

NHS GREATER GLASGOW & CLYDE

2014-15 ANNUAL REVIEW

SELF ASSESSMENT

CONTENTS

PAGE NUMBERS

1. Introduction	3
2. Summary Of Progress Against 2014 Annual Review Actions	4
3. Quality Ambition: Person Centred	6
4. Quality Ambition: Safe	12
5. Quality Ambition: Effective	14

DRAFT 2014-15 SELF ASSESSMENT

INTRODUCTION

NHS Greater Glasgow and Clyde's (NHSGG&Cs) 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 2014-15 NHSGG&C made progress against many of our significant HEAT targets and standards and across a wide range of strategic programmes. Key highlights include:

- The opening of the £842 million state-of-the-art Queen Elizabeth University Hospital, the Royal Hospital for Children and the Queen Elizabeth Teaching and Learning Centre on time and within budget. The hospitals were opened officially on 3 July 2015 by Her Majesty the Queen and represents Scotland's biggest ever hospital building project.
- The investment of £4 million spent on refurbishing the Assisted Conception Centre at the Glasgow Royal Infirmary introducing state-of-the-art equipment and employing more staff to help meet the Scottish Government's infertility waiting times target and all eligible patients will begin treatment within 12 months by March 2015.
- Maintaining financial balance and delivering on our efficiency savings targets.
- Consolidating, and extending our programme of work in relation to the Scottish Patient Safety Programme.
- Continuing to deliver our 18 weeks Referral to Treatment waiting time guarantee for over 90% of patients and ensuring 99.8% of our new outpatient appointments were seen within 12 weeks from referral to appointment.
- Continuing the improvement in access to our Child and Adolescents Mental Health Services and Psychological Therapies with 99.9% and 95.7% of patients respectively receiving treatment within 18 weeks of referral.
- Continuing to exceed the 91.5% **drug and alcohol waiting times** target, with 95.5% of patients referred for treatment within three weeks.
- Reductions in the emergency bed day's rate for inpatients aged 75 years+.
- Completing the Clinical Services Review and approving the outcome of our Clinical Services Strategy, providing a clear framework for service change.

SUMMARY OF PROGRESS AGAINST 2014 ANNUAL REVIEW ACTIONS

Following the 2014-15 non-ministerial 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:

1. Continue to review, update and maintain robust arrangements for controlling Healthcare Associated Infection.

The review, updating and maintenance of robust arrangements for controlling Healthcare Associated Infection continued throughout 2014-15 evidenced through the ongoing reductions in Staphylococcus Aureus Bacteraemia (SAB) and Clostridium Difficile (C. Difficile) Infection HEAT targets. Central to these achievements are the detailed work plans, governance systems and monitoring and reporting arrangements for the effective infection prevention and control across NHSGG&C.

2. Continue to make progress on delivering against its health improvement objectives, including meeting and maintaining the relevant HEAT targets and standards.

We have delivered against a number of our health improvement objectives as highlighted in this Self Assessment, and met most of our relevant HEAT targets and standards.

3. Continue to deliver on its key responsibilities in terms of clinical governance, risk management, the quality of care and patient safety.

Progress has been maintained in delivering against key clinical governance priorities, including clinical risk management, quality of care, patient safety and patient experience.

4. Continue to promptly and effectively respond to the Healthcare Environmental Inspections (HEI) and Older People in Acute Hospitals (OPAH) inspection reports.

We continued to promptly and effectively respond to the announced and unannounced HEI and OPAH inspection reports throughout 2014-15.

5. Keep the health directorates informed on progress towards achieving the HEAT access targets, including the four hour A&E target and standard.

We have met a significant number of our HEAT access targets however, the four hour A&E target and standard remains challenging. Actions to address performance during 2015 included the Scottish Government Unscheduled Care support team working closely with our local teams in Royal Alexandra Hospital (RAH), Western Infirmary (WI) and Glasgow Royal Infirmary (GRI) to identify measures to improve the hospitals ability to admit and discharge patients from the Emergency departments. Action plans have

been prepared to support improvements and the learning from these has been shared across other areas. Measures include the introduction of a discharge/transfer lounge at WI, the development of a surgical assessment area in RAH and there are plans to create a similar facility at GRI, additional pharmaceutical support for junior doctors to complete discharge prescriptions, action to increase the percentage of morning discharges, better use of the discharge lounge and roll out of criteria-led discharge. Within community areas additional step up/down beds have been introduced and a number of "NHS" nursing home places have been commissioned for patients who are designated adults with incapacity. Finally, the Southern General Emergency Department closed in April 2015 and the new Queen Elizabeth University Hospital opened with a dedicated Minor Injury, Majors and Acute Assessment area which will allow patients to be streamed directly to the most appropriate area for care staff.

6. Continue to work with planning partners on the integration agenda, and to ensure local staff are fully engaged and involved in this process.

Integration Schemes for five of the six Health and Social Care Partnership (HSCP) areas have now been agreed, with the final scheme close to being finalised and work is underway to develop the 2015-16 Strategic Plans in each of the partnership areas.

7. Continue to achieve financial in-year and recurring financial balance, and keep the Health Directorates informed of progress in implementing the local efficiency savings programme.

We achieved an in-year and recurring balance in 2014-15. We also continued to report progress on implementing local efficiency savings on a regular basis with the Health Directorate. We have shared with Health Directorates the forward financial challenges and risks through the Local Delivery Plan process.

8. Continue to refine the plans and contingency arrangements required for a successful move to the new acute hospitals estate in Glasgow in 2015 whilst maintaining the quality of care and performance targets/standards.

The new Queen Elizabeth University Hospital and the Royal Hospital for Children opened on time and within budget. There have been challenges to aspects of performance which we have worked with Scottish Government to address.

9. Keep the Health Directorates informed of progress with the new Clinical Strategy plans.

Health Directorates were informed of progress in the development of the Clinical Services Strategy published in 2014-15.

QUALITY AMBITION: PERSON CENTRED

As at March 2014-15 our performance against the *person centred* related HEAT targets and standards was as follows:

- 91.7% of patients referred urgently with a suspicion of cancer began treatment within **62 days of receipt of referral** and 96.3% of our patients diagnosed with cancer **began treatment within 31 days** against a target of 95%.
- For the quarter ending October-December 2014, 28% of **patients were diagnosed at first stage of cancer** exceeding the trajectory of 26.3%.
- NHSGG&C continuously exceeded the 91.5% **drug and alcohol waiting times** target, with 95.5% of patients referred for treatment within three weeks.
- 99.9% of patients referred to **Child and Adolescent Mental Health Services** started treatment within 18 weeks of referral.
- 95.7% of all patients referred for a **psychological therapy** started treatment within 18 weeks of referral exceeding the target of 90%.
- A total of 14,797 **alcohol brief interventions** were delivered exceeding the planned number of 14,579 interventions, however less than 90% of these were delivered in priority settings.
- Whilst our overall performance in relation to the **percentage of mums booking for an antenatal care appointment at 12 weeks gestation** of 79.9% was slightly below the 80% target, our lowest performing quintile was SIMD 1 with 76.9% of mums booking.
- Our **rate of sickness absence** across NHSGG&C was 5.32%, above the 4% target.

In ensuring everyone has a positive experience of healthcare, NHSGG&C has established a number of ways for **patients, carers and relatives to feedback** about their experience with the care received. This is supported by clearly defined processes to assess and respond to this feedback and to take appropriate action to improve.

For example, the **Universal Patient Feedback** system introduced as a pilot is now being rolled out across all hospitals and seen as a simple way for patients to provide feedback on the experience they have had on our wards. Patients are given a feedback card on the day of their discharge and once a month completed cards are analysed resulting in a 'Percentage Positive Score' and prominently displayed in wards.

NHSGG&C continue to implement the **Person Centred Health and Care Collaborative** programme aligned to existing improvement aims and arrangements. This involves local improvement teams being supported to develop meantime data processes to assist them to identify improvement opportunities and develop tests of change to ensure people using our health and care services reliably receive a positive care experience every time and a local learning collaborative established to encourage improvement teams to learn from each other and showcase their improvement projects and achievements. This approach has been adapted from the original Scottish Patient Safety Programme (SPSP).

Another feedback mechanism is the ongoing implementation of “**Patient Conversations**” model within all Mental Health in-patient wards. The conversations model provides direct feedback from service users and carers in relation to their in-patient experience in terms of what has gone well and what could be improved upon. The model allows local services to become more proactive in shaping care delivery which meets identified patient and carers needs.

NHSGG&C is one of three health boards currently piloting the new **Care Assurance and Accreditation System**. This ‘back to basics system’ empowers senior nurses and midwives on wards and in community areas to deliver against professional and clinical standards of care across all areas of NHS service delivery. The approach delivers consistency and clarity to our nursing workforce and delegates the power and responsibility to deliver all of them, every time to every patient, to our front line nursing leads. It brings together and embeds the range of quality improvement initiatives that have been used to date.

NHSGG&C continued to implement the **Health Promoting Health Service: Action in Hospital Setting (CEL 01 2012)** during 2014-15. The CEL aims to build the concept that “every healthcare contact is a health improvement opportunity”, recognising the important contribution that hospitals can make to promoting health and enabling well being of patients, their families, visitors and staff. In building capacity to support health improvement a total of 1,128 acute staff have undertaken generic Health Behaviour Change training which has significantly contributed to workforce development in this setting. This includes specific training on alcohol, physical activity and tobacco and equates to 7% of the relevant workforce identified in the CEL performance measures. In addition to this there were a further 674 staff who completed training but were not able to be aligned to specific staff groups.

A key example of in practice of “*every health care contact is a health improvement opportunity*” can be seen in our physiotherapy departments which see more than 70,000 new patients with musculoskeletal problems every year. NHSGG&C Allied Health Professionals (AHPs) have committed to a physical activity pledge supported by all Health Boards in Scotland. Following a tailored training programme on raising the issue of physical activity and health improvement, all outpatient physiotherapy departments now have a range of information and health improvement materials available to help patients find out what activities are available. The physical activity pathways will be embedded within the AHP Electronic Patient Record when it goes live in May 2015. The programme of core actions relating to Smoking, Alcohol, Breastfeeding, Healthy Working Lives, Sexual Health, Food & Health, Physical Activity and Active Travel continues to be rolled out across our hospitals.

There has been significant progress in implementing the **Food, Fluid and Nutritional Care** across NHSGG&C during 2014-15. This includes:

- Nutritional assessment and care planning has been extended to include community services such as community nursing ahead of the revised standards.
- A continued focus on improving the patient meal experience has been adopted through the introduction of nursing and catering led improvement programmes/ bundles.
- Patient and public feedback continues to highlight the need for further improvement.

Our **Retail Food Policy** was agreed in June 2014. The purpose of the policy is to increase and promote access to healthier food and drink choices for patients, visitors and staff throughout NHS facilities, maintain compliance with associated national policy and develop an 'exemplar' position by NHSGG&C. The policy has increased the requirements of external operators delivering food and beverage services/retail services to comply with national and local healthy eating standards enabling NHSGG&C to adopt an exemplar position.

The **Smokefree Campaign** has been extended to non acute sites across all six of the partnership areas who are currently at different stages of implementation. Smokefree Services are currently working with all six Local Authorities across NHSGG&C around their commitments to implement smokefree policies across their estate. West Dunbartonshire Council were the first local authority to implement a smokefree grounds policy across their area in April 2015.

Our '**A Fairer NHSGGC**' outlines a set of actions that would help us meet the requirements of equality legislation and become a fairer organisation. These actions aim to eliminate discrimination, harassment and victimisation and ensure that all patients have the same opportunities to access and receive healthcare. Some of our key achievements include:

- Our commitment to raising awareness of those who face discrimination means that our staff have taken part in nearly 29,000 equality learning opportunities.
- We actively engaged with over 5,500 patients as well as a wide range of equality groups and are taking actions to address the issues they raised with us.
- We worked closely with our British Sign Language (BSL) users and are dealing with the concerns raised around their need for interpreter support in all health appointments.
- We helped 11,000 of our patients get advice on money worries through referrals to support agencies, resulting in a £14 million gain.
- We launched a 'Clear to All' easy access button on the desktop of every member of staff to help them create accessible patient information. This has resulted in 242 information leaflets in various accessible formats, such as translations into languages other than English.
- We carried out and quality assured 68 Equality Impact Assessments between April 2013 to April 2015. In that time more than 160 members of staff have been trained to conduct a formal equality impact assessment.

During 2014-15 a range of work supporting **people with additional needs** such as including deaf, deaf blind, have a learning disability, visual impairment, require language interpreters or have other additional needs was carried out. This included:

- The dissemination of short guidance on additional needs, which refers to NHSGG&C best practice guidance on sensory and visual impairment. The guidance includes consent for sharing information on sexual orientation, which was supported by patient information.
- The introduction of computer kiosks at the Queen Elizabeth University Hospital and the Royal Hospital for Children. This can reduce barriers for deaf people (eg staff not

continuing to call out names). Also, people are asked to update their ethnicity information at the kiosks.

- Roll out of sensory and visual impairment training to key NHSGG&C staff groups (101 staff attended to date).
- Adding information about the video relay service for BSL users to Acute Services first appointment information flyers.

In addition, a range of work was carried out to ensure **deaf and hearing impaired people** have fair and equal access to our services including:

- In May 2014, we co-produced a card to enable patients who are BSL users to request interpreters if they had not already been pre-booked (we also produced one for spoken languages). This card was to empower deaf people within our services to understand their rights to an interpreter and to use the card to inform staff if the Interpreting Policy had not been followed. The cards have been disseminated to deaf people through our BSL Action Plan Group.
- In November 2014 we set up a BSL Champions Group. The aim of this group is to educate and empower deaf people to understand how the health service works and enable them to maximise their ability to get the best from the NHS. The group is currently undergoing training on how the NHS works which will then be cascaded to other deaf people.
- We provide approximately 18 - 25 BSL supported appointments per day; 500 deaf blind guide communicator supported appointments per year and approximately 10 note takers for those with acquired hearing loss per year.
- In January 2014 we organised an NHSGG&C You Tube site. This means that BSL users can access any NHSGG&C information produced in BSL by searching for 'NHSGGC BSL You Tube'. We have utilised this process to share draft of documents being produced such as our interpreting cards and to advertise events to BSL users.

There are still challenges to ensuring that people who are deaf and hearing impaired are given fair and equal access to our services and as a health service we have a responsibility to continue to raise awareness of these issues supported with a programme of action for 2015-16.

We have continued to embed listening to our patients into the delivery of our services by **engaging people with protected characteristics**. Examples of the type of work include:

- **The Roma community** have been identified as a highly excluded, deprived and vulnerable ethnic minority group in Europe due to their lack of citizenship in their originating countries. A staff and community survey and series of focus groups was carried out to explore staffs' current understanding and experience of working with the Roma community and the additional support and training required to work more effectively with this community. As a result of this engagement Glasgow Community Health Partnership (CHP) South Sector Senior Management Team held a session on accessible information and interpreting provision. An e-learning module and a shared learning session will be delivered with staff and local organisations to share and raise

awareness of each other's services, referral pathways, barriers to access and engagement methods.

- We engaged with **Transgender people** and as a result of their feedback a training session was delivered to treatment room staff in Primary Care. The Gender Reassignment Policy has been reviewed and rewritten and disseminated to staff and placed on the equalities in health website. The Policy describes how Trans people should be responded to within our mainstream services.
- A Glasgow City wide Consultation Event on **Gender Based Violence** called 'No One's Ever Asked Me' was organised by Glasgow CHP North West Sector for service users and representatives of specialist support organisations. The purpose of the day was to hear about women and girls' experiences of what did and what didn't work within health and social care services and agree with services the actions that will be taken to improve them. Of the 31 who attended, 19 were women who accessed a range of services and represented Black and Minority Ethnic communities, 13 women with different tenure status including supported accommodation, refuge and their own tenancies.
- In Renfrewshire CHP a programme of work is currently underway to ensure that the integration of health and social care services within Renfrewshire maximises opportunities for developing and sustaining services which are sensitive to experiences of social inequalities. This has involved scoping the partner organisations' equalities outcomes, Equality Impact Assessment processes, tools and good practice to inform strategic planning within the Joint Integration Board and include **poverty and socio-economic inequality**.

There was a 5% increase in our response rate to the **2014 NHS Scotland's staff survey** compared to the 2013 survey. Our performance improved in relation to 34 of the 40 questions asked when compared to the previous survey. The top three scores were:

- *'I am happy to go the 'extra mile' when required'* increasing from 85% to 89%.
- *'I am clear what my duties and responsibilities are'* increasing from 82% to 86%.
- *'I still intend to be working with NHSGG&C in the next 12 months'* increasing from 74% to 81%.

Despite improvements, there are a number of areas in need of further improvement including:

- *'I have choice in deciding what I do'* increasing from 35% to 40%.
- *'I am confident that ideas and suggestions would be listened to'* increasing from 33% to 40%.
- *'When changes are made I am clear how they will work out'* increasing from 37% to 40%.
- *'There are enough staff for me to do my job properly'* increasing from 28% to 34%.

A revised **Dignity At Work** policy was implemented during 2014-15 promoting actions to help develop and maintain a more positive workplace culture. Delivering that culture is one of the most important objectives of our *Facing The Future Together* (FTFT) programme. We want to achieve a culture where showing dignity and respect is the norm and members of staff feel comfortable and confident to deal with disrespectful behaviour if it occurs. The policy defines disrespectful behaviour separately from more serious

allegations of bullying and harassment and therefore allows such issues to be dealt with in a more appropriate and immediate way.

NHSGG&C has maintained focus on our **Staff Health Strategy** and maintaining Gold Healthy Working Lives status across all Acute clusters and Partnership areas. The Active Staff programme has led to engagement of staff physical activity on a significant level with over 26,000 unique hits on the website and nearly 5,000 staff participating in our annual walking challenge.

In recognition of the high levels of patient care and clinical excellence delivered by our staff across the many areas of healthcare we held our first formal Celebrating Success event. This event brought together 300 staff from across NHSGG&C in 2014-15 linking the FTFT and the Chairman's Awards schemes to recognise and celebrate staff contributions.

We have continued to develop our volunteering programme during 2014/15 with a proactive drive to recruit volunteers within the new Queen Elizabeth University Hospital and the Royal Hospital for Children. Volunteers complement the work of our professional paid staff with over 750 volunteers aged between 17 and 80 years active across our Acute services in ward support, befriending and wayfinding roles. Many more volunteers are engaged in community services and health activities building on the volunteer legacy of the commonwealth games.

QUALITY AMBITION: SAFE

As at March 2014-15 our performance against the safe related HEAT targets and standards was as follows:

- NHSGG&C continued to achieve reductions in the number of **MRSA/MSSA Bacteraemia** and **C. Difficile (C. Diff) Infections** reported during 2014-15, however, performance was slightly above target in relation to **MRSA/MSSA Bacteraemia**.

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.

- **Hand Hygiene** - compliance audits continue to be carried out on a monthly basis across the majority of wards and departments in NHSGG&C. There has been a year on year steady rise in compliance and local data for March 2015 suggests a 98% compliance rate exceeding the 95% target.

Since 2008, there has been significant investment in the **Vale of Leven Hospital** in order to deliver a wide range of improvements aimed at preventing the spread of bacteria, including better bed spacing and improved hand washing facilities. There has been an 80% reduction in cases of C. Diff in both the Vale of Leven Hospital and in NHSGG&C and the NHS Board now has one of the lowest rates of C. Diff infection in Scotland. There has been significant strengthening of the system of monitoring and surveillance which has resulted in the monitoring being visible at ward level and at Board level and all stages in between.

During 2014-15 we remained committed to providing the highest quality of care to our patients and have built upon some of the successes achieved to date through the ongoing implementation of the **SPSP** in spreading the **10 Safety Essential** across all relevant teams in the four SPSP programme areas of Acute Adult Care, Primary Care, Mental Health and the Maternity and Children Quality Improvement Collaborative (incorporating Paediatrics, Maternal Care and Neonates). This has created the opportunity for transition of monitoring to routine operational delivery mechanisms and the refocusing of energies into prevailing safety priorities.

Clinical Effectiveness – NHSGG&C 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.

Our **Clinical Services Strategy** approved in January 2015, provides the basis for future service planning for the delivery of Clinical Services.

The key aims of the strategy are to ensure:

- 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 NHSGG&C.
- The pressures on hospital, primary care and community services are addressed.

The strategy provides a framework to ensure that best clinical outcomes are achieved for patients and that services are:

- Safe and sustainable
- Patient centred
- Integrated between primary and secondary care
- Efficient, making best use of resources
- Affordable, provided within the funding available
- Provided as locally as possible
- Adaptable, achieving change over time.

A total of three unannounced **HEIs** took place across NHSGG&C during 2014-15, resulting in 11 requirements and two recommendations. There was also one unannounced follow-up HEI at the GRI confirming all requirements and recommendations had been met and there was no need for an action plan. Action plans are put in place to ensure the necessary improvements are made and reviewed regularly.

One unannounced **OPAH** inspection took place at Inverclyde Royal Hospital during 2014-15 resulting in 14 areas for improvement. Detailed analysis of the findings of this inspection has been undertaken with a subsequent action plan put in place to ensure the necessary improvements are made.

The Acute Division remains closely engaged with HEI in relation to inspections of Acute Hospitals and the OPAH inspections with resultant actions from recommendations and requirements being monitored and improvements evidenced. The Nurse Director, supported by senior staff has continued to undertake monthly corporate OPAC and HEI inspections to acute wards and departments across the Acute Division. Feedback is provided locally through directorates in the form of action plans and highlighting areas of good practice.

QUALITY AMBITION: EFFECTIVE

As at March 2014-15 our performance against the *effective* related HEAT targets and standards was as follows:

- NHSGG&C remained in **financial balance** and met the **cash efficiency** target whilst at the same time delivering on a range of major service developments and improvements.
- 91.3% of our patients were treated within **18 weeks of Referral To Treatment** exceeding the 90% target.
- Our performance in relation to **accident and emergency four hour wait** was 88.5% of patients waiting four hours or less, lower than the target of 95%.

Pressures in ensuring patients were admitted and discharged from our emergency departments remained extremely challenging across many of our sites. In addressing this during 2014-15, our staff at the RAH worked closely with a Scottish Government support team to improve patient flows through the hospital and implemented some new approaches from experiences in other parts of Scotland. Our continuing programme of modernisation of acute hospitals will help address some of the pressures as will a 'whole system approach' to make sure that the entire service works together to ensure patients get the best care. The new integrated HSCPs will also play a major role in supporting people in their own homes.

- 99.9% of our **outpatients waited no longer than 12 weeks from referral** to a first outpatient appointment.
- 100% of **eligible patients were screened for IVF treatment within 12 months** exceeding the target of 90%.
- As at April 2015, there were 44 patients waiting **more than 14 days** to be discharged from hospital a significant reduction in the 92 patients reported in April 2014. Linked to the delayed discharge target are the number of bed days lost to delayed discharge. April 2015 was the first month that the 50% monthly reduction target had been met reporting 3,893 monthly bed days lost against a monthly target of 3,994. The April 2015 performance represents a 22% reduction in April 2014 position. Actions in place to ensure reductions are maintained include ongoing work to identify and address the issues causing delays; revised scrutiny and escalation arrangements within Glasgow City Council and agreement has been reached to fund temporary accommodation of patients with incapacity in two identified nursing homes but remaining in the care of the NHS until legal issues are resolved. This ensures that acute beds are not compromised by patients with incapacity.
- As at January 2015, the **emergency bed days rate per 1,000 popu for patients aged 75 years+** was 5,704 achieving the trajectory of less than 5,980.
- We failed to meet our **energy reduction** and **carbon emissions** target. This is mainly due to the reliance on fossil fuel (oil and gas) and the existing hospital estate still being operational while the new hospital estate was functional. The closure of the Victoria Infirmary, Western Infirmary, Royal Hospital for Sick Children and the Mansion House Unit and the migration of these services to the Queen Elizabeth University Hospital and Royal Hospital for Children exacerbated the position further. Action taken to date in

terms of carbon reduction includes the installation of biomass boilers at four sites, the delivery of 101 carbon reductions projects across NHSGG&C, with funding from the national Carbon Reduction Programme (CRP) £1.2 million was spent converting from oil to gas and decentralising the boiler plant at Gartnavel Royal Hospital and £2.5 million was spent installing a biomass boiler at the RAH.

In addition to our performance against our HEAT targets and standards we also saw the completion of the new world class Hospitals and Teaching and Learning Centre by our main construction partner, Brookfield Multiplex was delivered under budget and ahead of schedule and gave us the opportunity to contribute to other projects on this campus. The most notable is our partnership with the University of Glasgow. Together we have created The Queen Elizabeth Teaching and Learning Centre and related research facilities to realise our shared vision of world class facilities to train the clinicians of tomorrow and develop medicines and technologies to transform patient treatment and disease prevention.

We completed the largest **hospital migration programme** in the UK which began in April 2015 with the migration of four existing hospital sites namely the Southern General Hospital, Victoria Infirmary, Mansion House Unit and the Western Infirmary and ended in June 2015 with the Royal Hospital for Sick Children. The programme involved patients, staff, and thousands of items transferring to the Queen Elizabeth University Hospital campus.

In progressing the **health and social care integration agenda** Integration Schemes for five of the six HSCP areas have now been agreed, with the final scheme close to being finalised and work is underway to develop Strategic Plans in each of the partnership areas.

Our commitment to **community health and social care investment** remains a priority and in June 2015 the Scottish Government announced £38 million funding to NHSGG&C to deliver a purpose built health and care centre in Greenock and a health centre in Clydebank. The development of these two new primary care facilities is in addition to the development of four other major new health centres at Woodside, Gorbals, Maryhill and Eastwood currently underway demonstrating a combined investment in primary care facilities of more than £45 million. Furthermore, during 2014-15 we opened the new Shields Centre in Pollokshields which houses two GP practices, district nursing, health visitors, social work and health improvement teams and Possil Park Health and Care Centre opened in April 2015. Both projects are excellent examples of joint working between NHSGG&C and our local authority partners to deliver first class health and social care for our communities.