NHS Greater Glasgow and Clyde Annual Review
Monday 18th November 2013

Scottish Government

• Alex Neil
  Cabinet Secretary for Health & Wellbeing

• John Connaghan
  Acting Director General of Health & Social Care, Chief Executive, NHS Scotland

NHS Greater Glasgow & Clyde

• Andrew Robertson
  Chairman

• Robert Calderwood
  Chief Executive
2012-13 Annual Review

Themes

• Person Centred
• Safe
• Effective
• Look Ahead
2012-13 Review

Person Centred

Key Achievements:

• Major focus on older people:
  – Reduction in bed days lost to delayed discharge with Renfrewshire CHP the only partnership in Scotland delivering a month on month reductions. Inverclyde 33% reduction

• Smoking cessation in deprived areas (SIMD)

• Child Healthy Weight Interventions

• Alcohol brief interventions

• Alcohol and drugs three week referral to treatment waiting times

• Our ongoing commitment to getting our staff involved through FTFT
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Person Centred

Challenges:

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

Key Achievements:

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

Healthcare Environment Inspections:
• Seven unannounced visits
• 21 requirements and 12 recommendations
• Action plans developed to ensure necessary improvements are put in place

Older People In Acute Care:
• Four visits – three announced and one unannounced
• Key themes include dignity, respect, food, fluid and nutrition
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Effective

Key Achievements:

• Continue to exceed the 18 week RTT

• New outpatient maximum 12 week wait

• Reductions in Child & Adolescent Mental Health Services (CAMHS) waits

• Cancer referrals and waits 62 and 31 days

• A&E attendances

• Financial balance and efficiency savings
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Effective

Challenges:

• Accident & Emergency four hour waits

• Admissions to Stroke Unit

• Delayed Discharge > 28 days

• Sickness Absence

• Develop a Strategic Financial Plan
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Looking Ahead

• Address key performance challenges

• Progress the Integration of Adult Health & Social Care Agenda

• Create new ways of working between the Acute Division and Partnerships

• Implementing the ‘On The Move’ programme