Let’s celebrate a year of progress

OUR Annual Review is a formal process to hold the Board of NHS Greater Glasgow and Clyde to account for its performance against criteria set and agreed with the Scottish Government.

These targets cover patient waiting time guarantees, health improvement, infection control, standards of treatment and financial performance and these quality measurements of our service are detailed on pages 9 and 10 of this special edition of Health News.

And while these targets are crucial indicators of how we are performing as a Board they do not tell the whole story.

So, what I want to do here is highlight some other tremendous achievements that have been delivered by our 38,000 dedicated healthcare professionals, which are not included within these formal targets.

The new £842million South Glasgow Hospital campus (above) promises to be the jewel in the NHSGGC crown.

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professionals since our last Annual Review in November 2011.

21st century facilities for 21st century medicine

IN capital investment we have seen massive activity at the South Glasgow Hospital campus. We have already completed the £90m laboratory building and 800 expert lab staff are now working in the high specification complex delivering first class laboratory medicine to hospitals and patients right across Greater Glasgow and Clyde.

It was officially opened on November 14 giving Glasgow the largest and most modern medical laboratory in the whole of Europe.

The new South Glasgow hospital complex is also starting to take shape, and it's an impressive sight. Representing an investment of £842m it is progressing on time and within budget.

Work also got underway in March this year on the new Vale of Leven Centre for Health and Care. This significant development will see an investment of more than £20m.

And in May we announced a further £40m of investment in community based services with the building of four new health care facilities at Woodside, Gorbals, Maryhill - all in Glasgow - and one in Eastwood with construction starting from as early as next year added to the approval which had been given to fund a new Possilpark Health Centre in the North of the city.

In total we will see £50m of modern purpose built health and community care premises opening over the period from late 2013 to early 2014.

These latest additions will further enhance our community services which have already benefited from the opening of new health and social care facilities in Barrhead, Kirkintilloch and Renfrew.

Elsewhere we have opened two new super-kitchens – one in Greenock and one in Paisley – at a cost of £10m and they are already providing high quality food to every patient in every hospital across Greater Glasgow and Clyde. This investment and centralisation of catering facilities has delivered improved service and quality food for patients and over the next few years will represent a cost efficiency that will enable us to divert more financial resource to other patient services.

Mental health services are another area where we have witnessed significant investment and modernisation during the past 12 months, including a £7m investment in the new Langhill Clinic at Inverclyde Royal

The new £18million Barrhead Health and Social Care centre provides a unique model of joint services for the people of Barrhead.

The £18million Renfrew Health and Social Work Centre brings many services under one roof in a modern, state-of-the-art facility.

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Hospital. We’ve invested £1.3m refurbishing Claythorn House in the grounds of Gartnavel to provide care to patients who have a mental health illness and require additional support through a learning disability.

And recently our Chairman Andrew Robertson cut the first sod to mark the beginning of construction of a new £10.7m development on the Leverndale Hospital site which will house a mother and baby ward and two 24-bedded mental health wards.

We have bought a £2m state-of-the art PET (Positron Emission Tomography) scanner for the Beatson Cancer Centre on our Gartnavel site. This scanner is capable of detecting the smallest of tumours and is at the forefront of technological development enabling our staff to detect cancers at an early stage of their development and so improve diagnosis and outcomes for more patients.

And at the Royal Alexandra Hospital in Paisley we have invested in a new CT (Computed Tomography) scanner which boasts very high specification image quality of “slices” of the body delivering faster and more accurate diagnosis.

Perhaps less technologically impressive – but nonetheless very important – has been the continued investment in electric hospital beds. We have decided to invest almost £500,000 on high standard electric beds for patients which will deliver more patient comfort and reduced moving and handling injuries to staff.

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Facing the future together... and teamwork is the key to providing quality healthcare

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Pride in Our Staff

The investment in the infrastructure of our services and our technologies is both vital and welcome but perhaps the most important thing to celebrate is the achievements of our dedicated staff throughout the year.

We recognise the winners of our 2012 Chairman’s Awards in this edition (see pages 7 to 14) but I am immensely proud of individual, team and organisational achievements throughout the year both at local, national and international level.

The lists of successes reflect well as to how talented, dedicated and world-leading our staff are - right across every area of our business. One such example was the recognition in December last year that our Board had become the first NHS authority in the UK to achieve 100 per cent World Health Organisation UNICEF UK Baby Friendly accreditation.

Then earlier this year NHS Greater Glasgow and Clyde was named as Self-Management Supporting Health Board of the Year.

Our bold and ambitious campaign Standing Together Against Homophobia has been selected as one of the most outstanding campaigns of the year.

The Laboratory project that I have already mentioned in this article also brought recognition for NHSGGC when it was awarded an Excellence in Public Procurement in the GO (Government Opportunities) Awards.

Finally, at the start of November this year in the Scottish NHS Awards we saw individuals and teams from right across our Board pick up prestigious accolades.

The list is long and impressive and makes me feel both proud and privileged to help lead such dynamic and high achieving, professional and dedicated teams of healthcare professionals.

After last year’s Annual Review our Board launched something we branded as Facing The Future Together or FTFT for short. This is essentially about everyone taking a fresh look at how we support each other to do our jobs, provide an even better service to patients and communities and improve how people feel about NHSGGC as a place to work... and as a provider CONTINUED ON NEXT PAGE

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of quality patient-centred healthcare.

Already we are creating better ways for patients to feedback to us and influence the way services can be delivered to a high quality and sustainable standard. And importantly we are working hard to encourage patients to engage with our staff to help us ensure our services are developed around patient needs.

As a result we organised a major event which has helped us to listen directly to older people as we seek to improve the care we provide. The event is part of a determined ongoing process of partnership working between staff and older patients to make demonstrable improvements to the way we design safe and sustainable services fit to meet the needs and expectations of patients.

Planning for the future

It is challenging to plan for the mid to longer term future. The one thing we can predict with certainty is that our population profile and the health needs of that population will be different in 2020.

People will live longer and healthier lives but this will certainly result in an increase in the numbers of people living with multiple long-term conditions. The expectations of us all will be that we can be supported to live independently in the community with those conditions instead of requiring hospital admission.

And we can also predict with confidence that improvements in medicines and other health technologies and treatments will also continue apace.

All of this is positive news. What NHSGGC needs to plan for is how best to use the resources, both financial and staff time, in the best way to deliver quality, safe and sustainable models of care to our population in the years ahead.

We are always re-modeling and improving and re-aligning how we use our resources as we continue to improve and develop services. Over the past decade we have witnessed significant changes to our NHS service provision and this modernisation will continue over the next decade … perhaps at an even more significant pace than in the past decade.

The real challenge we face as we move forward is how to spend the steadily increasing amounts of financial resource received from the Scottish Parliament to allow us to introduce new services and procedures and to continue to improve healthcare while providing our current services to the highest quality and in a sustainable manner.

We’ve shown that it can be done in the past and we must be bold enough to have the confidence and vision to plan for it in the future.

Turn to page 11 for The Case For Change - planning clinical services for 2020.
ONE of the highlights of my calendar is to present the Chairman’s Awards at our Annual Review.

We are now in the third year of these awards and it is gratifying to see the Chairman’s Awards go from strength to strength with each year.

This year we invited entries for eight award categories including, for the first time, two new awards recognising the contribution made by the public to NHS Greater Glasgow and Clyde.

A record level of 175 entries was received involving hundreds of members of staff.

Every single one of them had its own powerful reason for being there.

The job of selecting the winners was a very difficult one for me and my fellow judges.

For three entries, the circumstances were so unique and compelling that we decided to create two special award categories for this year - Bravery and Patient-centred care.

The fourteen winners of this year’s Chairman’s Awards all represent the very best of NHS care and dedication.

I am delighted that Scotland’s Cabinet Secretary for Health and Wellbeing could join us to present the awards to the winners at our ceremony on 26th November.

Throughout the year as I visit sites across NHSGGC I am struck by the enthusiasm, commitment and exercise of the highest professional skill by our staff.

It is a very great pleasure as Chairman of NHSGGC to congratulate and mark out some of the best of them in this small way and I applaud them all.

ANDREW ROBERTSON
CHAIRMAN, NHS GREATER GLASGOW AND CLYDE
Bravery
Agnes Malcolmson, Danny Turner, Ann Fleming and Anneta Ziolek

A normal shift turned into a life-threatening situation for treatment room nursing staff and a storeman at Townhead Health Centre.

Nurse Agnes Malcolmson and Glasgow Royal Infirmary storeman Danny Turner instinctively rushed towards what Danny described as a “great ball of fire”, unaware that it was a patient.

Agnes’ fire training kicked in and she ‘dropped and rolled’ the patient to smother the flames, and Danny pulled off his fleece jacket to extinguish the fire.

Supporting them were colleagues Ann Fleming and Anetta Ziolek who provided emergency treatment, alerted emergency services and NHS management.

While seriously injured the patient survived and amazingly Agnes’s own injuries were limited to two burnt fingers.

Peter Craig, the GRI Fire Safety Advisor and a former firefighter was impressed with the response of his colleagues and their quick instincts in assisting the patient.

Claire with her team members.

Bravery
Claire McCrae, Colette Campbell, John Mirrlees and Sandra McGeach

Describing the day of drama when a patient’s life was saved by staff when a fire broke out in their room, Senior Charge Nurse Claire McCrae said modestly: “I didn’t think that when I went into work that morning I would become a firefighter!”

Claire and three members of her team - deputy charge nurse Colette Campbell and nursing auxiliaries John Mirrlees and Sandra McGeach of gastroenterology ward 8c in Gartnavel General Hospital - immediately grabbed fire extinguishers when a blaze broke out in a patient’s room. They doused the flames and led the patient to safety.

Meanwhile other members of staff acted quickly to evacuate the 23 other patients on the ward. Patient care was uppermost in their minds and no-one thought they were being brave, but a Strathclyde Fire and Rescue officer said he was “very impressed” at their reaction.
Environmental

NHSGGC’s team of domestics

Keeping our hospitals and clean has always been a top priority for our team of domestics but now they’re empowered to combine these tasks with newly acquired skills in reducing our carbon footprint by using less water, energy and chemicals and disposing of waste in a more environmentally friendly way.

The group of 35 female staff drawn from acute hospitals across the organisation were nominated by Mary Anne Kane, General Manager (Corporate) Facilities, who said: “I am proud that we have some of the most environmentally aware domestics in Scotland who are making an important contribution to building an eco-friendly hospital environment.”

Clinical Practice

Lisa Davidson and Bran

Wearing her distinctive uniform Bran was a familiar figure in the corridors of the audiology department and throughout the Royal Hospital for Sick Children.

Bran is a hearing dog who helps to break down barriers and raise awareness of deafness. Until her recent retirement, the cross border collie terrier worked alongside owner Lisa Davidson, a bilingual British Sign Language (BSL) co-worker at the hospital.

Lisa said: “Bran is calm and good with people and acts as a good icebreaker. She can be a catalyst to help children feel more relaxed when they come into audiology.”

Bran has helped change attitudes to deafness, acting as a four-legged advocate and she and Lisa were regularly stopped and asked questions about what it means to be deaf.
Environmental

Tommy Highet

Tommy is probably one of the best known members of staff at Paisley’s Royal Alexandra Hospital thanks to his friendly and outgoing personality.

But as a domestic he is part of the wider team at the forefront of driving down HAIs, making the RAH a safer clinical and working environment.

His “beat” is the extensive arterial “glass corridor” of the hospital and he said: “I know how important it is to keep the hospital as clean and germ free as possible for patients and staff, and this corridor is heavily used because it links so many different departments.”

Nominator Jacqueline Jowett is an infection control nurse, so she understands just how crucial Tommy’s role is. She said: “He provides evidence that we take cleaning seriously here at the RAH and is a real ambassador for the hospital.”

Nursing

Tommy Harrison

Tommy Harrison, charge nurse at Rowanbank Clinic, has become a role model for patients and colleagues.

He has introduced a number of initiatives, above and beyond his core job including producing a major report reviewing inequalities services for forensics and developing a referral scheme with the Forestry Commission providing therapeutic activity and work skills. This work was recognised for a humanitarian award by the UK Public Health Association.

Tommy also organised a study of stigma involving staff and patients which became an academic paper.

He said: “What motivates me is to make the clinic a better place to be in for both patients and staff.”
Improving Health

Rapid Access Skin Cancer Clinic

The one-stop skin cancer clinic at the Royal Alexandra Hospital in Paisley reduces waiting times and cuts down the number of appointments needed.

The Rapid Access Skin Cancer Clinic is the first multi-disciplinary team clinic of its kind in Scotland allowing management and treatment of patients on the same day. It is made up of four consultant dermatologists, a consultant plastic surgeon, two associate specialist dermatologists, two staff grade dermatologists and a plastic surgery specialist nurse. A plastic surgeon and dermatology trainees are also attached to the clinic. They are supported by a team of six nurses, two reception staff, a Macmillan nurse and a clinical photographer.

Three biopsy clinics run concurrently with the consultations and the clinic is also linked to the pathology service in the Southern General Hospital.

Patient Ambassador

Edward Stanton

Patient satisfaction is a priority for staff and patients because it plays an important part in their recovery.

Edward Stanton has turned his own negative experience into a positive by working tirelessly with senior clinicians across NHSGGC to improve time spent in hospital for people with a learning disability (LD).

He is chairperson of People First in Glasgow, a self advocacy organisation that supports people with learning difficulties to speak up for their rights.

Despite his own serious health issues, Edward regularly attends clinical governance and heads of nursing meetings, speaking about communication and accessibility issues faced by LD people.

He contributes to staff training by talking about his own experience as an inpatient with the aim of improving good practice for staff when treating this group of patients.

This has led to his involvement in Better Together patient experience programmes and the production of DVDs and training packages with partners the Scottish Consortium for Learning Difficulties (SCLD) and Glasgow Caledonian University.
Nursing

Inverclyde PDRU Nursing Team

As a team they recognise no clinical boundaries when it comes to helping their patients and one another.

It was this multidisciplinary approach which earned the Inverclyde Physical Disability Rehabilitation Unit (PDRU) at the Larkfield Unit, in the grounds of Inverclyde Royal Hospital, a Chairman’s Award in the nursing category at this year’s event.

Nursing team leader, Senior Charge Nurse Morag Leighton said: “We are a small team working on a ward for patients with acquired disabilities.

“There are only eight beds and we all very quickly form close relationships with patients and their families.”

The team’s nominator was a consultant who commented:

“For the medical staff, ward rounds are a joy because the doctors are given comprehensive and accurate information and any instructions are carried out timeously and thoroughly.”

Nursing

Dawn Fraser & Amanda Cameron

The professionalism and people skills of staff nurse Dawn Fraser and nurse support Amanda Cameron calmed and reassured a severely autistic young patient when he and his mother appeared at the emergency department.

When Tony Kane (12) and his mum Lesley arrived at the Royal Hospital for Sick Children at Yorkhill, Dawn and Amanda were able to make the youngster feel safe and confident, allowing the doctor to take blood, temperature, pulse, and blood pressure.

Amanda said: “We do see a lot of children from all ends of the autistic spectrum and so we know exactly what needs to be done.”

Dawn added: “In triage we have to assess patients, but in a way that is not intimidating.

Nominator Lesley applauded both nurses for their professional and sensitive approach.
Using Resources Better

Renfrewshire Community Health Partnership

Thousands of pounds are being saved at Renfrew Health and Social Work Centre thanks to a new ecosmart approach by staff.

Jean Still, Head of Administration at Renfrewshire Community Health Partnership and colleagues spotted a number of energy saving opportunities and are now enjoying recurring savings of nearly £7000.

Carbon emissions have been reduced by 15 per cent and the centre’s annual gas and electricity bills are down by more than 10 per cent.

Jean said: “We’ve achieved this with an investment of £813 and working together with the energy manager Sam Selwyn and Liz Cowie, Operational Support Officer.

“We now have an eco friendly building thanks to using natural lighting to the maximum, better working conditions, extending the working life of plant and equipment, and meeting the Scottish Government’s emissions target.”

Staff are being encouraged to take simple, practical steps by switching off lights in areas not in use and switching off their PCs, particularly at weekends.

Jean went on: “We are now sharing what we have learned throughout NHSGGC.”

Patient Centred Care

Chemotherapy Team, New Victoria Hospital

Teamwork is the key word which drives the chemotherapy team in Clinic P at the New Victoria Hospital.

Equally important is the rapport built up between all staff at the clinic and patients who attend, some over long periods of time.

Sister Natasha Brown said: “We are good communicators. If we pick up a vibe that someone is distressed we can take them to one of the quiet rooms and speak to them about their treatment.

“It’s a chance to have a one-to-one and explain the treatment the patient is having and why they are having it.

The team’s nominator said: “They really do care about their patients and their skill, professionalism and advice leaves me feeling utterly confident in their care.”
Volunteer
Lily Kennedy

Volunteer Lily Kennedy (90) is a feisty campaigner and volunteer for health as well as welfare and housing rights for pensioners in the West Dunbartonshire area.
And her work has already been recognised at a national level when she was awarded the MBE in 2002 for services to volunteering.
Lily launched the Vale of Leven Seniors Forum which has since expanded to include Dumbarton, which she still chairs.
She is also chair of the West Dunbartonshire Community Care Forum and has been heavily involved in discussions to protect and improve health and social care services.
A member of the Vale of Leven Monitoring Group, Lily helped NHSGGC chair Andrew Robertson cut the first sod of the new Vale Health and Care Centre and was presented with the building’s first brick.

Working Well Together
The Mental Health Services (MHS) Equality Development Group

The group was launched in 2006 with the aim of ensuring that structures were in place to give everyone equality of access to treatment and services.
Martin Montgomery, General Manager, Forensic Services, and Lead for Equality on the group, said:
“The aim of our approach is to raise awareness of equality amongst our services and our staff.”
During 2011/12 the group was involved in developing, testing, sharing learning and problem solving around a number of policies and groups, including through the Accessible Information Policy and new interpreting procedures.
The group also shared learning on mental health indicators linked to the impact of the recession, and explored meeting the needs of marginalised groups through a variety of projects.
HEALTH Boards across Scotland are set performance targets by the Scottish Government each year. These are termed HEAT targets and cover four areas of activity:

- **Health Improvement for the people of Scotland** - improving life expectancy and healthy life expectancy.
- **Efficiency and Governance Improvements** - continually improving the efficiency and effectiveness of the NHS.
- **Access to Services** - recognising patients’ need for quicker and easier use of NHS services.
- **Treatment appropriate to individuals** - ensuring patients receive high quality services that meet their needs.

NHS Board accountability is monitored and maintained through a process of Annual Reviews, which are conducted in public each year.

On November 26th 2012 NHSGGC senior officers were able to report to Cabinet Secretary for Health Alex Neil that the Board and its staff had performed well in achieving or exceeding the majority of its HEAT targets for 2011/12.

Here is an at-a-glance summary of the performance achieved by our staff in Greater Glasgow and Clyde in 2011/12 including the few areas in which we just fell short of target.

### Health Improvement

#### HEAT Measures

- **Harmful alcohol consumption levels** remain a particular health risk to many of our population and this remains an area of high priority for NHSGGC – and the rest of Scotland. We were set a target of delivering 14,066 *Alcohol Brief Interventions* during the year.

  These interventions can take place in both primary care settings such as a GP surgery or in a hospital environment with outpatients or inpatients and at A&E units. These medical interventions explore with patients whether they are drinking alcohol to hazardous levels.

  Alcohol Brief Interventions are more than just giving advice. They use specific techniques to help people change their behavior. Support is offered in appropriate cases. Across NHSGGC we exceeded our target by more than 40 per cent achieving a total of 19,886 interventions.

- **The target set for us was to deliver 7,050 cardiovascular health checks by March 2012. Through our highly successful *Keep Well* programme – a major health improvement initiative aimed at preventing ill-health in those aged 40 to 64 - we smashed through the target and delivered an impressive**

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19,466 cardiovascular health checks.
We are encouraged by research and evaluation of Keep Well in NHSGGC which has shown the best performing GP practices have achieved very substantial and real improvement in the health status of this group of patients.

- Smoking tobacco remains one of the most significant health hazards in Greater Glasgow and Clyde. Our Smoking Cessation services are geared up to continue to drive down the rates of smoking amongst our population.

Not only do we focus strongly on supporting people to quit but also put much resource into education to encourage youngsters not to start in the first place. During 2011-12 our target was to help support 6,762 people to quit smoking.

We achieved real success in this area of health improvement with a total of 12,129 people being helped to successfully quit their tobacco habit. Within this overall smoking cessation target we were also set a specific target to help 4,054 smokers in our most deprived communities to quit and again this target was met and exceeded with an impressive 6,575 quitting.

- Tackling childhood obesity is another key priority for our Board. NHS Greater Glasgow and Clyde has developed its own intensive community based weight management service for children known as ACES (Active Children, Eating Smart). In our Board area there is also a successful school programme - Active Choices - which also tackles childhood obesity. Together these programmes have helped us meet our target with a total of 1,134 children completing a healthy weight intervention programme. Our target was 1,131.

Efficiency HEAT Measures

- Our Board is required to achieve financial balance and deliver a cash efficiency target of 3 per cent. The table on page 18 shows how this was achieved in 2011/12.

- We narrowly missed our sickness absence rate target but continue to focus on reducing sick leave across our organisation. Our target was to achieve a sickness absence rate of 4 per cent and as at March 2012 our overall sickness absence rate was 4.65 per cent.

- We were set two energy efficiency targets and while we exceeded our energy reduction target we narrowly failed to deliver on the CO2 emissions target. Energy efficiency and the reduction of CO2 emissions remain key areas of activity for NHSGGC.

We have a very active programme of sustainability incorporating reductions in waste, better use of power and increased recycling. In one example of activity staff from Glasgow Royal Infirmary have been at the forefront of the roll-out of a national ‘Ecosmart’ initiative - the Green Code.

This initiative includes waste sorting; the introduction of battery recovery bins; chemical recycling; switching off lights and PCs when not in use; spillages and waste being more efficiently dealt with thanks to an improved water filtration process.

Access HEAT Measures

- All Boards in Scotland were set two cancer targets. The first target was that 95 per cent of all patients diagnosed with cancer should begin treatment within 31 days of the decision to treat.

The second target was that 95 per cent of...
those referred urgently with a suspicion of cancer should begin treatment within 62 days of receipt of referral. NHS Greater Glasgow and Clyde’s performance on meeting these cancer targets was strong.

The time from when a suspicion of cancer is raised is a particularly distressing and anxious time for both the patient and their family. The 62-day target intends to ensure that these patients are prioritised to receive the tests and procedures they need to confirm or eliminate cancer as quickly as possible, and if cancer is diagnosed to begin treatment as soon as possible.

Around half of all patients diagnosed with cancer enter hospital care with symptoms not suspicious of cancer. While Health Boards are encouraged to prioritise diagnosing patients who are suspected of having cancer, it is important that all patients start their treatment as soon as possible after their cancer is diagnosed and a decision to treat is reached with the patient, in order that healthcare experience and outcomes are improved. The 31-day target focuses on this cohort of patients.

Both targets of 95 per cent were exceeded.

- From December 2011 we were required to meet a target of 90 per cent of patients to wait no longer than 18 weeks from referral to treatment. Greater Glasgow and Clyde delivered on this for our patients. As at December 2011, 90.2% of patients were treated within this target time and compliance is being maintained.

- By March 2013 we have to ensure that 90 per cent of our drug and alcohol clients will wait no longer than three weeks from referral received to appropriate drug or alcohol treatment that supports their recovery. We are pleased to report that for the period 2011/12 we had exceeded this target, with 93.3 per cent of these clients being referred and starting treatment within three weeks.

- Our A&E units are amongst the busiest in the country and see more than half a million patients every year. We have invested significantly in the creation of Minor Injury Units to ensure that emergency departments can focus on more serious casualties that need the specialist skills of the emergency teams. We have been set a target that 98 per cent of A&E patients are seen within four hours. At March 2012, 95 per cent of our A&E patients were seen within the four hour target time. We are continually working to improve this performance.

**Treatment HEAT Measures**

- The battle against healthcare associated infections is a top priority for all health boards and here in Greater Glasgow and Clyde we are proud to report that progress in reducing the rates of Clostridium difficile (C-diff) has been delivered beyond the targets set for us by Government. Our performance in reducing C-diff continues to set the pace for Boards across Scotland. We also achieved and exceeded the required reduction in levels of Staphylococcus aureus (including MRSA).

- As at March this year 73 per cent of patients were admitted to a stroke unit on the day of admission or the day following presentation. This performance is short of our set target of 80 per cent. Our Acute Division has improvement plans in place on all hospital sites to drive up this performance.

- We are working closely with local authority partners and the Third Sector (voluntary and charity partners) to support older people to avoid unnecessary emergency hospital admissions. This priority work has been identified as a target with an aim to reduce hospital admissions for the over 75-year-olds, down to 6,277 emergency bed days per year for every 1,000 population. NHSGGC recorded 6,379 emergency bed days for this patient group, which is slightly above target.

- Throughout 2011/12, no new outpatient waited more than 12 weeks from referral.
NHS Greater Glasgow and Clyde prepares an annual detailed set of financial statements which are published in full on our website. The full 2011/12 Annual Accounts can be viewed on the NHSSGGC website at www.nhsggc.org.uk but here we publish a high level summary report.

Every year, the Scottish Government sets three financial targets for each NHS Board in Scotland.

NHS Greater Glasgow and Clyde’s financial performance can therefore be summarised by looking at these three financial targets, which are:

- The revenue resource limit – what the Board can spend on ongoing operations
- The capital resource limit – what the Board can spend on capital investment
- The cash requirement – the finance the Board needs to fund its revenue and capital spend

During the financial year 2011/12, NHS Greater Glasgow and Clyde successfully managed its finances and was able to stay within the financial targets as shown in the following table:

<table>
<thead>
<tr>
<th>Limit set by the Scottish Government</th>
<th>Actual Outturn</th>
<th>*Underspend</th>
</tr>
</thead>
<tbody>
<tr>
<td>Revenue Resource Limit</td>
<td>2,238.0</td>
<td>2,237.7</td>
</tr>
<tr>
<td>Capital Resource Limit</td>
<td>203.9</td>
<td>203.9</td>
</tr>
<tr>
<td>Cash Requirement</td>
<td>2,432.0</td>
<td>2,431.3</td>
</tr>
</tbody>
</table>

* These surpluses (shown as underspends) were returned to the Board by SGHD (Scottish Government Health Department) for use in the following year’s budget.

“On June 26, 2012 the Board of NHS Greater Glasgow and Clyde received the confirmed positive end of financial year report from both our external and internal auditors. To have delivered a break-even budget in such challenging times within such a large and complex organisation is a notable achievement. Very many of our staff can take direct credit in helping NHSGGC balance a budget of £2.8billion. I want to express my thanks to all staff for contributing to this core objective of delivering service change, quality improvements and within our finite financial resource.”

– Robert Calderwood, Chief Executive
CLINICAL SERVICES IN THE FUTURE...

Why we need to change

BY DR JENNIFER ARMSTRONG, Medical Director, NHSGGC

THERE is a vision for NHS Scotland that by 2020 everyone is able to live longer healthier lives at home or in a homely setting within a healthcare system. There will be more integrated health and social care and a focus on the prevention of ill health and help for people to look after themselves.

When hospital treatment is required, then day case treatment will be the way most people are treated.

The challenge we face today is how to use our resources most effectively to deliver this vision and how we plan for changing technologies and demands on the NHS.

Earlier this year we asked some of our most experienced clinicians to work with patients and other stakeholders to review our services and consider how they should be developed to meet the needs of our population in 2020.

We asked the groups to be innovative in their thinking. Central to their considerations were to be the views, experiences and expectations of patients.

The groups have now completed the first phase of this review. They have drawn a number of conclusions which, together, create a compelling case for change.

Health needs of our population are changing

LIFE expectancy is increasing and our population is ageing. Over the next decade, we expect to see a 13% rise on the number of people aged over 65. We anticipate a 25% rise on the number of people suffering with dementia over the next decade and anticipate that one in three people aged over 65 will die with dementia.

We also expect that, as our population ages, we will see an increase in people with multiple chronic diseases. Around 35.5% of our population live in significantly deprived areas where the onset of chronic illness occurs 10-15 years earlier than in the least deprived areas. We need to plan now so that our services are ready to respond to these changes.

We need to do more to support people to manage their own health

We estimate that between 70 - 80% of people with a chronic illness can manage their own illness with the right support. Around 10-15% of people with chronic illness may require a higher level of support while the remaining 3-5% of people will need a more intensive form of support from health and social care services to help them stay at home for as long as possible.

We need to do more to ensure that people are provided with advice to manage their own condition with support from NHS staff as required. We also need to help people who may be developing more severe illness rather than wait until they require urgent hospital admission.

Our services are not always organised in the best way for patients

OUR services are often organised around the treatment of a single disease but many patients live with more than one disease. Patients tell us that they have to attend many appointments with different services. This can lead to fragmented care. We need to adapt this traditional pattern of care to meet the needs of people who have more than one chronic illness.

We need to do more to make sure that care is always provided in the most appropriate setting

PATIENTS must be able to access hospital care when required but hospital is not always the most...
PATIENTS drawn from the Board’s Public Partnership Forums and Managed Clinical Networks have participated in the review of services.

They have offered a patient and carer perspective ensuring that patients remain central to our considerations. More than one hundred patients, charity representatives and carers have participated in the work to date.

Accessible papers summarising the process are available online [http://www.nhsggc.org.uk](http://www.nhsggc.org.uk). To request further information or request a presentation to a community group or similar organisation please contact NHSGGC’s Community Engagement Team on 0141 201 5598.

Martin Brickley, Chair of the East Dunbartonshire PPF and Vice Chair of the Cancer Services Group, said: “The patient reference groups are ensuring issues raised by patients and members of the public are taken back to the Clinical Services Review group. “The groups allow a true and transparent process to take place with the views of those at the heart of the services being considered.” “I am witnessing first hand how worthwhile the programme is.”

The need to provide the highest quality of specialist care

THERE is strong evidence that treatment provided by specialist teams can improve outcomes for patients. We also need to keep pace with advances in technology and build on our role as an academic centre of excellence and world leader in research. However, there are also significant opportunities to support patients locally with access to investigations, diagnosis and follow up.

We need to find the best way to make sure people get specialist support when it is required.

Specialisation needs to be balanced with the need to coordinate overall patient care

MANY frail elderly people with complex needs require rapid access to comprehensive assessment and coordinated care as well as specialist input. Often GPs have to communicate with many different clinical and social care teams to agree a clear plan. It is not always clear who is taking overall responsibility for a patient’s care. To address these issues, we need to develop more integrated models of care in NHSGGC.

Healthcare is changing and we need to keep pace with best practice and standards

STANDARDS and guidelines for healthcare are numerous and challenging. While we perform well in many areas, we do not consistently meet all standards. There are increasing requirements to be able to access specialist services 24 hours a day which pose challenges to the way we organise our services. We need to keep pace with emerging best practice.

Supporting our workforce to meet future challenges

THERE is a challenge in providing 24-hour cover, with changes to training, skill-mix and workforce demographics. We need to consider how professions can work better together across agencies and with patients and carers.
It’s all about the quality of services

NHS Greater Glasgow and Clyde is committed to driving up the quality of our services and improve the experiences of our patients.

We have a very positive story to share with the people we serve and we really have a lot for our staff to feel justifiably proud of.

That’s why we have created a special section on our website to showcase our Commitment to Quality to our patients, our staff, our partners and people from around the rest of Scotland, the UK and around the world.

It’s a one-stop online shop featuring a whole range of quality indicators and achievements.

There are six key sections presented in an easy to read format complete with graphs where appropriate.

- Driving up the quality of our services
- Working with our patients
- Meeting our targets
- Patients’ rights
- Celebrating success
- Energy efficiency

The Meeting Our Targets section details in easy to follow format how NHSGGC is delivering against a whole range of topics from waiting times to health improvement targets. The graphs are updated regularly throughout the year giving high visibility to our ongoing performance and detailing what we are doing about the areas where performance needs to improve.

In the Driving Up The Quality Of Our Services section we host the outcomes of independent external quality inspections at our sites and how we use these reports to drive up quality across our whole organisation. We also detail here how we are investing in technologies and facilities to improve the quality of services and how we are working to improve access to treatment and services for patients.

In our Working With Our Patients section we showcase patient stories and offer an opportunity for people to send in their comments about their experiences of our services. We highlight the various ways in which patients can make their voice heard and how they can join our ever growing Involving People Network (currently the largest in Scotland and one of the largest in the UK with a membership of more than 4,000).

Our Patients’ Rights and Responsibilities section is packed with useful information about the new Patients Charter and our promise to deliver our Treatment Times Guarantee.

It also helps you know how best to make a complaint and contains contact details for the Patient Advice and Support Service in case you need some extra help in taking an issue forward.

Celebrating Success is our showcase section where we highlight the achievements of our staff across all areas of healthcare and professional support under “awards and achievements”. It’s also where we host examples of Best Practice in NHSGGC – everything from examples of treatment to research and patient care.

Under Medical Advances we highlight the work of some of the finest brains in the world working in the vanguard of medical research – work which will have a positive impact on healthcare for decades to come.

This section is completed with a link to several stories of patients – your stories of your experiences of your local NHS.

It is important for Scotland that everyone does their bit to reduce energy use and increase recycling. In the public sector all organisations have ambitious targets to meet that not only help the environment but release core NHS funding from energy bills to be re-invested in frontline service improvements and patient care. We are proud of our efforts to achieve the goals and have even created a special Chairman’s Award to encourage staff in this sustainability drive. Here you can learn about our initiatives and how we are working to meet our energy reduction targets.

Our commitment to quality and the delivery of safe and sustainable services - designed and delivered around patient needs - is central to everything we want to do. We hope you find this new easy to use web portal a useful resource to follow the continuing achievements in healthcare improvements and how we can all play a part in driving forward further improvements.
At NHS Greater Glasgow and Clyde we are fully committed to delivering a high quality service to our patients.

We are proud to showcase our efforts and commitment to care all year round on our Quality Portal.

Learn about our dedicated team of staff and volunteers visit:

www.nhsggc.org.uk/quality