases, thereby increasing overall service efficiency. The initiative was monitored through patient contact data, referral rates, and feedback, ensuring a robust evaluation of its impact.

Results

The project delivered impressive outcomes across multiple domains. Staff awareness of physical activity options rose significantly, with **92%** now referring patients for exercise. Referral rates nearly doubled, and total physiotherapy contacts increased by over **1,000** in just six months.

The HCSW facilitated **401** ward-based exercise contacts, equating to more than **6,000** hours of new physical activity on site. Group attendance reached **526** contacts, demonstrating strong engagement. Patients reported notable improvements in mood, with **27%** rating their mood as 10/10 after participating in exercise sessions. Barriers such as time off the ward and lethargy were reduced, making physical activity more accessible. Importantly, the percentage of patients achieving the recommended 150 minutes of weekly physical activity increased. Staff noted that the initiative relieved clinical pressure, improved patient behaviour and relationships, and fostered a sense of achievement among participants.

These results highlight the effectiveness of the Band 4 HCSW role in enhancing patient wellbeing, increasing service capacity, and promoting a culture of physical activity within mental health care.

Learning/Next Steps

The success of the Band 4 HCSW Test of Change offers valuable insights for future service development. Key learnings include the importance of embedding physical activity into routine ward life and the value of consistent, accessible sessions in overcoming barriers.

The project demonstrated that patients are more likely to engage when activities are tailored, familiar, and delivered in a supportive environment. Staff feedback emphasised the positive impact on workflow, patient relationships, and overall ward atmosphere. The initiative also highlighted the potential for non-registered staff to play a meaningful role in therapeutic delivery, freeing up qualified professionals for more complex interventions.

Moving forward, the team could consider expanding the Band 4 role across other wards or facilities, integrating it into permanent staffing models. Further development of training and support for HCSWs will be essential to maintain quality and consistency. Continued monitoring of patient outcomes and staff feedback will help refine the approach and ensure sustainability.

The project sets a strong precedent for innovation in mental health physiotherapy services.

5. Neuropsychological Assessment in East CAMHS

By Leighanne Love, Consultant Clinical Psychologist.

East Child and Adolescent Mental Health Services (CAMHS) faces significant delays in delivering neuropsychological assessments, with the longest wait reaching **59** weeks. These delays impact patient flow and service efficiency. Given staffing reductions and funding constraints, the aim is to explore innovative, cost-effective solutions to manage demand and improve access to assessments.

What They Did

The team reviewed current assessment practices and identified inefficiencies, particularly in equipment availability and manual scoring processes. They proposed adopting Pearson's Q-interactive system – a digital platform using two iPads for administering and scoring cognitive assessments. This system automates scoring and report generation, reducing clinician time and errors. A cost analysis was conducted comparing Q-interactive to traditional paper-based WISC-V kits.

Results

Current Assessment Burden:

- East CAMHS received **100** internal referrals for neuropsychological assessments in the past year
- Each assessment currently requires approximately **4.5** hours of Clinical Psychologist time (two hours for administration, 2.5 hours for scoring, interpretation, and reporting)
- Due to limited equipment (only one WISC kit, which is deteriorating), only one assessment can be booked at a time, creating a bottleneck and contributing to long wait times (up to 59 weeks).

Q-interactive Efficiency Gains:

- Q-interactive is a digital assessment platform using two iPads connected via Bluetooth
- It automates scoring and report generation, reducing scoring time from **2.5** hours to approximately **20** minutes per assessment
- This results in a time saving of **130** minutes per assessment.

Annual Time and Cost Savings:

- For **100** assessments per year, Q-interactive would save over **200** hours of Clinical Psychology time
- At a Band 8a hourly rate (£26.06), this equates to an annual saving of approximately **£5,735**.

Cost of Implementation:

- Q-interactive license and subtests: approx. **£1,984**
- Two iPads: approx. **£700**
- Total estimated cost: **£2,704**.

Long-Term Financial Benefit:

- The annual time savings exceed the initial investment
- Future savings also include avoiding the cost of replacing worn-out paper-based kits (e.g., WISC-V at £1,296.99).

Learning/Next Steps

The Q-interactive system offers a scalable, efficient alternative to traditional assessments. It is recommended that East CAMHS invest in this digital solution to improve throughput, reduce wait times, and enhance service delivery. Future evaluation should assess its impact on access and patient outcomes.

Q-Interactive implementation at East CAMHS

Problem

- Long wait times for neuropsychology assessments (up to 59 weeks)
- Limited equipment (only 1 WISC kit, deteriorating)
- Reduced staffing (loss of 4.2 WTE clinical Psychologists).

Proposed solution

- Implement Q-interactive: a digital tool using two iPads
- Automated scoring and report generation
- Reduces clinician time and errors.

Time and Cost Savings

- Saves 200+ hours/year of clinical psychology time
- Equivalent to £5,735/year (Band 8a rate)
- 130 minutes saved per assessment.

Implementation Cost

- Q-interactive licence and subtest: £1984
- Two iPads: £700
- Total: £2,704.

Long term Benefits

- Avoids future cost of replacing paper kits (e.g. WISC-V £1,296.99)
- Improves service efficiency and reduces wait time
- Supports sustainable digital transformation.

6. Does Annual Antipsychotic Medication Monitoring in Mental Health Services Change Patient Management?

By Dr Laura Nicholson, Physical health lead for NHSGGC Mental Health Services and Clinical Director Learning Disability. Dr Louis Jones, ST6 LD psychiatry and Dr Shona Osbourne ST4 LD psychiatry.

The project aimed to evaluate whether annual antipsychotic medication monitoring in NHS Greater Glasgow and Clyde (NHSGGC) mental health services leads to changes in patient management. Although policy mandates annual monitoring (including blood tests), there was no evidence supporting its effectiveness. The Quality Improvement (QI) project sought to determine if such monitoring influenced antipsychotic prescribing or triggered other clinical actions.

What They Did

- Collected anonymised data from **346** patients across **12** NHSGGC mental health services who had undergone routine monitoring in the past year
- Data included demographics, medication details, and results from various health checks (e.g. BMI, blood pressure, HbA1C, lipids, ECG, etc.)
- Analysis focused on whether monitoring led to changes in antipsychotic medication or other clinical actions
- Most data (**74.6%**) were collected directly by the research team, allowing for standardisation and deeper insight.

Results

Only **nine** patients (2.6%) had changes to their antipsychotic medication following review.

95 patients (27.5%) had any form of action taken (excluding generic “healthy living advice”).

Key findings by category:

- **BMI**: Mean 29.9; only **two** medication changes; **84** received lifestyle advice
- **Blood Pressure**: High in many; no medication changes; action taken in **30** cases
- **Heart Rate**: Abnormal in **21.7%**; only **1** action taken. HbA1C: **16.2%** diabetic range; **12** new diagnoses; **seven** had no follow-up
- **Lipids**: **35%** already on statins; **1** medication change; QRISK3 rarely used
- **FBC, U+E, LFT**: Abnormalities common but rarely clinically significant or acted upon
- **Prolactin**: Raised in **37.4%**; **6** medication changes. QTc: Rarely led to action; ECG compliance was low.
- **GASS**: Rarely influenced management decisions.
- **Learning Disability Services**: No significant differences in outcomes.

Learning/Next Steps

1. Prioritise Cardiovascular Risk in Reviews

Antipsychotic reviews should primarily focus on identifying and managing cardiovascular risk, as this was the most significant and actionable health concern observed.

2. Universal Monitoring

Due to the high prevalence of cardiovascular and metabolic risk factors, reviews should be offered to all patients on antipsychotic medication – regardless of age or service type (e.g. general adult psychiatry or learning disability services).

3. Training for Psychiatry Staff

Psychiatrists, especially resident and specialty doctors who typically review results, should receive training on:

- Interpreting blood test and monitoring results
- Calculating cardiovascular risk using tools like QRISK3 or ASSIGN
- Making informed decisions based on these results.

4. Role of Primary Care

Once a patient has a confirmed diagnosis of cardiovascular disease, hypertension, or diabetes, ongoing management should be handled by primary care rather than mental health services. This ensures appropriate long-term care and reduces duplication of effort.

5. Re-evaluate Routine Tests

The value of routinely conducting certain tests, such as:

- General blood panels (e.g., FBC, LFT, U+E)
- ECGs (for QTc)
- GASS (side effect scale) - should be reconsidered.

These tests rarely led to changes in antipsychotic management and may not be necessary unless clinically indicated.

7. Tackling Health Inequalities for People Accessing the Pain Management Service in NHSGGC

By Pain Management Service.

★Excellence Award Better Health Winner

The Pain Management Service at NHS Greater Glasgow and Clyde (NHSGGC) aimed to tackle longstanding health inequalities, particularly for patients with communication support needs and non-English speakers. Patient feedback revealed that existing materials were difficult to understand or translate, creating barriers to access and engagement. The project's overarching goal was to enhance accessibility, inclusivity, and equity in pain management services by improving communication and support for all patients, regardless of language or literacy.

What They Did

To address health inequalities in the Pain Management Service at NHS Greater Glasgow and Clyde, the team launched a comprehensive, patient-centred improvement initiative. They formed a multidisciplinary stakeholder group including Equality and Human Rights staff, Referral Management Centre (RMC), and clinical and administrative representatives. This group collaborated to identify barriers and implement targeted solutions.

Key actions included revising all patient-facing materials for clarity and translating them into the top 20 languages used by service users.

Internal communications were also updated – changing "opt-in" letters to "invitation" letters based on patient feedback. Interpreter support was expanded across the service, including in virtual and in-person group sessions, with interpreters receiving specialised training in pain management. Whispering interpreters were introduced for in-person sessions, and interpreter debriefs were implemented to improve service quality.

The team also created interpreter information sheets and improved triage processes to ensure non-English speaking patients were properly accommodated. A multilingual animation explaining the physiotherapy service was launched and shared via YouTube, enhancing patient understanding. Most notably, two full 12-week Pain Management Programmes were completed with interpreter support – an NHS first – delivering 40 hours of clinical content in a fully interactive, psychologically led format.

These efforts were informed by patient and staff feedback through interviews and focus groups, ensuring cultural sensitivity and responsiveness. The initiative demonstrated a whole-system approach to equity, embedding inclusive practices across the service and setting a precedent for future improvements.

Results

The Pain Management Service at NHS Greater Glasgow and Clyde implemented a comprehensive initiative to address health inequalities for non-English speaking patients and those with communication support needs. A key achievement was the distribution of **10,793** multilingual letters containing patient access codes in **22** languages, enabling patients to contact the service with interpreter support. All patient-facing nursing and psychology materials were revised for clarity and translated into the top 20 languages used by service users.

The Physiotherapy service saw a significant improvement in patient engagement, reducing

the failed opt-in rate from **40%** to **27%** by rewording communication from "opt-in" to "invitation." A multilingual animation explaining the physiotherapy service was launched in Arabic, Mandarin, Polish, and Romanian, and shared via YouTube to enhance understanding.

Innovative interpretation support was introduced, including whispering interpreters for in-person sessions and plans to expand this to virtual formats. Most notably, two full 12-week Pain Management Programmes were successfully completed with interpreter support –an NHS first.

These programmes delivered **40** hours of clinical content and were fully interactive, allowing non-English speaking patients to participate fully.

These efforts have not only improved access and engagement but also laid the foundation for ongoing inclusive practices. Feedback from patients and interpreters has informed continuous improvement, and the resources developed are being adopted nationally. The initiative demonstrates a scalable, patient-centred model for reducing health inequalities in specialist services.

Learning/Next Steps

The Pain Management Service's initiative to improve access for non-English speaking patients revealed valuable lessons and highlighted areas for continued development.

One key learning was the importance of collaboration across departments and with interpreters to overcome systemic challenges, such as limited IT infrastructure and fragmented service pathways. The team discovered that while there are no simple solutions to complex problems – like ensuring quality assurance in translated materials or managing telephony interpretation in group settings –creative workarounds can be achieved through shared ownership and commitment.

The project also underscored the need to remain responsive to the evolving language profile of the population. While significant progress was made in supporting BME communities, the team acknowledged that this is only the beginning of a broader, ongoing commitment to improving access for all individuals with protected characteristics. As a result, inclusivity has been embedded into the service ethos, with all staff now sharing responsibility for equitable access.

Looking ahead, the team plans to continue refining their approach, ensuring that accessibility is not treated as an isolated initiative but as a core component of service delivery. They aim to anticipate future needs more effectively and expand interpreter-supported services, including virtual formats. The success of this project has laid a strong foundation for national adoption, with resources being shared across NHS Scotland and plans to publish them on NHS Inform. The team remains committed to building on these achievements to ensure that every patient, regardless of language or background, receives equitable, person-centred care.

8. Careful and Kind Bereavement Care for Staff

By James Ward, Dawn Allan, Rachel Killick, - Spiritual Care Service.

NHSGGC registered chaplains are trained professionals who offer confidential, compassionate, inclusive, non-judgmental, person-centred spiritual, emotional and bereavement care and support for all hospital communities in our health board.

The Spiritual Care Team are available to support and listen to everyone, including patients and staff – this includes people of all backgrounds, faiths, and non-religious beliefs, who have equal access to the spiritual care service.

Bereavement can have a profound and long-term effect on people's health and wellbeing.

As detailed in the Scottish Governments National Spiritual Care Framework, "**spiritual care teams have a significant role to play in… supporting staff who have been bereaved**."

In participating, in the video on page 52, the Spiritual Care Service aimed to increase awareness, understanding and visibility of the impact of kind and careful care for staff experiencing bereavement of a colleague, and to support others in similar situations to benefit from this high quality, specialist support.

What They Did

The workforce is our most valuable resource. Ensuring their wellbeing whilst developing their capacity to respond appropriately to the spiritual needs of patients and service users makes good sense both fiscally, and in terms of delivering excellent care.

Spiritual care teams have developed staff-support models, aimed at giving the right support to staff at the right time, and setting out clearly the range of support options, formal and informal, available to staff experiencing varying degrees of need.

The Spiritual Care Service were approached by the Person-Centred Health and Care Team as part of the formulation of NHSGGC's new Quality Strategy to ask for a case study, to illustrate what quality looks and feels like across NHSGGC.

This video illustrates the benefit of the flexible, holistic approach used by the Spiritual Care Service, utilising professional connections with a proactive approach, anticipating what individuals' needs may have been.

Results

In this video we hear from one of the Healthcare Chaplains and two members of staff who received support from the Spiritual Care Team following the sudden bereavement of one of their colleagues.

As of February 2025, the video has been:

- Viewed over **600** times
- **4,500** impressions/reach
- Shared with newly qualified nurses and at a variety of forums
- Showcased at the NES bereavement conference
- Inclusion in an NHS Scotland learning and sharing network session on anticipatory grief in dementia with over **300** people in attendance.

Reflections from those who have seen the video include:

> A poignant reminder of the vulnerability of staff experiencing grief and bereavement and the importance of being able to access help and support when it matters most"

> Inspiring video which helps raise awareness of the valuable support available from the Healthcare Chaplains"

Reflecting on response to the video, a staff member shared

> I was genuinely shocked to see such poor awareness of your services and it was saddening to hear so many comments from people wishing they had known the service existed when they were at points of crisis"

> One of our band 5 nurses has sadly passed away at home… senior charge nurse for the unit has contacted me (following the sharing of the spiritual care video) to ask if the chaplaincy team could support the staff to help them process and deal with their loss"

> The video has had a huge impact on staff, and we are already noticing the increased referrals from staff looking for support"

> Such an emotional story… thanks to those involved for sharing their personal experience"

James Ward, Healthcare Chaplain at NHSGGC and the staff team describe the bereavement support provided following the sudden death of a colleague.

Conclusion

Spiritual Care Services have a pivotal role to play in the provision of high quality, person-centred, careful and kind care for patients and staff.

The video produced demonstrates in a more tangible way the difference that this appropriate care can make for staff, patients and families alike.

Acknowledgements

With grateful thanks to Ian's family, and his colleagues.

Ian McAleer
19 Mar 1972 - 20 Nov 2023

9. Sustainability in Orthotics: Digital Shape Capture for Ankle Foot Orthoses

By Aimie Holland, Senior Orthotist, NHS Greater Glasgow and Clyde

Within the Orthotic Department, shape capture for ankle-foot-orthoses (AFOs) can be done via casting or scanning. Until now, scanning has been used less frequently throughout the team.

What is the problem we are trying to solve?

Casted AFOs must travel between hospital sites, then be sent via courier to manufacturer which increases the risk of casts going missing and time from assessment to treatment delivery increasing. This process also adds to emissions due to additional courier use. The process of casting involves the use of Deltacast which is an expensive material and not-recyclable or reusable. Delays in AFO delivery times have in some cases resulted in delays in inpatient care, which can impact on discharge planning and bed availability. Lastly, AFO casts are not repeatable, and this can result in poorer outcomes for patients, whereas digitally captured scans are saved and repeatable, and can be altered easily without changing the overall model.

Drivers for change:
Sustainability – **Repeatability** – **Efficiency**

Vision and Aim

The vision of the project was to improve staff confidence in using Rodin Neo. The achievement of this would allow us to go some way to achieving our project aim:

95% of AFOs ordered by NHSGGC Orthotic Service to be sent digitally for manufacture by the end of April 2024, which is aligned to NHSGGC's sustainability policy, and sustainability and value programme.

Alignment with Organisational Objectives

Better Care

Improvement in quality of treatment for those using our service.

Better Health

Improvement in timeliness of provision of care, to aid rehab and improve outcomes for those using our service.

Better Value

Less waste, less transport costs, financial savings from less courier and raw material costs, improved sustainability and alignment with the Board's sustainability and value programme.

Better Workplace

Investment in workforce training and development, improving confidence and skills within the team.

What They Did

- An iterative approach was taken to training and confidence building, with continued evaluation and support networks set up
- "Even better ifs" were addressed along the way
- Team introduced to the project aims and timeline prior to starting
- Safe space provided to alleviate worries and perceived negatives of scanning
- Robust training package developed including manuals and demonstration videos
- Production of a case study shared on Prosthetists and Orthotists (P&O) Day 2024 to demonstrate the impact of scanning for our patients.

Results

1. Digital Shape Capture

Data was monitored over the course of the project, and the percentage of all custom AFOs which were sent as scans were recorded.

The numbers of AFOs being sent digitally gradually increased over time.

2. Confidence Levels

- Evaluation was undertaken after each small group training session, with learning taken forward
- Rapid response support channels set up and varying formats of resources provided
- Staff overall responded well and felt supported through the change

> "I feel well trained."

> "I was given autonomy to try while having support there."

> "The sessions were great; I left feeling optimistic."

3. Impact on Patient Experience

In collaboration with the NHSGGC Paediatric Orthotic Service, we developed a video which was shared on P&O Day 2024, where Mathew told us the difference in his experience of casting and scanning.

Conclusion

Overall confidence increased from **2.9/5** to **3.6/5** in the six months since the training programme and roll-out started. Staff confidence and on-going training support remains a focus for the team to ensure quality and efficiency of care provision to people who use AFOs, along with ensuring patient experience of the scanning process remains positive.

By April 2024, **64%** of shape capture was sent digitally, this increased to **93%** by September 2024. This has reduced emissions from disposal and transportation of casts, along with reducing cost spent on purchasing casting materials.

Acknowledgements

- Nikki Munro, Orthotic Service Manager and Clinical Lead Jamie Morton, Orthotist
- Susie Hughes, Adult Orthotic Neurology Team Lead
- The entire Orthotics Team for all their hard work and dedication throughout this project.

10. Macmillan Physical Activity Project Summary - August 2023-24

By Katie Booth, Project Lead

The Macmillan Physical Activity (PA) Project at the Beatson West of Scotland Cancer Centre was designed to enhance cancer care through early intervention physiotherapy and physical activity-based prehabilitation and rehabilitation. The project had four primary aims:

1. Secure long-term or alternative funding to sustain the delivery of physiotherapy and physical activity services
2. Develop a robust business case for presentation to the regional services board to support NHS funding
3. Continue delivering vital support to patients undergoing long-term or lifelong androgen deprivation therapy (ADT) for prostate cancer
4. Explore the feasibility of expanding the service model to other cancer pathways, including radical lung and neoadjuvant colorectal cancer.

What They Did

Service Development and Advocacy

The team refined their prehabilitation assessment model and promoted it at national forums, including the Royal College of Anaesthetists 2024 conference and WOSCAN events.

Stakeholder Engagement

Collaborated with multiple cancer teams (prostate, lung, UGI), pulmonary rehabilitation services, and external partners like Merck Sharp and Dohme (MSD) to explore pilot opportunities.

Service Delivery Model

- Patients were triaged into specialist, targeted, or universal pathways based on assessments
- All patients received a personalised physical activity plan
- Specialist patients received 12 weeks of 1:1 physiotherapy
- Targeted patients received 1:1 or group support
- Universal patients received digital support and follow-up calls.

Education and Research

Developed educational resources using Macmillan grant funding and supported student research projects to strengthen the evidence base.

Governance

Created a business case and initiated discussions with the Regional Services Board for NHS funding in 2025.

Results

Patient Reach

- **89** new patients assessed; **65** received intervention (**45** prostate, **17** lung, **three** colorectal).

Appointments Delivered

- **515** total sessions - **313** specialist, **214** targeted, **24** universals.

Prostate Cancer

- **49%** of patients were classified as specialist due to the reactive referral model
- Significant improvements in physical outcomes (e.g. six minute walk test) and quality of life
- **98%** rated the service as excellent; **100%** would recommend it

- **86%** felt empowered to manage their condition post-intervention.

Lung Cancer

- **17** patients assessed: most required specialist or targeted support due to disease complexity
- Notable improvements in physical function (6MWT).

Colorectal Cancer

- **Seven** patients referred; **three** assessed, but follow-up was limited due to deaths and non-attendance
- All were classified as specialist due to high symptom burden
- Improvements noted in physical activity levels and symptom reduction.

Patient Feedback

- Strong qualitative feedback highlighted improvements in mobility, confidence, and emotional wellbeing
- Patients valued the personalised, compassionate care and access to specialist support.

Learning/Next Steps

Recommendations

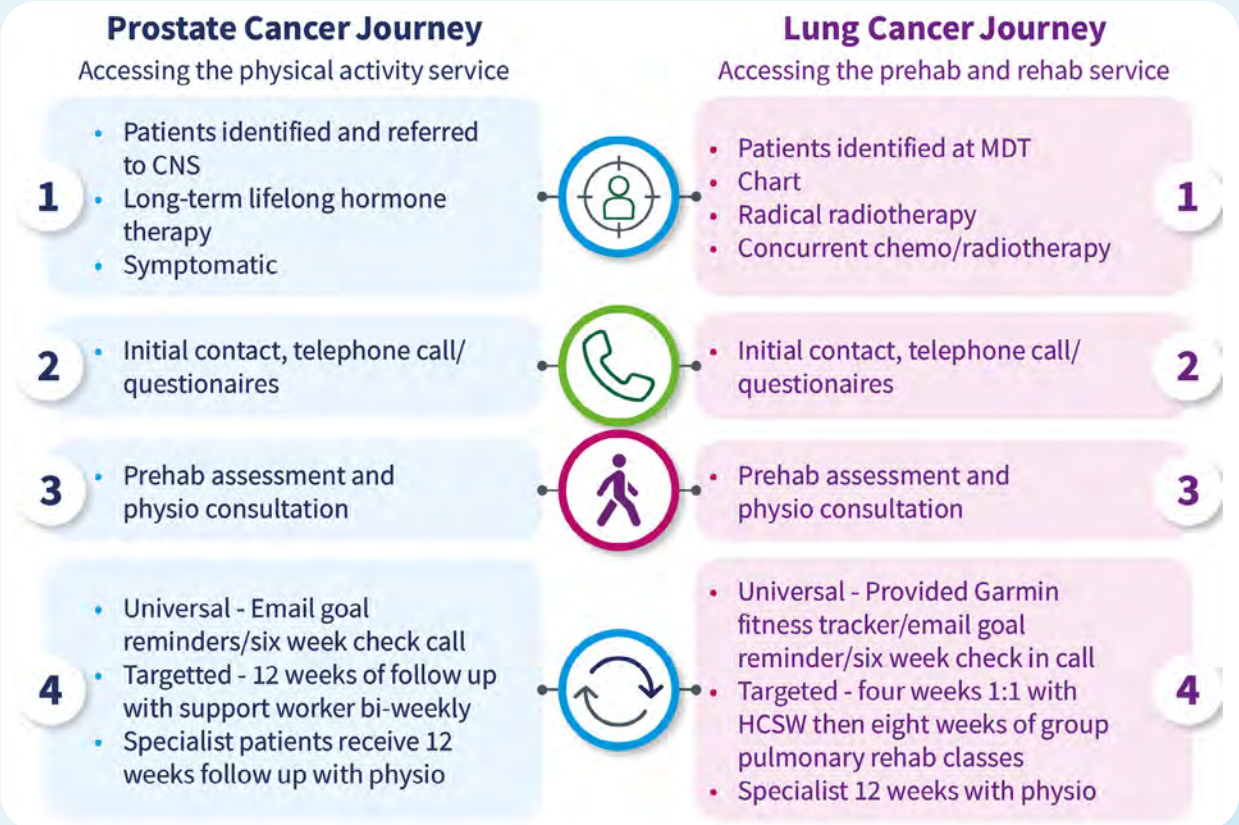
- Physical activity rehabilitation should be standard for all prostate cancer patients on long-term ADT, in line with NICE and ASCO guidelines
- Screening tools and PROMs should be used to manage high patient volumes efficiently
- Prehabilitation should be offered to lung cancer patients undergoing radical radiotherapy
- Further pilots are needed to refine the service model for colorectal cancer patients.

Workforce Planning

- A Band 7 physiotherapist is needed to lead and develop the service
- Band 6 physiotherapists should deliver specialist interventions
- Band 4 healthcare support workers are well-suited to deliver targeted support under supervision.

Strategic Approach

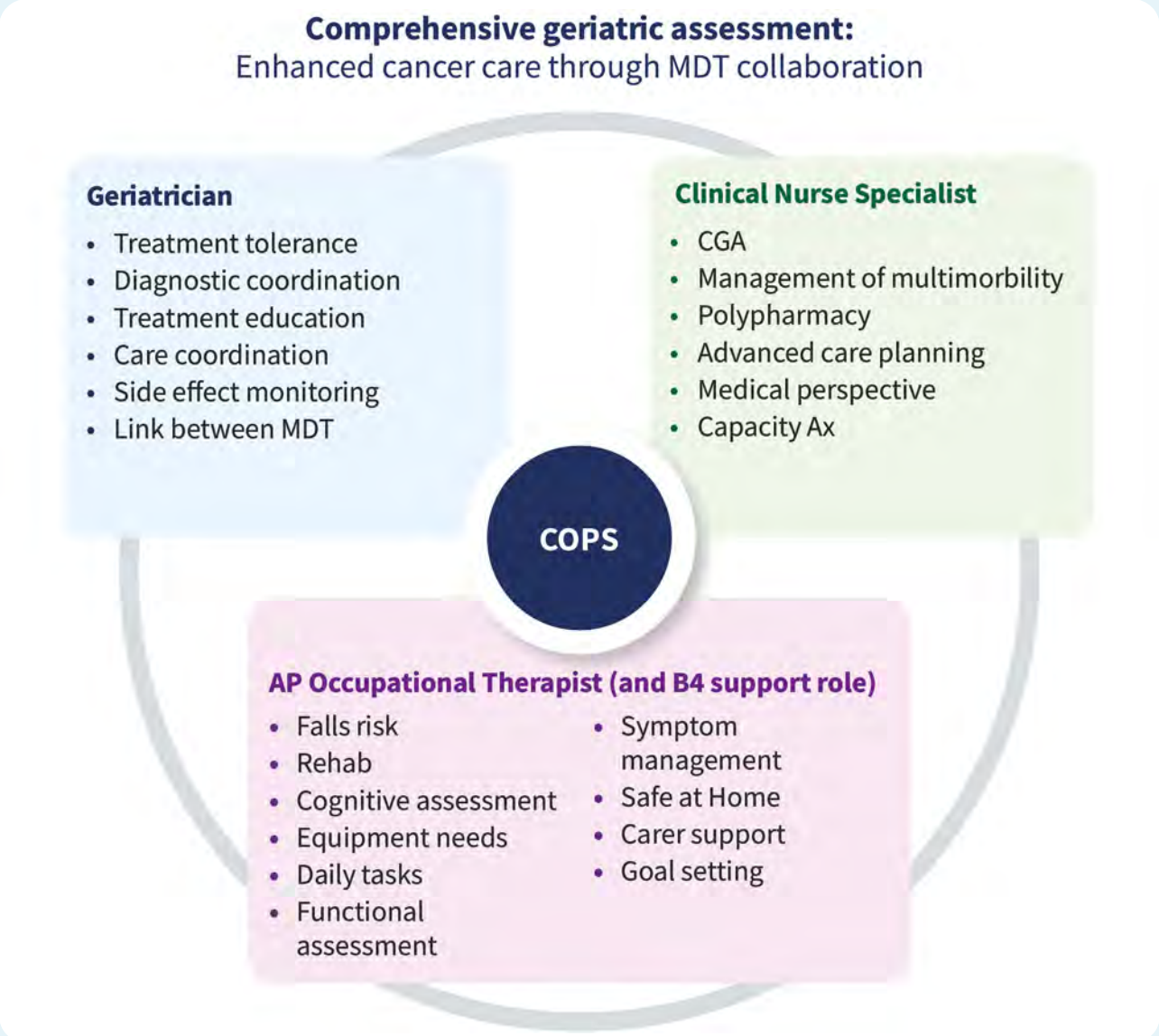
- A top-down model is recommended, starting with specialist service development and expanding to broader patient groups.



11. Implementing Occupational Therapy in Cancer Older People's Service: A Quality Improvement Initiative to Improve Outcomes

By Carly Rolston, Dilan Aydemir, Tracy Downey and Aiswarya Santhosh.

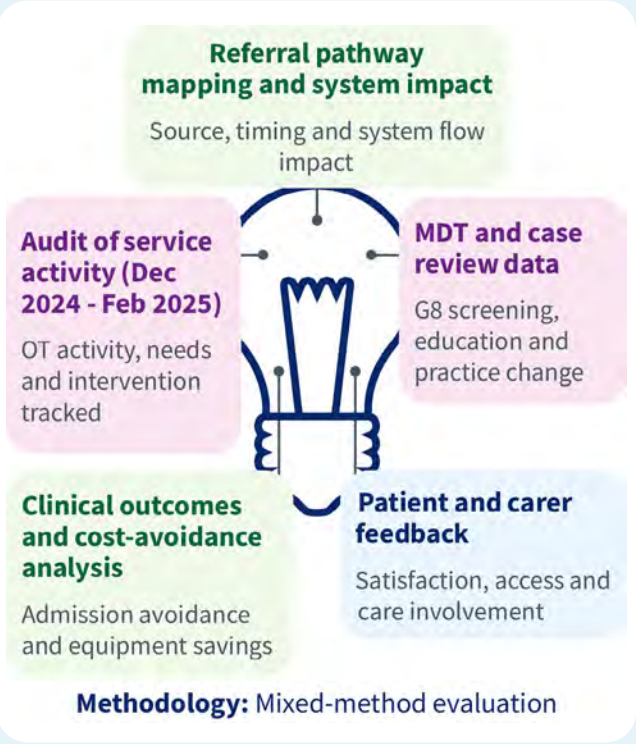
The Cancer Older People's Service (COPS) at the Beatson was established to address frailty in older adults with cancer through Comprehensive Geriatric Assessment (CGA). While already a multidisciplinary model, CGA best practice recommends AHP involvement to fully address functional, cognitive, and psychosocial needs. In 2024, an Advanced Practitioner OT and Band 4 Assistant were integrated into COPS. Their inclusion has expanded access, reduced delays, and enhanced impact - particularly in treatment adherence, admission avoidance, and person-centred outcomes.



What They Did

The Cancer Older People's Service (COPS) integrated Occupational Therapy (OT) into its multidisciplinary model to enhance care for older adults with cancer. A mixed-methods evaluation approach was used to assess the impact of this integration. Service activity was audited over the first quarter, tracking OT interventions, patient needs, and system flow. Referral pathways were mapped to understand timing and coordination, while clinical outcomes and cost avoidance were analysed, particularly around admission prevention and equipment provision.

Patient and carer feedback was gathered to assess satisfaction, access, and involvement in care. The OT Team, comprising an Advanced Practitioner and a Band 4 Assistant, delivered interventions tailored to functional, cognitive, and psychosocial needs. Data from Multidisciplinary Team (MDT) reviews, case discussions, and screening tools informed practice changes. This structured approach enabled the team to demonstrate the value of OT in improving treatment adherence, reducing hospital admissions, and supporting frailty-informed cancer care.



Results

Service Reach and Engagement

- **68** patients supported across **25** tumour types
- **91%** clinic attendance rate for OT appointments
- **81%** of patients were on active cancer treatment.

Occupational Therapy (OT) Activity

- **360** OT interventions delivered over three months
- **162** onward referrals enabled co-ordinated care
- **100%** of patients reported shared decision-making.

Impact on Patient Outcomes

- **Treatment Adherence**: **71%** of patient needs were linked to known barriers to adherence (e.g. mobility, mood, cognitive impairment). OT interventions directly supported patients to remain on treatment
- **Hospital Admissions**: **13** admissions were avoided; **11** patients remained admission-free post-intervention
- **Patient Experience**: Common OT interventions included: Education (**35%**)
- **Activities of Daily Living** (ADL) support (**21%**) Pain/symptom management (**17%**)
- **Equipment/adaptations** (**14%**).

Cost Savings

- **Estimated quarterly savings**: Admission avoidance: **£97,060+**
- **Falls intervention**: **£68,800–£344,000+** Self-referrals: **£1,200**
- **Projected annual savings**: **£787,000+**

Qualitative Feedback

- Patients expressed gratitude for support, advice, and improved ability to manage their cancer, highlighting the emotional and functional benefits of OT involvement.

Learning/Next Steps

Integrating occupational therapy into the Cancer Older People's Service has enhanced outcomes, improved treatment adherence, and generated significant cost savings. This model strengthens frailty-informed cancer care and aligns with NHS Scotland priorities. Ongoing evaluation will continue to inform service development and demonstrate system-wide impact.

Patient Quotes

> "Thank you for your support, advice and giving me hope."

> "Thank you for helping me to better manage my cancer."

12. How a Stroke Early Supported Discharge Could Improve Hospital Flow and Reduce Costs

By Gillian Capriotti, AHP Stroke Consultant. Claire Stewart, AHP Associate Chief for Stroke. Gillian McLean, Team Lead for Stroke Physiotherapy (South Sector). Aileen Wood, Team Lead for Stroke Occupational Therapy (South Sector). Margaret Stevenson, Assistant Practitioner Physiotherapy (South Sector).

In NHS Greater Glasgow and Clyde, stroke rehabilitation is typically delivered in hospital settings over extended periods. However, evidence shows that patients who are medically stable and have mild to moderate stroke-related disabilities benefit more from receiving rehabilitation at home through an Early Supported Discharge (ESD) service. ESD offers intensive rehabilitation in the patient's home environment, matching the intensity of inpatient care but with added benefits such as improved outcomes and reduced hospital stays.

The aim of this audit was twofold:

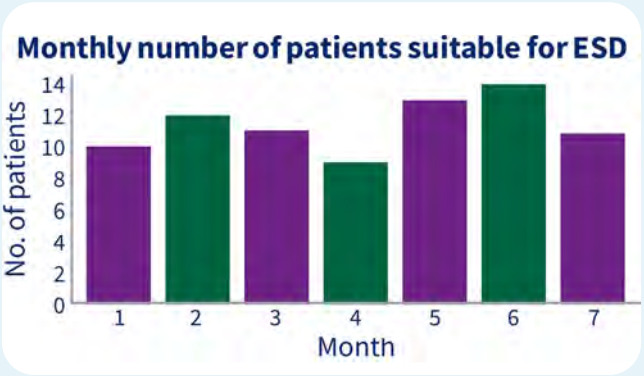
1. To determine how many patients in the South Sector stroke rehabilitation wards (Wards 56 and 57 at Langlands, QEUH) would meet the criteria for ESD over a seven-month period
2. To calculate the potential number of hospital bed days that could be saved if an ESD service were available.

What They Did

From January to July 2024, weekly Allied Health Professional (AHP) meetings were held in Wards 56 and 57. During these meetings, patients deemed medically stable by their consultants were assessed for ESD suitability using criteria based on a research consensus paper by Fisher et al. (2011). The criteria included a Barthel score greater than nine and consideration of any risk factors that might compromise a safe discharge home. The team systematically reviewed each patient's condition and rehabilitation needs to determine if they could safely and effectively continue their recovery at home with ESD support. This structured approach ensured that only appropriate patients were considered, aligning with best practice and research evidence.

Results

Over the seven-month audit period, **80** patients across the two wards met the ESD criteria and were deemed suitable for early supported discharge. This equates to an average of **11** patients per month, with a range of **five** to **22** and a median of **11.4**. To assess the potential impact on hospital resources, the team calculated bed days saved over a two-month period. The findings showed that **315** bed days could have been saved if an ESD service had been in place for **26** of those patients. These results highlight the significant opportunity to improve hospital flow and resource efficiency by implementing an ESD model. The data supports the case for service redesign to include ESD as a standard component of stroke rehabilitation in the South Sector.



Learning/Next Steps

The audit clearly demonstrates that implementing an ESD service for suitable stroke patients in Langlands QEUH could lead to earlier discharges, improved patient outcomes, and substantial cost savings. Patients would benefit from receiving rehabilitation in a familiar home environment, which research shows leads to better recovery in activities of daily living and reduced long-term dependence. The next steps would involve developing a business case for establishing an ESD service, including staffing, training, and resource planning. Continued collaboration among AHPs, consultants, and discharge planners will be essential to ensure safe and effective transitions from hospital to home. Monitoring outcomes and patient satisfaction will also be key to refining.

13. Supporting Vulnerable Families to Achieve Optimal Oral Care

A collaborative project between the Public Dental Service, Children and Families and Oral Health Service Teams and supported by Q Exchange by the Health Foundation

The Lifelong Smiles Project is a collaborative initiative between the Public Dental Service, Children and Families, and Oral Health Service Teams, supported by Q Exchange by the Health Foundation. It was developed in response to the high number of children referred for dental treatment under General Anaesthetic (GA), particularly in South Glasgow. The project aimed to reduce reliance on GA by promoting alternative treatments through early engagement with vulnerable families. Dental Health Support Workers (DHSWs) played a central role, providing consistent communication, treatment information, and oral health advice from the point of referral. The goal was to improve understanding, reduce anxiety, and support informed decision-making.

By addressing barriers such as poor communication and limited awareness of treatment options, the project sought to enhance the overall patient experience, reduce waiting times, and ensure more efficient access to appropriate care. Ultimately, it aimed to create a sustainable, family-centred model of dental support.

What They Did

To achieve its aims, the Lifelong Smiles Project implemented a multi-faceted approach centred on early and consistent engagement with families. Dental Health Support Workers (DHSWs) played a pivotal role in this process. They initiated contact with families soon after referral, offering appointment reminders, treatment explanations, and oral health advice. This proactive communication helped to build trust and reduce anxiety, particularly among families unfamiliar with dental services.

DHSWs also delivered interactive Oral Health Improvement (OHI) sessions at clinics, using props and child-friendly materials to make the experience engaging and informative. These sessions were designed to demystify dental procedures and encourage positive attitudes towards oral care.

In addition, a comprehensive training package was developed and delivered to **14** DHSWs, equipping them with the skills and knowledge needed to support families effectively. The project also created a suite of **four** educational videos, covering topics such as dental visits, x-rays, and sedation, from both child and parent perspectives. These resources were complemented by written materials and a branding package to ensure consistency and accessibility. DHSWs were strategically placed in health centres to provide support at the point of referral, making it easier for families to access help when they needed it most. The project also focused on reducing the time between referral and first contact, aiming to minimise delays and improve engagement. By embedding DHSWs into the care pathway and providing tailored resources, the project created a supportive framework that addressed both practical and emotional barriers.

Results

The Lifelong Smiles Project yielded significant and measurable outcomes that demonstrated its effectiveness in improving engagement and reducing reliance on general anaesthetic (GA). Over the course of the project, **115** children in South Glasgow were scheduled for paediatric assessment appointments. DHSWs established early and consistent communication with families, which included appointment reminders, treatment information, and oral health advice.

As a result, **63%** of children attended their first appointment opportunity, and only **nine** children failed to attend altogether. Of the **102** children referred for GA, **60** (58%) ultimately received alternative treatments, indicating a substantial shift away from GA dependency. The average time from referral to first contact was reduced from 30 weeks to 25 weeks, reflecting improved efficiency in the care pathway.

Feedback from **62** parents highlighted the value of DHSW involvement: **87%** found appointment reminders helpful, **71%** appreciated better understanding of treatment options, and **90%** felt the level of contact was "just right." Families preferred communication via phone or text over email or letters. On a scale of one to five, appointment waiting times were rated three, while the experience of attending the dental assessment was rated a perfect **five**. These results underscore the project's success in enhancing patient experience, improving access to care, and promoting alternative treatment pathways. The data also suggest that early engagement and tailored support can significantly reduce missed appointments and increase the likelihood of successful treatment outcomes, particularly for vulnerable families who may face additional barriers to accessing dental services.

Learning/Next Steps

The Lifelong Smiles Project provided valuable insights into how early, empathetic engagement can transform the dental care experience for vulnerable families. Staff reflections highlighted not only the benefits for patients but also the professional growth and improved collaboration among dental teams. DHSWs reported feeling more knowledgeable and confident, having gained a deeper understanding of the GA process and the challenges faced by families.

The project strengthened relationships between the Public Dental Service and Childsmile Teams, fostering a more integrated and supportive working environment. One key learning was the importance of face-to-face interaction; families appreciated seeing familiar DHSWs at clinics, which helped reduce anxiety and build trust. The use of props and interactive materials made oral health education more accessible and engaging for children.

The project also demonstrated the value of tailored communication – families responded positively to personalised contact via phone or text, rather than generic letters or emails. Looking ahead, the project team is committed to ensuring the sustainability of these improvements. Plans include expanding the training offer for DHSWs and maintaining the suite of educational videos and materials. These resources will continue to support families in understanding what to expect from dental visits, particularly for treatments that serve as alternatives to GA. The development of a consistent branding package and diverse character representation in materials further supports long-term use. Ultimately, the project aims to embed these practices into routine care, ensuring that all families – regardless of vulnerability – receive the support they need to achieve optimal oral health outcomes.

14. Integrating Patient Feedback into Redesign of MSK Classes

Streamlining Pathways Group NHSGGC MSK service March 2023 - March 2024

As part of our redesign process, classes within our MSK service will become an increasingly important method to deliver supervised exercise. This redesign work is underway looking at delivery, content and the processes across NHSGGC. Patient feedback and their 'perspectives' was considered important to help shape the classes of the future.

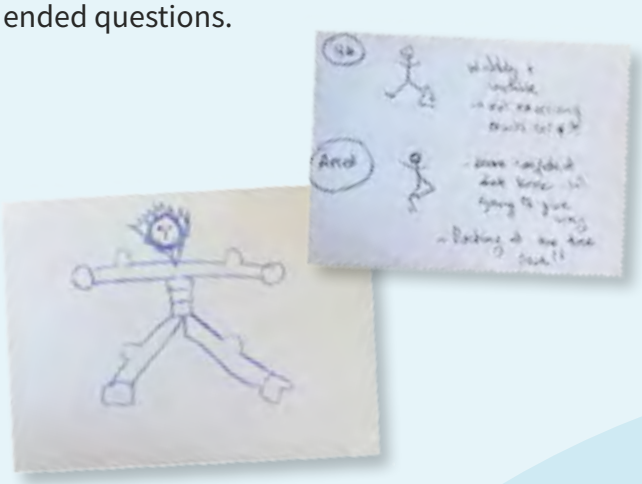
Direct patient feedback (paper-based survey) after discharge from lower limb group (N=9)

Impact of six week class and improvements reported by patients.

What They Did

Personal Personas

This is a new tool we explored to encourage personal feedback about patient's experiences. Patients were asked to draw an image of themselves before answering specific open-ended questions.



Patient Interviews (semi-structured) N=7

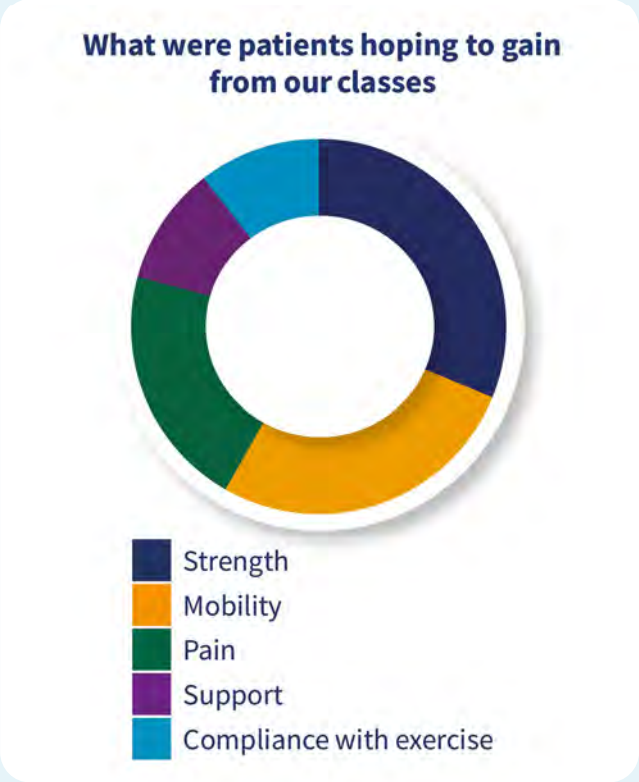
Rich information was gained regarding content of class alongside aspects of the class that were unclear from a patient perspective. Common themes for improvement were:

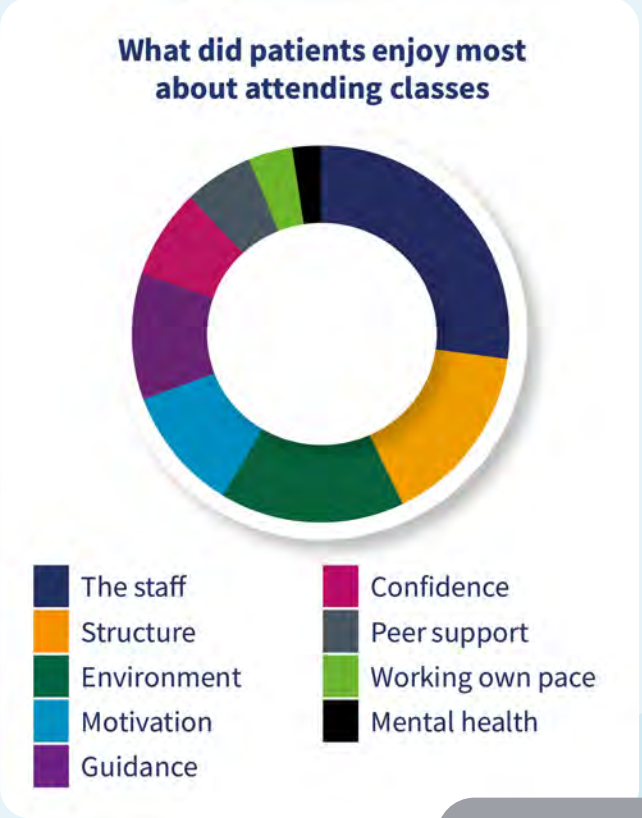
- Discussions around implementation of exercising outwith the class setting e.g. home/gym was rarely discussed
- Consider ways to address apprehension of patients attending
- Exit pathways more clearly defined at the beginning of six weeks programme
- Adaptability to increase/decrease levels of exercise intensity within the class setting.

Results

The views of **121** patients were captured within one week (Dec 2023). These were collected in real time as patients attended classes.

Data was captured for **33** NP and **88** RET patients The answers were then grouped into common themes.





Summary of feedback and emerging common themes

Important things we are doing well

- Creating a positive environment, atmosphere and structure that patients enjoy
- Patients identify the confidence they gain by attending our classes as important
- The support offered during classes is valued by patients.

Things to consider when redesigning classes across NHSGGC

- When considering structure design allow patients to work at their own level with opportunities to progress as able
- Ensure our health messaging and behaviours align with improving patients' confidence in themselves and patients' ability to exercise
- Take opportunities to empower our patients to consider exercising as a long-term goal e.g. discuss exercise options available out with the class environment and make patients aware of exit pathways following their discharge.

15. Assertive Outreach Model Within Specialist Learning Disability Services

Renfrewshire Learning Disability Services

By Isabelle Smythe, Jule Houten, Roseanne Vickers, Shannon Ried and Catriona Chalmers.

The Coming Home Report (2018) highlighted significant numbers of people with Learning Disabilities delayed in hospitals, sometimes for many years, despite being clinically ready for discharge. Additionally, individuals with complex needs and a Learning Disability are often placed in hospitals as a holding space if their placement breaks down in the community. The commitment made by Scottish Government is to minimise inappropriate hospital admissions and have no inappropriate placements for those with Learning Disabilities, in line with the UN Convention on Rights of Persons with Disabilities.

Renfrewshire Learning Disability Service (RLDS) established an Assertive Outreach Model (AOM) to provide intervention which focuses solely on individuals on the DSR to enable provision of intensive support to service users, families, and providers when they are inappropriately placed in hospital or undergoing placement breakdown.

What They Did

The AOM responds to crisis and placement breakdown quickly and efficiently, to provide early intervention which supports better outcomes for individuals.

The approach accomplishes this by:

- Working collaboratively with other professionals within RLDS, inpatient services, families, and carers
- Provide crisis intervention, supporting service users, families, and carers to develop skills and knowledge to support their mental health and wellbeing
- Supporting crisis-prevention-planning by establishing positive approaches through person-centred planning and training.

References

- The Coming Home Report (2018)
- European Commission: Strategy for the Rights of Persons with Disabilities 2021 - 2030
- The Coming Home Implementation Report (2022)
- WHO Guidance on Community Mental Health Services (2021)
- United Nations Convention on the Rights of Persons with Disabilities (2006)

Learning/Next Steps

What are the main outcomes of the Assertive Outreach Model? Outcomes: between April 2024 and March 2025.

- **Three** individuals were successfully discharged from long-stay delayed in-patient beds
- **18** individuals were supported to move placement and are now settled
- **14** individuals have been provided with input stabilising current placements
- **15** individuals were de-registered as these individuals were no longer at risk of placement breakdown.

Feedback

> **“The assertive outreach have been brilliant in the full process of resident transitioning from one care home into (redacted). The communication between the full MDT has been great and this helped the resident settle in really well to his new home.”**
>
> Service provider

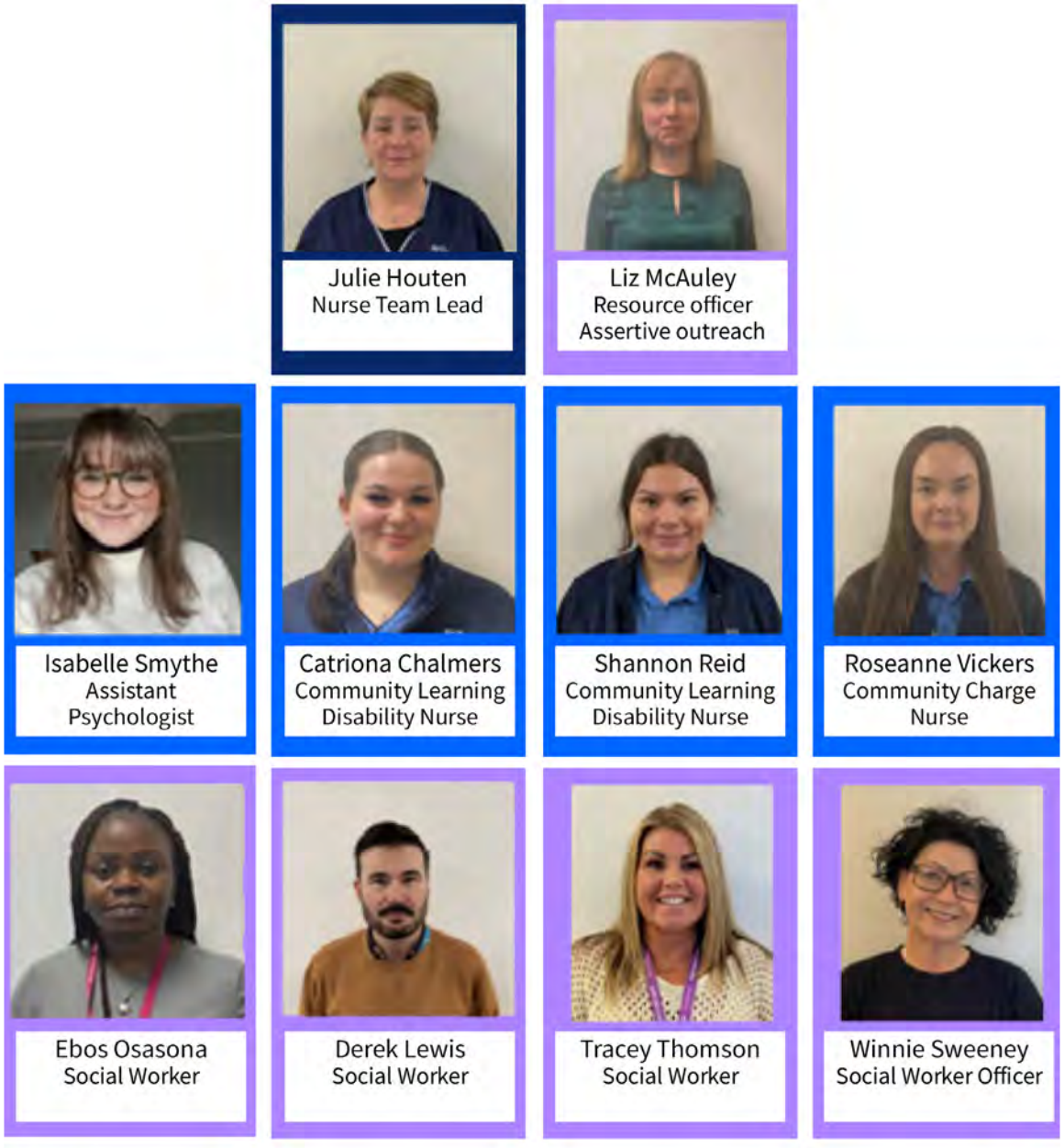
“The team supported me and my brother through a difficult situation, managing what could have been a challenging move with real care and support. Their skill and knowledge meant that they have been able to try to work with other staff to train them to better support all clients and not just my brother. They also recognised where the care provided wasn’t sufficient and helped identify a better placement. I can’t thank the team enough for what they did to make my brother’s life safe again.”

Family member

“The assertive outreach were able to provide more intense support to the individuals that we both support that I would not necessarily have been able to provide without having an effect on others on my caseload.”

Core Team Member

Operational Structure



16. Advanced Nurse Practitioners: Initiation of First Dose Medicines During Home Visits

East Dunbartonshire Advanced Nurse Practitioners (ANP) deliver urgent and unscheduled care within clinics and patients homes in line with the Primary Care Improvement Plan (GMS Contract, 2018).

ANP's working within the home visiting service identified barriers to timely access to medication for some of the most frail, housebound patients with an acute clinical presentation. They noted a significant delay from the time of assessment to commencement of treatment when patients relied on carers/relatives or pharmacy delivery services. This increased risk of further deterioration, potential hospital admission and poorer outcomes due to the delay in starting treatment (SIGN:167).

Aim

Enable home visiting ANP's access to emergency medication and initiate first dose medication to prevent deterioration of an acute presentation.

What They Did

The ANP service used a quality improvement approach, utilising the four pillars of advanced practice to:

- Scope current ANP practice across wider HSCP and National Teams and review current research
- Engage with all relevant stakeholders to explore scope for medication initiation and storage in line with policies, guidelines and medical-legal requirements
- Establish a required list of medication based on urgent care
- Develop a Standard Operating Procedure outlining clear principles and processes for initiation of first dose medication and governance measures for storage and stock control and record keeping
- Supply secure lockable safe storage facility.

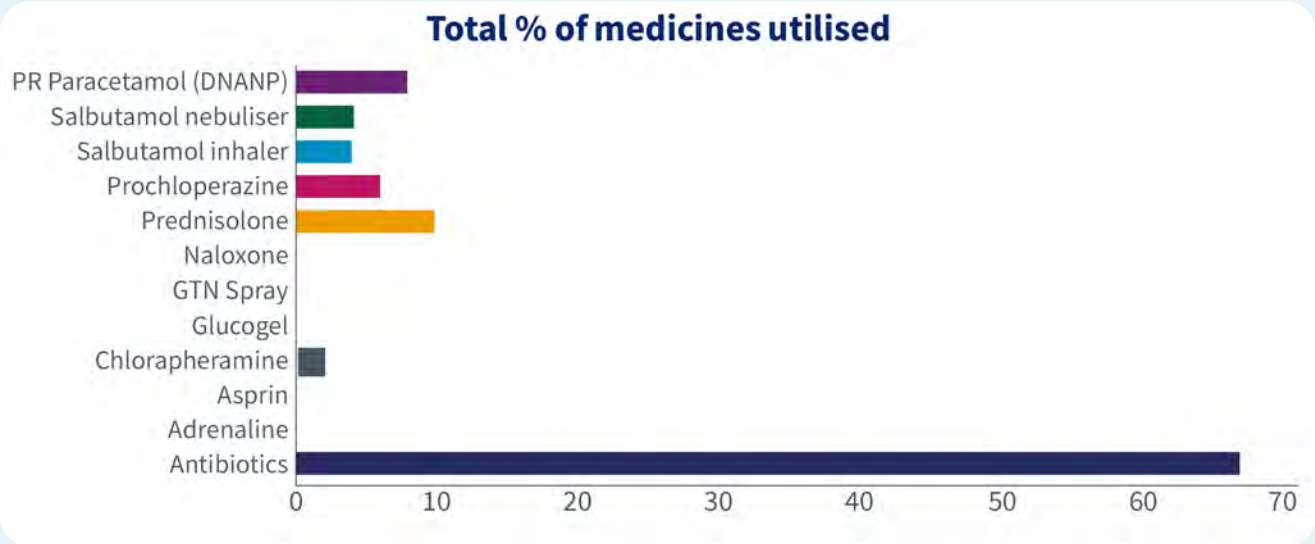
The initial test of change was undertaken from April 2022 – April 2023 by **six** ANPs.

Results

During the 12-month period, a total of **48** medications were initiated by the ANP at the time of diagnosis. Most of these medications were antibiotics for LRTI, UTI's and Cellulitis and steroids for COPD exacerbation. Which enabled prompt commencement of treatment and prevented further deterioration. There were no incidences of emergency medicine initiation.

The following year (2023 – 2024), **52** medicines were initiated with similar themes of use as outlined in the charts.

Qualitative feedback obtained from ANP's, family and GPs demonstrate the positive impact on initiating prompt treatment.



Learning/Next Steps

Evaluation from the test of change demonstrates patient benefit from swift access to treatment. In particular, initiation of the first dose of antibiotics. Following review of medicine used and feedback from wider ANP colleagues, stock levels were amended, and PR paracetamol was added to the list.

This test of change has now been fully implemented across wider HSCP ANP services and adopted across NHSGGC with the author, ANP Douglas Bell, receiving national recognition as the winner for Innovation at the National Health Awards in November 2023 and judge's choice at the Advancing Practice, Advancing Care Scotland National Conference 2023.

17. Empowering Patients to Self- Administer Vitamin B12 Using a Values-Based Approach

By Fiona Denham, Nurse Team Lead, Community Treatment and Care,
East Dunbartonshire HSCP

The Community Treatment and Care (CTAC) Service in East Dunbartonshire provides a range of clinic-based nursing interventions, including intramuscular Vitamin B12 injections for patients with pernicious anaemia – a chronic condition requiring lifelong management. Of the **3,125** patients on the CTAC caseload, **41%** require regular appointments for these injections.

CTAC staff observed that many patients faced challenges attending scheduled appointments due to childcare, transport, and work-related issues. Through patient discussions, it became clear that some individuals were interested in self-managing their condition by administering their own injections, which would offer greater flexibility and reduce the burden of attending fixed clinic times.

In response, the CTAC Team identified an opportunity to support patient autonomy by developing and testing a teaching package for safe self-administration of Vitamin B12 injections. This initiative aims to improve access, empower patients, and enhance the efficiency of service delivery while maintaining high standards of care and safety.

Aim

To develop a robust, safe, effective, person-centred teaching package to enable patients to self-manage their long-term condition of pernicious anaemia.

What They Did

Scoping

Nursing staff introduced the test of change to patients and used values-based conversations to identify those interested in participating. Patients were asked what mattered to them and how they might benefit from self-administering Vitamin B12 injections. A scoping exercise was conducted to explore existing national practices and review relevant literature to inform the approach.

Governance

A structured governance process was followed, beginning with the completion of an SBAR (Situation, Background, Assessment, Recommendation) and risk assessment. A short-life working group was established, involving multidisciplinary stakeholders to ensure all governance aspects were addressed before the pilot began.

Staff Involvement

CTAC staff were central to the project's success, actively engaging throughout all phases. Clinical supervision was used to support staff. Suitable patients were invited to extended appointments for teaching and observation to ensure safe and competent self-administration. Patients were also informed they could seek support at any time or opt out if their ability to self-manage changed.

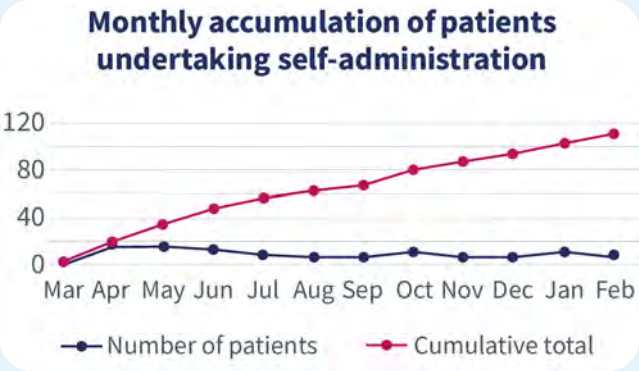
Quality Improvement

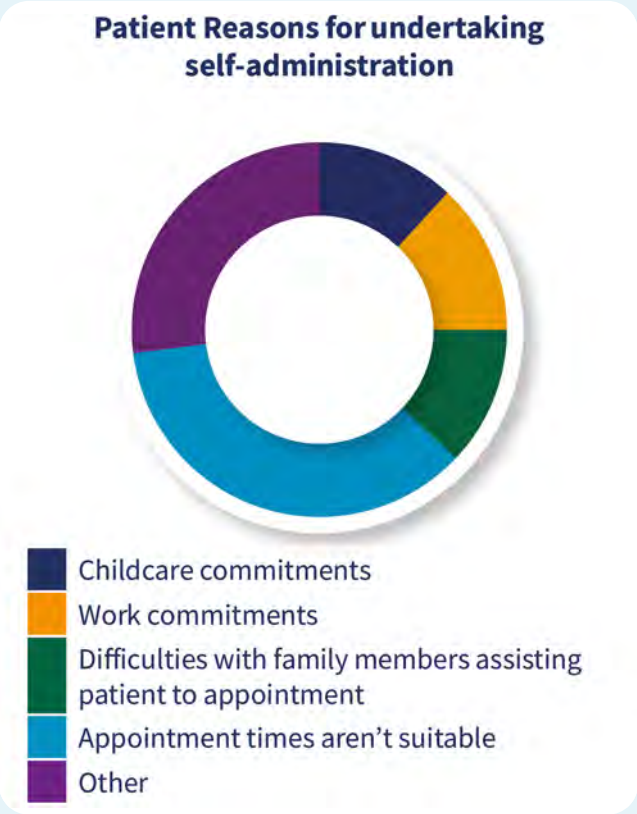
Using Plan-Do-Study-Act (PDSA) cycles, staff developed and refined a teaching package and supporting resources based on feedback from both staff and patients. The pilot began in March 2023 with one patient and gradually expanded, initially focusing on one cluster area in East Dunbartonshire before extending across the Health and Social Care Partnership (HSCP).

Results

On review of the project in March 2024, **111** patients have been supported to self-manage. To date, only two patients have self-referred to the CTAC service resulting in a **98.2%** success rate. Patient feedback has been overwhelmingly positive and demonstrates their journey to empowerment. Patients found the teaching materials and methods accessible, helping with their confidence to self-manage. As well as the individual benefits, some patients highlighted that implementation of this project has "**relieved strain on the nurses and NHS**".

To date, with 109 patients self-managing this has enabled CTAC to reabsorb approximately 18 hours of trained nursing appointments over a three-month period which has released more capacity within the CTAC service.





Learning/Next Steps

Using a values-based approach allows patients to remain at the centre of the decision-making process. Many patients have the ability to self-care in aspects of their health and with robust governance, appropriate teaching and resources, can be supported to do so resulting in better patient outcomes.

Next Steps

- Widening the implementation of this change in practice, sharing learning across HSCPs to assist improvement in patient outcomes board wide
- Staff continue to discuss self-administration with their patients and offer teaching appointments if appropriate
- The third cluster will now be included in the self-administration project, and it is expected that data collected will demonstrate an increase in the number of patients self-managing
- Consideration for further opportunities to teach self-administration of other medications will be explored.

18. Improving Outcomes For Care Home Residents at End of Life: Extending the Care Home Liaison Nursing Service to Seven Days

By Kathleen Halpin, Service Manager, Adult Community Nursing, Michelle Dalgarno, Lead Advanced Nurse Practitioner and Alison Conroy, Care Home Liaison Nurse Team Lead.

This report outlines the impact of a test of change initiated within the East Dunbartonshire HSCP Care Home Liaison Nursing (CHLN) service and utilising the District Nursing Advanced Nurse Practitioner (DNANP) as senior clinical decision maker. The aim focused on improving palliative and end of life symptom management for care home residents, reducing avoidable conveyance to hospital and calls to NHS 24 and SAS by providing an out-of-hours CHLN service every weekend and public holidays from 9.00am - 5.00pm. The outcomes align to the Scottish Government Healthcare Framework: My Health, My Care, My Home (June 2022) with strategic priorities aligned to the East Dunbartonshire HSCP Winter plan and NHSGGC Board wide call before you convey work stream.

What They Did

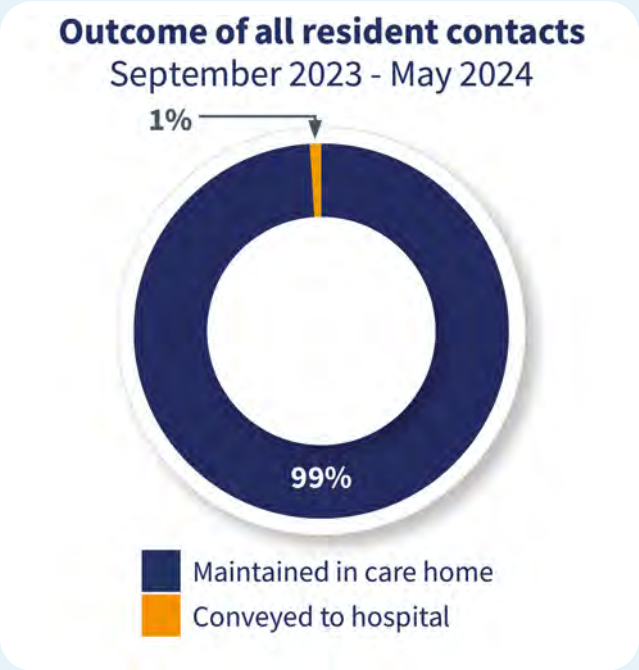
A Quality Improvement (QI) initiative was implemented to evaluate weekend palliative care support in care homes. Initially, one District Nurse Advanced Nurse Practitioner (DNANP) was deployed every weekend during September and October 2023 to complete all assessments. This trial revealed that the level of care required was more appropriate for a Care Home Liaison Nurse (CHLN), with the DNANP available for escalation as the Senior Clinical Decision Maker.

From November 2023, one CHLN was assigned each weekend to support up to four care homes per day. The CHLN and DNANP teams participated in a virtual ward round every Friday to identify residents at risk of deterioration or nearing end of life. The CHLN then conducted planned face-to-face assessments over the weekend, addressing symptom management needs and initiating timely prescriptions for palliative care medications. This proactive approach reduced the need for out-of-hours (OOH) referrals.

Results

The test of change demonstrated significant improvements in out-of-hours care for care home residents in East Dunbartonshire, particularly in end-of-life and palliative support. Data collected for every intervention showed enhanced symptom control, reduced GP OOH and Scottish Ambulance Service (SAS) referrals, and low, appropriate levels of hospital conveyance.

Since September 2023, **539** patient contacts were recorded – **410** planned and **129** unplanned reviews – by Care Home Liaison Nurses (CHLNs) and District Nurse Advanced Nurse Practitioners (DNANPs). Only **seven** patients were conveyed to hospital, highlighting the effectiveness of the service in managing care within the care home setting. The CHLN service enabled anticipatory care planning, with more residents known to the team at the end of life. There was also an increase in the use of continuous subcutaneous syringe pumps, ensuring consistent symptom relief for those experiencing distressing symptoms.



The service model allowed CHLNs and DNANPs to manage a broad range of conditions autonomously, including new palliative symptoms, infections, DVTs, falls, constipation, and gastroenteritis. As non-medical prescribers, they completed prescriptions independently, reducing reliance on GP OOH and NHS 24.

Qualitative feedback from care home staff, gathered via anonymous QR code surveys, was overwhelmingly positive. Staff reported improved access to timely care, reduced waiting times, and enhanced resident comfort. Comments highlighted the value of having knowledgeable, responsive professionals available at weekends, ensuring residents receive compassionate, timely care during their final days.

This model has proven to be a safe, effective alternative to traditional OOH services, supporting both residents and care home staff.

Learning/Next Steps

The findings outlined from this test of change demonstrate positive impact on resident outcomes but also evidence improved outcomes across the wider system by:

- Providing timely support and advice to care home staff seven days a week
- Reducing calls to NHS 24 and prevention of lengthy call back waits for care home staff
- Reducing demand on GP OOH's and SAS
- Timely access to assessment and management of symptoms for residents approaching end of life
- Prevention of avoidable hospital admissions and enabling residents to remain in their preferred place of care.

Given the significant positive impact outlined in this report, it is recommended that the Care Home Liaison Nursing service should substantiate core service provision to seven days a week, inclusive of public holidays. This will require further financial investment to extend the service model and increase CHLN resource.

6.Capability Building

6.1 Clinical Risk Training

6.1.1 Significant Adverse Events Reviewer Training

345 people undertook training for reviewers of Significant Adverse Events between March 2024 and April 2025, which adds to the **864** who have been trained since 2021.

The format of the training is currently being reviewed to increase flexibility of access through a hybrid model of e-learning and live sessions. The SAER training slides will be updated in line with the revised National Framework for Adverse Events.

6.1.2 Duty of Candour Training

NHS Education Scotland (NES) have developed an online course to support staff to understand the duty of candour legislation and ensure providers are open and transparent with people who use services, which is available through LearnPro.

60 staff within NHSGGC have completed the NES Duty of Candour Course between April 2024 and March 2025. The Duty of Candour Policy and Guidance states that local management teams will monitor training of role specific staff.

The revised e-learning modules developed by NES are suitable for both Health and Social Care staff. The modules describe how to enact legislation requiring openness and honesty when things go wrong. The number of staff engaging with this training will be monitored through local governance arrangements.

6.1.3 Commissioner Training

A LearnPro Module has been developed to assist SAER Commissioners with their role within the SAER process. **Module 305 Commissioning of a Significant Adverse Event** can be found on LearnPro under Specialist Subjects. This can be accessed by anyone wishing to know more about the commissioning process or Clinical Risk can arrange guided sessions. As of 31st March 2025, **168** people have accessed the training across NHSGGC.

This training will be reviewed in 2025 with a view to moving away from solely e-learning to more peer support.

6.2 Quality Improvement Capability

6.2.1 NHSGGC Quality Improvement Training

Quality Improvement Fundamentals

A LearnPro Module was developed in 2021 to support NHSGGC staff to understand Quality Improvement. The module aims to provide awareness and basic understanding of the importance, methods and successes of Quality Improvement within NHSGGC.

The module – **NHSGGC Course 109 Quality Improvement Fundamentals** – was added to the LearnPro platform in February 2021 and was launched in March 2022. From February 2021 through to March 2025, **3,053** staff have completed the module. This is an increase from **2,624** since April 2024.

Scottish Improvement Foundation Skills (SIFS) Programme

NHS Greater Glasgow and Clyde (NHSGGC) offers Quality Improvement (QI) training via the Scottish Improvement Foundation Skills (SIFS) programme. Developed by NHS Education Scotland (NES) and endorsed for local delivery by NHS Boards, this programme is delivered virtually through Microsoft Teams to groups of 10-15 staff members. Participants are supported in acquiring the skills, knowledge, and confidence necessary to actively engage as members of QI project teams and contribute to the testing, measurement, and reporting of changes within their respective clinical environments.

From April 2024 to March 2025, **13** cohorts totalling **176** staff across NHSGGC completed the programme. This is in line with the QI Capability Building objectives within the NHSGGC Quality Strategy. With further cohorts planned in 2025, we'll meet our trajectory of providing **15** cohorts to NHSGGC staff by June 2025.

The objective for the coming year is to scale up the delivery of foundation-level training to increase the number of staff who can confidently use their QI skills to support improvement work across their service.

NHSGGC Quality Improvement Network

The NHSGGC Quality Improvement (QI) Network (Network) was launched in March 2024 to be a one stop shop for all QI learning, training, sharing and networking. Open to all staff regardless of profession, banding, specialty or location, including colleagues in HSCP.

The network includes:

- NHSGGC QI Network Hub, a SharePoint site with information, support and contacts around learning and education, QI resources, QI capability, FAQs and a "request support" feature
- MS Teams page for networking and sharing of learning and QI opportunities
- Four networking, learning and sharing events each year, open to members and non-members.

The Network is aligned to Quality Everyone,Everywhere, NHSGGC's Quality Strategy and directly featured within Priority five Listening and Learning. The Network's virtual learning, sharing and networking event held quarterly has hosted both the initial launch in 2024 and launch of the implementation phases of Quality Everyone, Everywhere in 2025. Attendance figures for the Network events are currently growing, and positive feedback has been received since the Network's launch in 2024.

The NHSGGC QI Network is guided by a Steering Group of QI leaders within NHSGGC to act as advisors using a strategic, co-ordinated and multidisciplinary approach in supporting a quality improvement network. The Driver Diagram below will offer a guiding framework to activity. The administration, communications, co-ordination and tasks associated with the three strands of the QI Network is supported by the Quality Improvement (QI) Team, a function within the CGSU.

NHSGGC QI Network Driver Diagram

Change ideas have already been implemented that relate to the first two primary drivers above, such us the creation of the Network Hub - featuring signposting and support features, as well as establishing a NHSGGC wide opportunity for staff to learn, share, celebrate and network during the quarterly events. A co-ordinated work plan is in development to accelerate remaining tasks and tests of change for all three strands of the Network.

The identified priorities for the coming year are:

- Further network mapping of the staff stakeholder groups within NHSGGC to deepen collaboration and understanding of the current landscape and needs.
- Creation and management of a Bitesize Learning Series for the MS Teams Channel.
- Testing of quarterly QI Drop-in sessions provided by NHSGGC QI alumni.
- Development of a learning and sharing mechanism for projects under the Scottish Improvement Foundations Skills (SIFS) to be housed within the MS Teams Channel or SharePoint Site.

NHSGGC Learning System

A learning system aims to accelerate sharing of learning and improvement work through a range of engagement and learning opportunities. This involves collaborative working, sharing good practice and signposting to training resources.

A learning system should:

- Support individuals and teams to learn through its culture and networks
- Be informed by evaluation and reflective practice
- Enable people to assess what is and isn't working through the use of qualitative and quantitative data, stories and insights
- Develop processes to aid decision-making and turn knowledge into action
- Build systems to identify "bright spots" and generalisable learning. Bright spots are areas/ teams that consistently innovate and improve and share their learning.

The overarching aim would be to create a Learning System which would involve the organisation developing the "ability to learn from the routine care it delivers and improve as a result and… to do this as part of business as usual." (The Health Foundation 2023)

In 2024-25, we began scoping work to develop a Learning System within NHSGGC. A Driver Diagram was created to guide a Short Life Working Group (SLWG), which first met in April 2025 and will continue its work throughout the year.

7. Plan for 2025-2026

Within 2025-2026 we will continue our work in the following areas:

Managing significant adverse events

- Develop and implement a full Policy and Procedure for Managing Significant Adverse Events
- Lead on the delivery of improved SAER performance to ensure NHSGGC meets its commitment to provide timely and high quality SAERs, and to learn from adverse events, share that learning, and make improvements, to minimise the risk of recurrence and improve the safety and quality of our services.

Quality

In line with the Quality Strategy priorities for 2025, we will:

- Further develop QI capability across NHSGGC through an ambitious programme of training and development
- Develop a learning system to accelerate improvement and good practice
- Deliver improvements in safety through relevant Scottish Patient Safety Programmes
- Continue our approach to the development, review, approval and monitoring of clinical guidelines.

Monitoring and assurance

- Develop a model of Clinical Governance Reviews to monitor if our clinical governance groups and committees are working effectively, and any areas for improvement
- Develop a model for Quality of Care Reviews to monitor the extent to which a service is providing high quality and safe indicators over an agreed period, to provide assurance and to drive continuous learning and improvement.

Building capacity and capability

- Further develop capacity and capability for significant adverse events and quality improvement, with a focus on target impact and measurement going forward.

Several of our policies and frameworks are also due for routine review this year

- NHSGGC Duty of Candour Policy
- NHSGGC Clinical Guidelines Framework
- NHSGGC Clinical Quality Publications Framework.

8. Conclusion

Within this report we have highlighted some of our key work and activity during the year in helping NHSGGC to meet its aim of providing high quality care, and in meeting our clinical governance obligations.

We recognise that a summary report cannot ever represent the significant amount of learning, improvement and good practice work that has taken place throughout NHSGGC this year, and we hope to build on this during 2025-2026.

9. Glossary of Abbreviations

Abbreviation	Term
BPD	Bronchopulmonary dysplasia
CMHT	Community Mental Health Team
CQL	Clinical Quality Leads
CQP	Clinical Quality Publications
DoC	Duty of Candour
HSCP	Health and Social Care Partnership
IPG	Interventional Procedures Guidance
ITU	Intensive Therapy Unit
KPI	Key Performance Indicators
MCN	Managed Clinical Network
MCQIC	Maternity and Children Quality Improvement Collaborative
MEWS	Maternity Early Warning Score
MHRA	Medicines and Healthcare Products Regulatory Agency
M&M	Morbidity and Mortality
NHSGGC	NHS Greater Glasgow and Clyde
NEC	Necrotizing enterocolitis
NNAP	National Neonatal Audit Programme
NNU	Neonatal Unit
NPSA	National Patient Safety Alert
PPH	Post Partum Haemorrhage
PPWP	Perinatal Wellbeing Package
QI	Quality Improvement
SAER	Significant Adverse Event Review
SIGN	Scottish Intercollegiate Guidelines Network
SNAP	Scottish National Audit Programme

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