

NHS GREATER GLASGOW AND CLYDE
ANNUAL REVIEW SELF ASSESSMENT 2011

1. REPORT ON PROGRESS AGAINST 2010 ANNUAL REVIEW ACTIONS

Improving the Quality of Care and Treatment for Patients	
Action	Progress
1. The Board must keep the Health Directorate informed on progress towards achieving all access targets, including the 4-hour A&E standard and 18-weeks RTT target. The Board must meet all interim milestones as part of 18 Week RTT delivery.	<p>NHS Greater Glasgow and Clyde performed well against the national waiting time targets for 2010/11. In the case of outpatients, NHSGGC achieved no outpatient waiting longer than 10 weeks by December 2011. For inpatients and day case patients, NHSGGC successfully achieved no patients waiting longer than eight weeks at March 2011. In working towards achieving the 18 Weeks Referral to Treatment Standard in December 2011, NHSGGC has improved steadily against each of the performance and completeness indicators in 2010/11.</p> <p>We have ensured that Scottish Government are kept informed of performance throughout the year.</p>
2. The Board must continue to review, update and maintain robust arrangements for controlling Healthcare Associated Infection	We have continued to build on our robust arrangements for monitoring and controlling Healthcare Associated Infection. More detail on this is provided in Section 2.
3. The Board must keep the Health Directorate informed of progress on the local implementation of the Quality Strategy.	During 2010/11 we have taken the opportunity to align our key activities and governance arrangements with the Quality Strategy, including the development of an integrated Quality and Performance Committee as a sub committee of the Board. A wide range of work is underway to improve the quality of our services and some of these are discussed in more detail in Section 2.
Improving Health	
Action	Progress
4. The Board must keep the Health Directorate up to date with progress on the local efforts to achieve the child healthy weight HEAT target.	A total of 853 children completed the Child Healthy Weight Intervention Programme, which was in excess of the Board's target.
5. The Board must keep the Health Directorate up to date with progress against the breastfeeding HEAT target.	We have shared with the Health Directorate our progress in increasing breastfeeding rates across Greater Glasgow and Clyde. These rose to 23.6% in 2010/11.

Primary Care	
Action	Progress
6. The Board must keep the Health Directorate up to date with progress on maintaining the zero delayed discharge standard with its planning partners.	Whilst we did meet the zero delayed discharge standard at March 2011, we recognise that the quality of services for older people requires significant improvement. As part of our comprehensive approach to the Change Fund, all partnerships have now produced detailed investment plans and are implementing these in a range of areas, including development of community capacity, focusing on delayed discharges, support for those with dementia, flexible use of care home and intermediate care capacity, home care reablement schemes and working with the third sector.
Finance, Efficiency, Workforce and Service Redesign	
Action	Progress
7. The Board must continue to achieve in-year and recurring financial balance.	The Board has achieved its financial targets to operate within its agreed revenue resource limit, operate within its capital resource limit and meet its cash requirements.
8. The Board must keep the Health Directorate informed of progress in implementing the local efficiency savings programme, including a focus on recurrent savings.	The Board has achieved its cash efficiency target and have kept Scottish Government informed of progress throughout the year.
9. The Board must keep the Health Directorate informed of progress in achieving and maintaining the 4% national sickness absence standard.	The 4.7% sickness absence rate recorded among NHSGGC staff represents an improvement on last years' performance.

2. IMPROVING THE QUALITY OF CARE AND TREATMENT FOR PATIENTS

2.1. Improving the Governance Systems Supporting Quality

In the preceding four years we have routinely used internal audit and the learning from two NHS Quality Improvement Scotland reviews to independently check on our clinical governance arrangements. These reports have confirmed a maturing organisational framework but having reflected on the national Healthcare Quality Strategy and a number of recognised challenges, at the end of the financial year we revised our key governance arrangements. The functions of the Clinical Governance Committee have now been absorbed and are being remodelled through the Quality and Performance Committee as we seek to generate a more integrated understanding of the various strands of organisational governance at Board level.

Each of our main sectors, (e.g. Acute Directorates or Community Health Partnerships) have continued to maintain extensive clinical governance plans, confirming their focus and priorities for improvement. Each plan details work focussed on improving patient safety and clinical

effectiveness, extending well beyond the nationally sponsored programme, incorporating both national and local requirements.

2.2. Healthcare Environment Inspections

To date NHSGG&C has undertaken seven announced and five unannounced inspections. In order to share learning across the organisation, NHSGGC convened an HEI Steering Group chaired by the Director of Nursing for the Acute Division. The group also reviews the preparation undertaken for the planned inspections. A composite action plan has been developed and this is updated and shared at the group. Directorate leads attend this meeting to ensure that information flows through the directorate structure as well as across sites.

In addition to the HEI Steering Group, NHSGGC have developed a Corporate Inspection Team. This team is lead by the Director of Nursing for the Acute Division and senior members of staff from all directorates participate in the inspection process. The Inspection process is based on the same inspection tools and methodology as the Healthcare Environment Inspectorate. It is envisaged that by undertaking these inspections, as part of the core work of the organisation, frontline staff and our clinical environment will be appropriately prepared for both planned and unplanned visits from the HEI Team. The short to medium term objective is to embed the key principles of the QIS standards for HAI into everyday practice within our healthcare facilities.

2.3. HEAT Target – Reduction in *Staphylococcus aureus* bacteraemias (SABs) by 50% March 2011

The National Report published in July 2011 (January - March 2011) shows the rate of *C. difficile* within NHSGGC as 0.23 per 1000 occupied bed days in over 65s and clearly places the Board below the national mean (0.28 per 1000 OBDs in over 65s) and also below the 0.6 per 1000 OBD HEAT target for 2011.

NHSGGC have implemented enhanced surveillance of MRSA/MSSA bacteraemias (SABs). This has provided NHSGGC with vital information with regards to where and why these types of infections are occurring and what we could do to prevent them. The reasons patients may have developed SAB can be different in specific areas, e.g. in renal medicine they can be associated with Central Venous Catheters required for dialysis or in Surgery they may be secondary to a wound infection. In order to return this type of information back to where interventions can best be targeted, monthly Directorate reports have been developed. A NHSGGC SAB steering group has also been convened and representatives from each directorate report on what actions they are taking to target their specific areas of practice. It should be noted that the number of SABs presenting in Accident and Emergency Departments from the community, is now a significant proportion of what is being reported to Health Protection Scotland and effective interventions to target actions to reduce these infections are limited.

2.4. Facing the Future Together – Patients and Staff

A key strand of our work to improve outcomes for patients and engage and empower staff is our Organisational Change Programme; Facing the Future Together (FTFT). This is a detailed,

board wide programme, with high visibility and high levels of engagement with staff at all levels. We have five key outcomes, each underpinned by a detailed work programme. These are:

- Our patients
- Our people
- Our leaders
- Our resources
- Our culture

The outcomes, and some examples of the actions in place to deliver these, are described below.

Our Patients Outcome

We want to deliver a consistent and effective focus on listening to patients, making changes to improve their experience and responding better to vulnerable people.

Actions

Older people:

- Major quality initiative on older people across the whole organisation - “putting patients first, focusing on the quality of care for older people”.

Patient Information:

- Our main website needs improvement for patients - establish detailed review and improvement programme.

Patient feedback:

- Create process to collate patient feedback and collectively learn from it on a more extensive basis.

Our People Outcome

Our aim is to develop a workforce which feels positive to be part of NHSGGC, feels listened to and valued and where all staff take responsibility to identify and address issues in their area of work. This includes quality, efficiency and effectiveness, and a real focus on improving the care we deliver to patients.

Actions

Improving communication:

- Open up communication for all staff by creating a range of “ask the boss routes” to raise issues and questions. Set up a real time communication method so staff get the news on any big issues from us first.
- Improve communication within teams through the team development work.
- Establish a series of measures to improve senior management visibility in each part of the organisation including extending the senior managers SPS walk round programmes.

Making focusing on patients and services the top priority for staff:

- Improving Health Information and Technology (HIT): we know effective HIT is critical to enabling our staff to do their job effectively. We are establishing an HIT improvement group to focus on and resolve staff concerns.

Showing we value staff:

- Develop KSF and other appraisal systems to refocus with more emphasis on patients, personal development and the objectives of this programme.
- Recognise great service, ideas and teams
- Establish a consistent tiered approach to enable staff to propose changes which are then worked up with management support.

Our Leaders Outcomes

Actions

- Leadership, we have defined the model of leadership we want to work towards. All staff interested in leadership are invited to use this material.
- Establish talent management and succession planning programmes.
- Working more effectively. FTFT puts different demands on us all. How can we adapt the way we work to reflect that? Providing materials on a range of issue such as:
 - how do we use our time and our colleagues time
 - setting priorities
 - reducing meetings
 - first time problem solving
 - focussing on people not just transactions.
- Leadership Development programmes.

Our Resources Outcome

We know that we need to reduce our costs over the next five years. We want staff to help us decide how to do that in a way which targets areas of less efficiency and effectiveness and areas where we can improve quality and reduce cost.

Actions

- Resources: information for staff setting out the approach in that area and how staff can contribute.
- Effective practice

Our Culture: The Way We Work Together Outcome

To meet the challenges we face we need to improve the way we work together and we all need to take responsibility for achieving that. We need more listening, more reflection, and better working, together; as individuals; in our own teams and with other teams.

Actions

- Working with others, defining the behaviours which work and systems to reward and reinforce these
- Working well in teams. Material designed for different team members, team leaders and line managers to use

- Key relationships: doctors and managers and junior doctors and their teams

2.5. Supporting Carers

NHSGGC has used Carers Information Strategy (CIS) funding to support a range of actions across our CH(C)Ps and acute division, in partnership with Local Authorities, carers centres and other third sector organisations. All of our Change Fund plans include plans for supporting carers and we are using change fund investment and CIS funding to complement each other to provide maximum support to carers.

2.6. Participation Standard

This year was the first year of the Scottish Health Council's assessment of NHS Board's compliance with the Participation Standards. The process highlighted for us, a number of areas of strength, but also that we have significant opportunity to improve our methods of engagement with the public, particularly in primary care, and in ensuring that we have robust processes for sharing patient experience throughout the organisation.

As a result of the process:

- we have shared the results of our self assessment with the Quality and Performance Committee (a sub committee of the Board)
- issued guidance to all services on what improvements are expected, and how these will need to be evidenced
- arranged a process for reviewing progress in 6 months time and
- organised a board wide discussion for all Directors, on planning our future improvements in ensuring patients are at the centre of our business

3. **WAITING TIMES**

NHS Greater Glasgow and Clyde performed well against the national waiting time targets for 2010/11. In the case of outpatients, NHSGGC achieved no outpatient waiting longer than 10 weeks by March 2011. For inpatients and day case patients, NHSGGC successfully achieved no patients waiting longer than 8 weeks at March 2011. This achievement was challenging for a few specialties with orthopaedics continuing to remain under pressure during 2010/11. Improvements were also made in Diagnostic waiting times for the eight key diagnostic tests, which saw no patient waiting longer than three weeks by March 2011. NHS Greater Glasgow and Clyde also continues to remain compliant against the targets for cataracts and hip surgery.

3.1. 18 Weeks Referral to Treatment

In working towards achieving the 18 Weeks Referral to Treatment Standard in December 2011, NHSGGC has improved steadily against each of the performance and completeness indicators in 2010/11. For admitted pathways NHSGGC performance went from 51.2% in April 2010 to 71.6% in March 2011. However admitted completeness reduced over the year from 66.5% in April to 60.7% in March. This was due to changes in the way linked pathways are calculated, in line with practices in other NHS Scotland Health Boards. In the case of non-admitted

pathways, performance improved from 58.4% in April 2010 to 81.2% in March 2011, while completeness improved from 34.5% in April to 64.8% in March.

With revised performance indicators in place for 2011/12, NHSGGC continues to improve month-on-month against combined 18 weeks RTT Performance and Linked Pathways targets.

3.2. **Cancer**

Performance against the 62 day and 31 day cancer targets was high in 2010/11 with NHSGGC exceeding 95% each quarter against the 62 day target, and regularly exceeding 97% on a quarterly basis against the 31 day target.

3.3. **A&E - 4 Hour Standard**

NHSGGC reported a Board average of 96.7% against the 98% four hour A&E access target for 2010/11. This position peaked at 97.9% in July, settling on 97.1% in August and September. However pressures caused by delays to discharge and winter caused performance against the target to fall in a number of hospitals including Glasgow Royal Infirmary (GRI), the Western (WIG) and the Royal Alexandra Hospital (RAH), with an annual low of 91% reported as the Board average in January 2011. This position improved to 94% in March and has been increasing steadily each month since with July and August 2011 at 97%.

In order to improve compliance against the target, a whole system service improvement exercise, with both acute and primary care involvement, looking at the patient journey in and out of hospital has been undertaken during May and June 2011. This resulted in a number of key recommendations being made to redesign patient pathways into A&E in GRI, WIG and RAH. In addition, it is hoped that investment from the Change Fund will assist in reducing the number of delays to discharge across NHSGGC.

4. IMPROVING HEALTH AND REDUCING INEQUALITIES

4.1. **Reducing Inequalities**

The health gap between Scotland and EU countries is not narrowing. Within Scotland, NHSGGC are ranked lowest on a range of health inequality indicators. We also recognise the significance of the recession on health and we are developing a set of indicators to monitor its impact. In addition, access to health care for people with a protected equality characteristic remains a concern especially in light of the changing ethnic mix of the Greater Glasgow population and the high proportion of the population who are disabled. Despite a shift in social attitudes, we are also aware of enduring discrimination towards our Black and minority ethnic; lesbian, gay, bisexual and transgender; faith and older communities.

NHSGGC continues to develop its internal capability to ensure that all its work incorporates a focus on addressing health and social inequalities via the planning and performance process. Strategic Planning Frameworks (which form the backbone of our system for developing plans and setting priorities), contain inequality-sensitive priorities for action which are being embedded into local development plans and this year we have placed an emphasis on the development of more sensitive inequalities Key Performance Indicators. Further, we have

drawn up a pathway to show the relationship between inputs and outcomes with increased and equitable life expectancy as our long term goal.

During 2010-11 key new organisational activity in relation to the three elements of the Tackling Inequalities Policy Framework comprised:

- Agreement to improve monitoring of the health gap and age and sex differences in relation to uptake and use of services using a refined core dataset
- Programme of work on the development of Inequalities Sensitive Primary Care and the establishment of a Primary Care Deprivation Group
- Ongoing implementation of Keep Well and enhanced programme of anticipatory care
- Further development of an exemplar Inequalities Sensitive CHP
- Planning for change in A&E and related clinical and support services to enable us to better meet the needs of patients who choose to present at A&E with complex medico social needs.
- Delivery of Financial Inclusion programme
- Commitment to Fair Financial Decisions for our cost savings programmes in line with Equality and Human Right's Commission Guidance
- Equality Impact Assessment of 72 frontline services
- Commitment to establish a bespoke, in house Interpreting and Translation Service
- Establishment of a repository of Accessible Information

4.2 Everyone Gets the Best Start in Life - Healthy Children Programme

An NHSGGC Healthy Children Programme Group was formed in October 2010 to focus on the guidance in CEL 15 (2010) and agree on areas for strategic priority. The key drivers for the Healthy Children Programme are the National Guidance in *CEL 15 (2010) Refresh for Health for All Children* which recommended the introduction of a 24-30 month assessment, a modification of the Health Plan Indicator and emphasised the need for evidence based practice across children's workforce.

A number of workstreams are being progressed to inform the process of implementing the Healthy Children Programme. These include discussions around the Health Plan Indicator, development of a pilot 30 months review, Health Improvement messages and resources for 30 month review, enrichment programme and staff survey of Children and Families Teams, communication and engagement events for staff, development of business processes and implementation of *Releasing Time to Care*. Staff side representatives are fully engaged in all processes. Work Includes:

- A universal face to face contact at 30 months with a focus on communication and family functioning. The proposed 30 month review is an extension of the continuing support for the child after birth by Health Visitors in community settings. The process fits within the Vulnerable Children's Pathway and the Maternity Services Review.
- A programme of interventions for children that require further support and pathways will be established from the 30 months contact to specialist services.

- Communication and Engagement events have been held across localities within NHSGGC to raise awareness of the Child and Maternal Health Workplan and the Healthy Children Programme. Over 350 staff attended the events.
- Audit of Practice – Survey of Children & Families Team.
- The analysis of the survey will be communicated to staff through a series of consensus events in autumn 2011.
- Health Plan Indicator – Currently four categories are used to describe a model of care allocated and then provided to a family and child. These categories are Core, Additional, Intensive and Unassigned. Building on new evidence, a set of principles have been established to guide the development process for the future Health Plan Indicator to prevent a widening in inequalities.
- The Health Plan Indicator allocation will be assigned within six months with staff utilising local tools which improve consistency and are underpinned by the National Practice Model from GIRFEC.
- Pilot of the 30 months review – The pilot has been designed to test the contact and inform the need for additional interventions that may arise as a result of the contact. The pilot will involve Health Visitors from North East and North West Glasgow, East Dunbartonshire and Renfrewshire. A detailed evaluation will be undertaken and will be used to inform the future roll out in 2012.
- Health Visitor Teams review - The size, skill and grade mix, team leadership and interface with General Practice of Children and Family teams throughout GGC are being reviewed.
- The Board and Glasgow City Council are embarking on a review and re-design of the PACT teams and this will take place over the next six months.
- Innovative work on Parenting has been developed in Glasgow, Renfrewshire and Inverclyde, where Education, libraries and housing associations have been involved. By June 2011, a total of 672 staff undertook training in Triple P.

4.3 A Focus on Improving Health

4.3.1 Dental Registrations

NHS Greater Glasgow & Clyde exceeded the target for the percentage of three to five year olds registered with a dentist, reporting 86% against a target of 80% at March 2011.

In addition, significant progress has been made in relation to the number of schools participating in the tooth brushing programme. Across the Board a total of 271 schools (of 309 schools in total) are participating in the Tooth brushing Programme and further plans have been developed to implement fluoride varnishing across all CH(C)Ps.

4.3.2 Alcohol Brief Interventions

A total of 36,399 alcohol brief interventions were reported in March 2011, exceeding the planned number of 34,902 interventions.

West Dunbartonshire have progressed exemplary work in conjunction with the local licensing forum in relation to the approved statement of overprovision and Health Impact Assessment of the current licensing policy. This work and the work of Inverclyde's Alcohol Drug Partnerships are indicative of the Board's wider strategy to address alcohol licensing and alcohol impact on communities through CHCP activity

4.3.3 Smoking Cessation

NHSGGC exceeded the smoking cessation target by over 4000 quitters, recording 25,455 actual quits against a target of 21,240. The Board can demonstrate further added value in relation to smoking cessation with approximately 30% of "quitters" living in the most deprived areas (SIMD 1&2). In the context of addressing health inequalities and collaboration with Local Authorities, all CHCP's can demonstrate a strategic approach to tobacco control and smoking prevention can be evidenced through integrated tobacco strategies such as in Glasgow or within Single Outcome Agreements and Joint Health Improvement Plans such as in East Dunbartonshire.

4.3.4 Child Healthy Weight

A total of 853 children completed the Child Healthy Weight Intervention programme by March 2011, exceeding the target of 850. As part of the child healthy weight programme, both a school based intervention and an intensive community intervention have been established. Preliminary data indicates weight maintenance outcomes from the specialist intervention are comparable with our adult weight management service. Local healthy weight community programmes in South West Glasgow and East Renfrewshire have influenced service delivery by joining up resources and influencing behaviours in local areas. In conjunction with all six Local Authority partners, the Vitality programme has been established providing 115 physical activity classes for all levels of functional ability and including post rehabilitation, attracting 62,000 attendances during its first operational year.

4.3.5 Cardiovascular Health Checks

A total of 13,503 cardiovascular health checks were carried out by March 11 exceeding the target of 7,038.

4.3.6 Suicide Prevention

NHSGGC exceeded the Suicide Prevention Training target, reporting 53.4% staff trained at December 2010 against a target of 50%.

4.3.7 Antenatal HEAT Target

In preparation for the new antenatal HEAT target, a maternity framework group has been established with Directors, senior maternity staff and GPs to consider access issues, the needs of

vulnerable women and the implications for services to ensure early intervention on smoking cessation and alcohol consumption.

5 SHIFTING THE BALANCE OF CARE

5.1. Delivering Quality in Primary Care

Our local Primary Care Framework provides the overall direction for our work in this area. Progress over the last year includes:

- Continuing to have a comprehensive programme of Enhanced Services in place, which has recently been reviewed to ensure that all ES programmes are leading to improved outcomes for patients.
- Exploring the extension of the Scottish Patient Safety Programme into primary care, alongside the national pilots.
- Developing patient pathways through our speciality pathway groups, and using the opportunity of the Quality Outcomes Framework points to implement improved pathways for patients.
- Continuing focus on Keep Well, working with over 80 practices in Glasgow, West Dunbartonshire and Inverclyde
- Focusing on engagement with practices through the development of locality groups in our CH(C)Ps
- A range of actions to improve communications and pathways at the primary/ secondary care interface
- Increasing the profile and accountability of Primary Care within our internal performance management structures
- Continuing work to address inequalities, including a project working with a number of practices as demonstrator sites, and the establishment of a primary care deprivation group.

5.2. Implementation of Long Term Conditions Action Plans

Work to progress the three stands of our Long Term Condition (LTC) strategic framework is ongoing as follows:

5.2.1. Complex Care & Anticipatory Care Framework

We are continuing to develop a more consistent approach to assessment and case management. We have identified the need to develop a systematic program which identifies triggers for intervention. A key focus is on acute and early intervention to de-escalate/prevent admission, with short term support to get through crisis. The various LTC MCNs are reviewing what constitutes prevention and the triggers for intervention and treatment for their disease condition.

For those meeting a particular threshold of complexity, this will include the following principles:

- An intensive, regular, case management approach
- Focused around primary care and social work team
- Creating combined care plans

- Named key worker/case manager
- Review of medicines regime and compliance
- Individuals move in and out of the programme based on complexity

5.2.2. Supported Self Management

We are developing workplans to deliver our actions to support patients in managing their LTCs, which will include developing options to access non-NHS supports such as peer networks and voluntary sector inputs

Through the development of our supported self management framework and our various patient engagement mechanisms, we are working towards being clear about what matters for our patients; understanding what they want to achieve and how can they be supported in this.

We are taking part in a pilot programme to further develop the ALISS (Access to local support to support self management) project and the role of social prescribing and the third sector voluntary organizations.

5.2.3. Disease Specific Care

We are streamlining care pathways and processes for people with LTCs and reviewing opportunities to develop better systems of care for people with multiple problems/co-morbidity.

For example, in Renfrewshire a single phone call can start a full system of care from community assessment through to hospital admission. Specifically for Diabetes, a single point of triaged access for diabetes referrals is being developed for referrals to community services (e.g. dietetics or podiatry) and secondary care diabetes services, in order to streamline patients' journey of care and eliminate duplication and unnecessary interventions.

For Diabetes inpatient care we are developing a programme of work around improving quality of care for those admitted with diabetes as a comorbidity with a view to reducing length of stay.

5.3. Inequalities Focused Work

There are a number of workstreams focusing on the needs of ethnic minorities and hard to reach groups in order to understand and address barriers to access and the identification of appropriate intervention models.

5.4. Improved Medicines Management

Through the MCNs and pharmacy support, we are focusing on optimising medications developing a scrutiny on primary care compliance with drugs guidelines and on medicine combinations. For example, when patient is on more than six medications when discharged from hospital, a community review is initiated by the pharmacist.

5.5. **Change Fund Plans**

NHSGGC is a partner in six change fund plans with the Local Authority areas within our boundaries, including three integrated health and social care partnerships. We have worked across partnerships to ensure that change fund plans are informed by a clear evidence base and are linked to demonstrable improvements particularly in relation to delayed discharges and occupied bed days in acute hospital. We have developed a comprehensive internal monitoring programme to keep track of these indicators on a monthly basis. All partnerships have now produced detailed investment plans and are implementing these in a range of areas, including development of community capacity, focusing on delayed discharges, and support for those with dementia, flexible use of care home and intermediate care capacity, home care reablement schemes and working with the third sector.

5.6. **Dementia HEAT Target**

The HEAT Dementia target relates to the number of people with a diagnosis of dementia on GP practice clinical systems. The target for NHS GG&C was 8,677, and was based on approximately 61% of predicted prevalence. This was expected to be attained by March 2011.

NHS GG&C was the first Board in Scotland to successfully meet the Dementia HEAT target in March 2010, a year early. Since then, NHS GG&C has continued to exceed the target, with a total of 9,245 people diagnosed with dementia on registers as at the end of March 2011. Work continues with GPs to highlight the importance of registering patients with a dementia diagnosis, and to ensure that we continue to exceed this standard.

A supporting measure; the percentage of patient whose care was reviewed in the previous 15 months, stands at 81.33% as at the end of March 2011. Work is ongoing to produce a template for reviews for use by GPs, together with advice on making a dementia diagnosis.

5.7. **Anti-Depressant Prescribing**

Following the withdrawal of the HEAT Target in March 2010, two local improvement measures were introduced:

- The percentage of Fluoxetine/Citalopram prescribed against a selection of anti-depressant medication (the target being >65%).
- The percentage of Escitalopram prescribed against all SSRIs (<5%).

Performance against these measures is encouraging, with all CH(C)Ps reflecting positive outcomes from focusing attention on the appropriate prescribing of anti-depressants and in raising awareness of the benefits of reviewing anti-depressant prescriptions. Targeted prescribing support and assistance is provided to those GP Practices identified as being significant outliers.

5.8. **Psychological Therapies Waiting Times**

Monthly reporting of data to ISD commenced in May 2011, with the reporting of Primary Care Mental Health Team service data. Community Mental Health Team data followed in June 11, and will be added to through the delivery of a rolling plan for gathering service data. Work is

on-going to improve the quality of the data being captured, and to raise awareness of the data reporting requirements at an operational level.

Over the coming months, efforts will be made to provide information and guidance to operational staff about the target and to develop reporting mechanisms so that activity data can be utilised by staff across the organisation. Key to this will be encouraging the local use of lean methodologies such as system maps, data and process control to identify natural process variance and focus areas for service improvement, productivity & efficiency.

6 FINANCE AND EFFICIENCY, WORKFORCE PLANNING & SERVICE CHANGE

- 6.1 The Board has achieved its financial targets to operate within its agreed revenue resource limit, operate within its capital resource limit and meet its cash requirements.

The Board has also achieved its cash efficiency target.

The Workforce Plan is a high level summary of the detailed workforce plans in place. It aggregates the workforce implications of service and financial plans across the service and provides a strategic overview of the main workforce changes. All service redesigns are supported by a Project Initiation Document (PID) which describes the workforce impact in terms of numbers, skill mix changes and changing roles as well as the cost implications of such changes. The information from the PIDs supplements local workforce plans and enables us to provide the detail behind workforce projections for individual job families and services.

6.2 Development of the New South Glasgow Hospitals Campus

Work has started on the £840m New South Glasgow Hospitals Campus with Health Secretary Nicola Surgeon cutting the first sod. The first building to be complete on the site will be the impressive laboratory development followed by the children's hospital and adult hospital. This is also seen as the first steps towards major regeneration and economic benefit to Govan and the wider local community.

The new South Glasgow Hospitals Campus will deliver a truly gold standard of healthcare on the Govan site with maternity, children's and adult acute services all together on the one campus. It will also have the biggest critical care complex and one of the biggest Emergency Departments in Scotland.

Brookfield Multiplex has been awarded the contract to design and, following approval of the full business case by the Scottish Government, will construct the new adult and children's hospitals which will be the largest single NHS hospital build project in Scotland.

6.2.1 New Laboratory and Facilities Management Building

Brookfield started construction on the new laboratory and facilities management facility in early 2010 and is on target to complete in March 2012.

The laboratory will accommodate blood sciences, pathology, genetics, microbiology, post-mortem and mortuary services, (including the relocation of the City's Mortuary and Fiscal

Post Mortem services). The laboratory will be linked to the new adult and children's hospitals via an underground tunnel.

The new facilities management service will provide the facilities management hub for the campus and the underground tunnel will provide link for the robotics (automated guided vehicles) to deliver supplies to, and remove waste from, the new hospitals.

6.2.2 New Adult Hospital

The plans for the complex will see a brand new 14 floor adult hospital with 1,109 beds. Every patient in the wards will have their own single room with en-suite; this will assist in addressing HAI, mixed sex, privacy and dignity issues.

6.2.3 New Children's Hospital

A new children's hospital, with a separate identity and entrance, will be adjoined to the adult hospital. With 256 beds over five storeys it will replace the existing Royal Hospital for Sick Children. Innovative designs include a covered roof garden where young patients can enjoy a range of activities in the fresh air including their own stage where they can put on theatrical productions. The design of the roof garden ensures that children can be brought out to the roof garden in their beds if necessary.

The new children's hospital will be a mix of four-bedded and single-bedded accommodation as it has been shown that a child's health benefits from being around other children.

The new children's hospital will not only be linked to the adult hospital but also to the recently redeveloped maternity hospital.

An important quality improvement will be that children up to the age of 16 can be cared for by the New Children's' Hospital. The current Royal Hospital for Sick Children has historically been unable to provide services, in some specialties, to children over 13 years.

7 CONCLUSION AND SUMMING UP

It has been a challenging and successful year for NHS GGC. The dedication of our staff to continue to provide the highest quality services has ensured our continued high performance. We have made significant progress in improving health related behaviours, have responded to significant increases in demand caused by a harsh winter and the changing needs of our population and moved to ensure that all we do is driven by a commitment to improve quality. We welcome the opportunity to share with our citizens, and the Cabinet Secretary, the successes and challenges of last year, and our plans for ongoing improvement.