



**NHS GREATER GLASGOW AND CLYDE**

**ANNUAL REVIEW SELF ASSESSMENT 2013**

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## 1. INTRODUCTION

NHS Greater Glasgow and Clyde's (NHSGGC) 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 2012-13 NHSGGC made significant progress against most of the 2012-13 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) and the wider smoking cessation programme; alcohol brief interventions; child healthy weight interventions and alcohol and drugs three week referral to treatment waiting times.
- Further reductions in Staphylococcus Aureus Bacteraemia and Clostridium Difficile.
- Consolidating, and extending our programme of work in relation to the Scottish Patient Safety Programme.
- The ongoing delivery of 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.
- Maintaining financial balance and delivering on our efficiency savings targets.
- Exceeding our energy reduction target.
- The launch of the Clinical Services Fit for the Future programme in February 2012 to look at the shape of clinical services beyond 2015 to make sure we can adapt to future changes, challenges and opportunities.
- The new South Glasgow Hospitals remain on schedule and on budget. Progress includes the completion of the new South Glasgow Laboratory Medicine and Facilities Management Building.

The remainder of this Self Assessment provides an overview of progress during 2012-13 in relation to each of these areas and other national and local priority areas.

## 2. SUMMARY OF PROGRESS AGAINST 2012 ANNUAL REVIEW ACTIONS

Following the 2011-12 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.

- **The Board must keep the health Directorate informed of progress on local implementation of the Quality Strategy and Change Fund.**

The Board continued to drive quality improvement areas of progress during 2012-13. This included continuing the drive to improve the care of older people across the organisation based on feedback from older people themselves.

In relation to the Change Fund, a number of innovative services have been developed including:

- **Care at home pharmacy service** - based on an analysis of emergency admissions to hospital which highlighted that older people were being admitted due to preventable problems with medicine and links to homecare services to provide pharmacy input at home.
- **Fast track palliative care service a joint service with Marie Curie** - the service identifies patients in the end stages of palliative care in acute who wish to die at home. The service pulls together a package of care and supports patients and family at home. The service was extended to include palliative care patients who were not coping at home and at risk of admission. In recognition of this work we were the finalist in the national integrated care award this year.
- **East Dunbartonshire Dementia Advisory Clinic Co-production Model** - the service is provided by third sector partners and provides one-to one information and advice to individuals concerned about dementia. These clinics act as a gateway to specialist services. Through working with people with dementia the service promotes self -management at an early stage of the condition, more confident carers and anticipatory planning to avoid unnecessary crisis.

These changes have delivered an overall reduction in the number of bed days lost to delayed discharge for patients aged 65 years+ reducing from 117, 013 in 2011-12 to 83,385 in 2012-13 representing a 29% decrease. There is still significant progress to make on this issue.

- **Keep the health directorate informed of progress with the health improvement targets, ahead of the March 2013 under-18s insulin pump target.**

We have met the 25% target for under 18s access to insulin pumps.

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

Prevention and control of infection continued to have a high priority within NHSGGC and the Board Infection Control Committee developed and implemented a challenging programme of work during 2012-13. This included the implementation a range of measures and controls to deliver the Staphylococcus Aureus Bacteraemias (SAB) and

Clostridium Difficile Infection (CDI) 2013 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 NHSGGC. Further detail on the progress against the HEAT Targets and other HAI related actions are outlined in Section 4 of the Self Assessment.

- **Continue to deliver on its key responsibilities in terms of clinical governance, risk management, quality of care, patient safety, including a prompt and effective response to the findings of Healthcare Environment Inspection (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. The detail relating to this is contained on Section 4.

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

Achievement of the four hour A&E HEAT standard has proved to be challenging, NHSGGC reported an average of 92.9% of patients waiting four hours or less during 2012-13, lower than the target of 98%. As part of the Unscheduled Care Programme, a total of £6.6 million has been invested and detailed plans have been developed for redesign and improvement across NHSGGC and also site specific initiatives. A Board wide Action Plan has been developed, shared and agreed with the Scottish Government.

- **Continue to make progress against the staff sickness absence standard.**

The rate of sickness absence across NHSGGC was 4.86% during 2012-13.

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

For 2012-13 we achieved an in-year and recurring balance. Our 2013-14 financial plan sets out a balanced financial position and we continue to forecast in-year and recurring financial balance for 2013-14.

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

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

### 3. EVERYONE HAS THE BEST START IN LIFE AND IS ABLE TO LIVE LONGER, HEALTHIER LIVES

During 2012-13 NHSGGC performed well in relation to the HEAT targets and standards in this area.

- A total of 15,320 **alcohol brief interventions** were delivered exceeding the target of 14,066 by 9%.
- Throughout 2012-13 NHSGGC exceeded the **drug and alcohol waiting times** target with an average of 93.8% treated within three weeks.
- As at March 2013, 95.1% of patients referred urgently with a suspicion of cancer began treatment within **62 days of receipt of referral** and 98.4% of our patients diagnosed with cancer **began treatment within 31 days** exceeding the target of 95%.
- **Smoking cessation** - from April 2011 to March 2013 we supported a total of 13,873 successful quit attempts (at one month post quit) in the 40% most deprived SIMD areas, exceeding the target of 12,182.
- **Child healthy weight interventions** - a total of 2,321 interventions were delivered exceeding the target of 2,261 interventions.
- **Fluoride varnishing** - as at March 2013, 8.0% three and four year olds across NHSGGC received at least two fluoride varnishing applications. Whilst performance is lower than the target of 15%, NHSGGC has focussed most effort in areas of highest deprivation most notably SIMD 1 and 2 each reporting a respective uptake rate of 42.2% and 37.8% among four year olds.
- **Detect Cancer Early (DCE)** - NHSGGC has been proactive in implementing a multiple programme of work to deliver the ambitions and objectives of the national DCE programme. This includes:
  - Establishing a **DCE Programme Board (DCEPB)** to strategically lead and oversee initiatives attributable to the achievement of a 25% increase in Stage 1 disease presentation. The initial focus of the DCEPB has been to evaluate new innovation, facilitate redesign and strengthen service infrastructures to accommodate the potential DCE impact.
  - Public Health is implementing a pilot programme to enable collaborative working with GPs serving areas of multiple deprivation where screening uptake is lowest and cancer prevalence is highest. This pilot is synergistic with the introduction of QoF to GPs targeted specifically at increasing the uptake rate of the national bowel screening programme. The DCEPB has also allocated revenue to a project specifically targeting women aged 45 years+ to heighten awareness of the signs and symptoms of breast cancer.
  - The DCEPB has established additional capacity within respiratory and imaging services to accommodate potential referral surges attributed to the national lung campaign.
  - There has been system-wide health improvement activity to support key messages from the national campaign including awareness raising sessions within

communities in a range of settings and the development of bowel health and screening resource for people with learning disabilities and their carers.

In **tackling inequalities**, progress from the annual update of NHSGGC's 2010-13 Equality Scheme included:

- The development of the "I'm taking a stand against homophobia" campaign.
- 74 additional items of patient information have been made available on the Accessible Information Portal for use by staff bringing the total to 111 items available.
- The development of an equalities discussion tool for teams available on our Facing The Future Together.
- A set of inequalities sensitive practice descriptors for primary care.
- A growing set of information for patients which staff can use to support them with social issues which impact on their health e.g. 30,000 pocket size patient 'Help For You' leaflets have been distributed covering help for money worries.
- A new DVD resource based on direct engagement with cancer patients who did not have English as a first language to better understand the barriers experienced in accessing cancer services.

The Equalities in Health website has been updated to reflect the 2012 Equality Act and the introduction of protected characteristics. With 1,400 unique visitors a month, the e-newsletter is distributed to 850 equalities champions and managers each month to cascade to staff has provided additional guidance on issues such as forced marriage policy, human trafficking, welfare reform, patient involvement and age discrimination.

NHSGGC promotes inequalities sensitive practice (an approach which takes people's social circumstances into account as part of their health care). During 2012-13 7,101 patients were referred to Money Advice Services, including the **Healthier Wealthier Children** initiative. Our Children and Families Financial Inclusion Initiative, Healthier Wealthier Children, reported 2,487 referrals, with 69% from lone parents during 2012-13, and secured a £2.3m gain. Outcomes for families included reduced stress, improved budgeting skills and better access to crisis loans.

NHSGGC has developed nine **equality outcomes** for 2013-16 to address gaps for people with protected characteristics identified through research and patient engagement.

2012-13 represents year three of the implementation of NHSGGC's ambitious parenting framework. The **Positive Parenting Programme (Triple P)** is the main parenting intervention due to its approach of universal and targeted support and its strong evidence base. During 2012-13, over 5,000 parents accessed an intervention including seminars, primary care Triple P and group work. The evaluation of the programme although limited due to data collection issues, shows that overall parents who complete an intervention are very happy with their experience and for those parents with completed post intervention data there were improvements in parental and child outcomes. Further work is taking place on data completion, dedicated time for staff to use Triple P and work with the voluntary sector in supporting vulnerable families to access the programme. Additional capacity is being created with Children and Family Teams and used to target parenting

interventions linking these interventions to the Universal and 30 Month Assessment Pathway.

The NHSGGC **Cycle to Work** scheme now exceeds 2,000 staff (6.5%), the highest rate of public sector participation in Scotland with an average of 31 new staff joining each month.

During 2012-13, NHSGGC significantly exceeded its **suicide prevention training** target of 252 staff for the suicide prevention maintenance target, delivering training to 341 staff within the designated categories. In addition, more than 150 additional staff received training in suicide prevention and intervention skills. Building on this are two important new initiatives, namely:

- The development of a new mental health triage system for Accident and Emergency Departments.
- The development of a new suicide prevention training package for GPs for pilot and implementation.

The **Smokefree Pregnancy Service** achieved the target of routine carbon monoxide testing in 97% of pregnant women booking from which 817 pregnant women set a quit date (increase of one quarter from previous year) with 37% remaining quit at four weeks, exceeding the 35% target.

**Health Promoting Health Service - Action in Hospital Setting** - The first annual report was submitted to NHS Health Scotland in April 2013 providing evidence of a comprehensive approach to smoking cessation across Acute and Mental Health Services as well as a strong No Smoking Policy. Achievement of the Gold Healthy Working Lives Award across all Acute and Mental Health sites and the significant delivery of Alcohol Brief Interventions in A&E settings was also highlighted. Progress was described in relation to Clinical Leadership, Patient and Public Involvement, Active Travel, Fruit and Vegetable Social Enterprise Development, Retailer Healthy Living Award, Physical Activity and Sexual Health which will be built on in future years.

**Health Information Centres** have been developed within Victoria and Stobhill Ambulatory Care Hospitals and Royal Hospital for Sick Children. A range of referral pathways have been established to services such as money advice, carers support, infant feeding, alcohol interventions, walking groups, etc, alongside hosting 25 health information events and campaigns.

During 2012-13, 14,509 **Health Improvement Interventions** took place with patients, staff and visitors. There has been a 19% increase in the number of people attending as a result of NHS staff recommendation or referral to the information centres. This includes 1,624 previously unknown carers identified through Patient Information Centre discussions, 15% of whom then accessed specialist carers support services.

**Interventions to Increase Physical Activity** - Approximately 8,000 referrals to Live Active Exercise Referral Scheme were initiated from Primary Care and Cardiac Rehab. Of these, 67% attended their appointment with an advisor.

The **Vitality Therapeutic Exercise Programme** for lower functional ability patients has extended to operate 133 vitality classes within the community across NHSGGC on a weekly basis with over 80,000 attendances reported during 2012-13.

The **Walk Glasgow Programme** has also continued to expand with 1,673 led walks delivered by a range of partners resulting in 16,728 attendances and 650 new participants

over the year. A Social Return on Investment was carried out, which indicated that every £1 spent on the programme provided £8 in benefits to the participants.

#### 4. HEALTHCARE IS SAFE FOR EVERY PERSON, EVERY TIME

NHSGGC's performance during 2012-13 against key targets in this area include:

- **Staphylococcus Aureus Bacteraemia (SAB)** - despite recording the lowest rate to date, 26.8 cases per 100,000 acute occupied bed days (AOCBDs) in the period January – March 2013, NHSGGC failed to achieve the expected target of 26 cases per 100,000 AOCBs for 2013. The actual performance represents four patient cases more than the target.

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.

- **C.Difficile (C.diff)** - NHSGGC exceeded the C.diff target of <39 cases per 100,000 occupied bed days (OCBD) in patients aged 65 years+, reporting 21.6 cases per 100,000 in the period January – March 2013 placing the Board below the national mean of 24.2 per 100,000 OCBDs in patients aged 65 years+.
- **Hand Hygiene Compliance** - NHSGGC has demonstrated a steady rise in compliance during the national audit periods from a baseline of 62% in February 2007 to 94% reported in the March 2013 Health Protection Scotland report.

Hand Hygiene Compliance audits are carried out monthly in the majority of wards and departments across NHSGGC. This information is used at a local level to improve practice. Results are fed back through Directorate based reporting mechanisms which allows management to view the progress of individual wards. The audit process has been revised to reflect Combined Compliance, as well as opportunities taken. Combined Compliance involves taking the opportunity and completing Hand Hygiene to a required standard. If this does not occur then the overall score awarded is a failure.

- **Scottish Patient Safety Programme (SPSP)** - NHSGGC's extensive safety portfolio relating to SPSP is aligned to national themes and includes:
  - Acute Adult Care programme.
  - Maternal Care Quality Improvement Collaborative Mental Health (MCQIC) programme (includes maternal care, paediatric care and neonatal care programmes).
  - Venous Thromboembolism (VTE) programme.
  - Sepsis programme.
  - Primary Care programme.
  - Mental Health programme.

In all areas we maintain reporting processes that link to each meeting of the full Board and to each meeting of the Quality & Performance Committee. This helps demonstrate our strategic commitment to safety and creating transparency of progress. A major aim during 2012-13 has been to complete the initial aims of the Acute Adult Care

Programme. The Acute Adult Care Programme, which was the initial focus of SPSP, has previously delivered reliable care or communication prototypes for all programme elements. The major focus is the spread of these reliable care models and we have observed significant progress in the last year. For example looking at the recently advise safety essentials in the table shows high levels of implementation.

**Table 1: Reliability Achieved by Measure**

Measure	Target Teams	Demonstrated a reliable process by August 2013	%
Hand Hygiene	209	197	<b>94%</b>
EWS	170	151	<b>89%</b>
Safety Brief	209	165	<b>79%</b>
PVC	149	108	<b>72%</b>
Brief & Pause	55	52	<b>95%</b>
VAP	7	7	<b>100%</b>
CVC Insertion	7	7	<b>100%</b>
CVC Maintenance	7	7	<b>100%</b>
Daily Goal Setting	7	7	<b>100%</b>

A total of seven unannounced **HEIs** took place across NHSGGC during 2012-13, resulting in 21 requirements and 12 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.

**Clinical Effectiveness** - NHSGGC 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. EVERYONE HAS A POSITIVE EXPERIENCE OF HEALTHCARE

NHSGGC's performance during 2012-13 against key targets in this area include:

- **18 weeks Referral To Treatment** - as at March 2013, 91% of patients were treated within 18 weeks of Referral To Treatment exceeding the 90% target.
- **New outpatients maximum 12 week wait** - as at March 2013, no new outpatient waited more than 12 weeks from referral.
- **4 hour A&E waiting time** - NHSGGC reported a Board average of 92.9% of patients waiting four hours or less, lower than the target of 98% for 2012-13. Performance peaked during July 2012 at 95.7%.
- **Rate of Accident & Emergency attendances** - across NHSGGC, the rate of attendance per 100,000 population at Accident & Emergency was 2,799 at March 2013, below the 2,949 attendances target.
- **Access to Stroke Unit Care** - at March 2013, 82% of patients were admitted to a stroke unit on the day of admission or the day following presentation, below the expected target of 90%. Actual performance represents a significant improvement on the 73% reported for the same period the previous year.
- As at April 2013, there were 16 patients **waiting more than 28 days** to be discharged from hospital.

Examples of our approach to person centred care and patient experience includes the **Patient Stories** Library which has been further developed to improve services and make them more person centred with several short film interviews with patients and carers who have used Acute Services. Each of these has helped us look at issues that need to be improved to drive up standards of patient care. The Acute **Patient's Panel** continues to help us improve the quality and provision of healthcare within the acute setting. We piloted the **Patient Opinion website** at The New Victoria Hospital. The feedback has complemented existing mechanisms to inform us about our services to our patients and carers. NHSGGC also focuses on equality groups as part of patient engagement and to fulfil the public sector duty on fostering good relations. **The Health Reference Group** (HRG) comprises 22 individuals recruited from local user and voluntary sector organisations across NHSGGC. In addition, the **Health Equalities Network** (HEN) is a virtual network of 76 organisations representing patients with protected characteristics. The HEN receives monthly news feeds.

## 6. STAFF FEEL SUPPORTED AND ENGAGED

During 2012-13 the rate of **sickness absence** across NHSGGC was 4.86%, slightly higher than the 4.65% reporting the previous year. Attendance management remains a key productivity and staff welfare issue for NHSGGC and work to reduce sickness absence continues.

In 2011-12, NHSGGC launched **Facing The Future Together (FTFT)** in recognition of the need for a far more ambitious approach to engage with our staff and to enable all to make a much bigger contribution to the way we shape and deliver change. During 2012-13, NHSGGC conducted a staff survey as part of the FTFT Year One Anniversary to identify what impact a years' activity had alongside providing an opportunity to monitor progress in some areas that were common to those measured during the National NHS staff survey in 2010. Following the analysis of survey results directors extracted the results for their Directorate or Partnership and shared these with their staff. Teams at all levels were encouraged to discuss the overall results for NHSGGC as well as the results specific to their Directorate or Partnership. FTFT will continue to form our dynamic and long term focus to improve staff engagement. In particular, to get everyone contributing to Person Centred Care and creating the working environment where our people want to give their best and feel valued for doing so. There is a focus on the values and behaviours that we demonstrate with each other and in the care of patients.

NHSGGC is committed to ensuring all employees have access to **training, learning and educational opportunities** which will help them do their jobs, keep up-to-date with changing skill needs and new technology and develop new skills and competencies which will enable them to move on in their careers. Learning and Education Advisers from Human Resources are located in all services and for individual employees we support individual and team learning needs including:

- Inductions for new staff.
- The statutory and mandatory training appropriate to job roles.
- Formal education leading to academic credit and SVQs.
- Clinical skills training - for all professions in clinical areas.
- Role development - new and changing services mean new and changing roles for staff, and we will support role changes with the right education.
- Service-user safety and managing risk - we offer learning and education to help provide services that are safe and sound.
- Promoting equality and diversity - activity aimed at ensuring high quality services are provided for all.
- Encouraging integrated working - supporting the development of new teams and new ways of working.
- Management and leadership - developing potential.

NHSGGC's most important commitment is ensuring that every employee has a Personal Development Plan (PDP) which looks at current 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 2013 NHSGGC reported that 61.5% 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.

A **Fairer NHS Staff Survey** was undertaken as part of the ongoing monitoring of improvement in meeting the requirements of the Public Sector Equality Duty associated with the Equality Act 2010, to mainstream change and deliver the Equality Outcomes. The survey was issued by email to all staff during February and March 2013 and 2,607 staff members returned the survey. An improvement plan is in place to address the findings of the survey which will be issued again in 2016 to check progress.

NHSGGC's **Workforce Plan** provides a clear focus on how professions can work together in teams and across agencies to support teams now and in the future especially in the context of adult services health and social care integration. We recognise that our workforce will have to change and develop in order to meet future challenges. There is increased pressure to provide 24 hour a day, seven days a week services in all parts of our service. This will impact on the way we provide training, the skill mix of our staff and workforce demographics. Most critical of all, we need to focus on better team working not just among NHS professionals but with external agencies such as local authorities and the voluntary/third sector so that together we can deliver the highest quality of care to our population. NHSGGC is also projecting a small increase in medical staff predominantly at consultant grade, in part to offset the reduction in junior doctor grades and other service developments. An increase in support services is projected due to activity similar to Nursing and Midwifery primarily the opening of additional beds over the winter to address increasing demand. The majority of the posts are in domestic services within Acute.

## 7. PEOPLE ARE ABLE TO LIVE WELL AT HOME OR IN THE COMMUNITY

During 2012-13 NHSGGC performed well in relation to the HEAT targets and standards in this area.

- **Faster Access to Child Adolescent Mental Health Services (CAMHS)** - as at March 2013, the longest wait for access to CAMHS was 24 weeks, less than the 26 week target.
- **Psychological Therapies** - as at March 2013, 85.6% of patients had started treatment within 18 weeks of referral, exceeding the 85% target set for March 2014.
- **Dementia** - NHSGGC was the first Board in Scotland to successfully meet the Dementia HEAT target in March 2010, a year early. Since then, we have continued to exceed the target of 8,677 (based on approximately 61% of predicted prevalence) with a total of 9,002 people diagnosed with dementia on registers as at the end of March 2013. Work continues with GPs to highlight the importance of registering patients with a dementia diagnosis to ensure they get the support they need, and to ensure that we continue to exceed this standard.

In progressing the **Health & Social Care Integration** agenda NHSGGC has established an integration development group involving Directors from across NHSGGC responsible for developing our approach to the emerging issues around integration including planning, finance, governance and acute services. Our aim is to have shadow partnerships in place as soon as possible.

During 2012/13 we continued to **develop primary care services through CH(C)Ps**. Each CH(C)P has a well established GP forum and locality arrangements to enable shared decision making on local delivery of services. Successes in 2012-13 include improving access to primary care, improving premises, improving the interface with secondary care and strengthening joint working with community teams including Rehabilitation and Enablement Services. CH(C)Ps have supported the use of the Access Toolkit and Productive General Practice. CH(C)Ps have developed Practice Activity Reports (PARs) which enables them to share a range of information on activity and performance with practices, to inform discussion and practice visits.

CH(C)Ps are also working with general practices to ensure good connections to the wider range of community services available. For example, Glasgow City CHP has developed a community service application that enables GPs to quickly see what services are available in their area and how/when to access them.

In implementing **Long Term Condition (LTC) Action Plans** across the Board we have made progress on:

- Implementing effective self management and supported self care with a focus on providing relevant and time appropriate information for the patient, together with supporting access to relevant supporting structures provided by the third sector or peer support. The good progress in the implementation of our LTC supported self management framework led to NHSGGC receiving the Alliance's inaugural award for Best Supporting Health Board of the Year for Self Management Award.

- Systematic delivery of evidence based secondary prevention - primarily through our Local Enhanced Services (LES) programmes - ensuring that all health professionals ask about diet, smoking and physical activity in their consultations with patients.
- Our Managed Clinical Networks continue to be effective as the catalyst for promoting effective LTC care, including the development of *shared care protocols*, coordination of care and use of IT to support communication and the reliable delivery of risk stratification.

In providing more **services in primary and community settings**, NHSGGC continues to build on the wide range of LES, including Polypharmacy, Medicines Management, Learning Disability, Alcohol, Pre-chemotherapy Bloods, Keepwell, and a comprehensive set of chronic disease management LES'. These are currently being reviewed and brought together to form a more coherent approach to multi-morbidity.

Our work to improve and **reshape services for older people** has included the expansion of community services to cover longer hours during the week and additional cover at weekends. Community services are being further developed to support better transition of patients between hospital and the community, and to provide alternatives to admission. For example:

- Extension of Community Rehabilitation Services into Emergency Departments and MAUs.
- Pilots of 'step up' and 'step down' beds to support patients who do not need an acute admission but who cannot be supported at home by current services.
- Continued development of rehabilitation and enablement services as a joint approach with social work and home care services, including the development of single entry points.
- Supporting the development of Anticipatory Care Plans in general practice, linking to the wider multidisciplinary team.
- Fast track palliative care discharge service.

The **Clinical Services Fit for the Future programme** was launched in 2012 to design a new strategy for NHSGGC with the following aims:

- Care is patient focused with clinical expertise focused on providing care in the most effective way at the earliest opportunity within the care pathway.
- Services and facilities have the capacity and capability to deliver modern healthcare with the flexibility to adapt to future requirements.
- Sustainable and affordable clinical services can be delivered across NHSGGC.
- The pressures on hospital, primary care and community services are addressed.

The first stage of the programme focused on developing the case for change and a shared understanding of the challenges across the system that needed to be addressed in planning for 2015 and beyond. The second stage of the programme has been to determine the service models required to support care and ensure services are fit for purpose as we plan for services beyond 2015. The service models aim to achieve a more balanced system of care, with a focus on the interface between community and hospital,

risk stratification of the population and effective patient pathways based on the following core components of services:

- Timely access to **high quality primary care**.
- Comprehensive range of **community services**, accessible 24/7 from acute and community settings.
- Co-ordinated care at **crisis/transition** points, and for those **most at risk**.
- **Hospital admission** which focuses on early comprehensive assessment driving care in the right setting: inpatient stay for acute period of care only.
- **Planned care** locally accessible on an outpatient/ambulatory care basis.
- **Low volume and high complexity care** provided in defined units equipped to meet the care needs.

The next stage of the programme will define the details of the service models and determine the implications for the services across the system. This will consider further, the threshold for acute care and the range of services and capacity required in primary care and community to ensure services are accessible when required.

## 8. BEST USE IS MADE OF RESOURCES

For 2012/13, NHSGGC achieved in-year and recurring financial balance and we continue to work on a Medium Term Finance Strategy taking a strategic look at services and savings.

The Capital Planning Group oversees the Board's Property and Asset Management Strategy.

In meeting the government's requirement to achieve an excellent **BREEAM Healthcare rating** in new buildings and a very good rating in refurbishments, the new developments currently underway - the New Vale Health Centre (due for completion July 2013) remains on schedule for 'excellent' rating. The new Vale Health Centre has embraced various sustainability measures which will be of particular focus during post project evaluation such as a bio-mass boiler, solar power wind catchers and 'point of use' water heaters. The new Possilpark commenced construction in early 2013 and remains on schedule for an 'excellent' rating. Refurbishments continue to remain a challenge in achieving 'very good' rating and will require a more detailed focus in the coming year.

## ACRONYMS USED IN THE 2012-13 SELF ASSESSMENT

<b>A&amp;E</b>	Accident and Emergency
<b>AfC</b>	Agenda for Change
<b>AOCB</b>	Annual Occupied Bed Days
<b>CAMHS</b>	Child and Adolescent Mental Health Service
<b>C.diff/CDI</b>	Clostridium Difficile Infections
<b>CH(C)P</b>	Community Health and (Care) Partnership
<b>CHP</b>	Community Health Partnership
<b>DCE</b>	Detect Cancer Early
<b>DCEPB</b>	Detect Cancer Early Programme Board
<b>EASR</b>	European Age Standardised Rate
<b>e-KSF</b>	electronic Knowledge and Skills Framework
<b>FTFT</b>	Facing The Future Together
<b>GP</b>	General Practitioners
<b>HAI</b>	Healthcare Associated Infection
<b>HEAT</b>	Health Improvement, Efficiency, Access, Treatment
<b>HEI</b>	Healthcare Environment Inspectorate
<b>HEN</b>	Health Equalities Network
<b>HPS</b>	Health Protection Scotland
<b>HRG</b>	Health Reference Group
<b>KSF</b>	Knowledge and Skills Framework
<b>LES</b>	Local Enhanced Service
<b>LTC</b>	Long Term Conditions
<b>MAU</b>	Medical Assessment Unit
<b>MCQIC</b>	Maternal Care Quality Improvement Collaborative
<b>MRSA</b>	Methicillin Resistant Staphylococcus Aureus
<b>MSSA</b>	Methicillin-Sensitive Staphylococcus Aureus
<b>NHSGGC</b>	NHS Greater Glasgow and Clyde
<b>OCBD</b>	Occupied Bed Days
<b>PDP</b>	Personal Development Plan
<b>PiCs</b>	Patient Information Centres
<b>PNBS</b>	Pregnancy and Newborn Bloodspot Screening
<b>PARs</b>	Practice Activity Reports
<b>QoF</b>	Quality Outcomes Framework
<b>RTT</b>	Referral to Treatment
<b>SABs</b>	Staphylococcus Aureus Bacteraemias
<b>SIMD</b>	Scottish Index of Multiple Deprivation
<b>SPSP</b>	Scottish Patient Safety Programme
<b>SVQs</b>	Scottish Vocational Qualifications
<b>Triple P</b>	Positive Parenting Programme
<b>VTE</b>	Venous Thromboembolism
<b>WTE</b>	Whole-Time Equivalent