

Health News



OCTOBER/NOVEMBER 2011

CONTENTS



Putting patients first

PRINT

Annual REVIEW PAGES 17-18

Chairman's Award Winners PAGES 19-24

Quality at the heart of all we do

The tried and tested way to drive up clinical standards

THE Scottish Patient Safety Programme (SPSP) is a crucial part of NHS Greater Glasgow and Clyde's quality and improvement agenda.

NHSGGC Medical Director **Dr Brian Cowan** highlights just how effective the roll-out of SPSP has been in our acute hospitals... and how it translates directly to better outcomes for patients.

He explained: "Driving up the quality of clinical care for patients is, as you would expect, not a new initiative. Our staff always strive to do the very best they can for

patients. We have wonderfully skilled and dedicated clinical teams throughout our health system and that is evidenced by consistently high levels of clinical outcomes.

"But it must be recognised that NHS staff are doing a highly professional job, sometimes in very complex situations and that is exactly why a system ensuring that clinicians follow the same recognised and evaluated procedures when making clinical interventions can be so valuable."

The Scottish initiative is based on a programme that emerged from the USA where
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DOCTOR Brian Cowan discusses the Scottish Patient Safety Programme with colleague Dr Kevin Rooney at the Royal Alexandra Hospital.

The tried and tested way to drive up clinical standards

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standardised approaches to care – based on evidence of best practice – were put into practice, delivering remarkably good results. The U.S. conclusion was that it prevented 122,000 avoidable deaths, helped staff to manage care and so ensured patients had the best possible outcomes from any care they were given.

The Scottish Patient Safety Programme set out to replicate these impressive outcomes from standardising clinical approaches to the delivery of care – often referred to as ‘care bundles’ – and already the benefits are measurable.

SPSP continues its objective to steadily improve the safety of hospital care right across the country. This is being achieved by using evidence-based tools and techniques to improve the reliability and safety of everyday health care systems and processes. Real-time data is gathered unit-by-unit, and the staff caring directly for patients lead the



changes required to achieve the aims of the initiative.

In Greater Glasgow and Clyde the first pilots of the programme got underway in 2008. We are now well advanced in our implementation right across our health system.

Dr Cowan adds: “By universally adopting the same clinical

interventions in all our acute hospitals we are seeing positive results such as reductions in mortality, ventilator associated pneumonia, MRSA blood infection, harm from anti-coagulation and surgical site infections.

“We can now demonstrate sustained reliability in pilot populations for all elements in

the programme and the spread of these tested, reliable care processes is well underway.

“I am greatly encouraged by the results we are witnessing and the ongoing educational and leadership programmes supporting and embedding the new approach to standardised care.”

Core values of care and respect... from the wards to reception and out in the community

NHS Greater Glasgow and Clyde Board Nurse Director **Roslyn Crocket** is passionate about the value of compassionate care and respect to patients and relatives:

“ IN an emergency it is clinical priority and sheer professionalism that is at the fore. That’s the hard edge of frontline service delivery and that’s when speed, efficiency, training and equipment can save a life.

But for the majority of us when we come into contact with the NHS it is thankfully less dramatic - although often it can be a time of great worry, fear, and vulnerability. That’s when the so-called “softer side” of NHS service delivery is so crucial to patient confidence and their experience and how we make them feel.

Healthcare is a fast advancing science. Techniques in diagnostic surgery and drug treatments have revolutionised how we deliver healthcare.

I am, however, passionate that no matter how advanced



“ Our aim is to ensure all our staff appreciate the crucial importance of patient-centred service

- BOARD NURSE DIRECTOR ROSSLYN CROCKET

the technical side of healthcare delivery becomes the fundamental focus of all of us is to treat our patients, their families and carers the way we would want to be treated, which is with dignity, compassion and respect.

Part of my role within NMSGC is to ensure that the ethos of caring and respect to patients and families runs deep through all staff disciplines – not just embedded into the nursing profession.

Our aim is to ensure all our staff really appreciate the crucial importance of patient-centred service - from receptionists and medical secretaries and porters to the nursing staff in hospitals and the community and right across the spectrum of medical staff from junior doctors to consultants.

In this edition of Health News you will read about how we are working hard to make this happen. We are actively supporting the Better Together programme which sees 17,000 of our acute hospital inpatients asked about their experiences when in our care. This type of feedback is crucial to helping us do better.

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Core values of care and respect...

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Some of our patients are working with us to make DVDs of their experiences to enable us to use them for staff training. This is a very powerful tool in allowing us to see ourselves as others see us ... and to appreciate how important the “little things” really can be and to tell us how we make patients feel when they are in our care.

You will read of how front line staff in the community and in our hospitals are working with patients to improve services and the overall patient experience.

And you will see how external agencies such as the Health Environment Inspectorate are working to help us maintain the highest standards of cleanliness in our hospitals.

I am hugely encouraged that NHSGGC is moving in a very positive direction to drive up the quality of patient care – which is the responsibility of every one of us and lies at the very heart of all our efforts.

It would, however, be remiss of me as Board Nurse Director not to say a few words specifically about nursing – especially as earlier this year our Health Board launched its first dedicated category of awards for nursing excellence.

In the centre pages of this edition of Health News you will see some examples of the very best standards of nursing which are underpinned by our core values of caring, dignity, respect and compassion, ensuring our patients, their families and carers feel safe and confident in our care. It's about 'Patients First and Always'.



NHSGGC works not only with our patients but with external agencies who monitor standards. We are constantly driving up standards by listening and learning from the outcomes of inspections and by sharing best practice



Inspections drive up standards

By Susan Brimelow
Chief Inspector of the Health Environment Inspectorate

PATIENTS deserve the highest standards from the NHS. It is vital that you have absolute confidence in the care you receive, that your hospital is clean and safe

and that you are not at risk of infection. The Healthcare Environment Inspectorate (HEI) was set up in 2009 to inspect all acute hospitals in Scotland to ensure they are meeting the Healthcare Associated Infection standards.

To check those national



standards are being met, we use teams of inspectors. Each team includes volunteer members of the public and examines wards and departments, as well as talking to staff and patients.

We use a mix of announced and unannounced inspections.

In our first year of inspections, we carried out 36 inspections of 29 acute hospitals, of which 30 were announced and 6 were unannounced. We're now coming to the end of our second
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Inspections drive up standards

CONTINUED FROM PREVIOUS PAGE year of operation. In this year, we've continued to inspect the remainder of acute hospitals across Scotland, and increased the number of unannounced inspections.

The results of the inspections are made available for all. The Inspectorate is part of Healthcare Improvement Scotland and the information collected from the inspections is reported publicly on the website www.healthcareimprovementscotland.org

The crucial thing is that the inspection results help drive improvement for patients. All Health Boards use the results of the inspections to ensure they meet the Healthcare Associated Infection standards and NHS Boards produce improvement action plans to help them meet the requirements and recommendations of the reports. In addition, NHS Boards' progress in completing the action plans is monitored.

We are also focusing our inspection efforts where there is most need. Over the past year, we've adopted a more 'risk-based' approach to inspections. This means that for those acute hospitals that have already been inspected and were improving, less intensive inspections will be performed by a smaller team. However, for those

hospitals that required significant improvement, inspections have been more intensive and carried out by a larger team of inspectors.

These changes have been aimed to make the inspection process less burdensome for the NHS and to target those hospitals in most need of support.

Since becoming part of the new scrutiny and improvement body Healthcare Improvement Scotland, we've also begun inspecting independent hospitals, hospices and clinics currently registered in Scotland. In addition, our organisation is also about to begin inspections of acute hospitals to ensure that the care of older people is also in line with national standards and guidelines.

Such a robust and thorough inspection programme means that I'm always busy. But it's satisfying to be doing a job that gives the public assurance that an independent voice is looking after their interests and making its findings public. Above all our work is about ensuring that patients receive the highest standards of care whilst in acute hospitals in Scotland.

Read the Healthcare Environment Inspectorate's reports on your local hospital at: www.healthcareimprovementscotland.org.



Setting the standard for public participation

By Richard Norris

Director of the Scottish Health Council

DO you want patients and the public to have a greater say in the running of the NHS?

This is the key aim of the Scottish Health Council, which was established in 2005 to help NHS Boards improve the way they involve their local communities.

The Scottish Health Council aims to improve how the NHS:

- listens to you
- values your views and experiences
- respects you as an individual; and
- involves you in planning and developing health services.

Last year we published a Participation Standard that set out what NHS Boards should be doing to ensure that people can influence the care they receive and shape how services are designed.

NHS Boards provided us with evidence of how they were involving



people in their own care and in the design of services. The Scottish Health Council studied this evidence before producing summary reports on how each NHS Board performed. Our findings, which include recommendations for improvement, can be found at www.scottishhealthcouncil.org/standard.aspx

The development of the Participation Standard ensured that, for the first time, we are able to compare information on how different NHS Boards involve patients and the public in their area.

A wealth of vital information has been gathered and is helping NHS Boards learn from each other and identify new ways of involving people.

For example, the Standard has helped us to measure how NHS Boards involved people in improving the information and advice provided to patients about their healthcare, and how people are supported in health service planning and improvement. It also

measured how NHS Boards ensure that participation is a core part of staff activity.

If NHS Boards are to improve the way they involve people, it is vital that they are given time to take stock of these findings. As a result, we will not be formally assessing Boards against the Standard in 2011-2012. Instead, we will work with Boards to help them use our findings from this year to deliver improvements.

We will be asking Boards to develop improvement plans that identify areas for attention and focus on activities that will make a real difference to local services.

By working with NHS Boards and their communities in this way, I believe we can help to deliver health services that are more responsive to the needs of people using them.

The Scottish Health Council is part of Healthcare Improvement Scotland. For more information about the Scottish Health Council visit www.scottishhealthcouncil.org

Age is no barrier to facing the future...

NHSGGC staff are working with our patients to listen, to discuss and deliver quality improvements based on patient needs

NHS Greater Glasgow and Clyde is committed to providing excellent care to all parts of the community.

However, we know that there are many aspects of modern treatment and care which are changing quickly, often bringing great benefits but sometimes posing challenges to the way we work.

Coupled with an ageing population, itself a success of healthcare and a cause for celebration, these factors merit a reconsideration of how we provide care.

This reflection must touch on all aspects of what we do, how we do it and ultimately, who we are as care givers and custodians of the National Health Service. At the heart of this is the patient.

The individual patient is not only central to our thoughts and endeavours but is increasingly a partner in care.

NHS Greater Glasgow and Clyde believes it must reaffirm patient-centred care in all that we do, if we are to continue building a quality NHS, fit for the future.



This work must be done together. All parts of the NHS must focus on the needs and experiences of our patients and their carers.

We will do this in Greater Glasgow and Clyde by implementing a programme of change that

puts patients at the heart of what we do.

Throughout the next few years, we will use the experiences of older people as patients in the NHS as a benchmark for how we are changing and improving. We have chosen older people, not only because of the growing size of the older population, but because one day, hopefully, it is a future we will share.

To start this programme, NHSGGC has invited fifty older people and people from organisations working with older people, to a morning of dialogue with 100 staff members of the NHS. All types and grades of staff will participate.

The older peoples delegates will tell the staff what it is that they most value about the care they receive and what things, if changed, would improve it even more. By bringing older people together with NHS staff at the outset of this programme of change, we intend to make certain that the things that really matter – be they small practical things or more complex behaviours - are at heart of our thinking and development.

Health Centre gets local touch

PATIENTS were very much involved in influencing the design and operation of the new Renfrew Health and Social Work Centre through their public involvement group.

They played a central role by making a number of suggestions including asking for additional access for wheelchair users and changes to the design of disabled toilets, adding to the already high quality facilities.

The group, which included representatives from the community council, elderly forum, and the local area committee, also chose some of the artwork, produced by Reid Kerr College students, now on display in the building.

They also worked with local poet Douglas Dunn who wrote a special poem for the centre.

And to ensure that patients are aware of the different services available, group members suggested that information points were placed at the entrance.

Fiona MacKay, Head of Planning and Health Improvement for Renfrewshire CHP, said: “Two significant changes were made following a meeting with group members. An additional ramp was provided as the original ramp met planning criteria but meant a long and circuitous entry to the Health and Social Work Centre.

“Also, the disabled toilets were amended to allow a carer to help and assist a disabled person from either side.

“Bringing together staff, patients and the public gave everyone a sense of ownership of the new centre.”



Wheelchair user Nicola Reid with (from left): practice manager Sandra Bryce, Health Centre user, Pat Watson and Fiona MacKay, Renfrewshire CHP’s Head of Planning and Health Improvement at the improved wheelchair access to the new centre.

Ward's sensory room and garden were 'bright ideas'

THANKS to the "Bright Ideas" programme introduced in 2007 NHS staff in joint services and community groups have come up with a number of enterprising ideas and improvements, with the help of small budgets.

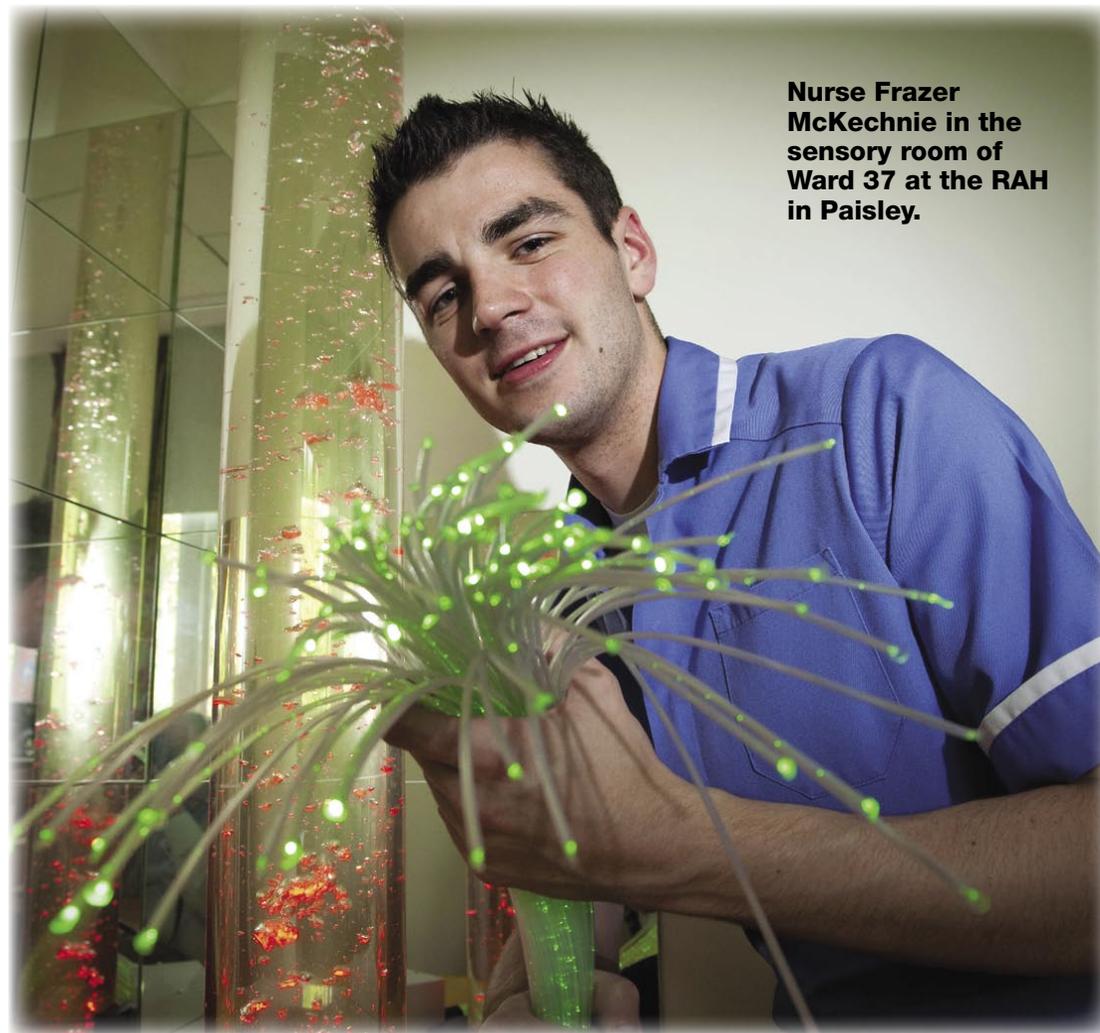
Amongst these has been the introduction of a sensory garden within the Recovery Across Mental Health Service at 15 Carlibar Road, Paisley and the creation of a relaxation room using fibre optic lights and wall projections, as part of an elderly mental illness ward at the Royal Alexandra Hospital.

Another project has developed very visual and portable healthy eating display stands, promoting recommended meals and snacks to the public, staff and patients.

Staff have also negotiated a package with the Lagoon Leisure Centre in Paisley offering George Street Homeless service clients access to a number of sports facilities including swimming, badminton and gym sessions.

Liz Daniels, Rehabilitation and Enablement Manager for Renfrewshire CHP, said that these ideas which may appear to be small steps, have had a positive effect on staff and quality of care for patients:

"Feedback has shown that staff felt empowered by having access to a small budget and being able to make choices to use it to improve service delivery which has led to enhanced care for patients and also important health messages for staff and the public."



Nurse Frazer McKechnie in the sensory room of Ward 37 at the RAH in Paisley.

WE think the best way to ensure that the patient is at the heart of NHS Greater Glasgow and Clyde is to listen to what patients say.

By giving those who use our services the opportunity to tell us about their perceptions and personal experiences of care we can further improve the care we give and the overall patient experience.

There are many ways in which we capture this valuable patient feedback but it is also important for us to find ways in which to spread ideas for improvement across our entire health system. Good practice needs

to be shared and staff need to be able to see what is happening in this area of improvement outwith their own immediate working environment.

We have embraced with enthusiasm the *Better Together* initiative which essentially aims to bring patients and staff together to come up with ways of enhancing patients care.

We are creating opportunities for patients to be filmed talking about their own experiences and we are using these web-based patient stories as learning tools for staff.

In the coming months seven patient experience films will be made to capture the views of those who have recently used or are in regular contact with various aspects of NHS services including surgery, cancer care, learning difficulties, care of the elderly and emergency services.

Over the next three pages one such patient – journalist Melanie Reid – talks about her personal experience of the NHS and why she agrees that this *Better Together* programme is so powerful and valuable...

One year in my life

...and the very special staff at the spinal unit

By Melanie Reid

AS the old truism goes, you never get a second chance to make a first impression. For anyone who has ever entered hospital as a patient, that first impression largely depends on the staff. Human interaction as much as clinical excellence decides whether someone leaves hospital full of goodwill and gratitude; or anger and disappointment.

After a serious horse riding accident,

I was admitted to the Southern General with a broken neck and back. The NHS saved my life and patched me up - a process which took a year. That's a long time to be in hospital and, when I was asked to make a DVD of my experiences, as a teaching aid to help staff see themselves as others see them, I was happy to help.

My first memory from the trauma were of simple humanity amid the urgency.

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One year in my life...

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After I came off the helicopter into Accident & Emergency, a young female doctor bent down and whispered to me: "You are going into resus. It will seem very noisy and chaotic, but you will be fine." The words were like a lifeline; I held onto them in the dizzy whirlwind that followed. A few days later the same doctor appeared at my bedside in high dependency with a card and an apologetic expression. "I'm so sorry," she said. "I put your earrings in my pocket but I forgot and washed my uniform." I was on a ventilator by then, and couldn't speak, couldn't tell her that it didn't matter in the slightest – the earrings were cheapies from Boots. But what mattered was the kindness that drove her to make that extra gesture.

I have another memory from my first night in high dependency in the main hospital, as I lay trying to come to terms with the enormity of my injuries. The nurse who cared for me during those long terrifying hours said to me in the morning: "Come and see me when you're better." I don't know if she realised it, but those words were such a comfort; something to hang onto during the rocky journey ahead.



THE Queen Elizabeth National Spinal Unit for Scotland provides an internationally renowned spinal injuries service to the whole of Scotland. The Unit is based in a purpose-built facility attached to the Institute of Neurological Sciences at the Southern General Hospital.

And Bridget, I never did manage to get back to see you, though I remembered your name and I tried. Thank you for the hope you gave me.

When you are very sick, you really have no concept of all the things being done to you – the procedures, the scans, the operations, the life-saving technology. It's all a scary blur. What stands out are the moments when kindly individuals pop up at your bedside to explain what's happening and comfort you. The

nurses in high dependency at the spinal unit were wonderful, especially my named nurse, Christine Eden. It really helped that everyone introduced themselves and wore name tags. The doctors too were open and helpful in their communication; I appreciated the fact, for instance, that the anaesthetist came and introduced himself to me before my neck operation.

Little courtesies, in fact, were often the key to a good experience. Treating people as

thinking, conscious humans rather than lumps of meat. The porters who warn you there's a bump coming; the nurses who talked to you rather than to each other; the auxiliaries who made a special journey to fetch chilled water for you; the physiotherapists and occupational therapists who remembered your name and greeted you cheerfully; the consultants who told you bad news gently rather than in a way which was – as occasionally happens – so insensitive it was cruel.

It is depersonalisation which upsets patients. I remember quite early on developing a dislike for "log rolls" – because for some nurses it seemed to be a chance for a social get together and the patient can indeed feel like a log as they are washed and turned, with the nurses chatting over them, ignoring them.

After high dependency, I spent many months on a rehab ward, attending gym every day for physiotherapy and receiving hand therapy from the OTs. I was taught how to dress myself and learnt how to feed myself. The vast majority of this experience
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was positive. My therapists – I must mention Susan King, Leslie Wallace and Amanda Howat - were terrific.

Swiftly, I learnt that in order to flourish I had to avoid the people – both patients and staff – who were professional moaners. Complaining was a black, energy-sapping hole. Moaning about hospital food came into this category. The canteen staff were gems; and the food, for the most part, was edible. I took the view that I had not gone into hospital to eat gourmet meals. It was fuel: get on with it.

Over 12 months I encountered several magnificent nurses, amongst whom I must name Gillian Irvine; many very good ones, many competent ones, and a very small minority I'd have run a mile from if I hadn't been paralysed. It was the same for the auxiliaries – some were the biggest hearted people on the planet, most were caring, only one or two were candidates for my fantasy firing squad. I had a simple test for them all: do you enter my bed space with the body language which says 'what can I do to make this person as comfortable as possible'; or do you approach with the clear intention of escaping as soon as possible? But the longer I spent with the staff, the more I appreciated what they had to put up with.

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When I look back on my year, what I remember, aside from the overwhelming professionalism, are the small personal acts of kindness and compassion; of time given generously; and of sensitive communication. They made the difference. ||



MELANIE REID

Respect works two ways. Today's sick are not deferential Crimean War soldiers any more than the ward sister is Florence Nightingale. Patients and their relatives can be aggressive and unreasonable. Everyone's a professional complainer now. During my spell in hospital, I saw some patients whom, had I had to cope with their constant demands and buzzer-ringing, I would have smothered at dawn. No question. Instead, I saw staff treat them with civility and good humour.

And yes, of course there are areas to be addressed, most of them well known already and most of them simple to fix. Some nurses on night shift are noisy and thoughtless; the sound of chairs being scraped back could wake you several times a night. Some nurses need to talk less about themselves and listen more. Nurses who don't come back when they say they will are a pain. And there is nothing more off-putting for both relatives and patients than approaching a group of nurses and auxiliaries at the nursing station - and being ignored.

Treat people the way you'd like to be treated. It's as simple as that. When I look back on my year, what I remember, aside from the overwhelming professionalism, are the small personal acts of kindness and compassion; of time given generously; and of sensitive communication. They made the difference.

Patients' input is helping make us "Better Together"

WE capture the experiences of thousands of patients each year through a postal survey asking people who have been inpatients in our acute hospitals what their experience of being in NHS care was like. A separate survey is sent to thousands of individuals who are registered with a GP practice in Greater Glasgow and Clyde.

This is a major part of our Better Together programme and the results are both encouraging and helpful.

The overall picture is of a very high level of satisfaction with more patients than ever across NHSGGC saying they were treated with care and respect.

In addition patient satisfaction with the cleanliness of our hospitals overall has also increased to its highest ever level with more patients thinking that their ward or room was clean and that bathrooms and toilets were also clean.

The NHS Quality Strategy for Scotland requires our staff, patients and the public to understand that NHS Greater Glasgow and Clyde's ultimate aim is to deliver the highest quality of healthcare services. The patient survey feedback is so crucial in gauging just how well we are doing to achieve this aim.

The results are analysed and shared with staff right across all NHS



disciplines to help inform change and drive up quality and deliver improvements.

A good experience of healthcare can mean something very different to every patient but by carefully noting the views of so many individuals we can study in detail and respond appropriately to what we hear and enable the patient voice to direct action plans for improvement.

Areas covered in the inpatient survey ranged from satisfaction with cleanliness, knowing what medicines are actually for and how to take them, satisfaction with privacy when being examined or treated, satisfaction with food and drink and knowing who is in charge in a ward.

The GP survey covered some of the same areas but also captured satisfaction levels about being

able to make an appointment and of satisfaction with the GP surgery.

We'd like to take this opportunity to thank all those thousands of patients who took the time to get involved with Better Together and so help us make the patient voice count as part of our on-going drive to improve quality at every opportunity.

A bright new look to your online health services

One million clicks and growing...

GOOD health advice matters to us all. At NHSGGC we're making it easier to find your way around our services.

Our website www.nhsggc.org.uk is open all hours to help you get the care and services you need and we've given it a thorough makeover.

The new design is our response to **ONE MILLION** users per year.

While satisfaction levels are high, your feedback has given us direction to make improvements. Now it's even sharper, more informative and easier to navigate.

Whether you want to find a GP by a postcode search, hospital visiting times, travel directions, help to stop smoking or infection control advice, it's all there.

We listened to what you said was most important to you and researched current best practice and trends in health websites across the UK. Our analysis has led to a fresh, accessible and attractive new format.

Three sections - Patients and Visitors,

Your Health and About Us - with quick links under each, will take you to the most popular topics.

If you enter a word or phrase into the Search box you will be offered a list of resources to choose from. A new feature is the easy-to-use postcode finder to help you locate your nearest GP and local services.

Hospital and service information pages have tabs for different topics - just click on the one you want.

We are keen to have your ongoing feedback so look out for our survey on

www.nhsggc.org.uk



Celebrating success as we hit our targets for performance

By Robert Calderwood
Chief Executive

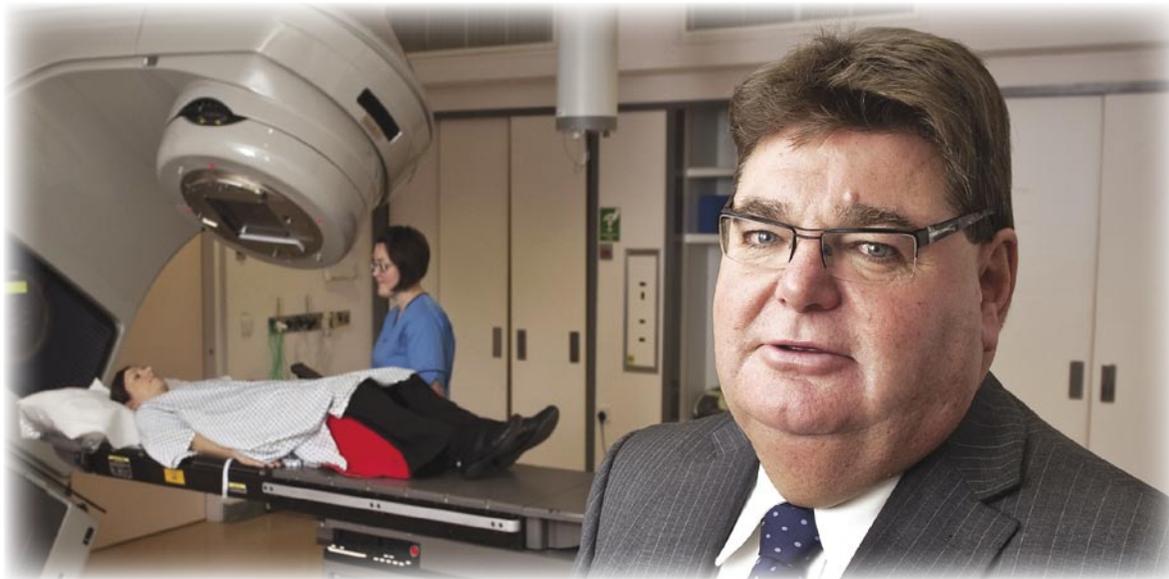
WHEN reviewing the performance, activity and progress made across NHSGGC during 2010/2011 I am struck by the enormity of the challenges faced – and the results delivered.

Each year the Scottish Government sets HEAT (Health Improvement, Efficiency, Access to services and Treatment) targets for Health Boards and of the 32 HEAT targets that we reported performances against we have met or exceeded 23.

These successes should be recognised and celebrated.

Three of our targets are marginally missed – GP advance booking (87.2 per cent against a target of 90 per cent); drug referral to assessment (98.6 per cent against a target of 99 per cent); and older people complex care needs (34.6 per cent against a target of 36 per cent).

During the year we achieved major strategic milestones such as the transfer of inpatient services from Stobhill to Glasgow Royal Infirmary. We concluded fully integrated community health care partnerships in Inverclyde and West Dunbartonshire. Within mental health there has been a considerable shift in the balance of care within the Clyde



area of our Board, improving care standards in line with those already in place in Glasgow.

During the unusually harsh winter conditions of 2010/11 our resilience was severely tested when the snow and ice took a grip and we saw a significant spike in the number of patients needing NHS care – our staff rose to the challenge right across our wide range of acute and community based services.

Despite all those areas of challenge, NHSGGC also managed significant progress in the construction of the new super hospital being built on the site of the Southern General Hospital. It is testament to the skills of the NHS

project management team that this project is well on target to be delivered on time and on or below budget.

There is much to be proud of and we aim to continue to improve services. I am appreciative of the efforts of staff and I am committed to ensuring patients are at the heart of everything we do in redesigning services to deliver greater efficiencies and better quality.

● An “at a glance summary” of HEAT targets is printed on page 8 of this edition. Full details of HEAT target performance are available on our website at www.nhsggc.org.uk

Staff commitment can ensure patient satisfaction

By Andrew Robertson
Chairman

THE achievements of NHS staff in delivering quality care are truly inspirational. Professionalism and dedication runs deep throughout NHS Greater Glasgow and Clyde.

While our Annual Review is an opportunity to take stock of how our health system delivered on achieving nationally set targets there are other very important targets for us to never lose sight of such as the levels of patient satisfaction.

Apart from a clinical outcome there are the hugely important aspects of the patient experience that rely on how our staff care for patients and their families in time of need and of how a good bedside manner or that extra smile or that comforting word from a healthcare professional can make a world of difference.

The workforce of NHSGGC is

a large and complex one – each member of staff from receptionist to porter, from kitchen to laundry or from ward to community based healthcare professional is a vital part.

I am also encouraged by staff commitment to drive up those standards of patient centred care and support. I am encouraged by the examples I see of staff listening to the views of patients to help identify areas of improvement.

As Chairman of the largest single health authority in the UK, I am delighted to be able to recognise some of the outstanding members of our staff through the 2011 Chairman's Awards and I am delighted that the eight worthy winners from the list of more than 120 nominees will be presented with their awards at the Board's Annual Review by Cabinet Secretary for Health and Wellbeing, Nicola Sturgeon.

Meet the winners over the next few pages



Dental Service for Children with Autism

THE dentist chair is a fairly scary thing for most children but it's often far more traumatic for children with Autism.

The team at Bridgeton Health Centre set about exploring the issues raised by parents and came about with an action plan that has resulted in some quite spectacular changes for everyone concerned.

Debbie Connelly (above) explained that autistic children perceived the surgery as "cluttered" and that explanations of what would happen when they got to the dentist and reassuring words were simply not effective.

The team set about de-cluttering as a first move and then went on to create a whole new style of environment and provide a suite of bespoke communications tools for parents to use with their children before each visit to the dentist.

Talking picture books were developed which parents



could borrow before a visit to familiarise children with the surgery and staff. The book features photographs of the surgery, its reception and the dentist – it features large footprints in the book which are replicated in the surgery itself.

This innovative approach was launched in May 2011 and the feedback from parents and children has been hugely positive.

On behalf of the Bridgeton team, Debbie said: "We are really blown away with winning a coveted Chairman's Award."

Kirsteen Casey

KIRSTEEN Casey doesn't think she's all that special. "All the nurses I work beside are just as dedicated and focussed on patient care as me", she said when she learned that she'd been nominated and subsequently voted a winner in the nursing category of 2011 Chairman's Awards.

One nominee said: "She not only nurses her patients but takes the time to listen and chat with them. She gets to know them and their families. She is an inspiration and role model to many."

Another nominee was a patient who was so inspired by Kirsteen's professionalism and compassion while being nursed in Gartnavel General Hospital in Glasgow that she decided to choose nursing as a career and has now been accepted for a university training place.

Kirsteen is currently on secondment at the medical assessment unit of Glasgow's Western Infirmary.





Fiona Houlihan, Lloyd Edwards, Nicola Edwards and Nadia Qayyum at the allergy clinic.

One-stop shop allergy clinic

THE community children's nursing team at Inverclyde Royal Hospital have established a skin prick allergy test allowing their young patients to be tested and diagnosed on the same day.

Previously patients gave a blood test then waited up to six weeks for the diagnosis. The introduction of the skin prick allergy test has tightened up the process and so improved the patient journey.

The nursing team can now more quickly move forward to meet and teach staff at the child's school or nursery; coach child-minders, grandparents and other carers about all the aspects of the child's condition and how to give

medication if appropriate.

Audits have shown that the children who attend the allergy clinic are also more responsive to managing their allergy and are more likely to carry their medication and know what to do with it.

This fully co-ordinated approach involving the paediatric consultant and the community based nursing teams have resulted in a faster, more efficient and better quality service. As one staff member commented: "The department is now much slicker and children and their parents don't have all that hanging around waiting for results. Another significant benefit is that we have been able to free up appointment slots and so reduce waiting times."

Elsbeth McLatchie

THERE were several nominations for Elsbeth McLatchie in the Chairman's Nursing Award category.

One of them stated simply: "Her compassion, patience and pragmatism are remarkable with both patients and staff."

Elsbeth has had a varied career spanning 41 years within the NHS starting as a midwife, spending time as a sister on a surgical ward and in intensive care, as well as taking on a post researching breast cancer and finally taking on her senior clinical nurse specialist role at the breast screening service.

It is testament to the regard in which she is held that we received six nominations from her peers to be recognised in these annual awards.

When we caught up with Elsbeth to interview her for this publication she said she was delighted to receive the recognition however she added: "I am



a bit embarrassed. I feel I am just doing my job and there are plenty of nurses out there working as hard for patients as me."

A passionate and dedicated nurse Elsbeth was also instrumental in setting up the Accord Hospice. She says she loves every bit of nursing and if she lived her life again she would choose nursing all over again.

Chris Kelly

NURSE Specialist Chris Kelly could add the term “as recommended by doctors” to his CV without fear of contradiction.

Eleven separate nominations came in for Chris from patients he has cared for, from nurses he works with – and from doctors.

Chris is the only IBD (Inflammatory Bowel Disease) nurse specialist in Paisley’s Royal Alexandra Hospital but he doesn’t let his busy schedule and heavy workload detract from his attention to detail and commitment to going that extra mile for his patients.

One doctor who nominated Chris said he has gained the full respect of his medical and surgical colleagues as well as his patients. But when we caught up with Chris he was very modest saying he has an equal amount of respect for his colleagues and he wouldn’t have been able to advance the service and his skills without their full support.

Described as the glue that holds the team together, Chris was honoured to even be considered for the award let alone win. He said it was really great to receive the award but insists he couldn’t have done the work without the support of the consultants and medics. They have a great team and he can go to any one of the doctors with any issues that arise.

One of the many initiatives Chris has taken forward is the creation of advice podcasts aimed at younger patients who really didn’t connect with more traditional printed patient leaflets.

One doctor wrote: “It is a great pleasure to recommend Christopher Kelly for the ‘award for nursing’. In my entire career in medicine I have never met a nurse like him.”





Margaret Gray and Mary Clark

PATIENTS attending the Ophthalmology (eyes) Department at Gartnavel General Hospital are very aware of just how busy inpatient, day care and outpatient services are.

But they are also highly praising of the team spirit and attentive staff who make this integrated service tick over like clockwork.

Margaret Gray and Mary Clark are senior charge nurses nominated for their precision in co-ordinating inpatient and outpatient services and working in real harmony together.

The nomination highlighted their efforts to lead their respective teams and to train staff well. Their leadership and training is clearly making a real difference to patients – some of whom require to attend over periods of several years. One commented: “It’s a

lovely atmosphere in the department, staff are happy at their work.”

Both Margaret and Mary agreed: “It really is a team effort by all staff in both units who help provide a good integrated service to all patients.

“It is lovely to hear the patients are happy with the service we provide and we are delighted to accept this award and share it with all the staff involved.”

Woodlands Centre garden

THE Woodlands Centre, tucked away in the middle of a Kirkintilloch housing estate is home to a very special enclosed garden.

Just a few weeks ago it was a brilliant explosion of bright summer colour. Today the autumnal shades are just as beautiful thanks to the dedicated attention of the patients and staff who tend it.

Staff at the centre got involved in fundraising to establish the garden and last November, after raising £1,800, the equipment was bought and the hard work began.

The service users at the Woodlands Centre have a variety of psychiatric conditions. The staff wanted to create a garden for them to relax and to work in – a special place for staff to work with patients and for patients to enjoy.

In one case a patient who would not respond or participate in any other group sessions is now making progress in the garden project and “just loves being involved”.

There's a greenhouse in the corner of the garden and vegetable plots nearby. A water feature complete with fish also adds tranquillity.



Staff members David Brown and Allan Spencer in the new garden.

Glasgow City CHP (South Sector)

WE are all more conscious than ever before about the need not to waste precious resources. In the NHS we are doing much to reduce inefficiencies and improve quality care by maximising the effectiveness of the financial resources we have.

That's why the team of healthcare professionals in Glasgow City CHP (south sector) were nominated to receive a prestige Chairman's Award this year.

The Board has its own highly proactive Ecosmart campaign but it is reliant on our staff – and our patients – recognising the opportunities to make a difference.

Helen Molloy, Elizabeth McCormack, Janis Young and Vandrew McLean not only recognised the opportunities – they broadcast them to everyone they work beside!

The results were impressive. Small changes in recycling alone resulted in saving £6,000 in one year from refuse handling charges.

The energy each of our four winners put in to this initiative – above and beyond their normal day jobs – was inspiring.



Facing up to the HEAT

HEALTH Boards in Scotland are set performance targets each year. These are termed HEAT targets. HEAT stands for Health (improvement), Efficiency, Access and Treatment.

NHSGGC performed well in achieving or exceeding the vast majority of the HEAT targets and at our Annual Review we will explain how we plan to address the targets which we fell short of matching.

Here is an “at a glance” summary of the performance achieved by the NHS workforce in Greater Glasgow and Clyde in 2010/11. Full details of all HEAT target performances can be viewed on our website www.nhsgcc.org.uk

Health Improvement HEAT Measures

- A total of 13,503 cardiovascular health checks were carried out by March 2011, exceeding the target of 7,038.

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

- NHSGGC exceeded the three year smoking cessation target at March 2011 recording 25,455 actual quits against a target of 21,240.

- A total of 853 children completed the Child Healthy Weight Intervention programme by March 2011, exceeding the target of 850.

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

Efficiency HEAT Measures

- At March 2011, the average length of stay for emergency inpatients was 3.3 against a trajectory of 3.6.

- At March 2011, the pre-operative stay reported was 0.60 days exceeding the

target of 0.65 days.

- 67.61% of new outpatient referrals were triaged online below the trajectory of 90% at March 2011.
- The percentage of e-KSF carried out was 84.7% at March 2011 exceeding the 80% target.

Access HEAT Measures

- In NHSGGC 94.8% of patients were able to access a member of the GP Practice Team within 48 hours, exceeding the target of 90%. 87.2% of patients in NHSGGC were able to obtain a consultation with a GP in advance, an improvement on last year's performance.

- Cancer waiting times continued to exceed the 95% target with 95.4% of patients being seen within 62 days. Similarly, 97.9% of patients with suspicion of cancer were seen within 31 days, exceeding the target of 95%.

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Facing up to the HEAT

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- At March 2011, no patients in NHSGGC waited more than the HEAT target of nine weeks for admission for inpatient or daycase treatment. We exceeded this target by a full week with no patients waiting more than eight weeks.
- 98.6% of NHSGGC patients were offered a drug appointment for assessment within four weeks of referral by December 2010, slightly below the 99% trajectory, whilst 97.7% of patients were offered an appointment for treatment within four weeks of assessment exceeding the 96% trajectory.

Treatment HEAT Measures

- NHSGGC achieved significant reductions in Staphylococcus Aureus Bacteraemia (MRSA and MSSA) and exceeded the required reduction by March 2011.

- NHSGGC achieved significant reductions in the number of C Difficile infections reported and exceeded the required reduction by March 2011.
- A 4.7% sickness absence rate was recorded among NHSGGC staff representing an improvement on last year's performance.
- No patient waited longer than three weeks for key diagnostic tests at March 2011.
- Across NHSGGC 96.7% of patients waited four hours or less at accident and emergency.
- In line with the target, there were zero delayed discharges over six weeks reported in the April 2011 census.
- In March 2011, no new outpatient waited more than the target 12 weeks from referral. We exceeded this target by a full two weeks, with no patient waiting more than 10 weeks.



FINANCE SUMMARY 2010/2011

NHS Greater Glasgow and Clyde prepares an annual detailed set of financial statements. The full 2010/11 Annual Accounts can be viewed on the NHSGGC website at www.nhsggc.org.uk

Every year, the Scottish Government sets three financial targets for each NHS Board; NHSGGC's

financial performance can be summarised by looking at these 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; and

• The cash requirement – the finance the board needs to fund its revenue and capital spend.

During the financial year 2010/11, NHS Greater Glasgow and Clyde successfully managed its finances and was able to stay within the financial targets as shown in the following table:

	Limit set by the Scottish Government £m	Actual Outturn £m	* Underspend £m
Revenue Resource Limit	2,184.5	2,183.8	0.7
Capital Resource Limit	162.6	162.6	-
Cash Requirement	2,425.0	2,352.9	0.5

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

YOUR HEALTH NEWS

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Editors: Ally McLaws, director of communications and Sandra Bustillo, associate director of communications.

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Health News is the 2010 holder of: Best Newspaper – CIPR Scotland PRide Awards and Best Stakeholder Newspaper – Institute of Internal

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