

# NHS Greater Glasgow and Clyde Annual Review

**Monday 18 November 2013**

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## Monday 18<sup>th</sup> November 2013

### Scottish Government

- **Alex Neil**  
*Cabinet Secretary for  
Health & Wellbeing*
- **John Connaghan**  
*Acting Director  
General of Health &  
Social Care, Chief  
Executive, NHS  
Scotland*

### NHS Greater Glasgow & Clyde

- **Andrew Robertson**  
*Chairman*
- **Robert Calderwood**  
*Chief Executive*

# 2012-13 Annual Review

## Themes

- Person Centred
- Safe
- Effective
- Look Ahead

# 2012-13 Review

## Person Centred

### Key Achievements:

- Major focus on older people:
  - Reduction in bed days lost to delayed discharge with **Renfrewshire CHP** the only partnership in Scotland delivering a month on month reductions. Inverclyde 33% reduction
- Smoking cessation in deprived areas (SIMD)
- Child Healthy Weight Interventions
- Alcohol brief interventions
- Alcohol and drugs three week referral to treatment waiting times
- Our ongoing commitment to getting our staff involved through FTFT

# 2012-13 Annual Review

## Person Centred

### Challenges:

- Child fluoride varnishing
- Tackling inequalities
- Creating seamless patient services across acute and primary care:
  - Improving patient pathways
  - Integrating health and social care

# 2012-13 Annual Review

## Safe

### Key Achievements:

- C.Difficile
- MRSA/MSSA
- Hand Hygiene Compliance (62% in 2007 – 94% in 2013)
- Scottish Patient Safety Programme:
  - Acute Adult Care programme, Maternal care, Paediatric care and Neonatal Care Programmes, Primary Care programme and Mental Health programme.

# 2012-13 Annual Review

## Safe

### Healthcare Environment Inspections:

- Seven unannounced visits
- 21 requirements and 12 recommendations
- Action plans developed to ensure necessary improvements are put in place

### Older People In Acute Care:

- Four visits – three announced and one unannounced
- Key themes include dignity, respect, food, fluid and nutrition

# 2012-13 Annual Review

## Effective

### Key Achievements:

- Continue to exceed the 18 week RTT
- New outpatient maximum 12 week wait
- Reductions in Child & Adolescent Mental Health Services (CAMHS) waits
- Cancer referrals and waits 62 and 31 days
- A&E attendances
- Financial balance and efficiency savings



# 2012-13 Annual Review

## Effective

### Challenges:

- Accident & Emergency four hour waits
- Admissions to Stroke Unit
- Delayed Discharge > 28 days
- Sickness Absence
- Develop a Strategic Financial Plan

# 2012-13 Annual Review

## Looking Ahead

- Address key performance challenges
- Progress the Integration of Adult Health & Social Care Agenda
- Create new ways of working between the Acute Division and Partnerships
- Implementing the 'On The Move' programme