



NHS GREATER GLASGOW AND CLYDE

ANNUAL REVIEW 2009

Self Assessment

1. CHAIRMAN'S REPORT ON 2008 ACTION POINTS

Action		Progress update March 2009
1	Keep the Health Directorates informed of Board's progress on redesigning children's services and the Health Visitors Review.	<ul style="list-style-type: none"> - Redesigning Children's Services: <ul style="list-style-type: none"> - comprehensive parenting strategy developed and being implemented; - Strengthened local child protection services in place; - Proposals for a comprehensive early intervention approach agreed in principle with Glasgow City. - Health Visitor Review: <ul style="list-style-type: none"> - Agreement reached with LMC and local implementation well underway.
2	Continue to progress action to tackle alcohol misuse and keep the Health Directorates regularly updated.	<ul style="list-style-type: none"> - Work has continued on this priority area, more detail is provided in Section 2.
3	Finalise NHSGGC Primary Care Strategy in the first half of 2009 and keep the Health Directorates informed of developments.	<ul style="list-style-type: none"> - Major event to conclude strategy October 2009; Primary Care Directorate and Shifting the Balance of Care Team engaged; key elements presented to CE's development session.
4	Continue to take action to reduce emergency readmissions and keep the Health Directorates informed of progress.	<ul style="list-style-type: none"> - Agreed to use additional GMS contract income in 2009/10 to develop primary care response to those identified by SPARRA. - Long Term Conditions Framework agreed and being implemented with target reductions and related actions for key conditions.
5	Continue to develop Child and Adolescent Mental Health Services and better integrate services across the Board area.	<ul style="list-style-type: none"> - NHSGGC are developing proposals for the National Child Inpatient Unit in the context of the New Children's Hospital. The new West of Scotland Adolescent Inpatient Unit at Stobhill has recently opened. Proposals have been developed and agreed for a pilot CAMHS Nursing Out of Hours Service. There is now a single Clinical Director for Child and Adolescent Mental Health across Greater Glasgow and Clyde.

Action		Progress update March 2009
6	Maintain progress towards the 18-week referral to treatment target.	- We have achieved 12 weeks for inpatients, outpatients and day cases by end of March 2009 and recorded and maintained a 6 week wait for 8 key diagnostic tests.
7	Achieve and sustain 62 day target for all cancer services.	- NHSGGC has achieved sustained improvement in cancer performance for the previous 2 quarters with Q4 2008 at 95.3%. The latest validated performance for Q1 (2009) January to March was 96.4% and we aim to maintain the target for Q2 (2009) April to June.
8	Sustain delayed discharge standard.	- This standard was achieved by March 2009. Issues in current performance are highlighted in section 4.
9	Build on work with SAS to identify and improve ambulance turnaround times.	- The Acute Division and SAS have established a senior level liaison meeting led by the Emergency Medicine Directorate to deal with turnaround issues. Also there are bespoke work streams established for cancer patients and for renal dialysis ambulance transport.
10	Quickly bring forward proposals for the long-term future of the Vale of Leven Hospital.	- Completed.
11	Ensure robust engagement with staff groups and local communities about transfer of services to the new Stobhill and Victoria Hospitals and keep Health Directorates regularly informed of progress.	- Completed, more detail is provided in Section 5.
12	Continue to progress timely planning for new South Glasgow Hospital, engage with local communities about what this means for them and maintain close contact with the Health Directorates.	- Achieved, more detail is provided in Section 5.

Action		Progress update March 2009
13	Continue to raise awareness of Public Partnership Forums.	- Objectives and actions to raise the profile of PPFs have been built into the revised Involving People Framework and actions plans for 2008/09 and 2009/10. CH(C)P leads have been tasked with developing local awareness programmes and these are progressing.
14	Finalise Carers' Information Strategy and maintain contact with the Health Directorates as this progresses.	- Completed.
15	Ensure robust arrangements are in place to tackle HAI taking account of the findings of the C.diff reports and provide regular progress reports to the Health Directorates.	- Independent Review Team follow up report (January 2009), detailed good progress against all recommendations. - NHSGGC is on target to achieve 35% reduction in SABs. - NHSGGC is below the national mean for C-Diff. - More detail is provided in Section 6.
16	Continue to secure financial balance and efficiency savings in line with targets, maintaining close contact with the Health Directorates.	- The Board ended 2008/09 in financial balance, and delivered agreed efficiency targets.
17	Continue to take forward measures to achieve target rate of 4% for sickness absences.	- NHSGGC have made sustained progress towards the national 4% target. As of March 2009, the Board had reduced sickness absence to 4.5%. The NHSGGC Attendance Management policy is now fully implemented.
18	Put measures in place for wider engagement with staff around workforce planning and ensure future projections are submitted to the Health Directorates within agreed timescales.	- An NHSGGC Workforce Development Reference Group has been established comprising both management and staff representation. - NHSGGC Workforce Development Steering Group established with a remit to 'sign off' projections, headlines and plans prior to publication and submission to SGHD.

2. IMPROVING HEALTH AND REDUCING INEQUALITIES

Our approach to improving health and reducing inequalities blends a corporate framework and support with our specialist workforce, devolved across the Partnerships and Acute Division. That devolved workforce is close to service delivery and the examples in this section illustrate the positive impact this approach has in the breadth and depth of impact. Our performance in relation to key targets has been strong with the exception of the continuing challenge of achieving improvements in smoking cessation.

2.1 Development of an Inequalities Sensitive Health Service - Stage of Development 2008/09

We continue to use our framework - 10 Goals for an Inequalities Sensitive Health Service - to develop our systematic approach to closing the health gap and addressing discrimination, the table below summarises significant progress or where new work has been introduced using that framework.

Goals	Closing the Gap	Addressing Discrimination
Engaging with Populations and Patients		
The Inequalities Sensitive Health Service:		
1. Knows and understands the inequalities and discrimination faced by its patients and population.	- A literature review of inequalities in screening and treatment in Colorectal (Bowel) Cancer has been carried out to inform the NHSGGC Patient Experience Programmed. The review has been able to identify several factors which contribute to poorer outcomes for different inequality groups and across the complex interrelationship of different forms of inequality.	- Equalities and health website www.equality.scot.nhs.uk available to provide evidence for planning and service development.
2. Engages with those experiencing inequality and discrimination.	- The Inequalities Sensitive Practice Initiative carried out qualitative research with women using maternity services which showed that many women felt that their social identity led to differential and negative treatment by health staff. However where health staff took time to take women's wider social circumstances into account this had a beneficial effect.	- The Review of the Equality Scheme has service user involvement as a key part of the process. A group has been set up to be involved in the final shape of the Scheme and additional strand specific groups are being convened.
3. Knows that people's experience of inequality affects the health choices they make.	- EQIA of the Parenting Strategy carried out jointly with the NHS and Glasgow City Council to inequality proof activity in CHCPs.	- A system wide EQIA of the Tobacco Strategy has been carried out which has led to significant changes in approach - An EQIA on Called to Love, the curriculum programme for sexual health and relationships in faith based schools.

Goals	Closing the Gap	Addressing Discrimination
4. Removes obstacles to services and health information caused by inequality.	- Accessible Information Strategy has been developed with associated guidelines. It sets standards for information provision across NHSGGC. This is going out to consultation with service users and staff.	- The Estates and Facilities Action Plan addresses access to services through developing a systematic approach to DDA audits across the estate. This includes service user involvement in capital builds and refurbishments.
5. Uses an understanding of inequality and discrimination when devising treatment and care.	- The Long Term Conditions Steering Group has used 10 goals as a framework to understand how action on long term conditions could tackle the inequality gap. Using diabetes as a worked example the group has made recommendations to the Managed Clinical Networks on what evidence based actions they can take to reduce the gap caused by inequality in prevention and diagnosis and make services fully accessible.	- The Sandyford Initiative, which delivers a range of services on sexual health issues, have devised a new induction training programme for staff on care competencies on inequality issues, improving patient data collection and LGBT user audit which will inform staff training and service improvements.
6. Uses its core budget and staff resources differently to tackle inequality	- 55% of quits from users of Smokefree Services are in SIMD 9 and 10 reflecting appropriate targeting of services.	- Addiction Services have mainstreamed an approach to support the development of Inequalities Sensitive practice amongst staff.

Developing the Workforce		
The Inequalities Sensitive Health Service:		
7. Has a workforce which represents our diverse population.	- NHSGGC has a work access programme delivered through Glasgow Works, the Glasgow Community Planning Employability Partnership. In 2009-10 we have committed to take on 20 school leavers as Modern Apprentices, ring fence 40-60 nursing assistant posts and provide work placements for 30 young people.	- NHSGGC has an Inequalities Sensitive Workplace Group led by Human Resources which is tackling a range of issues relating to staff including improving inequalities related data collection, giving advice to managers on reasonable adjustments, meeting the double tick standard, and equality proofing staff policies.
8. Creates a non-discriminatory working environment and a workforce which has the skills to tackle inequality.	- NHSGGC piloted an innovative approach to training senior manager teams on inequality using drama to demonstrate examples of discrimination in health services. The teams involved then worked through how practice could be improved to reduce inequality.	- All staff in NHSGGC received a leaflet with their wage slip clearly explaining their responsibilities in relation tackling prejudice and discrimination

Goals	Closing the Gap	Addressing Discrimination
The Health Service's Role in Society		
The Inequalities Sensitive Health Service:		
9. Spends the money being invested in buildings, goods and services in a way which tackles the determinants of poor health.	<ul style="list-style-type: none"> - Acute Services Review programme linked to local regeneration and local transport developments contributing to tackling poverty and enhancing access to health care by those in greatest need. - Tenders for the New South Glasgow Hospital capital build included a social benefits clause requiring contractors to deliver local training opportunities 	<ul style="list-style-type: none"> - The Procurement Team are developing a rapid EQIA approach to managing tenders for goods and services which flags up inequalities issues at the early stages of the procurement process.
10. Works with partners to reduce health inequality by addressing issues such as income inequality, social class inequality, gender inequality, racism, disability, discrimination and homophobia.	<ul style="list-style-type: none"> - An action plan has been developed which will deliver a programme of activity to develop an NHS response to financial inclusion across primary and secondary care. - NHSGGC are partners on the Glasgow Works Board and chair the Minority Ethnic (ME) Sub Group. The Sub Group has been successful in embedding actions on ME employability into city wide employability activity and the Local Regeneration Agencies have already met their target. This has given the Partnership the impetus to review the target to make it more ambitious in closing the ME employment gap. 	<ul style="list-style-type: none"> - Corporate Inequalities Team has contributed to developing an approach on race equality for Glasgow Community Planning which tackles race discrimination.

2.2 Inequalities and Mental Health

Inequalities considerations have prominence within mental health activities in Greater Glasgow and Clyde. This ranges from attention to socio-economic factors such as employment support through to action on the mental health needs of diverse communities in line with equalities legislation. A vital area of progress is in employment and employability support: mental health services are playing an active role in connecting service users to an extensive network of support programmes designed to promote recovery and enhance ability to contribute to the labour market. Partnering with agencies such as Job Centre Plus, Glasgow Works and voluntary sector employability service providers is critical to this work.

Examples of equality based mental health work include a major programme of engagement with black and ethnic minority communities on mental health issues, leading to greater understanding of needs. This learning will in turn be fed into development of services and staff. Specific programmes include the Mosaics of Meaning programme with established black and ethnic minority communities; work with faith leaders; the Sanctuary programme - which has trained a cohort of peer researchers to better understand the mental health needs of asylum seekers; and a programme of training for mental health staff on needs of the deaf community.

2.3 Health Improvement and Inequalities in the Acute Setting

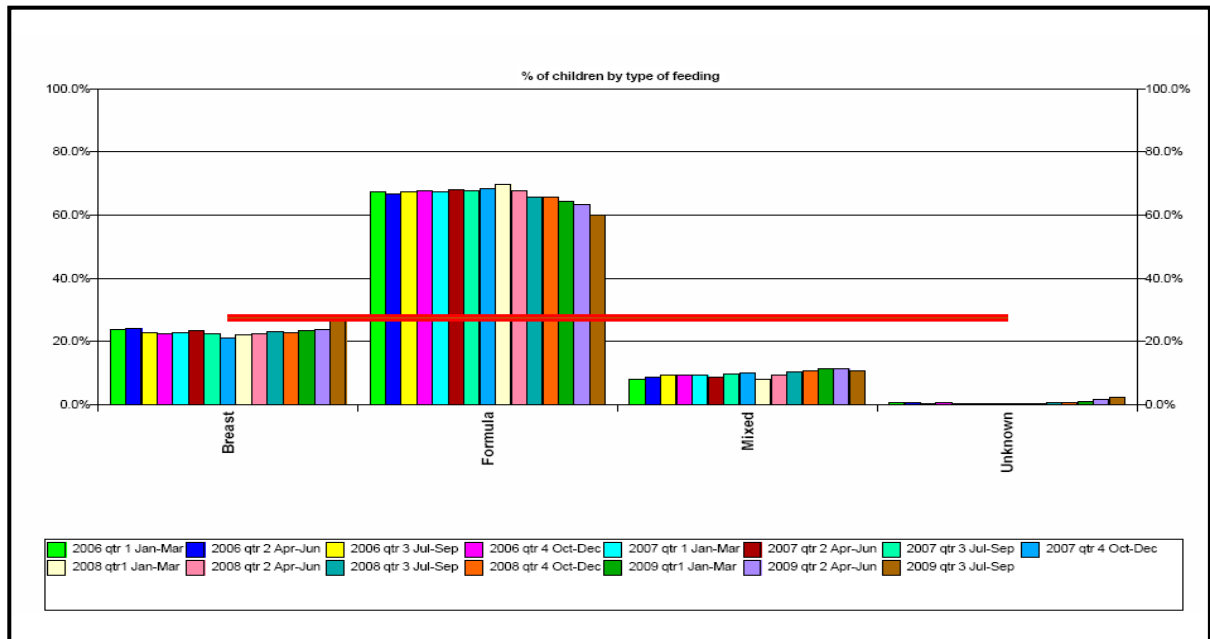
A significant programme of work to maximise the health improvement role of acute services has been established. The work supports the delivery of CEL 14 "Health Promoting Health Service". Achievements include: the implementation of sugar free-vending; Healthy Living Award in all canteens; development of integrated infant feeding strategy with CH(C)Ps; comprehensive smoking cessation service in Maternity and Adult services; comprehensive training programme to support screening; brief intervention and management of alcohol and addictions. In addition, patient information centres have now opened in both new ACHs providing support to access health information as well as providing a facility for direct delivery of services such as financial inclusion, literacy, smoking cessation and voluntary sector support groups.

The ongoing review of action to address health inequalities and legislative compliance has improved governance and co-ordination of Equality Action. A programme of EQIA is firmly established for frontline services with emerging themes being actioned across the Division. Achievements include: facilitation of equality focused customer care training; promotion of interpreting protocols; communication pilots with patient "pagers", Text Phones and Loop systems; incorporation of learning from ISPI into Senior Charge Nurse Review; initiation of Patient Experience cancer pilot within cancer services; development of an accessibility network to support capital programmes. In addition, innovative programmes to support vocational rehabilitation and financial inclusion models within acute service pathways have been developed with impressive outcomes demonstrated for patients in relation to benefit maximisation and debt deferment.

2.4 Progress towards the HEAT Target for Breastfeeding across NHSGGC

NHSGGC has faced a serious challenge to increase exclusive breastfeeding rates at 6-8 weeks by 25 % to 30% the progress so far is good. Rates have risen from 22.38% in 2008 to 26.86% (provisional) in July 2009. Although the information for the latest quarter is not yet fully complete, would reach the required trajectory.

By the end of 2008 the fall pattern had been halted and so far in the first half of 2009 the rates have begun to rise. This has occurred in the initial planning phase of the NHS Infant Feeding Strategy Action plans. We are now in the second active implementation phase where rates should take a more rapid upturn. However, achieving a 25% increase in overall rates remains very challenging.



2.5 Obesity

Implementation of the Healthy Weight Service for Children is progressing well with services operating through Culture and Sport agencies in each local authority. See further detail at 2.6 below.

Adult Weight Management Services have recently been positively externally evaluated. Results showed that over 790 of people referred to GWMS between 2004 and 2007 lost 5kg or more in weight in phase 1 of the programme. The analysis by gender, age, BMI and deocat will help improve recruitment and compliance.

Glasgow City Council has recently agreed its Healthy Weight Action Plan. This is an excellent example of a Local Authority fully acknowledging its key role in tackling obesity.

We continue to implement our Physical Activity Strategy including work on access paths, development of cycling and public transport routes, staff health, green travel plans and live active programmes.

We are currently undertaking a pilot with Glasgow City Council to keep S1 pupils in school at lunch-time to encourage increased uptake of healthy school meals.

We have undertaken school surveys in Glasgow City and Renfrewshire including information on diet and physical activity. We are now working with school students on how to improve diet and physical activity.

NHSGGC has agreed a healthy vending policy. The local development of a healthy vending policy ensuring that all vending facilities will provide a minimum of 50% healthy choices is now being progressed nationally by Facilities Scotland.

2.6 Child Healthy Weight

The ACES (Active Children Eating Smart) weight intervention has been established in all areas. The intervention fully complies with the Scottish Government specification and reflects considerable multi-agency and interdisciplinary input.

The intervention is delivered in partnership with Local Authority Education and Leisure service providers and referral routes from primary care, secondary care and school nursing have been initiated. 138 children have currently received an initial 1:1 assessment and currently 80 families are actively participating in the first stage of the programme (12 weeks). Initial feedback from participants is extremely positive with well maintained participation rates.

The focus for 2009/10 will be the continued development and promotion of referral routes including the direct targeting of adolescents and parents to support “self-referral” and ensure the number of sessions are in line with the HEAT target.

2.7 Alcohol

A total of 191 GPs and Practice Nurses have been trained to carry out screening and brief interventions with 182 practices now in the scheme. For 2008/9 there have been 32,303 screenings carried out with 7,603 Brief Interventions completed against a target of 4,902 therefore it has been exceeded. For the period April to September 2009 we estimate that 12,600 screenings have taken place and 3000 Brief Interventions.

NHSGGC has planned a further roll out Alcohol Screening and Brief Interventions roll.. This roll out is important to support the delivery of a brief intervention when for example an individual does not access their GP but would benefit from a screening and intervention.

2.8 Tobacco

Smokefree Services work with CHCPs and others to deliver a comprehensive tobacco programme. NHSGGC has achieved the following:

- in 2008-09, 5,082 quit attempts made (one of top three NHS Boards), an increase of 0.5% on 2007 - 08 with 33% of these still smoke free at 1 month (nationally 38% smokefree at 1 month);
- top three CH(C)Ps in terms of service uptake in Scotland (East, South East and East Dunbartonshire);
- 55% of quits in NHSGGC were from SIMD 9 and 10 reflecting appropriate targeting of services;
- 25% of pregnant smokers attempting to quit using NHS services - highest of any Board area;
- however, despite improvement in activity, we achieved 82% of the HEAT target.

A strategic framework for the delivery of effective tobacco control has been developed based on national priorities. Glasgow Tobacco Strategy is the delivery vehicle for the GCC SOA on tobacco and the Glasgow CHCPs are developing local action plans to contribute to its delivery. All other Local Authority areas have

tobacco action plans in place or being developed with structures to oversee implementation.

There is a co-ordinated programme of prevention activity - local delivery of National Smoking Prevention Action Plan including all CHCPs working in partnership with SFS to deliver SHS in the Home programme; prevention programme in all secondary schools and primary schools in Glasgow and Clyde.

2.9 Equally Well

Govanhill Neighbourhood Management Equally Well Test Site

Govanhill multi-agency action to address the problems and inequalities including poor housing and environmental conditions, comparatively high levels of drug/alcohol misuse and serious violent crime, as well as the specific challenges caused by the recent influx of an estimated 2000-3000 members of the Roma community from Slovakia.

A multi-agency Neighbourhood Management Group, led by the South East CHCP Director, was established with representatives from all the main local statutory and voluntary sector organisations and it has developed and consulted upon action plans relating to the themes of: housing and the environment; community safety; children and young people; and training and employability.

Given that Equally Well was underpinned by the aim of improving partnership working in order to find new ways of addressing the underlying health and social inequalities that exist within communities, the work being taken forward in Govanhill was seen as a perfect vehicle for testing out its recommendations and the CHCP, therefore, applied and was successful in being awarded Equally Well test site status.

West Dunbartonshire CHP - Targeting Tobacco in Whitecreek

Work on the Equally Well test site in West Dunbartonshire - "Targeting Tobacco in Whitecreek" - is progressing well led by the CHP's Health Improvement Team. A joint local implementation group of local stakeholders has taken an outcome focused approach, with a logic model used to structure activities in relation to the four main objectives: limiting access to tobacco products for under 18s; decreasing exposure to second hand smoke; targeted cessation services; education and prevention.

Participatory approaches engage with the local community on tobacco-related issues and develop innovative interventions; social marketing initiatives are being developed on NHS cessation services and second-hand smoke. A monitoring and evaluation framework is in place.

2.10 Suicide Prevention

Heat target "suicide prevention 50% of front line staff trained by December 2010" – currently 23% trained and projecting significant improvement in this position.

Progress this year has included:

- active partnership with community planning partners to address risk factors associated with suicide and preventive action;
- examples of above include neighbourhood renewal work, employability programmes, green space initiatives, a strong focus on recovery approaches for people with mental health problems, active anti stigma partnership programme;
- the GGC Suicide Prevention partnership is commissioning action research/learning on prevention of suicide in multiple deprivation areas;
- specific training and development work with addictions services given the prominence of substance misuse as a factor in suicide.

There are significant challenges to achieving this target:

- increased suicides rates are widely associated with deprivation levels and the NHSGGC Board area has circa 80% of the Scottish population in the most deprived deprivation categories;
- suicide rates for the most deprived areas of Scotland are double those of the Scottish average;
- excess mortality beyond deprivation based projected levels, for a range of health conditions, has been longstanding in both Greater Glasgow and the West of Scotland;
- suicide levels are linked to macro economic and political factors (intergenerational poverty and exclusion, educational attainment and future prospects, urban regeneration) far beyond those directly influenced by mental health provision;
- active partnership with Local Authorities, CH(C)Ps and community planning partners to address risk factors associated with suicide and preventive action including: neighbourhood renewal work; employability programmes; green space initiatives; a strong focus on recovery approaches for people with mental health problems; active anti stigma partnership programme;
- the GGC Suicide Prevention Partnership is commissioning action research/learning on prevention of suicide in multiple deprivation areas;
- specific training and development work with addictions services given the prominence of substance misuse as a factor in suicide;
- a GGC training action plan is now in place with Director level designated leads within each of the local NHS organisational units responsible for implementing local organisational training action plans;
- enhanced training capacity has been developed and contracts for commissioned contracted in training have also been implemented which should see a significant increase in training uptake in 2009.

2.11 Anti Stigma Programme

NHSGGC is at the forefront of developing innovative approaches to tackling stigma and discrimination associated with mental ill health and many of its programmes have been influential at national and international level. The ground-breaking GGC Anti-Stigma Partnership brings together over 50 local and national partners to address a diverse range of aspects of stigma, and promote mental well-being. This event also saw the NHS Board, all six Local Authorities and Strathclyde Police jointly sign the See Me Pledge.

Examples of current programmes include: a workplace training programme - "Understanding Mental Health" - which has been evidenced to directly challenge stigmatising attitudes and promote enhanced understanding of mental health issues; work with black and ethnic minority communities (the Mosaics programme) and asylum seekers (the Sanctuary programme) around mental health needs and issues; service user led research around positive and negative factors in employment; work on staff mental health and wellbeing (jointly with Glasgow City Council); and, work to progress schools based mental health awareness, including utilisation of the Positive Mental Attitudes curriculum programme.

The NHS Board remains a lead partner in the Scottish Mental Health Arts and Film Festival which is the largest festival of its kind in the world, drawing in the energy and resources of many communities and partners (including those well beyond the health world). The 2009 festival, running from 1st - 22nd October offers more than 200 events, with 100 of these being within Greater Glasgow and Clyde. The concept is to use multiple aspects of the creative arts (writing, film, music, drama, visual arts, comedy, etc) to engage diverse "publics" in challenging myths and creating greater understanding of mental health and how to promote it, and to help build up year-round activity and community engagement.

2.12 Partnerships and Single Outcome Agreements

Working in partnership with each of our six Local Authorities, we have been actively involved in creating the second phase of Single Outcome Agreements. We created a co-ordinated approach to the health input in each of our six SOAs. Below, East Dunbartonshire CHP describes some of the impact of the SOA in their local area.

The East Dunbartonshire Single Outcome Agreement (SOA) sets out what community planning partners want to jointly achieve to improve the health and well-being of the local population. The SOA is not simply a short-term plan but is a substantive statement of partners' longer term commitment to developing sustainable communities. The initial East Dunbartonshire SOA was developed in partnership with all community planning partners. This meant that in year two, the partnership was able to concentrate on refining its strategic priorities and developing joint performance management systems.

East Dunbartonshire CHP has worked closely with the Council to develop a strategic planning model that sets out the relationship between local strategic plans and the delivery of local and national outcomes. The intention is to align the SOA local outcomes with partners' organisational strategic and operational plans. The CHP has successfully negotiated the inclusion of health outcomes and the related NHS HEAT targets across the promotion, prevention, treatment and care spectrum.

The East Dunbartonshire Joint Health Improvement Plan is the delivery plan for the health improvement outcomes within the SOA. Examples of partnership actions for health improvement which contribute directly to the delivery of HEAT targets include:

- Mental Health Improvement (H5) - delivering a programme involving social recreational activities; meaningful employment opportunities; volunteering opportunities; See Me and Choose Life campaigns;

- Tobacco (H6) - delivering smoking cessation services in our most disadvantaged communities and for our young people; providing training on Smoke Free Homes for CHP staff; working with partners to enforce new legislation on the advertising of tobacco products;
- Nutrition (H3 and H7) - Improving breastfeeding through delivering a peer volunteer support scheme for new parents; rolling out the UNICEF baby friendly award across the CHP; jointly delivering new child healthy weight intervention; improving community nutrition by delivering a food co-op project and community nutrition training for local workers and residents in disadvantaged communities;
- Oral health (H2) - delivering the Smile Too tooth-brushing programme and producing guidance on healthy eating for all pre-5 establishments; providing oral health information for people affected by homelessness and domestic abuse.

In addition to the HEAT targets within the SOA, other health issues have been prioritised because they are national priorities requiring joint delivery at a local level. This includes sexual health, physical activity, active travel, the environment and community safety, employability and financial inclusion - all of which are embedded within the SOA and contribute to addressing inequality which impacts on health.

2.13 Keepwell

The development and implementation of Keepwell continue to be a challenge particularly to engage GPs focussed on secondary prevention in primary prevention and to attract patients to participate in health checks and health improvement activity. However, practices are building stronger skills in motivating patients and there are improved links between practices and health improvement and wider local services including, for example financial advice.

In all our keep well pilots we are utilising the ASSIGN risk score to incorporate the risk factor of deprivation. We believe that routine data will demonstrate increased patients on statins.

3. SHIFTING THE BALANCE OF CARE TOWARDS PRIMARY AND COMMUNITY CARE.

Our approach to shifting the balance of care is to create shifts which deliver a number of key outcomes, including, delivering care in a more appropriate setting; shifting care to make gains in efficiency; transferring resources from acute to community services; shifting care to improve the quality and effectiveness of care, including access; and finally, shifting from treatment to prevention. This section illustrates a few examples of this approach.

3.1 Ambulatory Care Hospitals

The New Hospitals at Stobhill and the Victoria opened in summer 2009. These hospitals provide a wide range of services including outpatients, day surgery, 23 hour beds, imaging, renal dialysis and beds for elderly care rehabilitation. There is also a nurse led minor injury service as well as a GP out of hours facility.

The new day surgery facilities in both the New Victoria and Stobhill hospitals have provided an opportunity to increase the amount of day surgery carried out, as well as enabling us to extend the number of procedures suitable for this mode of treatment. The provision of 23 hour beds allows patients extra time to recover where this is required.

Separating elective and emergency cases allows more efficient use of theatre capacity and helps to streamline the patient journey. Using current figures, it is estimated that we are on track to achieve a potential increase in day surgery rates of up to 23% in the first year of operation in the new hospitals. There has already been an increase from 65.4% to 68.2% between the last quarter of 2008/09 and the first quarter of 2009/10.

The new facilities have also provided an opportunity to improve the “one-stop” service offered in some specialties, eg, the Breast Service where patients can see members of the multi-disciplinary team during a single visit. It is anticipated that this model will be further developed due to the wide range of services offered in the new hospitals.

3.2 Mental Health

Mental Health Service in South Clyde: Clyde Strategy Implementation

We have completed the Renfrewshire reprovision of continuing care beds in community placements settings with 66 people transferred from continuing care to community placements with 63 of the 66 people sustaining their long term placements.

The Crisis Team is now operational on an extended day basis in Renfrewshire and the associated reduction in the level of inpatient beds has now been achieved through single room ward accommodation at Dykebar.

Eating Disorders: Development and Extension of Specialist Community Team

We have shifted the balance of care between inpatient and community service responses to eating disorders through extending of the specialist community eating disorders team board-wide (being rolled out to Clyde in year). Reduced levels of reliance of inpatient admissions now sustained.

3.3 Eye Care Services Update

Retinal Screening Service

In 2008-2009, 38,678 people were screened from an eligible population of 48,000 across Greater Glasgow and Clyde. (This includes Argyll and Bute patients and excludes 4% of patients who are permanently suspended from screening). Thus 80.5% of the population with Diabetes were successfully screened. The service works in partnership with GP practices to target defaulters and encourage attendance at screening.

Eye Care Review Funding

The Children's Services project has now established multi-agency Vision Impairment Review Groups in each of the six Local Authorities which will ensure that all children with vision impairment will receive a comprehensive and coordinated service.

The Minority Ethnic Project is on target to achieving the aims of investigating the barriers to service use by minority ethnic populations and piloting some approaches to improve access for these populations. Work with optometrists has identified the type of supports and materials they need to make their services more accessible to patients whose first language is not English. Work with the Retinal Screening Service and patients with Diabetes will inform future action on making the service more accessible for patients from minority ethnic backgrounds.

The CH(C)P based projects have all achieved a marked increase in multi-agency and multidisciplinary networking amongst community optometrists, sensory impairment services, hospital eye services and the voluntary sector. Referral pathways have been developed between optometrists and sensory impairment services and Low Vision Assessments will be more accessible to patients in community optometry settings. In addition to increasing the independence of patients with vision impairment, these projects are enabling them to access other services which they were previously unaware of.

3.4 Midwifery Antenatal Strategy

In line with the national strategy of Keeping Childbirth Natural and Dynamic (KCND), a new model of antenatal services has been agreed. Women who are considered to be low risk, will have access to booking appointments, scanning and return appointments at locations close to their home. The implementation of this model commenced in 2008 and is nearing its completion.

3.5 Diagnostics

A series of initiatives developed between primary and secondary care are providing feedback to GPs on their use of diagnostics; enabling access to electronic test results; agreed referral protocols in key areas and improved access to specialist clinical advice. We expect to have “accredited” practice access to additional modalities in place in the next few months.

3.6 Delayed Discharges

We delivered the target of zero over six week delays at end of April 2009 however there is now a trend of increasing delays, particularly relating to Local Authorities issues in funding placements. We are in detailed discussion with the Authorities to address this issue and ensure that community care responsibilities can be met.

4. ACCESS TO SERVICES, INCLUDING WAITING TIMES

Our performance on access to services demonstrates sustained improvements in performance across the range of key indicators and a number of innovative approaches to improving access for patients. We have also completed the full integration Clyde and the levelling up of a number of services in the Clyde area.

4.1 Cancer

NHSGGC has achieved sustained improvement in cancer performance for the previous 2 quarters with Q4 2008 at 95.3%. The latest validated performance for Q1 (2009) January to March was 96.4% and we aim to maintain the target for Q2 (2009) April to June.

4.2 Diagnostics

The milestone to achieve a wait of no longer than 6 weeks for the four key Diagnostic Imaging tests by March 2009 was achieved ahead of schedule in December 2008. Access times continue to be monitored against the guarantee waits. To support full implementation of the 18 week RTT standard there will be a further reduction in access times.

4.3 Direct Access Hub

The South West CHCP delivered a hub model in Govan. The hub provides a more intensive support to customers at the point of initial contact and to signpost, to a range of multidisciplinary services offered by the CHCP or by other service providers. A range of services have been developed including: health improvement; carers; money advice; employability; mother and baby clinics; and, prevention of eviction.

4.4 20 Week Anomaly Scanning

Funding to implement the 20 week anomaly scan was agreed in the summer of 2008 through CEL31.

This rollout will ensure that all women across all of NHSGGC have access to a routine scan at 20 weeks.

4.5 Access to Dental Services

Dental Registrations across all age groups continue to rise with an average 11% increase on the national target set by the 'Dental Action Plan, 2005'.

NHSGGC recorded highest registrations rates in Scotland for Children aged 0-17 years, Adults aged 18-64 and Adults aged 65 years and over, with all registrations rates exceeding the age specific national targets also.

Background figures:

- 88% of children, aged 0-17, are currently registered for dental services within NHSGGC. This is 3% over the national HEAT target of 85% and a 10% increase on the Scottish average from 2008 reporting;
- 72.6% of adults aged 18 - 64 are registered for dental services within GGC, which is 7.6% above the national target of 65%;
- the target of increased elderly registrations to 50% has been met and exceeded by 7.3% within GGC, with 57.3% of 65+ year olds registered for dental services.

4.6 Four Hour Wait

As at September 2009, NHSGGC has posted 98% compliance in 17 out of the last 21 months including the last 4 months consecutively. The compliance figures for July and August 2009 were both over 98.4% which meant that the NHS Board narrowly missed out on posting 99% compliance for both months. .

NHSGGC has posted 97.69% over the 3 months from April to June 2009 which is exactly the same as the all Scotland figure for this period.

The table below shows the growth in A&E demand per site over the past 4 years. The overall growth figure for the NHS Board is an average of 3% per annum growth over the period in question. This level of growth equates to an additional workload of approx 13,000 patients per annum or 52,000 patients over the 4 year period. This is equivalent to an extra workload bigger than either of the current A&E departments at the Southern General or Stobhill.

	A&E	Emergency Admissions
GRI	2.8%	3.1%
WIG	3.9%	-0.9%
Stobhill	1.5%	1.2%
SGH	1.5%	5.8%
Victoria	1.6%	4.8%
RAH	2.6%	4.2%
IRH	5.8%	3.0%
RHSC	9.5%	1.2%
NHSGGC	3.2%	2.8%

Both of the minor injuries units opened in summer 2009 have resulted in overall increases in activity at the Victoria Infirmary and Stobhill Hospital sites. Since the unit at The Victoria Infirmary has opened, the site overall is showing a 6.5%

increase in activity over the corresponding periods in 2007 and 2008. At Stobhill Hospital the difference is an 8.5% increase from last year. We will also continue to develop nurse led services at the other key sites;

4.7 18 Weeks Referral to Treatment Programme

NHS GGC Programme

The NHSGGC 18 Week RTT Programme will deliver improvement to the current patient journey through primary and secondary care to ensure the consistent achievement of the 18 week target. In order to consistently achieve the target within allocated resources it will be necessary to examine and improve a number of key areas including efficiency, capacity and demand management and optimising administrative processes.

Key Work Streams

Within the programme four key overarching work streams have been identified as being central to the consistent achievement of the target.

Referral Management

The aim of this key work stream will be to examine all aspects of the referral management processes and improve the patient pathway by the analysis of referrals for high volume specialties. Having examined these processes, initiatives will be put in place to improve the efficiency of the system and maintain and improve the essential linkages between primary and secondary care.

Day Surgery

The aim of the day surgery work stream will be to take an overarching role to examine all aspects of the patient journey into day surgery or inpatient care. The Day Surgery Working Group will review how the service actively manages admissions to hospital, including inpatient capacity, theatre utilisation, pre-operative assessment and day of surgery admissions. The group will also develop mechanisms for recording the treatment delivered during the outpatient period of the pathway.

Diagnostics

In July 2007 the National Diagnostic Steering Group commissioned a scoping study to extend the number of tests to be included in future waiting time reports and to determine the impact these tests would have on delivering the 18 Weeks Referral to Treatment Standard. The initial study identified 13 specific diagnostic tests with high volumes and/or long waiting times and recommended that waiting time information should be recorded for these tests. The diagnostics workstream is working across all pathways capturing this information and ensuring the National requirement for data submission is met. Having assessed the impact of these tests on the patient pathways the diagnostics work stream will then focus on methods of improving the efficiency of the testing systems to ensure that patients requiring diagnostic testing can be treated within the 18 week target.

In the medium term to long term a review of the other 200 diagnostic tests, identified through the National Steering Group, will be carried out and their impact on 18 weeks assessed and improvements implemented accordingly.

Information Systems

The ability to monitor performance and progress against the 18 Weeks RTT Target is a crucial element of the programme. To achieve this, significant enhancements to current operational information systems are required to collect the requisite information and to allow patients to be tracked throughout the whole pathway across multiple systems. These enhancements are allied to operational process changes and there is close liaison with services in this respect.

Specialty Work Streams

Specialty pathway groups have been established and are mapping the patient pathways for high volume procedures. Improvements and redesign of the pathways will be agreed across primary and secondary care to ensure that the 18 week RTT target is met.

5. SERVICE CHANGE AND REDESIGN, INCLUDING PATIENT FOCUS AND PUBLIC INVOLVEMENT

For service change and redesign and PFPI, as with our approach on other key areas of activity we have sought to create a balance of system wide direction and consistency, with a highly devolved approach which encourages and supports local engagement and development. This section includes a few examples of the range of changes designed to improve services to patients. For PFPI, successful whole system events have been held under the auspices of our Involving People Committee and our local PPFs continue to innovate.

5.1 Preparing for the Bowel Screening Programme

NHSGGC launched its bowel screening programme on 31st March 2009 which targets men and women aged between 50 and 74 years of age, potentially saving 140 lives in the Greater Glasgow and Clyde area.

Interim data shows that, for the period of 1st April to 12th August 2009, 59,553 teaser letters were issued by NHSGGC to eligible participants and 30,247 test results were reported by the Bowel Screening laboratory; this estimates an uptake of 51%.

Positive referrals experience a highly streamlined service 4 nurse specialists to run 8 telephone pre-assessment clinics per week seeing 8 patients per clinic. There are 26 screening colonoscopists to manage 8 colonoscopy sessions per week.

5.2 Children's Hospital and New South Glasgow Hospital

In developing the new children's and new South Glasgow Hospitals, community engagement has established dedicated engagement structures to ensure that patients, carers and community interests are engaged in the design of the Hospitals.

For the children's hospital a Youth Panel make sure that the issues, needs and aspirations of young people are included in the design of the new hospital and a Family Panel provide guidance on how best to engage with families.

A similar group has been established to support engagement with patients and carers in the design of the new adult hospital.

The adults and children's engagement structures oversaw design workshops focusing on key areas of the new hospitals.

The findings were compiled into a detailed report and included in the tender documentation for the hospitals. An audit and monitoring framework to track the issues raised through the design process is under development and will inform future engagement.

5.3 Patient Experience in Developing the New Ambulatory Care Hospitals

Community engagement involved patients in table top process mapping exercises for a number of clinical services and volunteers participated in patient journey rehearsal sessions at both Hospitals prior to the sites becoming operational.

The “Better Access to Health” group has helped design key areas including; toilets, waiting areas, consulting rooms, furniture, signage and way finding.

5.4 Community Outreach and Information Provision

Feedback on previous outreach sessions was used to inform information leaflets including on Minor Injuries Units, the role of the Emergency Nurse Practitioner and Paramedics.

5.5 Repatriation of Chemotherapy

The Beatson West of Scotland Cancer Centre still delivers significant amounts of systemic anti-cancer treatment to many patients with breast, lung, colorectal and urological cancers from other health boards. Our aim is to repatriate this activity to local Boards. Repatriation of colorectal cancer chemotherapy is almost complete. The vast majority of patients from Lanarkshire, Ayrshire and Arran, and Forth Valley now receive chemotherapy as day cases in their own Chemotherapy Clinics in relevant hospitals across the region. This is confluent not only with the agreed strategy, but also with Better Cancer Care; An Action Plan

5.6 Lanarkshire CHPs

During 2008/09 after a period of staff, political and public engagement we have formalised the arrangements for the northern corridor and Rutherglen and Cambuslang to be fully incorporated into the Lanarkshire CHPs. This ensures that services are provided and developed in a consistent way and the needs of these populations are at the heart of, rather than the margin of, those CHPs activities.

6. IMPROVING TREATMENT FOR PATIENTS

This section highlights a number of areas of positive progress, most particularly in relation to patient safety in general, and HAI in particular.

6.1 HAI

The National Report published on 8th July 2009 (Jan- March 09) indicates that the annual rate of C-difficile Infection in NHSGGC (April 08-March 09) is 0.79 per 1000 occupied bed days. The rate for NHS Scotland was reported as 1.09 per 1000 occupied bed days for the same period. The Surgical Site Infection (SSI) rates in NHSGGC are below the national average for all procedures.

NHSGGC has demonstrated a steady rise in Hand Hygiene compliance during the national audit periods from a 62% baseline in February 2007 to achieve the 90% target in September 2008, and a current figure of 93%.

6.2 Dementia

NHSGGC have carried out process mapping events within two CHCPs. These were used to identify the current issues with dementia diagnosis and post diagnosis support. These findings will guide further improvement work. A series of events facilitated by an external agency (Quarriers Person Centred Planning Team) commenced from March to April 2009 using the principles of the PATH Process around various themes in dementia care, such as: hard to reach BME; isolated older people; early diagnosis and support; care/support at home; care homes; medicine for the elderly; users and carers experiences; and young people with dementia. In July three pocket sized carers handbooks were launched. These include, booklets for home carers, care home staff and relatives and friends of people with dementia. A further one for hospital staff is being written.

All practices within GGC have received details of expected and actual number of people with dementia. Three CHCPs have applied for closer working DES for dementia and further one has included dementia in their clinical governance enhanced service. GMS nursing homes have agreed to set up a register of people with dementia.

At March 2009, within Renfrewshire CHP, the number of patients on the dementia register is recorded as 1,276 within GP practices. Early diagnosis of dementia is managed through the Memory Assessment Clinic based within the EMI Day Hospital at the RAH. Renfrewshire support the recent work in supporting newly diagnosed patients and their families through the Facing Dementia Together project (Alzheimer's Scotland).

6.3 Prescribing of Anti-Depressants

Our strategy is to focus on appropriate prescribing in the longer term and an Action Plan has been prepared which details work based on best knowledge and practice and also addresses the need for national reporting requirements. We have taken an approach that minimises patient risk by concentrating on assuring appropriate use of antidepressant medication. NHSGGC provides a stepped care

model through its investment in Primary Care Mental Health Teams. We are aware of very high levels of variation in GP prescribing practice and we are working to ensure an effective system is in place to manage variance through our CH(C)Ps. PRISM data and ISD based information is actual data collected retrospectively. It does not include benzodiazepine prescribing (this may be relevant) and it does include amitriptyline - which may be a confounder (up to 2%).

6.4 Reduction of Psychiatric Readmissions

We are on track to reduce the number of readmissions but Clyde services are operating at higher levels of readmission but the shift in the Clyde balance of care away from inpatient beds towards community services is now reflected in reduced readmission rates in Clyde.

6.5 Maintaining and Improving Quality - Clinical Governance and Effectiveness

We have improved our processes and governance arrangements for clinical governance and maintained a cycle of work planning and reporting for all major services that is embedded in a scrutiny process linked to the Board's Clinical Governance Committee. We have reviewed and responded to QIS Surgical Profiles through action plans and reporting lines to the Board's Clinical Governance Committee. We have evaluated Directorates/Partnerships progress in implementing the Clinical Effectiveness Framework and Action Plan and the clinical effectiveness support provided to the Directorates/Partnerships from the specialist clinical governance support staff; and supported services in increasing clinical audit activity, in some areas by a 25% increase.

6.6 Ensuring Patient Safety

In sustaining and developing patient safety this year we would provide the following examples - NHSGGC has:

- rolled out new incident reporting technology that enables direct web-based reporting with much greater staff access to information and analysis;
- implemented and trained on new policies on Risk Assessment and Incident Reporting including in induction;
- continued to develop staff ability to investigate and learn from adverse events through Root Cause Analysis training programme and refining the suite of supporting guidance and tools to enable better immediate communication, investigation and planning of improvements following events leading to patients being harmed;
- improved the safety of clinical processes in managing a number of high risk medicines including Opioids, Methotrexate, Anticoagulants, injectable medicines and unlicensed medicines;
- evaluated the impact of the No Interruption Policy when administering medicines and developing more refined strategies for its successful and fuller implementation;

We currently have over 70 clinical teams actively implementing programme workstreams. Specific safety improvements include:

- reductions in the average length of stay, in ventilator associated pneumonia rates and in the rate of central line bloodstream infections;
- improvement in the levels of completion of early warning assessment scales, implementation of safety briefings and improvement to the structure of emergency communication;
- In the leadership work-stream senior staff have completed over 100 patient safety walk rounds;
- reduced the risks for patients who receive anticoagulant medication;
- advancement in the safety culture, both within clinical teams and more generally across services.

6.7 Improving use of Electronic Approaches

We have continued to focus on delivering service improvements through the use of IT, the target for CHI usage in radiology requests has been exceeded for both paper and electronic requests and the percentage of GP referrals to hospital locations received electronically has improved to 89.9%. This is just below the target of 90%.

7. FINANCE, EFFICIENCY AND WORKFORCE

This section describes our success in meeting the key financial, productivity and workforce targets

7.1 Financial Performance and Maintaining Financial Balance

The Board's expenditure remained within its revenue resource limit for 2008/09 of £2,046,661 by £441,000.

The Board also continued to work towards restoring the Clyde area to a position of breakeven, implementing cost savings which reduced the gap between recurring funding and expenditure by £7m to £12m by 31st March 2009. During 2009/10 and 2010/11 the Board plans to eliminate this residual gap.

In 2008/09, the Board incurred £123.8m of capital expenditure, remaining within its capital resource limit by £77,000. Major individual capital schemes included £9.8m on a new build facility at the Maternity Unit at the Southern General Hospital, £9.4m on equipment for two new Ambulatory Care Hospitals, £5m on the construction of a new Health and Social Care Centre at Renfrew, £6.5m on an improved Gynecology Unit at Glasgow Royal Infirmary, £3.9m on a new West of Scotland Adolescent Inpatient Psychiatry Unit, and £2m on improvements to the Vale of Leven Hospital.

7.2 Financial Planning including Delivering Best Value

The Board continued to meet its target for efficiency savings in 2008/09 with recurring costs savings achieved of £50.7m. Non recurring savings of £4m contributed towards offsetting, in part, the residual gap existing between Clyde recurring funding and expenditure. £7m of the £50.7m efficiency savings measures were made possible by closer integration of services within the wider Greater Glasgow and Clyde area.

For 2009/10, the Board has again required to construct a comprehensive cost savings plan in order to develop a financial plan which will enable it to manage within its Revenue Resource Limit. For 2009/10, its recurring cost savings plan totals £45.4m. In addition, the Board has a non-recurring cost savings target of £4m for 2009/10, giving an overall cost savings target of £49.4m. As at 31st August, the Board remains on track to achieve this level of cost savings in 2009/10. Its cost savings plan comprises a wide range of initiatives, with a strong focus on service redesign aimed at service improvement. It includes, for example, targeted improvements in theatres utilisation aimed at increasing efficiency and shortening patient waiting times while at the same time releasing cost savings. It includes other initiatives aimed at improving the use of available capacity within both Acute and Community Services. It includes a major push towards increasing consistency in our prescribing practices across Greater Glasgow and Clyde to secure best value in the deployment of prescribing budgets. It includes exploiting technology to increase the efficiency with which backroom services are provided within the context of the Board's corporate services.

Wherever possible and appropriate, the Board has sought to use benchmarking to review its current performance to inform the development of cost savings plans. The Board's efforts are commented upon positively by Audit Scotland in their

recently completed Best Value review of the Board's approach to efficiency. Audit Scotland have commended the Board's approach and practices in identifying opportunities for improved cost efficiency in recent years.

The Board recognises the need to sustain this approach in preparing its final plans for 2010/11 and beyond and has already embarked upon the process of developing a cost savings plan for 2010/11 which it aims to complete by March 2010.

7.3 Outcomes and Cost of AfC Reviews

All staff covered by the Agenda for Change agreement were assimilated by the end of 2008. Work continues on the review programme and it is anticipated that this will be concluded by the year-end for all staff groups.

The Board have prioritised reviews for the lowest paid Support Services posts in our Facilities Directorate. Those appeals were successful have now been paid. We have now moved on to the Nursing and Midwifery staff group and have completed around 650 reviews to date. There are a further 225 reviews to be processed in this group. We are now moving to complete the review programme in job family order as follows: Allied Health Professions (504 posts); Administrative Services (482 posts); and Health Science Services (440 posts).

As the outcome of the reviews are known, we are including the costs associated within our financial plan assumptions.

7.4 Impact of KSF and KSF PDPs

NHSGGC achieved 96.2 % compliance against the agreed baseline figure. This represented 32,245 members of staff with a KSF PDP in place as at 31st March.

A range of training interventions are in place to provide Managers and Reviewers with a hands on training experience in preparation for full implementation of the e-KSF tool. This includes "expert users" being identified and developed to deliver training to reviewers in their own area and to date 150 have attended out of the projected 200 that will be required.

7.5 Sickness Absence

In March 2009, NHSGGC's absence rate was 4.36%. reduced from 4.89% the previous year. A new Attendance Management Policy was implemented. There are also a number of nationally-funded Promoting Attendance and Managing Sickness Absence (PAMSA) initiatives underway locally including the development of a bespoke information system which identifies sickness 'hot-spots' and allows for speedy management interventions.

In the first four months of this financial year, sickness absence has continued to fall to 4.23% in April but has since increased slightly to 4.34% in May and 4.50% in June 2009. Continued efforts will be aimed at managing attendance in a robust and reasonable manner.