



NHS GREATER GLASGOW AND CLYDE

ANNUAL REVIEW SELF ASSESSMENT 2014

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1. INTRODUCTION

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

During 2013-14 NHS Greater Glasgow and Clyde made progress against many of our significant HEAT targets and standards and across a wide range of strategic programmes. Key highlights include:

- Exceeding our health improvement targets in relation to smoking cessation (SIMD), alcohol brief interventions, child healthy weight interventions and alcohol and drugs three week referral to treatment waiting times.
- Consolidating, and extending our programme of work in relation to the Scottish Patient Safety Programme.
- Continuing to deliver our 18 weeks Referral to Treatment waiting time guarantee for over 90% of patients and the achievement of our new outpatient maximum 12 week wait from referral target.
- Continuing the improvement in access to our Child and Adolescents Mental Health Services and Psychological Therapies with 99% and 90% of patients respectively receiving treatment within 18 weeks of referral.
- Reductions in the emergency bed day's rate for inpatients aged 75 years+.
- Maintaining financial balance and delivering on our efficiency savings targets.
- Progressing the Clinical Services Fit for the Future programme to provide modern high quality services and alongside the major realignment of Acute Hospital sites.
- Delivering the new South Glasgow Hospital programme which remains on schedule and on budget.

2. SUMMARY OF PROGRESS AGAINST 2013 ANNUAL REVIEW ACTIONS

Following the 2012-13 Annual Review, the Cabinet Secretary for Health and Wellbeing wrote to the Chairman of the Board setting out the following recommendations. The narrative below sets out the response to each of the recommendations.

- **Keep the Health Directorates informed of progress with the local implementation of the quality Strategy and 2020 Vision.**

The Board continued to drive quality improvement areas across the Board during 2013-14. A key example included the development of a local Person Centred Health and Care Framework which brings together the four key dimensions of patient experience, patient safety, clinical effectiveness and cost effectiveness which we believe we can use to further improve the quality of care in an integrated way and make our services more patient centred.

- **Keep the Health Directorates informed of progress with its significant local health improvement activity.**

We have met a significant number of our health improvement HEAT targets and standards for 2013-14.

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

The prevention and control of infection continued to have a high priority within NHS Greater Glasgow and Clyde and the Board Infection Control Committee developed and implemented a challenging programme of work during 2013-14. This included the implementation of a range of measures and controls to deliver the Staphylococcus Aureus Bacteraemia (SAB) and Clostridium Difficile Infection (CDI) 2014 HEAT targets. The NHS Board and Quality & Performance Committee receive bi-monthly reports on key indicators for the prevention and control of infection. Central to these achievements are the detailed work plans, governance systems and monitoring and reporting arrangements for the effective infection prevention and control across NHS Greater Glasgow and Clyde.

- **Continue to deliver on its key responsibilities in terms of clinical governance, risk management, quality of care and patient safety, including a prompt and effective response to the findings of HEI and Older people in Acute Care inspections.**

Progress has been maintained in delivering against key clinical governance priorities, including clinical risk management, patient safety and quality improvement.

- **Keep the Health Directorates informed on progress towards achieving all access targets; in particular, the 4 hour A&E standard.**

Achievement of the 4 hour A&E HEAT standard has continued to prove challenging, NHS Greater Glasgow and Clyde reported an average of 91.7% of patients waiting four hours or less during 2013-14, lower than the target of 95% to be achieved by September 2014. The volume of delayed discharges has been a key factor contributing to this. A Board wide Unscheduled Care Action Plan has been developed, shared and agreed with the Scottish Government.

- **Continue to make progress with planning partners on the critical health and integration agenda.**

Shadow partnerships have been formed in the three integrated CH(C)Ps namely East Renfrewshire, West Dunbartonshire and Inverclyde CH(C)Ps. Work is currently underway to ensure the remaining three partnerships namely Glasgow City, Renfrewshire and East Dunbartonshire CHPs have shadow partnership arrangements in place early 2014-15.

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

We achieved an in-year and recurring balance in 2013-14. Our 2014-15 financial plan sets out a balanced financial position and we forecast in-year and recurring financial balance for 2014-15.

- **Keep the Health Directorate informed of progress in implementing the local efficiency savings programme.**

We continue to report progress on local efficiency savings on a monthly basis to the Scottish Government Health & Social Care Directorate.

- **Continue to develop and refine the plans and preparations required for a successful move to the new acute hospitals estate in Glasgow 2015.**

The construction programme for the new South Glasgow Hospital remains on schedule and on budget. A Transition Team responsible for managing the move of staff and services from the current acute hospitals which will close in 2015 is now well established.

- **Keep the health directorates informed of progress with the Board's clinical strategy plans for local services for 2015.**

The Board's Chief Executive has engaged with the health directorates with progress on clinical strategy plans for local services for 2015.

3. QUALITY OUTCOME 1 - EVERYONE HAS THE BEST START IN LIFE AND IS ABLE TO LIVE LONGER HEALTHIER LIVES

2020 Route Map priorities: Health Inequalities, Prevention, Early Years

As at March 2013-14 our performance against the health improvement HEAT targets was as follows:

- A total of 3,872 children completed the **child healthy weight intervention** programme, exceeding the target of 3,389 by 14%.
- NHS Greater Glasgow and Clyde supported a total of 18,698 successful **smoking quits** (at one month post quit) in the 40% most deprived SIMD areas, exceeding the target of 12,182 by 53%.
- NHS Greater Glasgow and Clyde continued to exceed the 91.5% **drug and alcohol waiting times** target, reporting 96.6% of patients seen within the three week waiting time.
- 90.9% of patients referred urgently with a suspicion of cancer began treatment within **62 days of receipt of referral** and 94.5% of our patients diagnosed with cancer began **treatment within 31 days** below the target of 95%.
- A total of 18,878 **alcohol brief interventions** were delivered during 2013-14, exceeding the planned number of 14,066 interventions by 34%.
- As at April 2014, NHS Greater Glasgow and Clyde successfully diagnosed 23.8% of cancers at Stage 1, exceeding the local trajectory of 23.5%.
- As at December 2013, the minimum rate of at least two **fluoride varnishing applications** amongst three and four year olds across NHS Greater Glasgow and Clyde was 14.26% reported in SIMD 5 (least deprived areas). Whilst performance is lower than the target of 35%, NHS Greater Glasgow and Clyde has focused most effort in areas of highest deprivation most notably SIMD 1 and 2 each reporting a respective uptake rate of 51.5% and 37.4% among four year olds.

Of the 830 suicides registered in Scotland during 2012, a total of 193 were from the NHS Greater Glasgow and Clyde area. This figure represents an 18% reduction in suicide deaths during the past 10 years.

Developing **Inequalities Sensitive Practice** is central to our approach to tackling inequality in NHS Greater Glasgow and Clyde. This means that patients' experience of care should be empathetic and support them to address issues arising from social inequality and discrimination.

Actions to further embed this approach include:

- Further extending a programme of training in key services on routine enquiry on Gender Based Violence.
- A national pilot has been launched with eight of our GP practices following the implementation of a training programme.
- Work on routinely asking questions on employability and money worries has led to considerable financial gain for vulnerable children and families through our Healthier Wealthier Children service - on our most recent figures this amounted to at least £742,702 between July and September 2012.

Quality Outcome 1: Everyone has the best start in life and is able to live longer, healthier lives

- An event called 'Caring to Ask' was held in March to share the findings of research in North East Glasgow. Through local small 'tests of change' the research demonstrated how appreciative and routine feedback can enhance experience for both people using the services and staff and can also act as a route to service improvement and positive health and wellbeing outcomes.

During October/November 2013, the Corporate Inequalities Team (CIT) led a process to explore how to maximise NHS Greater Glasgow and Clyde's ability to respond to tackling inequality across our organisation. Each Community Health (& Care) Partnership (CH(C)P) held a Senior Management Team (SMT) session to review their approaches to tackling inequality. The focus of the sessions was to take a problem solving approach based on local knowledge. An action plan has been written up and each CH(C)P area will use this to develop tailored local actions.

Patient feedback and dialogue with different patient groups is integral to our inequalities programme. During 2013-14 our activity included:

- NHS Greater Glasgow and Clyde's Health Equalities Network (HEN) and Health Reference Group (HRG), has informed the final set of outcomes. The HRG has over 20 members who have protected characteristics and an interest in working with us to understand how the NHS is experienced by those with particular protected characteristics. The group have shared their experiences on a range of issues and fed in their reflections on the Clinical Services Review and the Equality Outcomes.

The HEN is a network of third sector organisations that deliver services or support those with protected characteristics. Over 74 agencies have actively signed up to be part of this virtual network. In augmenting the HEN in 2013-14, a series of Conversation Cafés were organised. These brought people together with a shared interest in a particular topic relating to health inequalities. The participants had the opportunity to say what their main issues or concerns are. To date, conversation cafes have been run on the topics of older people, autism and with the Black and Minority Ethnic community (BME).

- Our dedicated Equalities in Health website has 2,000 unique visitors a month compared to 1,700 at the same time last year.
- Our community engagement activity has allowed more than 3,000 encounters at 80 events during 2013-14, including with voluntary groups, support groups and community councils. In terms of outreach, we have had a presence at the Ability Fest, the Mela and Pride. In June 2013 we took the 'Stand Against Homophobia' campaign to Pride in Glasgow.
- We also listen to our patients through a variety of initiatives such as 500 Voices, Patient Stories and Tell Us Your Thoughts. Our patients are involved in the Clinical Services Review and other service change Board wide initiatives.

During 2013-14 the CIT initiated a process of **engagement with patient groups** covered by the equality outcomes 2013-16 to understand their experience and make improvements. This has included 143 patient representatives across eight events. The feedback has highlighted a number of areas for improvement which are now being taken forward.

Quality Outcome 1: Everyone has the best start in life and is able to live longer, healthier lives

In January 2014, NHS Greater Glasgow and Clyde was successfully awarded the “**positive about disabled people**” status for a further 12 months by the Department for Work and Pensions.

In December 2013, the Director of Public Health for NHS Greater Glasgow and Clyde launched the fourth biennial report ‘Building Momentum for Change’ calling on all agencies to work together to tackle the very real effects of poverty on four vulnerable sections of our society. The report focused on disadvantaged families, adolescents, older people and vulnerable people – prisoners and looked after children.

NHS Greater Glasgow and Clyde has implemented a number of schemes which have already made an impact on reducing the inequalities for these four groups including:

- **Supporting disadvantaged families** through a range of initiatives such as, Healthy Babies Programme which includes a range of support for families such as, The Family Nurse Partnership, Special Needs in Pregnancy and Parents and Children Together (PACT). In addition the Healthier Wealthier Children Programme has already received 4,844 referrals, with households in need gaining more than £4 million in lost income.
- **Supporting adolescents** by working with our partner organisations we have developed an approach to improving mental health and wellbeing in children and young people by offering local networks of services across education and community settings. We also have a strong focus on supporting school health promotion with local school health co-ordinator roles funded within each CH(C)P.
- **Promoting healthy ageing** by providing Keep Well consultation health checks for older people. We have further developed our work with partners to provide local community based health, social and activity groups such as **Still Game** in East Renfrewshire CHCP which offers people 60 years+ the opportunity to take part in a short programme of weekly activity sessions at St Mirren Football Club. Another successful programme is **Revive** (Glasgow City South) a 10 week programme for people 50 years+ offering taster sessions of locally available activities such as exercise, arts and crafts and discussion on health topics.
- **The health of adults in NHS Greater Glasgow and Clyde prison settings** by implementing a prison-based team to deliver Keep Well health checks in each prison. We have also trained staff in each prison in smoking cessation approaches that match our community services and are working to significantly increase the number of smoking cessation groups. We are also a partner in the One Glasgow initiative with Police Scotland to reduce offending among young people while addressing health needs and in piloting a women’s justice centre in Glasgow.
- **“Getting it Right” for Looked After and Accommodated Children and Young People** by providing a range of specialist services – for example, Renfrewshire CHP Health Improvement staff have been working with the local authority to support the Kibble residential and secure unit in Paisley to become a health promoting care home.

Each of our CH(C)Ps alongside Community Planning Partners are actively involved in supporting the work of the **Early Years Collaborative**. For example West Dunbartonshire CHCP is progressing rapidly with a series of work stream Plan, Do Study Actions taking place and being scaled up. Testing currently underway includes; early reading in several early years settings which will scale up to include health visitors and social workers in supporting parents with bedtime routines and nurture around reading. Smoking cessation has started initially with five mothers and work is underway in respect of two tests in health visiting/maternity with a focus on sustaining breast feeding and supporting parents subject

Quality Outcome 1: Everyone has the best start in life and is able to live longer, healthier lives

to Special Needs in Pregnancy (SNIPS) service by providing family support workers to engage pre-natal and follow up timeously following birth.

In East Renfrewshire CHCP there have been focus groups and individual interviews with parents and families looking at experience of life in their community focusing on six key themes. Positives, negatives and areas for change were identified and findings reviewed by participants. Networks to progress these proposals are being put in place. In addition detailed 'discovery team' work was undertaken and fed back to key stakeholders. Partners have developed active tests of change based on the model for improvement. Examples include, improving attendance and increasing peer support in Family Centres, developing parenting interventions by Young Persons Services and Educational Psychological Services, improving prevention and early identification of non accidental injury, and increasing the number of young people engaging in street work.

NHS Greater Glasgow and Clyde continued to implement the **Health Promoting Health Service: Action in Hospital Setting (CEL 01 2012)** during 2013-14. The CEL aims to build to the concept that "every healthcare contact is a health improvement opportunity", recognising the important contribution that hospitals can make to promoting health and enabling well being of patients, their families, visitors and staff. The programme of core actions relating to Smoking, Alcohol, Breastfeeding, Healthy Working Lives, Sexual Health, Food & Health, Physical Activity, and Active Travel continues to be rolled out across our hospitals. This programme has also identified innovative and emerging practice measures in relation to a staff weight management programme and research to engage with hard to reach staff groups.

4. QUALITY OUTCOME 2 - HEALTHCARE IS SAFE FOR EVERY PERSON, EVERY TIME

2020 Route Map priority: Safe Care

As at March 2013-14 our performance against the health improvement HEAT targets was as follows:

- For the year ending March 2014, NHS Greater Glasgow and Clyde reported 0.32 cases of **MRSA/MSSA** per 1,000 acute occupied bed days which is higher than the expected trajectory of 0.27.

Infection Control enhanced surveillance methodology and reports in relation to MRSA/MSSA bacteraemia are reviewed routinely in order to provide directorates with accurate information with regards to where and why these types of infections are occurring. The directorate reports utilise improvement methodology such as Pareto and run charts to allow directorates to target and plan areas for intervention. Multi disciplinary cross directorate representatives review this information and plan strategies to prevent avoidable infections locally.

- For the year ending March 2014, NHS Greater Glasgow and Clyde reported 0.31 cases of **C.Difficile** per 1,000 AOBBD below the target performance of 0.32 and the Scottish average of 0.34 cases.
- **Hand Hygiene** - compliance audits are carried out on a monthly basis across the majority of wards and departments in NHS Greater Glasgow and Clyde. There has been a year on year steady rise in compliance and local data for March 14 suggests a 98% compliance rate exceeding the 95% target.

In terms of the **Scottish Patient Safety Programme (SPSP)**, the Acute Services Division has made good progress in spreading the **10 Safety Essential** across all relevant teams. This has created the opportunity for transition of monitoring to routine operational delivery mechanisms and the refocusing of energies into prevailing safety priorities. Progress in relation to each includes the following:

- The four safety essentials relating to the **critical care work-stream** which applies to ITU settings - the ITUs have a process for recording infection rates linked to the clinical care processes. This means that the reliability and effectiveness of the clinical process can be tracked through outcomes monitoring, which has already been established and adopted as responsibility by local management.
- The surgical brief and pause safety essentials relating to the **peri-operative workstream** - this practice is now well established in all theatre areas. There are plans to replace formal collection of process data with six monthly qualitative observation audits performed by peers as of April 2014. This will not only highlight that the brief and pause are occurring but is designed to extend the review to consider the quality of the process i.e. information content, who is present, etc.
- The **general ward workstream** - the monitoring of patient's condition through Early Warning Score charts has achieved a high level of spread. It is embedded in the ongoing work around Deteriorating Patients and linked to a differing set of requirements in the new National Measurement Plan for SPSP. This element will not therefore be transferred to local management. The General Ward Safety has now been spread reliably across the Division at scale. Plans to transfer responsibility are now being made and likely to be modelled on observational audits to verify they continue to take place and are of an appropriate quality.

- **Peripheral Venous Cannula (PVC)** use and care has also been the subject of a recent internal audit report and this SPSP discussion will maintain those action plan requirements to reinforce a single leadership arrangement to ensure consistency of policy practice and measurement. Leadership walkrounds are an ongoing and routine activity supported by senior leads in the Acute Services Division and Non-Executive Directors. As this is a cross-system arrangement it is expected that they would remain a feature of the regular reporting framework so that we are assured they are being maintained and effective.

Clinical Effectiveness - NHS Greater Glasgow and Clyde staff actively contribute to a range of national, regional and local audit processes, which provide assurance of the quality of care or identify opportunities for improvement. The Board maintains an internal development process for clinical guidelines that seek to synthesise the best available research into practical guidance for clinical staff.

Clinical Risk Management (including Adverse Events) - the Board maintains a policy on Significant Clinical Incidents which ensures recognition, reporting and review (using root cause analysis) of all such incidents to ensure we have the greatest opportunity for learning and improvement of safety levels in care. The Board maintains a core group of specialist staff who work directly with care providing services, to support learning and delivery of safety aims and objectives.

5. QUALITY OUTCOME 3 - EVERYONE HAS A POSITIVE EXPERIENCE OF HEALTHCARE

2020 Route Map priorities: *Unscheduled & Emergency Care, Person-centred care, Care for Multiple & Chronic Illnesses*

As at March 2013-14 our performance against HEAT targets and standards was as follows:

- Across NHS Greater Glasgow and Clyde, **the rate of attendance per 100,000 population at Accident & Emergency** was 2,717, keeping below the target of 2,938 however, 89.6% of patients waited four hours or less, lower than the target of 95% to be achieved by September 2014.
- 90.4% of patients were treated within **18 weeks of Referral to Treatment** against a target of 90%.
- 99.9% of **outpatients waited no longer than 12 weeks from referral** to a first outpatient appointment.
- **84.7% of patients were admitted to a stroke unit** on the day of admission or the day following presentation, below the expected target of 90%.
- Across NHS Greater Glasgow and Clyde, 93% of patients were able to access a member of the **GP Practice Team within 48 hours** and 79.2% of patients within NHS Greater Glasgow and Clyde were able to obtain a **GP consultation more than 48 hours in advance**.
- There were 22 patients waiting **more than 28 days** to be discharged from hospital in April 2014.

As part of our commitment to delivering improved care to patients, NHS Greater Glasgow and Clyde developed a local Person Centred Health and Care Framework which brings together the four key dimensions that we believe can be used to further improve care, in an integrated way and make our services more patient centred. These four dimensions are:

- Patient Experience
- Patient Safety
- Clinical Effectiveness
- Cost Effectiveness.

In addition, and in response to the **National Person Centred Health and Care Collaborative Framework** launched in November 2012, NHS Greater Glasgow and Clyde implemented a programme of work aligned to existing improvement aims and arrangements. This includes local improvement teams being supported to develop meantime data processes to assist them to identify improvement opportunities and develop tests of change to ensure people using our health and care services reliably receive a positive care experience every time and a local learning collaborative established to encourage improvement teams to learn from each other and showcase their improvement projects and achievements. This approach has been adapted from the original Scottish Patient Safety Programme.

In ensuring everyone has a positive experience of healthcare, NHS Greater Glasgow and Clyde has established a number of ways for **patients, carers and relatives to feedback** about their experience with the care received. This is supported by clearly defined

processes to assess and respond to this feedback and to take appropriate action to improve.

For example, patients and staff can submit feedback online, via the Greater Glasgow and Clyde website about the care they themselves (or relatives or friends) have experienced. As part of the 'Better Together' initiative within Acute questionnaires are sent to patients based on a randomised sample of overnight stay patients and also questionnaires handed out and gathered back in the wards. In 2013-14 the 'Friends & Family Test' was introduced as a pilot and seen as a simple way for patients to provide feedback on the experience they have had on our wards. Patients are given a feedback card on the day of their discharge and once a month completed cards are analysed resulting in a 'Friends & Family' score for each department. This is currently being piloted in wards at the Southern General, as well as some of our Partnership wards.

We have specific mechanisms to handle and respond to **complaints** about our care, and we actively reach out and encourage feedback from patients and their families to allow us to continually improve our services. One of the ways we have been doing this is by collecting and publishing patient stories. In some cases patients themselves are taking the initiative to feedback independently on the UK wide 'Patient Opinion' website or using our new on-line patient feedback system which improves the patient experience and patient pathway because the contributions are based on detailed patient evidence which has always been recognised as a valued way of ensuring continued improvement and efficiency of NHS services.

6. QUALITY OUTCOME 4 - BEST USE IS MADE OF AVAILABLE RESOURCES

2020 Route Map priorities: *Efficiency & Productivity, Innovation*

As at March 2013-14 performance against our HEAT targets was as follows:

- NHS Greater Glasgow and Clyde remained in **financial balance** and met the **cash efficiency** target.

The ongoing **capital investment and development** programme remains important to improve facilities for patients. NHS Greater Glasgow and Clyde remains committed to complete the delivery of the property improvements associated with the Acute Services Review and the improvements and replacement programme in community and mental health premises whilst at the same time maintaining the remainder of the estate in good condition.

We continue to build upon the significant improvements made to our estate assets during the last five years which has seen the delivery of a new Beatson Oncology Centre, two Ambulatory Care Hospitals at the Victoria and Stobhill sites, a new South Glasgow Laboratory Complex, a Medium Secure Unit at Stobhill Hospital, the Hub at Gartnavel Royal Hospital and the two new health Centres at Renfrew and Barrhead.

The new Vale of Leven Health Centre in West Dunbartonshire (which won the Health Facilities Scotland Best Design Award) and the Possilpark Health Centre in Glasgow opened during 2013-14. In addition, the major refurbishment of the new Lister Laboratories at Glasgow Royal Infirmary was completed and opened in June 2014.

The planned investment in the capital programme is expected to continue during 2014-15 with the commissioning of the new South Glasgow Hospital in 2015. There are also plans in 2014-15 to build four replacement health and care centres through the HUB Initiative at Maryhill, Woodside, Gorbals and East Renfrewshire.

The Boards Mental Health Strategy has seen a significant shift of services from hospital to the community and further clinical reviews are underway to maximise community based services and utilise inpatient facilities to maximum efficiency.

Once the final outcome of the new Clinical Strategy Review is available, the Board will conclude a strategic planning review of our physical assets and determine a new property strategy consistent with the delivery of high quality patient centred care.

7. QUALITY OUTCOME 5 - STAFF FEEL SUPPORTED AND ENGAGED

2020 Route Map priority: Workforce

As at March 2013-14 performance against our HEAT standard was as follows:

- The rate of **sickness absence** across NHS Greater Glasgow and Clyde was 4.92%, slightly higher than the 4.86% reporting the previous year. Attendance management remains a key productivity and staff welfare issue for NHS Greater Glasgow and Clyde and work to reduce sickness absence continues.

Facing The Future Together (FTFT) continues to be the Boards long term initiative to continually improve how we support each other to do our jobs, improve our service to patients and communities and to make NHS Greater Glasgow and Clyde a better place to work. The profile and effectiveness of FTFT has grown since it was established late 2011. It provides the practical framework for staff engagement and culture improvement actions in all Directorates and Partnerships. Getting staff more involved and engaged in change continues to be challenging and the plans for 'On the Move' to the new South Glasgow Hospital have acknowledged this. Considerable efforts have been made to involve all groups of staff in the changes ahead, particularly those who will be directly affected. Similarly, the plans for establishing the new integrated Health & Social Care Partnerships will heavily involve staff as new ways of working are developed. There are a number of ways across NHS Greater Glasgow and Clyde for staff to be recognised for their innovation or for 'going the extra mile' to improve the quality of care to patients or the effectiveness of their service.

A key staff commitment within NHS Greater Glasgow and Clyde is ensuring that every employee has a **Personal Development Plan** (PDP) which looks at current and future development needs. For staff on Agenda for Change (AfC) terms and conditions this PDP is linked to the **Knowledge and Skills Framework** (KSF) and is recorded on e-KSF, the electronic monitoring system which all Scottish Boards use. The NHS KSF continues to be the development review process used by all staff covered by AfC terms and conditions of service. In March 2014 NHS Greater Glasgow and Clyde reported that 70.8% of staff had a completed KSF Review lower than the 80% target and action is being taken to improve this position and meet the target.

Each Directorate and Partnership have developed their local Staff Governance/FTFT plan which is implemented and reviewed regularly. The results of the **2013 staff survey** have been shared with each area and used in local staff discussions and planning. An Area Partnership Forum sub group has been formed with Trade Union and Management to take a partnership approach to reviewing the Staff Survey Results and our system wide response. One of the key messages from the 2013 survey was that only 20% of staff actually completed it. We need to get across to staff how important it is for them to have their say and to enable a set of results which we are confident is a true reflection of the views of all. A Staff Governance audit is being carried out in July/August by our internal auditors and the audit scope has a focus on the communications and response to our Staff Surveys.

NHS Greater Glasgow and Clyde's **Dignity at Work** policy has been reviewed and the new policy scheduled to be launched in September. The new policy takes a three tiered approach to ensuring that staff dignity at work is protected:

- Developing a positive workplace culture where dignity at work is the norm
- Procedure for dealing with disrespectful behaviour if encountered

- Procedure for dealing with bullying and harassment if encountered.

The policy will form a cornerstone alongside wider work on developing a more positive culture as part of the Boards commitment to the National 2020 Workforce Vision 'Everyone Matters'. The internal audit set out above will also focus on Dignity at Work and provide a current baseline of information against which our progress in this area will be tracked.

8. QUALITY OUTCOME 6 - PEOPLE ARE ABLE TO LIVE WELL AT HOME OR IN THE COMMUNITY

2020 Route Map priorities: *Primary Care, Integrated Care*

As at March 2013-14 our performance against the HEAT targets and standards was as follows:

- A total of 9,110 people were **registered with dementia** exceeding the target of 8,116.
- 99% of patients referred to **Child and Adolescent Mental Health Services** started treatment within 18 weeks of referral.
- 90% of all patients referred for a **psychological therapy** started treatment within 18 weeks of referral exceeding the trajectory of 85%.
- As at January 2014, we successfully reduced the **number of emergency inpatient bed days rate for patients aged 75 years+** to 5,523 representing 5% fewer than the expected 5,794.

In recognition of the major pressures on services provided by GPs, NHS Greater Glasgow and Clyde continues to **work in partnership with GPs** to develop proposals to improve primary care. In 2013-14 a major focus has been on developing 17c GP contracts. To date this work has involved finding ways to enable GPs to focus on shared priorities including:

- Dealing with the challenge of increasing numbers of patients with multiple long term conditions requiring complex care
- Responding better to the impact of poverty and the different needs of patients living in our most deprived areas
- Providing more proactive care to vulnerable children and families
- Improving care for older people, including anticipatory care planning and review
- Relating the distribution of resources to deprivation and need
- Supporting general practices to cope with increasing pressures and demand
- Managing the demand for acute hospital care.

In progressing the **health and social care integration agenda** the Board approved arrangements to establish shadow Integration Joint Boards (IJBs) with Inverclyde, East Renfrewshire and West Dunbartonshire CHCPs and East Dunbartonshire CHP. The shadow IJBs will alongside the current NHS and Council governance arrangements be operated by the CHP and Social Work Committees, respectively. The local arrangements for the transition to a shadow Health and Social Care Partnership for East Dunbartonshire and Glasgow City Council areas in preparation for the enactment of the Public Bodies (Joint Working) (Scotland) Act 2014.

A total of seven unannounced **HEIs** took place across NHS Greater Glasgow and Clyde during 2013-14, resulting in 16 requirements and 15 recommendations and a further two unannounced **HEIs** took place resulting in 15 recommendations. A detailed analysis of the findings of these inspections has been undertaken highlighting areas for improvement as well as the strengths noted. Action plans are in place to make the necessary improvements and these are reviewed regularly.

Three unannounced **Older People in Acute Care (OPAC)** inspections took place during 2013-14 and detailed analysis of the findings of these have been undertaken with subsequent action plans in place to make the necessary improvements.

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

Through the Change Fund programme a number of innovative services have been developed that enable more services to be provided in the community across NHS Greater Glasgow and Clyde including:

- **Early intervention service** in East Renfrewshire CHCP has delivered polypharmacy medication reviews to over 100 individuals to date, using SPARRA data, local intelligence at GP practices, referrals from health and social care, and targeted approaches with vulnerable groups including sheltered housing residents, people with dementia and their carers. Polypharmacy reviews have consistently resulted in a reduction in the number of medicines people are taking, and a reduction in the number of high risk medicines that are linked to avoidable hospital admissions. Individuals and their carers report an improved understanding of medication and better compliance.
- **Hospital discharge project** for carers in Inverclyde aims to improve the experience for carers of older people, who often are older people themselves, by ensuring that they are supported through the hospital experience from point of admission and that they are fully engaged in the hospital discharge process. By referring to the Hospital Carer Worker, carers are given access to the information needed to assist them in their caring role and in accessing other relevant support. This has also resulted in improving the liaison between different groups of CHCP and hospital staff with carers to improve the overall hospital discharge experience.
- **Reablement** approach to care at home in West Dunbartonshire CHCP focuses on doing 'with' clients not 'for' clients with the aim of maximising independence and well-being of clients as well as reducing the need for ongoing support. This personal outcomes approach provides an individualised service based on a client's assessed needs. The Reablement team comprises a Care at Home Organiser, an Occupational therapist, and Home carers working with individuals and their carers in their own homes to maintain (or recover) independence by a structured programme of assessment and goal setting to achieve this.
- **Rehabilitation & Enablement Service (RES)**, in Renfrewshire CHP is a joint health and social care multidisciplinary team who work in partnership with District Nursing, Social Work Reablement & Homecare Services and locality Social Work Teams to provide holistic home care packages which support patients/clients and their carers in their rehabilitation journey or to meet their palliative and end of life care needs. Care packages usually include provision of equipment, such as specialist beds and mattresses, walking aids, etc. to enable discharge from hospital and support the community care plan.

These changes have contributed to the delivery of an overall reduction in the number of bed days lost to delayed discharge for patients aged 65 years+ reducing from 76,382 in

Quality Outcome 6: People are able to live well at home or in the community

2012-13 to 58,830 in 2013-14 representing a 23% reduction. However, there is still significant progress to make on this issue.