COOL AS ICE
Finishing touches to the Queen Elizabeth University Hospital campus revealed
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What a year!

Andrew Robertson, chairman, NHS Greater Glasgow and Clyde

This past year has been a story of great achievement and also significant challenge for the Board and our 40,000 staff working across all areas of health care.

In this Annual Review edition of Health News we highlight how we performed against set targets and how we delivered other continued improvements.

As Chairman of the Board I have always recognised the importance of celebrating the skills, dedication and commitment of our staff. During my term as Chairman I have been able to introduce small awards as special recognition for individuals and teams who have gone that extra mile.

In this, my last year as Chairman, I will have the privilege ofawarding the best of the best at an event to be held in November. That will indeed be a truly wonderful way to bow out from an eight year period as chairman of the largest health board in the UK – by celebrating success and honouring those who make it possible.

One key priority has been to improve things for patients and their families. Throughout our implementation of the National Person Centred Health and Care Collaborative we have ‘learned conversations’ with patients on their experiences enabling us to learn and learn and use this information to drive improvements.

In reaching those people often excluded we have actively engaged with more than 3,500 patients as well as a wide range of equity groups and are taking actions to address the issues they raised with us. We’ve also helped 11,000 of our patients get advice on money worries through referrals to support agencies, resulting in a £14 million gain.

We also take an inequalities Sensitive Practice approach to address issues arising from social inequality and discrimination.

During the year we continued to invest in new facilities in the heart of communities such as the new Shiel Centre in Pollokshields and the creation of the new Possilcross Health and Care Centre.

However, one of the highlights of the year was the delivery of the Queen Elizabeth University Hospital and new Royal Hospital for Children.

These fantastic hospitals have changed the physical landscape of Glasgow and of the way the NHS delivers acute hospital care in the city.

Following years of planning and building – the ‘On The Move’ programme started in April 2015 with the relocation of four existing hospitals, naming the Southern General Hospital, Victoria Infirmary, Victoria Infirmary Unit, Western Infirmery and added in June 2015 with Royal Hospital For Sick Children. Some staff and services from the Garnethill campus were also involved in this huge migration.

The programme involved the transfer of patients, staff, and thousands of items from across each of these hospitals to the new Queen Elizabeth Hospital campus.

These new world class hospitals and the Teaching and Learning Centre were delivered under budget and ahead of schedule and gave us the opportunity to contribute to other projects on the campus. The most valuable of our partnership with the University of Glasgow. Together we have created The Queen Elizabeth Teaching and Learning Centre and related research facilities to realise our shared vision of world class facilities to train the clinicians of tomorrow and deliver medicines and technologies to transform patient treatment and disease prevention.

In the year ahead and the years beyond we are busy planning sustainable services that can best meet the changing needs of the population within the resources available.

This means that we have to plan to use our resources differently to meet those changing needs.

Investment in specialist services in acute hospitals will continue but a real focus on health and social care integration to deliver better joined up services in the community has to be a priority.

By investing more resource from health boards and local authorities in new “health and social care partnerships” we can free up acute hospital resources to concentrate on those who really require this specialist clinical care.

This is our biggest challenge going forward and it is a challenge we have prepared for – with a planned programme of investment in community services and infrastructure to support this re-focussing of resource.

We already have a long standing record of investment in community services and in the immediate couple of years ahead this will continue with capital investment in new purpose built health and social care centres and in a more collaborative way of working between acute hospitals and community services.

For example we have just announced we will spend £38m to deliver a new purpose built health and care centre in Greenock and a new health centre in Clydebank.

These two major projects are the latest in a line of recently announced investments of other major new health care centres that will be opened in the months ahead at Woodside, Gorbals and Maryhill in Glasgow and another in Eastwood, East Renfrewshire.

Our commitment to community health and social care investment has been demonstrated over recent years and it remains a priority.

We are also committed to improving the patient experience and doing everything we can to respond to the comments and issues raised by those who use our services. Listening to our patients and responding to their comments. The new Queen Elizabeth University Hospital and Royal Hospital for Children offer all patients free wi-fi and entertainment systems. This was a thing patients told us really mattered. That’s why over the next 24 months we have now committed to delivering the same high standard of totally free access to entertainment and wi-fi in all of the acute hospitals in Greater Glasgow and Clyde as quickly as we can.
How we’re performing

Over the past year NHS Greater Glasgow and Clyde has achieved much across a whole spectrum of formal government targets. We have also made significant progress in other areas of service delivery improvements and efficiencies. Over these next few pages we will highlight our performance and touch on the areas where we haven’t made as much progress as we would have liked... and crucially explain how we plan to address any areas that need attention.

CANCER TREATMENT

Just short of 92 per cent of patients referred urgently with a suspicion of cancer began their treatment within 62 days of referral and more than 95 per cent of patients diagnosed with cancer began their treatment within 31 days which exceeds the national target of 95 per cent.

When it comes to detecting cancer early our performance has also exceeded targets. The latest verified figures show 28 per cent of patients were diagnosed at the first stage of cancer which exceeds the target of 26 per cent. Our Board has worked hard along with national Detect Cancer Early campaigns to promote the importance of self-checking, accepting invitations for screening and early presentation to increase positive outcomes.

INFECTION CONTROL

Driving down the rates of so-called ‘superbugs’ such as MRSA and C. Diff is an area where we have seen significant success but there is more we need to do in the year ahead to get rates down to the targets we have set.

The overall position, however, over the past five years period is a very encouraging picture with a 30 per cent reduction in MRSA/MSRA Bacteremia cases. Over that same five year period the overall rate of C. Difficile has dropped by an even more impressive amount – down by 43 per cent.

It remains a top priority to drive down healthcare associated infections rates further in the months and years ahead although a zero rate will always remain an impossible target.

MRSA stands for Methicillin (M) Resistant (R) Staphylococcus (S) Aureus (A) and it is resistant to many antibiotics. It can live harmlessly on a person’s skin and in the nose but becomes a real problem when it infects a wound and can cause abscesses and septicaemia. MRSA is short for Methicillin Resistant Staphylococcus Aureus and is frequently found in the human respiratory tract and on the skin. It too is difficult to treat due to resistance to some antibiotics.

A&E WAITING TIMES

The four hour waiting time target for 95 per cent of patients has received much attention in recent years and indeed it has presented some challenges for some of our acute hospitals to achieve.

There is sometimes a perception that this target refers to a patient waiting four hours before being seen by a doctor or suitable qualified health professional within four hours. The target actually refers to a patient having been seen, diagnosed and treated and discharged or admitted within four hours.

This presented NHSSGC A&E departments with some real challenges last year when we recorded 88.5 per cent against the 95 per cent target. Since then the real challenge of radically reforming patient flows in very old and remitted hospitals has been removed following the closure of four of our older city hospitals. With our move to the new Queen Elizabeth University Hospital and new ways of working introduced at some of our other hospitals to improve patient flows we are expecting to see a much improved position in the months and years ahead.

To this end we have introduced multi-disciplinary “huddles” meetings to improve team working throughout the hospital and improve patient flows. We have introduced rapid discharge lounges to ensure no unnecessary delays in getting patients who are fit and ready to go home and to keep our unscheduled care beds free for those who need this level of important clinical care.

ADDICTIONS TREATMENT

The effects of excessive alcohol use and the misuse of drugs continues to give cause for concern across the communities of Greater Glasgow and Clyde. Early interventions and working in partnerships with voluntary agencies and partners in local authorities remains a high priority for our health board.

During the past year we have made 14,800 alcohol brief interventions which exceeds by 208 the target set for us.

We have also continuously exceeded the drug and alcohol waiting times target with almost 96 per cent of our patients being referred for treatment within three weeks.

18 WEEK REFERRAL

Our target is to ensure that 99 per cent of patients are treated within 18 weeks of referral and during the last year we exceeded this with a performance of over 99 per cent.

Women and adolescent mental health services 98.8 per cent of our patients started treatment within 18 weeks of referral.

And almost 96 per cent of all patients referred for psychological therapy started treatment within the 18 weeks target – exceeding the 90 per cent target set for all Boards in Scotland.

ENERGY TARGET

We aim to focus more on reducing our energy use having narrowly missed our energy reduction target last year. The delivery of new more efficient health centres and hospitals will help us in our efforts to meet our carbon emissions target going forward. We’re also committed to making renewed efforts to improve on more efficient use of heat and light.

Life expectancy on the rise

Health improvements, helping reduce the levels of smoking and alcohol intake and the delivery of effective screening programmes have all played their part in helping improve life expectancy rates across Greater Glasgow and Clyde.

Our most recent validated data shows that life expectancy for men has risen from 71 years in 2001–03 to 74.9 in 2011–13 (+ 3.9 years).

For women life expectancy has risen from 77.6 years in 2001 – 2003 to 80 years in 2011 – 13 (+ 2.4 years).
### A fairer NHS

As a Board we have driven forward a broad range of initiatives, campaigns and implemented many policies to ensure we meet the requirements of equity legislation and become a fairer organisation. These actions aim to eliminate discrimination, harassment and victimisation and ensure that all patients have the same opportunities to access and receive healthcare.

Turn to page 10 to see examples of how we are tackling inequalities.

### Financial performance

During the financial year ended 31st March 2016, NHS Greater Glasgow and Clyde spent more than £3.0bn on its ongoing services - hospitals, primary care and pharmacy. The Board again successfully managed its finances, meeting its revenue resource limit and spending to within £1.2m of the target for the year.

The Board also invested almost £140m on capital projects during the year, primarily on the completion and fitting out of its new hospitals – the Queen Elizabeth University Hospital and the Royal Hospital for Children.

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

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

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### A plan for services to work together

A new strategy has been launched with the aim of linking acute, community and social care to work together to deliver care for patients when and where it is needed.

Called the Renfrewshire Development Programme, it is being led by medical director Dr. Jamie Armstrong, and is looking at how NHS and social care teams can work as one by joining up services provided by hospitals, GPs and by social services in the community.

The project is a partnership between patients and carers, clinicians at the Royal Alexandra Hospital, GPs, community health services, social work and the third sector.

Its aims include ensuring that people are seen by specialists sooner, attend accident and emergency only if they really need to, and have the right services in place when they go home if not admitted to hospital.

This should lead to reduced pressures on hospital, primary and community care and a break-down of barriers between services.

The programme will be a blueprint for how people are cared for in the future, not just in Renfrewshire but throughout NHS Greater Glasgow and Clyde.
Beside the Royal Hospital for Children Glasgow, a new park with play facilities for children and their siblings is being created.

How the new Central Park, will look, a landscaped amenity area where patients, visitors and staff can walk and relax.

The new £14.2 million carpark extension, will add 930 extra spaces.

Re-birth of “Neuro” Institute and link to ICE building will deliver leading edge facilities for patients and research

“Creating a fantastic improvement” Surgeon Mr David Kopper, lead clinician, maxillofacial unit, Queen Elizabeth University Hospital.

The spectacular ICE building is expected to be complete by December 2016.

The finishing touches to the stunning Queen Elizabeth University Hospital campus are due to start this month as the final pieces of the architectural and construction jigsaw fall into place.

The existing 1960’s built Institute of Neurological Sciences is being given a stylish glass cladding facade and internal reception area upgrade to bring it in keeping with its new neighbours!

Demolition works are underway to clear away old buildings and make way for landscaped avenues, play parks, recreation areas and a new multi-storey car park.

We will also see a total makeover of the existing Institute of Neurological Sciences to give it a thoroughly modern appearance in keeping with its stylish new neighbours!

But the exterior work and the creation of a new entrance and reception area is just part of the story as it is undergoing a significant modernisation on every floor.

And another spectacular building will be built right next door complete with a direct linked corridor into the new look “Neuro Building”.

This Imaging Centre of Excellence (ICE) is featured on the cover of this magazine and is being built by the University of Glasgow. In an exciting collaboration between NHSGGC and the University we will see new world class operating theatres and imaging equipment linked across the second floors of both buildings.

On these pages we give you a glimpse of the how these developments will look when complete.

And below we detail the programme of collaboration with the University of Glasgow that will deliver stunning buildings and leading edge facilities that Scotland can be proud of.

The new £14.2 million carpark extension, will add 930 extra spaces.

The second floors of these buildings will house the very highest spec operating theatres and access to world class imaging equipment.

This spectacular building will include four new world class operating theatres.

They will be built within an expansion directly into the second floor of the new facility from the existing Institute of Neurosciences and will unite international leading clinical and academic expertise in stroke, cardiovascular and brain imaging.

It will also house the first of the new MRI scanner to be added in a clinical setting. This scanner utilises the most powerful imaging magnet currently available and produces the most advanced images.

Surgeon, Mr David Kopper, lead clinician for the regional maxillofacial unit at the Queen Elizabeth University Hospital, worked closely with the architects in designing the layout of the new theatre spaces.

He said: “The new development will create a fantastic improvement in the space and layout of the theatres and recovery area for the patients we operate on.

“The closer that researchers and clinicians work together the greater the opportunity for collaborative research that is of direct relevance to clinical care.”

Surgical, anaesthetic, infection control experts and nursing staff had a significant input to the theatre design to make best use of the space available.

The design will make the patient journey as seamless, as possible and enhance efficient nursing and surgical practice.

We have built on the experience of the new theatre complex in the adult and children’s hospitals and we are looking forward to the installation of ultra clean theatres with the most advanced laminar flow technologies, airflow management devices, designed to reduce the infection rate.

Meanwhile the institute building itself is undergoing a massive external makeover to bring it up to the modern style of its classy new neighbours just across the campus – namely the Queen Elizabeth University Hospital and the new Royal Hospital for Children.

The building grid and cladding panels have been arranged into “siloes” to replicate the images taken by an MRI scanner. A brand new entrance and café area is being created too.

Internally ward 6B has been extensively redeigned and redeveloped to provide excellent facilities for incorporating flexible use clinical rooms, pre-assessment, a 19 bedded same-day-admission and day surgery unit and a discharge lounge. The new facility is a flexible, bright and spacious area for patients and staff.

Work has also started on a new purpose built day treatment unit (ward 6F) for patients receiving treatment for ongoing neurological conditions.

This new facility will be situated on the ground floor of the Institute, incorporated into the development of a new improved front entrance scheme. This development will provide excellent purpose built facilities and support timely provision of treatment to patients with long term neurological conditions.

The spectacular ICE building is expected to be complete by December 2016.

How the new Central Park, will look, a landscaped amenity area where patients, visitors and staff can walk and relax.

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Creating A Fairer NHS through Tackling Inequalities

Our commitment to tackling inequalities is a top priority for our Board and for our staff.

The real impact of inequality, prejudice or disability can have a huge effect on the health and wellbeing of people.

NHS Greater Glasgow and Clyde (NHSGGC) has a proud history of tackling inequalities. We preside over a population that consists of some extreme contrasts of health, wealth, happiness and wellbeing.

That’s why we work so hard to ensure that we do all we can to help people access healthcare. And why we go to extra lengths to help the vulnerable in our communities access support wherever we can.

We aim to help families in all they can be, to assist wherever possible to encourage healthy lifestyles, avoid mental health issues, addiction, self-esteem through employment and self-worth and to go that extra mile to reach those who need help the most.

We have a huge army of healthcare professionals from GPs through pharmacists, opticians, podiatrists, psychiatrists, midwives, doctors and nurses and all the allied health professions committed to creating a level playing field for everyone served by our NHS in Greater Glasgow and Clyde.

Here we outline just some of the areas of our work to help achieve that equality for all.

We helped more than 11,000 patients in the last year get good advice on money worries and we will do the same again this year. When ill health strikes money can be a huge burden... but another side to this work is to help families struggling against poverty to find support to assist in achieving or maintaining healthy lifestyles and overcome desperate challenges.

We want all of our staff to understand the serious consequences that discrimination can mean to so many in our communities – this and more than 90,000 of NHSGGC staff have part in equalities learning opportunities.

NHSGGC support people with additional needs such as deaf, deaf blind, learning disability, visual impairment or who require any form of language interpreters or additional needs... just a few examples include the introduction of computer kiosks at the new Queen Elizabeth University Hospital which short-circuits the need to be “called” for an appointment and providing a video relay service for British Sign Language (BSL) users to acute services first appointment satellite.

We have implemented a card system to enable patients who are BSL users to request interpreters if they have not already pre-booked (we also produce one for spoken languages).

The Roma community are recognised as a highly excluded, deprived and vulnerable ethnic minority group. We continue to work towards a better understanding of how we can support them better by training staff accordingly.

We proactively engage with transgender people and as a result of their ongoing feedback we have delivered training to our staff which helps ensure equality of access to NHS healthcare.

Getting it right for every child

It’s our firm belief that we can only turn troubled children’s lives around if contact is made at an early stage.

Triple P for example is a parenting programme designed to give parents the skills they need to raise confident, healthy children and teenagers and to build stronger family relationships. It doesn’t tell people how to parent but gives simple and practical strategies that can be adapted to suit parents own needs. School vaccination and oral health programmes also combine to give youngsters the best healthy start in life.

Nurturing support for children and parents

An innovative parenting scheme is taking place in Glasgow to help children who find it difficult to play and learn with others in primary and nursery settings.

The Nurture Parenting Pathway provides nurture groups in selected schools and nurseries for children who may be very withdrawn, are angry and confused, or struggle to co-operate well with teachers or classmates.

These are children who are experiencing social, emotional and behavioural difficulties and the pathway is a short-term early intervention with the goal of helping them remain in mainstream education.

Parents, carers and family members are key to the success of this nurture support and are closely involved within organised class settings by nurture practitioners.

It is also an opportunity for parents and carers to chat freely about any parenting concerns and get advice about supporting their child’s learning and development.

As a result of these discussions some parents maybe asked if they want to take up an offer of joining the Triple P parenting programmes.

Our central parenting co-ordinator works closely with these practitioners to support development and implementation of the programme for families in nurture.
New home and an expansion for sexual health clinic

A sexual health service for gay and bisexual men is moving to a new home in Glasgow.

Now in its 21st year, the Steve Retson project is gradually relocating from The Sandyford in Sauchiehall Street, to new offices at 30 Bell Street, in the Merchant City.

The first drop-in clinic is already open, on Thursdays between 4.30-7pm, and includes an HIV test with results available within 60 seconds, and three more clinics will be set up over the next few months.

The clinics will also offer additional support around relationship concerns, including emotional and mental wellbeing issues. This move reflects our ongoing development of services in this area of health protection.

Steve Retson was a social worker who became an activist after becoming HIV positive in the 1980s. At that time many more men than today died from the progression of HIV.

Steve was very influential in the setting up of community services before he died from an AIDS-related illness in the early nineties.

How cancer patients can exercise their way back to health

Cancer patients who have completed their treatment often complain of fatigue and are often puzzled when health staff recommend taking up exercise.

But evidence shows that being active can help low energy levels and improve recovery.

A number of NHS Greater Glasgow and Clyde staff working with these patients refer them to “Move More”, a partnership between Macmillan Cancer Support and Glasgow Life.

The activities programme is free for everyone affected by cancer, including family and friends of those with a cancer diagnosis, and the exercise routines are tailor made. Exercise can range from tai chi style classes which help relieve joint pain and improve the range of movements, to walking, gardening and circuit classes.

For more information about Move More and how to sign up for any of the activities contact the team on either 0141 237 0211 or email: movemore@glasgowlife.org.uk

Getting the most out of every healthcare contact

We never want to miss an opportunity to make someone live healthier and feel better about themselves. That’s why when someone comes into hospital we have specially trained staff to promote health improvement and offer help for people to get free from addictions or reduce their alcohol intake or simply get more active.

More than 1000 allied health professionals within our acute hospitals have undertaken specific training in alcohol and tobacco issues, and encouraging physical activity.

A key example can be seen in our physiotherapy departments, which are attended by more than 70,000 new patients with musculoskeletal problems each year.

Now all outpatient physiotherapy departments have a range of information materials available to help patients find out what activities are available.

Screening – make it a regular date

Attending potentially life-saving cancer screening appointments should be on everyone’s ‘to do’ list. Regular screening prevents eight out of 10 cancers developing and so saving lives and lowering death rates.

While most of us will get the “fit and feel better” letter and feel relieved, it’s not a one-off, screening is only effective if people take up every appointment that is offered to them.

Over the last three years awareness of breast cancer amongst women has increased, with 80 per cent more visiting their GPs for check-ups as they notice changes in their breasts other than lumps.

Eating better and feeling better

The problem of expanding waistlines can lead to knock-on long term detrimental health affects for both adults and children.

Being overweight/obese can trigger illnesses such as type 2 diabetes and increase the chances of developing heart conditions which is why we are doing all we can to promote healthy eating.

One way we are doing our bit to help has been to serve a cookery course.

We’ve targeted this course at pregnant women, older adults, early years and vulnerable communities. And we’ve even developed a special 10 week cooking course for people with learning disabilities.

The course tackles the main barriers people can face to healthy eating – such as time, cost and knowledge about planning, preparing and cooking food.

Feedback from those who have taken the course indicates they are feeling more confident about cooking from scratch, are eating fewer ready-made meals, and are now actively checking labels for foods high in sugar and fat.

Anyone working with our target groups interested in delivering cooking classes should contact Lizzy at: Elizabeth.hammond@ggc.scot.nhs.uk
A new approach to dementia services

How we are influencing future dementia care in Scotland

We are leading the way in the approach towards dementia care at Lightburn Hospital in the Carrntyne area of Glasgow... and it could even influence future national policy for treating this group of patients.

Healthcare professionals are leading the way in dementia care by working with families, carers and friends when patients are identified as having difficulty making decisions for themselves.

Families and carers are being encouraged to become more involved in the patient’s daily routine including working alongside physiotherapists to reduce the risk of falls, and helping maintain everyday skills such as getting dressed with help from occupational therapists.

Staff gain a better understanding of patients and how to help them maintain skills, making it easier for everyone when the patient is discharged home.

The Lightburn team is supported by an Alzheimer Scotland dementia nurse consultant, an allied health professional dementia consultant, and a consultant in medicine.

New nursing care quality system launched

More responsibility is being delegated back to the wards under a new system being introduced initially in our hospitals.

The Care Assurance and Accreditation System (CAAS) is a “back to basics” approach giving senior nurses and midwives more control on their wards and specific priorities.

It’s being led by our nurse director Rosslyn Crocket, who commented: “It’s a system of care that will deliver for every patient and be recognised by relatives as a welcome return to consistent quality care.

“I believe it will bring real benefits to our patients on the wards by ensuring effective close team working and linkages to the core values of nursing and patient care at every level.”

CAAS gives senior managers the chance to spend more time on patient wards, and gives frontline staff a greater understanding of the high standards they are expected to achieve.

NHS Greater Glasgow and Clyde is one of the first Boards in Scotland to trial the new system.

CAAS creates a local ward based system using whiteboards which staff regularly update to show how well they are meeting a range of patient care standards.

These wall mounted whiteboards will give staff a daily measure of improvements being achieved on their wards and will also enable patients and visitors to see at a glance the degree of quality care being delivered, and reassure them that the ward is delivering safe, effective and patient centred care.

The results will help staff monitor the priorities they have been set, where improvements can be made.

The standards include food, fluid and nutrition, infection control and prevention, and pressure sore care.

The CAAS standards will be fully implemented in all our acute hospital wards before the end of this year and will then be rolled out to community and midwifery, paediatrics, adult nursing and health visitor services.
Your feedback helps us improve

Listening to feedback from patients is vital as we continue to develop and improve services to better meet their needs.

An example of how a patient complaint led to positive change:

The day after a public holiday a patient at an outpatient clinic complained that they had to wait 90 minutes for their appointment.

We of course apologised for this delay and investigated the reasons why it happened.

The clinic had made a normal number of planned appointments for that day but because of the public holiday quite a few urgent referrals had been made via hospital emergency departments and this caused the delays and so patient flows were affected.

A new protocol was put in place to reduce the number of appointments on the day following a public holiday ensuring capacity to deal with the unknown quantity of emergency referrals.

We got back to the patient to let them know how we planned to change things going forward and thanked him for raising the issue.

We have since heard back from the patient that they were very satisfied with the improvement measure.

There are different ways in which patients, relatives and friends can tell us how well or not we are doing.

These range from our formal complaints process, our own NHSGGC online feedback system on our public website, and the web-based Patient Opinion to reach individual wards and departments.

Minority communities have a wide range of extra channels to help ensure their opinions are gathered.

Thanks to regular contact with British Sign Language (BSL) users, and to make services more “deaf friendly”, a “Your Rights to an Interpreter” card has been produced.

This reminds staff of the patient’s right to an interpreter and how they can be booked.

Also 30 Deaf Awareness sessions were provided for NHS staff and a British Sign Language Mediator is available for deaf people whose first language is not English to enable them to give feedback about their use of our services.

And BSL users can access any NHS Greater Glasgow and Clyde information in BSL by searching for ‘NHSGGC BSL YouTube’.

Glasgow Community Health Partnership South Sector is working with the Roma community, making them aware of accessible information and interpreting services.

And our Gender Reassignment Policy has been revised, explaining how transgender people should be treated within our mainstream services.

What’s your experience?

We want to know about your experiences of our services.

To tell us what you think visit: www.nhsggc.org.uk/patientfeedback

Alternatively you can feedback through the independently run Patient Opinion website: www.patientopinion.org.uk/youropinion

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